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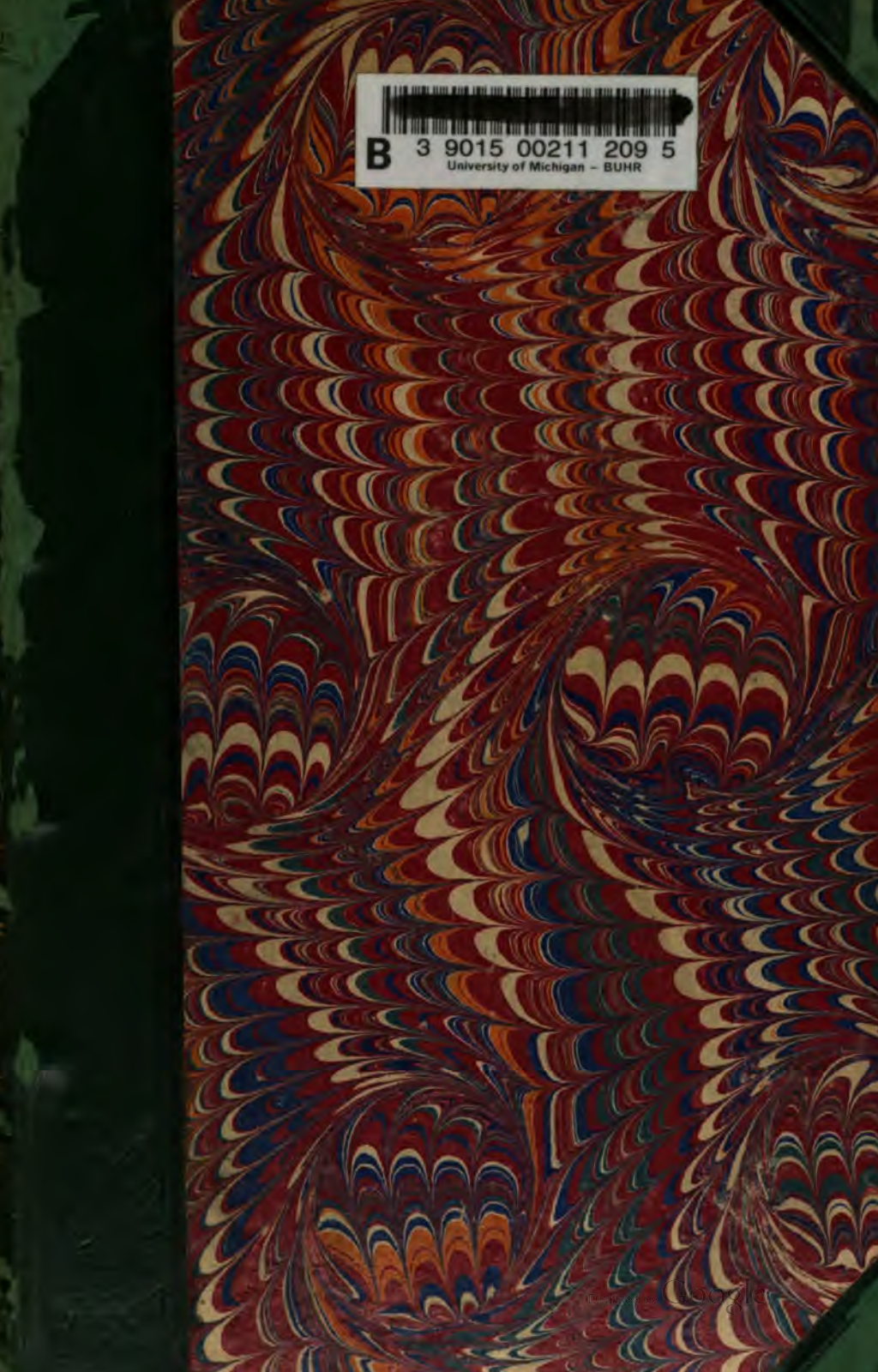
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THE

NORTH AMERICAN JOURNAL

OF

HOMŒOPATHY.

Published Quarterly.

Διὰ τὰ ὅμοια νοῦσος γίνεται, καὶ διὰ τὰ ὅμοια προσφερόμενα ἐκ νοσούντων ὑγιαίνονται, . . . διὰ τὸ ἐρέειν ἔμετος παύει τε.

ΙΠΠΟΚΡΑΤΗΣ.

Similia Similibus Curantur.

HAHNEMANN.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

VOLUME X. AUGUST, 1861. No. XXXVII.

Original and Translated Papers.

ARTICLE I.—*Rational Homœopathy.* By WILLIAM H. HOLCOMBE, M. D., of Waterproof, La.

HOMŒOPATHY, as a system of medical practice, will occupy a prominent place in the scientific history of the present century. It has outlived the predictions of the allopathic prophets. The attempt to despise or ridicule it down has proved unsuccessful. The contempt, persecution, and misrepresentation of schools and journals have not stunted its growth. At this day it has nearly twenty journals, quarterlies, and monthlies, which expound its doctrines in the English, French, and German languages. It has several colleges in the United States and three thousand practitioners, the most of whom have graduated in allopathic institutions. Its literature is large and increasing. Its patrons are generally distinguished for intelligence and influence. No new doctrine—religious, political, or medical—has ever commanded, in so short a space of time, the patronage of so large a part of the aristocracy, not only of wealth and standing, but of intellect and virtue.

Still, to attain this high position, which is truly prophetic of its future universal sway, homœopathy has had to contend

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with such powerful obstacles, that the wonder is that it should have achieved anything at all. The principal of the obstacles have been the following:

1. The uneducated popular opinion against its fundamental law: "*Like cures like.*" The doctrine of "opposites" appears strongly ingrained into the human mind. Cold against heat, heat against cold, purgatives for constipation, astringents for diarrhœa, narcotics for wakefulness, anodynes for pain, stimulation for weakness, depletion for excitement, &c., &c., seem the most natural measures in the world to those who have never struck out from the old routine track of doing and thinking. Strictly speaking, however, there is no such thing as an opposite to our given morbid state or process.

Astringents act upon mechanical principles, and purgatives cause the constipation they cure; indeed, almost all constipation has resulted from the abuse of purgatives.

Cold is not the opposite of heat, but is a relative word implying its negation or diminution. There is less and less heat until no heat may be perceptible—but heat has no *opposite* in nature. So of pain: there may be less and less pain, until there is no pain; but pain can have no opposite, except relatively and metaphorically, as when we speak of pleasure as antagonistic to pain. Weakness is not the opposite of strength, but only less and less strength, &c. What is the opposite of inflammation, of suppuration, of exudation, of a swelling, of an eruption, of a tubercle, &c., &c.? There is no relation of opposition conceivable in these cases, but only one of more or less similarity.

The doctrines, therefore, that "opposites cure opposites" ("*Contraria Contrariis Curantur*") is a fallacy founded in false appearances. Considerable scientific knowledge is required for its eradication, and for the proof, illustration, and confirmation of the homœopathic law, "*Similia Similibus Curantur*"—"like cures like." I will endeavor in the course of this essay, to make the truth of this great principle clear to the most ordinary understanding. At present I am merely stating the fact that this allopathic doctrine of opposites, originating in ignorance and perpetuated by prejudice, is at first sight a great obstacle or drawback to the reception of a better medical philosophy.

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2. The smallness of the dose and the imperceptible action of the medicine occasion incredulity in almost every mind on the first presentation of the subject. The avenues of faith in the minds of the people are through their senses. Visible, tangible effects—such as vomiting, purging, sweating, pain, deep sleep, are regarded as proofs of the suitableness of the medicine and the skill of the physician. They have so long associated these striking results with medicine that medication, without something of the kind, is incredible. They are afraid to trust their lives to means so apparently inadequate. In trivial cases the very poorest ones to test it with) people may try it from curiosity; but faith in its great curative power, I venture to say, has been in every instance slowly and reluctantly yielded to accumulated evidence. But practical people are generally satisfied with *facts*, and cures are sterling facts. When once convinced by that class of arguments, though they may not be able to prove homœopathy by any of their five senses, that best sense of all, common sense, very rarely abandons it.

3. Homœopathy has been retarded by the indiscreet zeal of some of its friends, and by the disgraceful conduct of impostors who have slipped into its ranks. Extravagant pretension never promotes the permanent success of anything, and those who boast that homœopathy will abolish sickness and banish death will probably find themselves mistaken. Many of its first promulgators—Hahnemann himself amongst the number—propounded theories which were false and untenable. Those early errors, theoretical and practical, have long since been weeded out of our system, and it stands now on a purely practical and scientific basis. Still our opponents ignore these facts, and batter away at the old outworks which have been long since abandoned. They make men of straw—generally rude effigies of Hahnemann—demolish them with great satisfaction, and are then surprized to find homœopathy unextinguished and inextinguishable.

Homœopathy has been deeply injured in some places by uneducated and half-educated men, who have taken it up from base motives. These persons get into business, for the name and fame of homœopathy precedes them; and they are unsuccessful, for they are ignorant pretenders. Their ignorance

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and folly being detected, they vanish, leaving an unfavorable and false impression of homœopathy on the minds of the community. This cannot be helped. The allopathic profession has quacks enough and to spare of the same sort. There is no remedy for this evil, until the public come to estimate the probable merits of a medical man in the true manner—namely, not by his own pretensions and assertions, nor those of his friends, but by his general bearing and character, as a refined educated, and intelligent gentleman.

4. The whole weight and interest of all persons connected with the allopathic profession have been brought to bear against the spread of homœopathy. When we consider how many persons there are engaged or interested in the drug business, importing, wholesale, and retail; how many thousands of physicians in full practice are too busy, too lazy, or too self-satisfied to investigate a new thing; how many more are intimately connected with the allopathic press, with schools and universities, hospitals and dispensaries, committed to opinions in which both pride and prejudice encourage them to persist—when we reflect on the personal, family, and social influence of this vast allopathic army and its ramifications; and when, lastly, we remember that they have the weight of authority, and custom, and precedence, as well as the ignorance, prejudice, and old-fogyism of the great mass of mankind to back them, we may have some idea of the stupendous power which is here at work to retard the progress of the new school of medicine.

In spite of all these discouragements and hindrances, homœopathy claims our admiration for what it has done, and excites our brightest anticipations as to what it yet will do. What is the secret of its progress, the true cause of its steady growth and persistent vitality? Its *success*, and nothing else. It has grappled with the cholera with a curative result, which none can believe but those who have seen and tried it. It has met the yellow fever, and reduced the mortality to a half or a quarter of its former figures. Pneumonia, pleurisy, croup, erysipelas, dysentery, &c., have ceased to be formidable diseases under its magic influence. In thousands of cases it has reconstituted and rejuvenated the old incurables of allopathy.

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These are its genuine claims to popular favor. But it is scientifically true, as well as practically successful. It behoves every sensible man, physician or layman, to know something of this great medical innovation and reform—what it is, and what it is not, its limitations, as well as its nature, its philosophical basis, as well as its practical advantages.

The Limitations of Homœopathy.—What homœopathy can do will be better understood when we explain what it cannot do, and what it does not even profess to do. Much misconception prevails on this subject, and homœopathists are frequently accused of double-dealing and hypocrisy on the most false and shallow grounds. The *London Lancet* once gravely asserted that we expected to put a dislocated shoulder in place by rubbing it with Arnica!

The great fact is this: The homœopathic law, "*Similia Similibus Curantur*," is not a mechanical law, nor a chemical law, but a vital law, and applies only to the specific operation of drugs upon the organs and tissues of the body; consequently it is not a universal law of cure, but a general law or guide for the application of specific drugs to their corresponding diseases.

Heat, light, air, food, exercise, electricity, magnetism, galvanism, mesmerism, hydropathy, &c., are not drugs, and do not come under the homœopathic law. They may and do exercise, under certain conditions, curative power over disease, and the homœopathist prescribes them just as the allopathist does, according to his experience or observation.

The sciences of surgery and obstetrics are based upon mechanical principles, and the mechanical part of them is the same everywhere. When medicines are called for in the course of surgical or obstetrical cases, the homœopathic law points us to many efficacious remedies, of which the allopathist has no knowledge or conception.

We are frequently called upon to prescribe drugs upon *mechanical* principles, and no sensible homœopathist ever did profess to obtain purely mechanical results from attenuated medicines. I will give a few examples to show what I mean by prescribing drugs upon mechanical principles.

Ergot strongly contracts the uterine fibres. If it is desirable

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to empty the uterus of its contents, we may avail ourselves of the peculiarity of this drug, which, by its own dynamic action, brings about a mechanical effect.

Belladonna dilates the pupil. If it is advisable to keep that part dilated for a while, as in wounds of the iris, to prevent loss of sight, we avail ourselves of its action in the quantity requisite to secure it.

Emetics are sometimes very useful on mechanical principles. When poison has been swallowed, or the stomach is loaded with indigestible food, we should empty that organ just as we would extract a foreign substance from the flesh if it was in our reach. In membranous croup the act of vomiting sometimes expels the false membrane and saves life. Vomiting, too, has been known to dislodge gall-stones, as well as small substances which have gotten into the lungs.

Purgatives are sometimes proper on purely mechanical principles: to get rid of poisons, of indigestible food, or impacted matter. When the functions of the stomach and bowels are arrested in disease, it is perfectly proper to get rid of all offending or irritating substances. This idea has been so terribly abused in allopathic practice that homœopathists are loth to resort to it, and have gone to the other extreme. Still, it is curious how very seldom such a measure is really necessary. I have attended upon thousands of cases without ever thinking of ordering a purgative, and I know physicians in full and successful practice who have not given a cathartic once in ten years.

Worms are foreign substances in the bowels, just as really so as a splinter in the finger. They must be dislodged. To do this some substance poisonous or irritating to the worm itself must be used. Vermifuges have been unquestionably abused, and children frequently killed by them; but their judicious use appears necessary and proper. The constitutional state which predisposes to the development of worms is admirably met by homœopathic remedies.

Astringents and styptics sometimes become necessary as mechanical remedies. The obstinate diarrhœa of old chronic diseases may sometimes be palliated by such remedies, should specific medicines fail.

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Blood-letting, as a mechanical measure, is just as free to the homœopathist as to the members of the old school. We repudiate it, not because it does not come under our law—which would be no reason for doing so—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 what purports very foolishly to be a new school of medicine, called kinesipathy, or the movement cure, which treats diseases of all kinds on purely mechanical principles. If there is any good in it, which is highly probable, it will be properly incorporated into medical science, and made an adjuvant to specific medicine.

Again, we are sometimes called upon to prescribe upon *chemical* principles, and we are here still outside of the homœopathic law. The antidotes for poisons are used upon chemical principles and in the doses found requisite by actual experiment. 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 chemical conditions, are often comforting and harmless palliatives, although seldom or never striking at the root of the diseased state. If Lemon-juice or any 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 lack of scientific culture, and is alike disgraceful to the physician and injurious to the patient.

One more thought, and I have done with these limitations. Life itself is dependent upon certain conditions—the presence of certain material elements and certain physiological stimuli acting upon these 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. Again, if sleep is indispensible to our natural life, and if we cannot remove the morbid condition which prevents

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it, before the vital powers would become exhausted, we must administer opiates. True, we congest the brain, obscure the symptoms, and complicate the case; but there are extreme circumstances when that becomes the duty of the homœopathist. Further, 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 here needless to specify.

Now, ignorant people—and I include a vast number in that category who ought to know better—will imagine that I have conceded an immense deal to allopathic practice. But it is quite a mistake. I have been simply describing *neutral* or *common* ground, which neither party can exclusively claim. True, the allopathists occupied it long before us, and we have been criminally tardy in claiming our rightful share in it. A candid analysis of the matter in dispute will secure a verdict in our favor. The homœopathy we advocate is the true science of administering drugs to obtain only their vital or dynamic action on the system. The allopathy we repudiate is the false philosophy and the pretended science, according to which the same thing is supposed to be accomplished. The only point of dispute between us is the vital or dynamic action of drugs. We say that every drug is a poison, and that its poisonous action on the diseased part is the true cause and principle of the cure. Let us see what reasons we have to substantiate our assertions.

The Homœopathic Law.—*Every drug is a poison which exerts a specific morbid impression upon the organs and tissues of the human body. This impression is revealed by certain functional or organic disturbances, called symptoms, or signs of disease; and the said drug will cure, by a natural law, similar morbid effects which have resulted from other causes.*

Observe distinctly that, in this definition of the principle upon which we base our practice, no mention is made of dose. About that we may differ as we please—and we do differ very widely. He who gives a dose of salts for diarrhœa, or a grain of Ipecac. for vomiting is practicing homœopathy just as truly

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as if he gave the millionth of a grain of the same substances for those symptoms. Observe, also, that no theory is offered as to the mode of cure. That is open for investigation and speculation, and there, too, we differ considerably. We merely state the natural *fact*. Observe, especially, that we do not say, what causes a disease will cure it—a very common misconception of homœopathy. Green apples will cause diarrhœa, but a few more will not cure it;—a little more exercise will not relieve excessive fatigue, &c. It appears superfluous to anticipate or answer these silly objections, but they are frequently propounded. The law is strictly this: *Drugs producing certain symptoms of disease cure similar symptoms when they have been produced by other causes.*

A medicine, strictly defined, is a more or less poisonous drug found, by experience, to be curative in disease. The Greeks had but one word for medicine and poison. That drugs have any peculiar, healing, mollifying, curative effect, independently of their morbid action, is merely a popular superstition. The very simplest, mildest tonic you can give is a poison in its degree, although supposed to invigorate and strengthen. Go on with it long enough and it will reproduce the very debility it has cured. Medicines always cure by producing artificial diseases in the system. The allopathists and homœopathists differ mainly as to the point where this artificial disease is to be established, and the degree of it requisite. We say, make a slight similar morbid impression on the diseased part. They say, make a strong morbid impression on a different and generally a healthy part. Let them talk and theorize as they please about subduing excitement, equalizing the circulation, correcting the secretions, &c., &c., the simple fact remains, that, when they give a drug to any one, they produce an artificial disease, which is either like that already existing, or unlike; and the nearer it resembles it, the closer do they come to practicing homœopathy.

It is necessary to the existence and truth of our law that drugs should exercise a certain, definite, uniform operation on the system—and such is the case. Ipec. will vomit, Colocynth will purge; Opium will stupefy; Ignatia will convulse, Arsenic will inflame the stomach, Phosphorus the lungs, Belladonna

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the brain, &c., &c., ninety-nine times out of the hundred when taken in sufficient doses.

Dr. Simon, in his "General Pathology," states this fact in an emphatic manner: "We know that causes choose their organs of manifestations with as decided and sometimes almost as exclusive a preference as governs the phenomena of inorganic chemical affinity. This we may make matter of experiment. If we introduce various noxious agents into the stream of circulating blood, all organs are equally exposed to their influence; but how differently are they affected? Inject Opium and the brain suffers; Arsenic and the stomach inflames, Strychnine, and the spinal cold is acted on; Cantharides, and kidneys are irritated, and all this so definitely that the attraction evinced is equal to a chemical demonstration of the means employed."

In order to get at the pure uncomplicated action of drugs on the healthy system, to serve as a guide in our treatment of the sick, Hahnemann instituted that series of experiments on himself and his disciples, which has immortalized his name. For that vast outlay of labor, pain, and self-sacrifice the allopathic fraternity have accorded him nothing but ridicule and persecution. His followers have prosecuted his task with zeal and ability. They have not only reconstructed the old materia medica, but created a new science. The science of pathogenesis or of drug-diseases has become in their hands co-extensive with the whole field of general and special pathology. Working quietly and ardently in this new and rich vein of discovery, whilst their vain-glorious opponents were charging them with ignorance and quackery, they have erected a monument for themselves more durable than brass or marble, and conferred a blessing on the human race in the discovery and application of hundreds of specific remedies, in comparison with which all the other achievements of modern science are insignificant.

In order to show the vast extent of the homœopathic law—which, being the *sole law of cure with drugs*, must explain every cure that ever was made with drugs from the time of Hippocrates to our own—I will divide its elucidation into three sections. First, there is *direct* or *substitutive* homœo-

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pathy; Second, *preventive* or *anticipative homœopathy;* Third, *indirect* or *sympathetic* homœopathy. I hope in this exposition, not only to render the homœopathic law more lucid, but to introduce the elements of simplicity, order, beauty, and truth into the hitherto chaotic domain of medical philosophy.

Direct or Substitutive Homœopathy.—A natural disease (not a mechanical or chemical deviation from the standard, and subservient to mechanical or chemical laws) is best cured by producing an artificial or drug-disease in the same parts and tissues, which, therefore, manifests itself by similar symptoms. This is the essence of Hahnemann's doctrine. Many distinguished allopathists have recognized to a great extent the truth of this great homœopathic principle.

Professor Wood, of the University of Pennsylvania, calls it "supercession." Trousseau and Pidoux, of Paris, call it "substitution." The idea is essentially the same; nor is it at all necessary, as Hahnemann supposed, that the artificial disease should be stronger than the natural one. It may be infinitely weaker, and still powerfully curative.

Dr. Wood says of supercession: "By this process is meant the displacing or prevention of one affection by the establishment of another in the place of it. It is a general, though, by no means, a universal pathological law, that two powerful diseases or forms of abnormal action cannot exist in the whole system or in any 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 which 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."

Dr. Symonds, in an article on Tetanus (in the "Cyclopædia of Practical Medicine," Vol. IV., page 375) uses the following language: "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, 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—

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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 cured, 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 spontaneous case of the kind, 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."

I accept the above paragraphs from old school writers as embodying the germ of homœopathy; indeed, as lucidly expressing the principle upon which we practice it. We differ from these high authorities only in maintaining the very wide-extended applicability of these principles. We say that every drug has this "specific action" on certain tissues and vessels, and that it is the business of the physician to find out what that "specific action" is. We discover these invaluable facts by experimenting on ourselves in health, and by carefully studying the reported symptoms of persons who have been poisoned. Allopathic physicians fail to discover specifics (a good many they have, however, accidentally stumbled upon) because they give medicines in accordance with certain physiological or therapeutical theories. They expect to cure by creating certain perturbations in the sick body, and not by the direct and inexplicable operation of specifics. Let them abandon their experimentation on the sick, and experiment on the healthy, and apply their own philosophy as above confessed, with a discreet diminution of dose, and they will soon discover the universality of our curative law.

The 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

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use of irritant eye-washes to inflamed eyes, of caustic or red pepper to sore throats, of irritating injections into many parts, and the application of blisters, Iodine, caustics, &c., &c., to ulcers, erysipelas, and other cutaneous diseases, are examples in point. Whatever explanatory theory may sway the mind of the physician, the ultimate fact is unquestionable 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 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 power of the medicine." ("Therapeutics," Vol. I., page 33.)

Yes, Dr. Wood!—and push your teaching here (omitting the merely speculative part, which is quite gratuitous) to their logical issue, and they will land you safely on the shores of homœopathy. Arsenic, concentrated, will inflame the stomach; diluted, will cure a similar state. Colocynth, concentrated, will purge and gripe; diluted, will relieve the same symptoms. Bromine, strong, will produce croup; diluted, will cure it. Cantharides, strong, will cause strangury; diluted, will cure that malady. Belladonna, strong, will congest the brain; but diluted will restore an already congested brain to its normal state; and so on, and so on through the materia medica. What further concession or admission need we ask?

Every local medication producing a similar or analogous disturbance, 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, by

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their dynamic action, these external inflammations and diseases, and, therefore, of curing them when internally administered. For example, Belladonna produces violent sore throat, and will cure one without the use of red pepper. Rhus-toxicodendron produces erysipelatous disease, and renders the use of external irritants almost entirely useless in such cases. It is right here that the vast superiority of homœopathy is plainly perceptible—namely, in the possession of many specifics which, by their internal action, supercede the necessity of many of the old, painful, and sometimes destructive allopathic measures. Still we will not abate one jot of our perfect right to appropriate such treatment to ourselves, as consistent with and strongly illustrative of the homœopathic law.

We will go yet further. We believe that homœopathic medicine is but an extension to the invisible interior of the body, of the curative 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 in accessible parts —such as the eye, the throat, the urethra, the skin, &c. If the allopathists could have cauterized any or all of these inaccessible organs they would have done so long ago, and reasoning from analogy, with every prospect of success. Now, nature herself has provided us with a vast number of specific caustics or irritants to every organ and tissue of the body. By means of the well-known specific affinities of drugs for certain organs and tissues we can produce artificial similar disease in any given part or point of the body. The "Homœopathic Materia Medica," constructed by experimentation on the healthy, is the treasury of all this specific knowledge. It is a collection of facts, and no theoretic speculations or classifications are requisite to its perfection. It is the crowning glory of homœopathy—the essential part of it, that which makes it a separate school destined to revolutionize the healing art.

I said that the old school had accidentally stumbled upon the specific or disease-producing properties of a good many drugs. Mercury for syphilis, Copaiba for gonorrhœa, Sabina

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for uterine hæmorrhage, Calomel for inflammations of the mucous membranes, Tartar-emetic for pneumonia, Ipecac. for bronchitis, Nux-vomica for dyspepsia, constipation, asthma, &c., Quinine for intermittent, Opium for congestive fevers, Alcohol for delirium tremens, Turpentine and Cantharides for kidney and bladder diseases, tonics in debility, Castor-oil in diarrhœa and dysentery, Rhubarb in infantile diarrhœa, Camphor in choleric symptoms, &c., &c., may be cited as illustrations of the fact. Individual physicians have now and then, here and there, used almost every drug on homœopathic principles, and recommended it; but the above specific applications have met the sanction of the whole profession. When allopathic physicians use these drugs in the above-mentioned diseases they are practicing homœopathy in a rough way, and with too large doses, however ignorant they may be of the fact.

Still, this coarse big-pill homœopathy is far inferior to the delicate, nicely discriminating, and accurate system of Hahnemann. It is the beau-ideal of all medical science to administer a drug, in minute doses, precisely corresponding to all the shades and symptoms of the given disease. It is the culminating point of medical knowledge, and requires a full acquaintance with pathology, as well as with a new and rich Materia Medica. To this goal every improvement in homœopathy tends. Every resting-place this side of it is temporary and provisional.

Preventive or Anticipative Homœopathy.—If it be true that an artificial disease engrafted on a similar natural one, extinguishes it, may it not also seem likely that an artificial disease, excited in the very organs and tissues where a similar natural disease is expected, will preclude or prevent it? This appears necessary to the completeness of the truth of the homœopathic law; and we have every reason to believe that such is really the case.

Professor Wood offers this theory for the explanation of the curative power of Quinine in intermittent fever and other paroxysmal diseases. "Every consideration in connection with the peculiarities of intermittent diseases, leads to the conclusion that the paroxysms are produced by an influence acting through the cerebral centres, without which the result would

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not take place. Now, if these cerebral centres can be pre-occupied by a strong impression from some other source, they may be rendered insensible to the morbid influence, and the paroxysm is therefore set aside. Quinine is characterized by its disposition to act energetically on certain nervous centres, which are probably the same as those through which the cause of the disease operates. Quinine, therefore, interrupts the succession of the paroxysms." ("Therapeutics," Vol. I., p. 261.)

I take this to be the most rational explanation yet offered of the action of Quinine. The quinine-disease and the intermittent disease act on the same tissues in a more or less similar manner, and, consequently, exclude each other. Produce the quinine-disease in the system during the interval, whilst the patient is comparatively well, and the intermittent disease cannot act upon the pre-occupied tissues. Ipecac., Calomel or blue mass, Opium, Pepper, &c., may be combined with the Quinine, to make the prescription more closely homœopathic and therefore curative. For example, if the last paroxysm was marked by irritable stomach, paleness, chilliness, vomiting, white tongue, cough, profuse sweating, give Ipecac. and Quinine in the interval. If it was attended by what we call bilious symptoms—bilious vomiting or diarrhœa, yellowness of eyes or skin, bitter taste, yellow-coated tongue, &c.—give Blue Mass or Calomel, and Quinine. If, however, there was no special disturbance, but great drowsiness and stupor, give Opium and Quinine. By carrying out this idea the treatment of intermittent and remittent fevers of all shades and varieties may be based upon sound homœopathic principles. The dose must be proportioned to the susceptibility of the organs. Since the object in view is to produce disease on the apparently healthy system, the quantities must be appreciable. The dose may be very large and the prescription itself be thoroughly homœopathic.

The cure of syphilis is an illustration of this preventive homœopathy. A person has a small indurated chancre or a swelling in the groin, of which he recognizes the true origin. Otherwise he is perfectly well. He has no sore throat or eyes, no pains in the tendons or periosteum, no caries of the bones, no degeneration of the mucous tissues, no cutaneous eruptions,

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&c., &c., from blood-poisoning with the dreadful virus. But you know very well that such an awful train of effects will probably ensue. How are you to prevent the development of such a case? Not by the induction of any contrary or opposite condition, but by bringing the system cautiously under the influence of Mercury—a poison which, in all the steps of its gradually destructive operation, more nearly resembles the syphilitic virus than any substance in nature.

Before leaving this topic I must allude to syphilization as one of the most recent and remarkable confirmations of the homœopathic law. It has been discovered—not by our school, but by allopathists—that the worst symptoms of secondary and tertiary syphilis are cured by inoculating the patient with the original virus. One would suppose such a process would be merely adding fresh syphilitic poison to the system, and would vastly aggravate the case. But no: the secondary or chronic symptoms have lost identity or sameness with the original disease, and are only so similar to it as to render the primary virus a suitable homœopathic remedy.

Vaccination is another case of preventive homœopathy. The analogy between the vaccine disease and the small-pox lies in the similar anatomical features of the skin disease. The pock in both cases runs through the same stages of pimple, vesicle, pustule, and scab—and leaves a mark or cicatrice in the site of the exudation. The diseases are not identical, but sufficiently similar to establish a homœopathic relationship between them. The vaccine disease having produced a permanent modification of the tissues, acts ever afterwards as a homœopathic preventive or check to the development of small-pox. This is, no doubt, the reason, also why many specific contagious diseases occur only once in life. Dr. Paget, in his "Lectures on Surgical Pathology," suggests this. He does not appear, however, to see as clearly as we do that the modification left behind by those diseases is itself an infinitesimal morbid condition, which permanently prevents the recurrence of the disease by what I have termed anticipative homœopathy.

It is still a hardly decided question whether Belladonna does or does not prevent the outbreak of scarlet fever. The weight of evidence leans to the affirmative side. But, in my

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opinion, homœopathists give too small doses and allopathists too large doses to get the full benefit of its action. The golden road to success lies generally between extremes. We may safely predict that, if genuine preventives or prophylactics against diseases ever are discovered, they will be homœopathic remedies for those diseases, just as Belladonna is the nearest specific for scarlet fever. Already the French are recommending the wearing of copper plates on the abdomen as a preventive against cholera and cramps, and the Spaniards are inoculating with snake poison against yellow fever. Their measures may prove further examples of preventive homœopathy.

Indirect, Reflex, or Sympathetic Homœopathy.—The action of every drug being intrinsically disease-producing, that action, when a drug is swallowed, must be displayed in the diseased part 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 purgation is a genuine diarrhœa, his mercurials congest the liver, his opiates the brain, his diuretics irritate the kidneys, and his emmenagogues the uterus, &c. He cannot possibly modify the vital functions by giving drugs without producing a morbid impression on some point. Only disease cures disease. Homœopathy aims to throw the morbid impression directly on the diseased part; consequently its cure with small doses is direct, prompt, and painless. Allopathy diseases some other part, and, if it cure at all, its method is indirect, tedious, and frequently painful.

We must look for the cause of these allopathic cures, not to the unnecessary and sometimes violent perturbations the drugs excite in the system, but to some relationship existing by physiological laws between a natural disease in one part and an artificial disease established in a different or distant part of the body. Now, there are definite sympathies existing between all parts of the system, and the nervous apparatus connects all the organs together, and propagates their mutual influences upon each other. Difficult teething will produce diarrhœa; intestinal worms occasion convulsions, liver disease produce a

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cough, brain disease produce vomiting, fright produce uterine hæmorrhage, &c., &c. Diseases are sometimes transferred from one tissue or organ to another (metastasis) in this way. This is all done by the agency of what we call the reflex action of the nervous system. The simple law may be thus expressed: a diseased part or organ tends to radiate or propagate a morbific impression towards parts or organs with which it may have physiological sympathies.

Now, this is equally true of an artificial disease as of a natural disease. Burns upon the skin, which are accidental blisters, frequently produce internal inflammations and ulcerations. This is the reason why blisters under certain circumstances may cure internal diseases. A purgative is an irritant passed over the whole alimentary track. This irritated condition of the mucous membrane may be reflected to the brain, and relieve headache, to the bronchial tubes and diminish inflammation there; to the heart and arteries, and reduce fever; to the spinal cord, and check convulsions, &c., &c. This extensive sympathy of the stomach and bowels with all other parts of the body is the secret of the use and abuse of purgatives. They will sometimes cure, and they will give a temporary palliation to almost every disease to which we are liable. But the principle upon which they cure or relieve is that of indirect, reflex, or sympathetic homœopathy.

This is the old allopathic doctrine of counter-irritation or revulsion. Trousseau and Pidoux call it "transpositive substitution"—a process of substituting one morbid impression for another by transposing or sending it over or across from one point to another, it includes perhaps three-fourths of ordinary allopathic practice, and, according to Pereira, Simon, Paris, and others, it embraces the use of mustard plasters, poultices, blisters, pustular irritants, setons, moxas, issues, emetics, purgatives, diuretics, diaphoretics, anodynes, alteratives, and almost every class of remedial agents.

The curative action of revulsives or counter-irritants has been 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 were an actual transfer of morbid elements from one point to another—as if disease were a

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fluid to be drawn hither and thither by suction or other forces. All the text-books reiterate this idea almost in the same words. It is amazing how long this cheap and shallow explanation has passed unquestioned in the medical world. Pereira alone boldly pronounces the whole hypothesis as "perfectly gratuitous and incapable of proof," and says, that in the present state of our knowledge, we must be content with the *fact*, and no explanation.

Now, when we blister the skin for pneumonia, not one iota of the inflammation, pain, &c., constituting the blister, is drawn from the diseased lung. It is out and out a new disease, added and caused by the blister. The pulmonary inflammation subsides because the irritated skin reflects its own state on to the diseased lungs, and this reflected stimulation is equivalent to a direct cauterization or to the action of a drug specifically irritant to the part. When we dash cold water on the skin to arrest internal hæmorrhage, the constriction of the cutaneous capillaries is propagated to and repeated in the capillaries of the bleeding part. In the same manner the irritation of a blister is reflected on to and repeated in an internal inflamed part, and cures it homœopathically. How beautifully clear is the whole subject made by this mode of looking at it?

Dr. Stokes, one of the greatest old-school authorities, gets a pretty fair glimpse of this homœopathic action of revulsives: "We must then admit, that external derivatives have two modes of action: the one derivative, the other *directly stimulant on the diseased parts.* We find them, as before stated, generally useful in three sets of cases—namely, acute inflammations where general and local blood-letting 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 stimulation conveyed to the capillaries of the diseased tissue. They are all essentially stimulants.*"

A consideration of the different degrees of counter-irritation in use is further proof of their homœopathicity. It will be seen that those agents are most successful, when the anatomical changes or lesions produced by the counter-irritant correspond in a certain measure to those characteristic of the disease.

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For simple painful irritation of the internal organs, but not amounting to persistent congestion, the prompt but transitory action of a rubefacient or mustard plaster is sufficient. For positive inflammation, attended with exudation of blood-elements, as in pleurisy and peritonitis, the analogous operation of a blister is necessary. (These frequently aggravate the disease, proving they are homœopathic to it. The lung immediately under the blister has been found much further advanced in disorganization than the rest of the diseased organ.) Lastly, in chronic diseases, of which ulceration is the type, as in chronic bronchitis, phthisis, and scrofulous swellings of the joints, &c., pustulation with Croton-oil or Tartar-emetic is confessedly the most appropriate form of counter-irritation.

Many allopathic physicians, especially those well up in the present physiology and pathology of the nervous system, will see the truth of these views, so far as blisters and other external derivatives are concerned. But a purgative is an irritant applied to the bowels; Calomel is an irritant applied to the liver; diuretics are irritants applied to the net-work of the kidneys, &c., &c. That the increased secretions from these organs effect the cure is mere speculation. The artificial irritation is sympathetically propagated or radiated on to distant diseased organs, and the cure is a specimen of indirect, reflex, or sympathetic homœopathy. Many strange and apparently inexplicable cures of allopathy—as of epilepsy by Nitrate of Silver, of goitre by Iodine, &c., &c.—may possibly find their solution in this manner.

We have explained what curative power allopathy has ever exerted upon homœopathic principles. But we have no idea of practicing allopathy, as that term is commonly understood. Therefore we beg our reader to consider the essential differences between allopathy and homœopathy, which constitute the latter an independent and superior system of medical practice.

The Differences between Allopathy and Homœopathy.—I have already shown that there is no difference between the two schools in the use of chemical and mechanical means, nor of measures calculated to remove the causes of disease. But we have insuperable objections to the general principles and practices of allopathy. Here are some of them:

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1. Allopathists give medicines to deplete or reduce the patient. They presume, that the blood is in too great excess or unequally distributed, or contains noxious elements, and that the consequent excitement is to be subdued by blood-letting or by increasing one or more secretions. Hence they puke, purge, and sweat their patients, to bring their systems down to the healthy standard. This constitutes a vast fact of pure allopathy.

Now we say this whole theory is false and the practice pernicious. The man who depletes his patient upon such principles is no homœopathist. Such measures are painful, inconvenient, and useless at best. They exert no real power over the disease, but interfere with the efforts of nature, prolong the sickness, retard the convalescence, and debilitate the patient.

On the contrary, we cure fevers by substances which will excite the nervous system, the heart and arteries, &c. *Aconite*, *Gelseminum*, *Belladonna*, and *Bryonia*, for instance, are worth all the depleting processes of allopathy put together. They act homœopathically, and as they act, the pulse lowers, the skin perspires, all the functions resume their natural course, and the patient is well. The disease once cured in this way, he is not obliged to convalesce from the effects of the medicines. Words are inadequate to describe the superiority of homœopathy over allopathy in this respect.

2. Elimination is an allopathic process, which we repudiate. They say, that in many or almost all diseases, noxious elements accumulate in the blood, and that they are eliminated by stimulating the emunctories by cathartics, mercurials, diuretics, &c., &c.

Now, we say this is all hypothetical, if not entirely untrue. If it were true, scarlet fever, yellow fever, small-pox, typhus, &c., which are the best samples of this blood-poisoning by noxious elements, ought to be easily cured by steady purging. That practice, however, is unsuccessful in such cases, and indeed, no sensible man recommends it. This process of elimination works entirely in the dark, and has been, no doubt, very destructive. When an allopathist is attempting to *eliminate*, he descends to the level of a quack-doctor who advertises to "purify the blood."

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We find by experience, when we give the medicines homœopathic to the case—for example, Belladonna for scarlet fever, Tartar-emetic for small-pox, Arsenic and Crotalus for yellow fever, Bryonia and Rhus for typhus, &c.—that the blood-poisoning gradually disappears, as often without as with increased secretion, and the patient convalesces more rapidly and permanently than he would have done had he been drugged. Therefore the physician who vomits, purges, sweats, or bleeds a patient, or attempts to stimulate any of the secretions in order to depurate the blood, is not practicing homœopathy.

3. We repudiate *in toto* the destructive allopathic doctrine, that Mercury is an antiphlogistic, and cures inflammatory diseases. This doctrine has perhaps done more harm than any single doctrine of the allopathic school. It has not only destroyed innumerable lives, but it has undermined still more constitutions, and is a prominent cause of many of the chronic diseases existing in the world.

Mercury is homœopathic to syphilis, to many bilious disorders, and to some few acute inflammations, especially of the throat and bowels. These it cures (all but syphilis) in small doses, even in infinitesimal doses. But inflammatory diseases are to be attacked by homœopathic remedies which produce similar inflammations. When a physician gives Mercury in appreciable doses for inflammation of the brain, lungs, kidneys, &c., or for any disease unlike those which Mercury produces on the healthy system, he is not practicing homœopathy.

4. I might go on in this manner, and repudiate all the special processes of allopathy—stimulation, sedation, revulsion, &c., &c. When a patient is excited, give exciting medicines in small doses—not sedatives in large ones. When he is depressed or exhausted, give exhausting medicines—such as Arsenic, Rhus, Veratrum, &c.—in small doses; not stimulants in large ones. Revulsives are painful, tedious, and uncertain. They have indeed a homœopathic element in them, and may be resorted to with caution and discrimination, provided the proper homœopathic remedy has failed, which is not likely in competent hands.

5. The doses of allopathy are almost always too large, and

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frequently injurious. More Quinine is always given than precisely enough to arrest the paroxysm. Even if an allopathist prescribes a purgative on mechanical principles, he not only evacuates the bowels, but creates a diarrhœa, followed by constipation and loss of functional tone. If he prescribes Mercury homœopathically as to principle, he gives such a dose as to poison the blood with it. This over-dosing with Opium, Iodine, Nitrate of Silver, and every other remedy is universal and humiliating. They have no faith in the secret, invisible, imperceptible operations of nature. They must perturbate, change, turn upside down, and all the time see what they are doing. The motto of the true homœopathist should be: "Infinitesimal doses if possible, small doses at any rate."

6. The practice of allopathy is founded upon conjectures and theories, likely to change with men and times. Thus pneumonia is treated by one doctor with repeated blood-lettings, by another with Tartar-emetic alone, by a third with Chloroform alone, by a fourth with Calomel and Opium, by a fifth with sweetened water, &c., &c. Can there be anything like positive science amid such darkness and contradiction? So of every other disease, except those for which a specific homœopathic remedy has been discovered.

On the contrary, homœopathic practice, thanks to our great guiding law, is uniform and consistent; there is not a particle of speculation or theory about it. We have to compare two classes of *facts*—the phenomena of disease, or pathology, and the disease-producing power of drugs, or pathogenesis. Both are equally necessary, and the whole round of medical science is requisite to their proper comprehension. Every advance in pathology or in the knowledge of drugs must increase or facilitate our means of cure. We use one medicine at a time instead of the absurd mixtures of allopathy. We give it in small doses—not in such large ones, that it is doubtful whether the patient died of the disease or the drug. We make the remedy correspond with the disease, and we find the treatment prompt, painless, and certain, instead of tedious, painful, and altogether vague and uncertain.

Some practical homœopathists repudiate the name, just as allopathists refuse to be designated by that special term, and

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claim to be physicians in the broadest sense of that word. We are also often reproached by our opponents for laboring outside, as it were, of the regular profession, and attempting to create a separate school of medicine. But really it is not our fault. Hahnemann was an immensely learned old-school physician, and published all of his first homœopathic essays in old-school journals. His views were derided, his practice assailed, and himself persecuted with a virulence which is almost incredible. This is equally true of his disciples at the present day. It is enough for a man to believe in the curative law, and give small doses, to array against him the professional and social antipathies of all the "regulars." Their schools and journals are closed against us, and in the bitter vulgarity of their opposition, they effect to regard us as quacks and impostors. True, this arrogant folly vexes us but slightly, yet it necessitates an independent organization.

Believing "*Similia Similibus*" to be the sole law of cure with drugs, to which the exceptions are few and insignificant; believing that direct or substitutive homœopathy in inappreciable doses is applicable to nine-tenths of medical practice; that homœopathy is a truth and a blessing, and in perfect harmony with that better philosophy of mind and matter which is beginning to dawn upon the world, and that the progress of medical science and the development of homœopathy are synonymous expressions, I accept for myself the title of homœopathist as a badge of honorable distinction, which I am sure, will brighten and brighten with every future evolution of medical truth.

No Explanation of the Cure Necessary.—We all love to theorize—we delight to be able to give what we call a rational exposition of the relation of cause and effect. Hypothesis is valuable to harmonize and consolidate the facts we have already acquired, and to suggest new ones. But rash speculation has always been the bane of medical science. Inflammation is the result of perverted but increased vitality, says one allopathist, and therefore he bleeds or reduces the patient as soon as possible. Inflammation is the result of powerful but decreased vitality, says another theorizer; and he promptly proceeds to stimulate. Inflammation, says the

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homœopathist, consists of heat, redness, swelling, pain, stagnation of blood, &c., &c., in certain organs or tissues. Aconite or Belladonna produce heat, redness, swelling, pain, stagnation of blood, &c., &c., in the same organs or tissues. Who does not see, that speculative ideas predominate in the practice of allopathy, whilst the comparison of two parallel series of *facts* is the essential process of homœopathy?

Valuable facts are frequently discovered long before we can get at any theory which will explain them. The fact that the needle pointed to the pole was used as a practical guide in navigation, long enough before our present science of magnetism was developed. We make use of the facts of natural philosophy and chemistry every day, but their causes lie shrouded in the deepest mystery. The best cures of allopathy—viz., the action of Quinine for fevers, Mercury for syphilis, Lemon-juice for scurvy, Iodine for scrofula, Bismuth for gastralgia, &c., &c.—are inexplicable upon any of their so-called rational principles. Their sensible men simply accept them as facts.

It is a fact that "like cures like," and that this cure is best seen when the similar morbid impression is produced directly in the diseased part by the use of inappreciable doses of medicine. We may not be able to explain it now—we may never be able to explain it till the end of time—and still it may be perfectly true. The law of formula serves as a guide in practical medicine—a guide both to the study of drugs and to the application of them. It banishes all theories, all speculations as having no salutary influence in practice, and its zealous, practical study and application are the only methods of elevating medicine to the rank of a positive science.

The learning and ingenuity which have been displayed by German, French, English, and American homœopathists, in attempting to account for this law of cure, are truly wonderful. It would be useless to review the various theories which have been propounded on this subject. In my speculative days, I wrote a little book myself, endeavoring to elucidate the mystery—highly imaginative, it is true, but having no practical tendency. My time would have been much better employed in proving drugs upon myself, after the method of Hahnemann. I believe all efforts in this direction at present are

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premature, and will prove abortive. When the microscope or other agencies have developed the true significance of the infinitesimal; when the imponderables, light, heat, electricity, &c., have been exhaustively unfolded; when the physiology of the nervous system has been unravelled; when our spiritual nature and the bonds and laws of its connection with our material frame-work have been revealed, then and not till then, will we attain a true theoretic philosophy for our homœopathic science.

The Smallness of the Dose.—The small dose of homœopathy has always been considered the weak point of the system. The very source of its practical superiority is made the ground of its theoretical rejection. It is against the small dose that every opponent levels his artillery of argument or of ridicule. And here the most successful appeal against homœopathy is made to ignorance and prejudice, both in and out of the profession. The difficulty certainly is great. The question at issue is one of the most curious and wonderful ever presented to the human mind. The whole fallible experience of mankind is arrayed against the claim. Theory after theory urged in its support has been pronounced untenable; but the appeal to facts and to cures is becoming louder and more irresistible than ever. The extraordinary persistence and progress of an idea so adverse to our preconceived opinions, and derided, too, by high medical authorities, might alone suggest to the contemplative mind the inherent power and vitality of unappreciated truth.

Before inquiring into the probabilities of the efficacy of homœopathic attenuations, let me impress it upon my reader, that our reasons for believing that infinitesimal doses *cure* diseases are as sound and as good, indeed are of the same nature, as those which constitute the basis of allopathic faith. We cannot follow our drugs into the sacred recesses of the body and tell *how* they cure; nor can they. But we understand the natural history of disease as well as they do, and can distinguish a mere recovery from a cure just as well as they can. When a physician gives Bismuth for gastralgia, Iodine for scrofula, Mercury for syphilis, Quinine for intermittent, Zinc or Silver for nervous affections, Tartar-emetic for pneu-

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monia, Sarsaparilla for skin diseases, &c., how does he know that his drug has cured the disease? He can so manage the doses of these substances that no effect whatever can be detected from them, except the disappearance of the disease. So it is with homœopathic attenuations. We see the most serious diseases disappear soon after the administration of these infinitesimal doses; and this happens so often, so much oftener than it did in our old allopathic experience, that we at last very naturally infer the relation of cause and effect to exist between the administration of the drug and the recovery of the patient. Are we not right?

Experience, then, is the true test of our system. It is useless to reply, that all quacks and nostrum-mongers appeal to the same evidence. So do the best allopathic physicians; so must we all. There is no proof of the curative power of any drug or any measure, except the evidence of sensible men, that it has been tried and found successful. Mere reasoning about it will not advance the matter a step. The great John Hunter said once to his class: "*Don't think about this, but try it;*" and it is just the advice to give allopathists with regard to homœopathy. No argument, or ridicule, or mathematical figuring of any kind can ever disprove the efficacy of infinitesimals.

In the first place, we have many facts to prove, that under certain circumstances the human body even in perfect health is powerfully acted upon by substances in forms or doses entirely inappreciable by any of our senses.

How does the trifling act of vaccination hold the body through all its continuous changes secure for ten, twenty, or thirty years against the invasion of small-pox?

How does malaria, which no philosophical ingenuity or chemical subtlety has ever detected, produce the most violent and fatal diseases to which we are are subject?

A grain of musk is said to scent a room for twenty years. How small a quantity then of its effluvia is necessary at any one time to occasion the smell of that article!

Dr. Carpenter tells of a somnambulist who could distinguish the owner of a glove by scent alone in a party of thirty persons.

Many cases are on record, of persons being thrown into vio-

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lent asthmatic paroxysms by inhaling from the air particles of Ipecac. which was being pulverized in the next room or across the street.

Many intelligent people of sensitive organizations have brought about morbid symptoms by experimenting on themselves with homœopathic attenuations.

I have repeatedly myself seen diseases perceptibly aggravated by specific medicines in inappreciable doses, and I have several times seen morbid symptoms characteristic of the drug appear in healthy organs, whilst I was using the thirtieth attenuation of the substance.

Secondly, It is not improbable, that infinitesimal substances may produce certain effects on the healthy system, it is even very likely, that they will exert some action on the parts to which they are specifically attracted, when the sensibility of those parts is augmented by disease.

The extraordinary sensibility of the nervous system in some maladies may be fairly taken as a type of the impressibility of a morbidly affected structure. The softest footfall may jar and shock like the report of a cannon. Objects in a dark room may appear to the patient with thick compresses over his eyes, more brilliant than sunlight can make them to us. The touch of a feather or the mere sight of a shining surface may produce by reflex action the most appalling convulsions. Now, an inflamed liver, or bladder or trachea does not manifest its sensibility in the same manner, because of its anatomical and physiological differences. It comes but vaguely, if at all, into the circle of our consciousness; but its organic sensibility to drugs acting specifically on it, may be very acute. Nor can we estimate the degree or character of this organic sensibility by one hasty and coarse measurement. Ten grains of calomel may not seriously injure an inflamed liver, and still the thirtieth attenuation of Mercurius may produce precisely that specific stimulation which will cure it; and so on of all possible homœopathic specifics.

A dose which might not affect a healthy man, even if given for years, might possibly operate speedily in the cure of disease. The healthy eyes rather enjoy the grateful effect of stimulus of light; let them be inflamed and the slightest ray be-

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comes intolerably painful. It is possible, that a healthy man, or boy, or monkey, might swallow a whole case of homœopathic attenuations and experience no inconvenience whatever. But this does not prove, that the same attenuations applied specifically would not be promptly efficacious. It only proves that where the homœopathist does no good, he does no harm; for the healthy organ, and that alone, is insensible to the stimulus of his infinitesimals.

Thirdly.—Attenuated medicines penetrate more thoroughly the microscopic recesses of the organs upon which they specifically operate. Infinitesimal medicines only can come into contact with the infinitesimal parts of the body.

Medicines are absorbed into the circulation, and produce their effects by mere contact with the tissues they impinge upon, and are discharged from the body in the quantities taken, for no drug is appropriated or woven as an integral part into any portion of the human frame. Uncomminuted or coarse drugs penetrate only into the larger vessels of the capillary system. The most minute capillaries, not even the red blood, can penetrate; and it is more than probable, that allopathic drugs act entirely on the peripheral nerves of the organs, and on the nerves which line the inside of the blood-vessels, and never get near enough to the elementary particles of the nervous centres to produce any great direct effect upon them.

The axis-cylinder or conducting medium of the nerve force, which some compare to a tube, and others to a wire, is in some places only one fourteen-thousandth ($\frac{1}{14000}$) of an inch in diameter.

In this medium circulates or moves the great nervous force, which causes all sensation and motion, regulates secretion, and is the essential element in every morbid process. This nerve-force intimately resembles heat, light, electricity, and the other imponderable agents. Indeed the best philosophers say these various forces are at bottom one and the same thing, and are mutually convertible into each other. Now, what sort of waves or motions take place in these microscopic nerve tubes? It is perfectly fair to compare them with those of light, for all the imponderables are strongly analogous. The violet wave of light is seventeen-millionths of an inch in length, and

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vibrates seven hundred and twenty-seven millions of millions of times in a second. Here is infinitesimal confusion for you; but who for that reason doubts the mysterious organizing power of light? The nervous fluid may have, and doubtless has, just such infinitesimal movements. Such movements may be excited in the nerve-centres and nerve tubes by infinitesimal medicines; and specific modifications thus produced may cure corresponding diseases. How simple! how probable! how rational!

Therefore we conclude that our medicines are not attenuated to make them more *potential*, but to bring them to microscopic smallness, corresponding with that of the parts on which they are to act.

A foolish fellow, now a professor in an allopathic college, once asked me why we did not triturate a piece of beef-steak to the thirtieth attenuation, and get an immense deal of nourishment out of it? I told him, that food was simply a supply for the waste of the body, and was therefore a matter of ounces and pounds. As much as was lost, must be daily taken in, or starvation ensued. Moreover, that medicines were not appropriated like meat, but acted by catalysis or surface-contact, and the difference between large and small doses could be ascertained, not by arithmetical computation, but only by vital experiment. I do not think he comprehended my argument, for he is a bitterer allopathist than ever before, although the professorship may partly account for that.

Trituration or subdivision to a certain extent does not increase the power of medicines, as all medical men are ready to acknowledge. Not only by this means is the medicine more thoroughly absorbed, but it presents a greater number of comminuted particles, and consequently a larger amount of surface, whereby to produce its specific impression. But, after a substance has been so thoroughly broken up as to permeate with facility all the capillary textures, beyond the reach even of the red globules, I believe that every further subdivision diminishes its disease-producing power. The point of greatest action must vary with the substance; but very generally after the first trituration, the power of the drug in the common acceptation of the term, rapidly diminishes, and soon, for all

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allopathic purposes, entirely disappears. A homœopathic attenuation may be more curative, because it is less potential in the ordinary manner. It is only indirect, reflex, or sympathetic homœopathy, synonymous with allopathy, which requires the large dose. It is the object of pure, direct, or substitutive homœopathy, to use the drug in such a form, that, while it retains its specific action, it exerts that action in the least possible degree. Our drugs are like the still, small voice, which is greater than the earthquake or the fire. They are like the soft answer which turneth away wrath, and like woman, whose strength is in her weakness.

There is no evidence, that subdivision changes the nature of a medicine. Matter cannot be annihilated, and the most infinitesimal portion of Arsenic is Arsenic still, and acts specifically on the stomach. Dr. Simpson got several learned mathematicians to calculate how little arsenic was left, and they astound us with their inconceivable array of figures; but what does it all amount to? Simply nothing. We are not convinced of the efficacy of attenuations by mathematics, nor can mathematics disprove it. We believe, because we have tried and succeeded with little doses, when we try and fail with the same doses, it will be time to doubt their power, and not before.

There is one curious fact which we have discovered, and which has occasioned a good deal of merriment (that cheap and easy way with which some silly people meet difficulties) amongst our opponents. Some substances which are wholly or comparatively inert in mass, become powerfnl remedies when highly attenuated. Non-medicinal in their bulky state, they become highly curative on specific principles when homœopathically prepared. Oyster-shells, common salt, charcoal, platina, flint, lycopodium, &c., belong to this class. Here, too, we base our belief on experiment. It is our business to discover the facts of nature; whether we can account for them is another and quite an indifferent thing. Still it is pleasant for us to find one of the greatest living chemists offering an opinion which may be possibly explanatory of these curious facts. Mulder, in his admirable work on the "Chemistry of Vegetable and Animal Physiology," page 35, thus expresses himself:

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"We should, I think, approach nearer the truth by inverting our conception of the subject, and assuming, not that substances obtain a new power by subdivision, but, on the contrary, that by their accumulation into masses, they become powerless; that the forces present in the molecules are prevented from acting, being reduced to quiescence. When iron is in mass, it shows but a slight tendency to oxidation; but when minutely divided, it cannot possibly be brought into contact even with atmospheric air at a low temperature, without becoming red hot, and at the same time converted into an oxide. Cobalt, nickel, and uranium possess the same property. In the masses the chemical forces are powerless and quiescent. If we could isolate the molecules of all the elements, their forces would show their potency."

The discoveries of the telescope are as marvellous as those of the microscope, and the infinite is as incomprehensible as the infinitesimal. It is just as difficult to grasp the indefinitely great as to measure the indefinitely small. When medicines attenuated into a form never before known or used, are brought into closer contact than was ever before effected with living tissues of such variety of structure and functions, with respect to which our real knowledge is so very limited, and when moreover the principle of application is as novel as the method, the properly trained mind will not venture to affirm what will or will not happen. It will keep all previous experience in abeyance, and commence, as from a new beginning, the simple and unprejudiced work of observation.

Schleiden, the great botanist, aptly and truthfully observes: "It indicates a most barbarous age, or a very low state of refinement, when the value of a thing is measured by great and small—a standard indeed which finds no application in all that we know most essential and valuable. Physical magnitude imposes only on our sensuous nature. Cultivated man seeks to know the object of his contemplation perfectly, in all its relations, and then only from the perfect knowledge does he permit himself to judge as to the essential and the non-essential. Very frequently this leads him to declare that most significant which has least dimensions."

A great and imaginative author says, that "In every ma-

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terial object there is a point or punctum saliens so small, that the point of a pin covers it as with a sky." And a popular scientific writer, Robert Hunt, illustrating the connecting agency of gravitation, finely remarks: "So completely is all nature locked in the bonds of this infinite power, that it is no poetic exaggeration to declare, that the blow which rends any earthy mass is conveyed by successive impulses to every one of the myriads of orbs, which are even too remote for the reach of telescopic vision."

The human mind in the present age is beginning to struggle forth from that atmosphere of gross materialism which has hitherto surrounded the race. Upon this gross materialism all allopathic philosophy is based. "Buried as the existing medicine is (exclaims the eloquent Wilkinson) among poisoning acids, sharp stimuli, chemicals and caustics, it cannot believe in the power of gentleness or the first smallness of good causes." I am sorry to say, that many homœopathic physicians, although true to the guiding law, disbelieve in infinitesimals. For myself, although practically bound to avail myself of all that is useful, I declare my unlimited faith, not only in the existence but in the power of the invisible, the imperceptible, the infinitesimal, the spiritual sides of nature.

Were there no facts, no analogies, no bare possibilities even, whereon the doctrines of homœopathy might secure a physical or scientific basis, there is a grand spiritual philosophy which would come to their rescue. Let us never forget the comprehensive words of the immortal La Place: "Beyond the limits of this visible anatomy, commences another anatomy whose phenomena we cannot perceive; beyond the limits of this eternal physiology of forces, of actions, and of motions, exists another invisible physiology, whose principles, effects, and laws it is of greater importance to know."

To the candid mind, willing to try the small doses of homœopathy, we cite the sterling words of Sir John Herschel: "*To experience we refer as the only ground of all physical inquiry. But before experience can be useful, we must absolutely dismiss from our minds all prejudice, from whatever source arising, and determine to stand or fall by the result of a direct appeal to facts in the first instance, and of strict, logical deduction from them afterwards.*"

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Further Allopathic Objections Answered.—1. Hahnemann and his early disciples are mercilessly attacked by all orthodox medical writers. They ridicule his theory, that chronic diseases are mainly due to the suppression of skin diseases. They ridicule his idea of the essentially dynamic nature of disease, and his ignorance and folly for ignoring morbid anatomy. They ridicule his "potentization" of drugs by trituration and succussion. They ridicule his fixed number of *downward* shakes, and his terrible fears of injuring his patients with the thirtieth attenuation. They ridicule these and a great many other crotchets and vagaries of Hahnemann and his more enthusiastic disciples. Now the best living homœopathists agree with them in all this, and yet know, that homœopathy itself stands forth from amongst all these false issues, untouched and invulnerable. Simpson, Hooker, Holmes, &c., have raised the dust and beaten the air effectually; but they have not even started the true game.

2. They make great objections to our Materia Medica, ridicule the thousand symptoms said to be produced by charcoal and oyster-shells, and raise all kinds of cavils against our provings of drugs. Well, we acknowledge very great defects in this materia medica, and our colleagues are laboring in all parts of the world to remedy them. But, after admitting all the allopathic charges, and abstracting all that is false, foolish, and hypothetical from our materia medica, there remains enough good solid material to constitute it the richest depository of medical truth in the world. We have a hard quarry to work in, but we get pure marble from it, vastly more valuable than any allopathic materials.

3. It has been a common objection against our system, that we treat only the symptoms of disease, whilst we ignore the latent causes and pathological lesions. Nothing can be more false and shallow. There is not a single fact relative to health or disease which is not as useful to the new as to the old-school physician. The manifestation of the disease by which we are guided, is the entire pathological condition of the patient. A cavity in the lungs, an adhesion of the pleura, an ossific deposit in an artery, an effusion of serum into a cavity, and all other anatomical lesions are just as much symptoms of

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disease as fever, pain, diarrhœa, or perverted sensations. Is not an ulcer in the intestines or the windpipe as indicative of disease as one on the skin? As our vision does not reach to the interior organs of the body, we resort scientifically to every method, rational or instrumental, of discovering their lesions.

Latent pneumonia may pass undetected by all external observation, but when auscultation and percussion reveal it, we treat it by substances which produce pulmonary congestion in the healthy man. When a man has a cough from latent liver disease, we do not prescribe merely for the cough, but we give some remedy which will produce liver disease attended with cough—thus covering both symptoms. We use Tartar-emetic for small-pox, because it produces a pustule resembling that of small-pox. We use Bromine, Iodine, &c., for croup, because they produce inflammation and exudation in the air-passages. We give medicines which will produce ulceration for ulceration; those which produce effusion for effusion, and so of all anatomical lesions. Instead, therefore, of discarding the pathological anatomy of natural diseases, we add to it and compare with it the hitherto unexplored pathological anatomy of drug diseases. Is not the objection answered?

4. But does not homœopathy profess to be a system of specifics? No, indeed, not in the common sense of that word. It would then be likely to become, as Hufeland predicted, "the grave of scientific medicine." There is no specific medicine for pneumonia, or for croup, or erysipelas, or for any other given disease. The reason is, that these diseases rarely ever present identical features. Different cases of the same disease present various types, shades, and degrees, and may be attended with different groups of symptoms. Every case, according to Hahnemann, is to be thoroughly individualized, and studied as if it existed alone. We have no invariable specific for anything, but we have a vast number of medicines which are specific to certain pathological states. Therefore pathology in the largest sense of that word, becomes indispensible to the homœopathist. We may retort this blind use of specifics with very great truth upon allopathic practice. They give Quinine to every case of intermittent, whereas it is by

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no means specific to all forms of that disease. They give Calomel for almost every local inflammation, whilst in truth it is specific to but very few of them. The same may be said of many of their medicines and measures. Upon this question homœopathy occupies the true scientific ground.

5. "Oh! but you reject the accumulated experience of ages!" exclaims some wise-acre, who actually believes, that medical science has been steadily advancing since the days of Hippocrates. What is this "accumulated experience of ages," which seems to rank in authority next to the Bible, and which we have the rashness and vanity to despise? The wonderful and fixed facts of general, special, surgical, and pathological anatomy? The discoveries of physiology? The immutable truths of botany or of chemistry? Do we disregard or abandon the principles and practice of those great sciences—obstetrics and surgery? Do we despise the beautiful and accurate descriptions of disease, which we find in a thousand volumes of British, Continental, and American medicine? Do we ignore the teachings of the stethoscope, the microscope, and the chemical laboratory? No!—I answer emphatically, no! Every fact ever discovered in the physical universe is of as much interest and more use to the homœopathist than to his pseudo-superior opponent.

Let me remind you, however, that all these treasures, to which we lay an equal claim, have been accumulated within a very brief period. Chemistry has just emerged from the mysterious shadows of alchemy. The knowledge of the circulation of the blood is only two centuries old; and physiology had no proper existence before it obtained a correct anatomical basis. It has not been very long since the stumps of amputated limbs were seared with hot irons, and boiling tar poured into fresh wounds. Obstetrics has just been raised from the most degrading position to fellowship with her sisters of the medical art. For all but the most recent phasis of the materia medica, the man of science has reason to blush. Only a century or so ago, the articles in the following disgusting catalogue were believed by our medical forefathers to be of great remedial value: the left foot of a tortoise, the urine of a lizard, the dung of an elephant, the liver of a mole, blood

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drawn from under the wing of a white pigeon, the moss from a dead man's skull, and the ashes of a burnt witch. Sometimes a hundred or one hundred and fifty of such substances were compounded into one terrific dose by the stars of the profession, from whom the physicians of our enlightened day are so anxious to claim a legitimate descent. From such "accumulated experience" we pray to be delivered. Every thing valuable in science, and especially in medical science, like American aristocracy, has a very short pedigree.

Indeed, more has been really achieved since the birth of Hahnemann than for five thousand years previous. The whole archives of medical learning previous to the beginning of the last century might be burnt up or lost, and the world, practically speaking, would lose very little by it. Among all the brilliant discoveries of modern medical science, none have been richer in practical results, and in present and prospective blessings to humanity, than those of Hahnemann and his disciples. The law "*Similia Similibus Curantur*" is the grandest generalization which has been made since the discovery of gravitation by Newton. And the principle of proving drugs on the healthy man to ascertain their pure effects, is the key to the philosophical reconstruction and the ultimate perfection of the materia medica.

6. "The famous law of nature, '*Similia Similibus*,' is no law of nature at all, because it is not invariable. Drugs do not always produce certain diseases, nor do they always cure upon your vaunted principle." This is the cry of those who are so unreasonable as to demand, that homœopathy shall be perfect and complete—irrefutable as geometry or astronomy—before they will admit it can be a science at all. Many things, it is admitted, are obscure and uncertain in the phenomena of disease; and just as many in the operation of drugs. Still pathology will be made a perfect science after a while, and the materia medica will be at last fully developed. In the mean time there will be some darkness, and some failures. But we *do* know, that cures follow frequently, promptly, and permanently the administration of drugs which have been known to produce similar morbid symptoms; and the existence of a law "*Similia Similibus Curantur*" is a legitimate deduction.

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7. "Homœopathy has now been before the medical profession for fifty years, and still the great mass of intelligent men in the profession repudiate it." So says the stickler for authority, and the truckler to the powers that be. When the claims of Jesus Christ were pressed upon the scribes and Pharisees, the answer was: "Have any of the rulers believed on him?" And so it is with human nature in our own times. There are leaders in fashion, in politics, in literature, and in medicine. None but bold and independent spirits dare to dispute their authority, and think and act for themselves. Still, this number is constantly increasing, thanks to the progressive, revolutionizing, and re-constructing spirit of modern society.

Homœopathy, however, is *not* deficient in capable and learned witnesses in its favor.

Hahnemann himself was a thoroughly educated old-school physician. Jean Paul Richter called him "that rare double-head of genius and learning."

Fleischmann, of Vienna, noted for his homœopathic hospital reports, was acknowledged by even allopathic disbelievers, to be a gentleman of finished medical culture.

Marenzellar, for years the Surgeon-General of the Austrian forces, was a zealous homœopathist.

Professor Buchner, of Munich; Horatii, of Naples, and Nunéz, of Madrid, were ornaments and defenders of the cause.

Prof. D'Amador, of Montpelier, defended our doctrines amid many troubles and persecutions.

Prof. Tessier, of Paris, physician to a ward in one of her grandest hospitals (which place he still holds) is a distinguished homœopathic convert, editor, and author.

Dr. Henderson, Professor of Pathology in the University of Edinburgh, is a prominent homœopathic leader.

Dr. Samuel Brown, of Edinburgh, distinguished alike for his literary and his chemical genius, was a warm defender of the homœopathic infinitesimals.

Dr. Horner, of Hull, late President of the British Medical Association, has lately declared his adhesion to homœopathy.

Dr. Conquest, of London, author of several valuable medical text-books, has imitated the example.

Dr. J. J. Garth Wilkinson, of London, the translator and

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annotator of Swedenborg and Fourier, is a distinguished homœopathic physician. Ralph Waldo Emerson says, that Dr. Wilkinson was the greatest man he saw in England. He calls him, and with truth, "the Bacon of the Nineteenth Century."

Dr. Liston, one of the greatest surgeons of modern times, declared his belief in the curative power of our medicines.

Dr. Caleb Ticknor, author of the "Philosophy of Living," and a professor in Harvard University, was one of the earliest converts to homœopathy in this country.

It is needless to multiply this list. There are at this moment in both Europe and America, scores of homœopathic physicians of great learning and ability, many of whom have held or have been offered allopathic professorships.

Whilst it is true, that many superior men, not only medical, but lay (witness Guizot, Emperor Nicholas of Russia, Archbishop Whateley, Washington Irving, Wm. C. Bryant, &c., &c.) have embraced homœopathy, there are also excellent reasons why the great mass of the profession have not followed suit.

The great majority of men are constitutional old fogies. They tread the beaten path, and are always suspicious of anything new. These counterbalance the spirits who are fond of novelty and solicitous of change. In the first class are very many homœopathic physicians.

The hue and cry of quackery and imposture raised against Hahnemann, and still kept up against his followers, deters the timid and the cautious (a large class) from an investigation.

Some men are too lazy to give the subject that industrious and exhaustive consideration which it demands and merits.

Some men are so self-satisfied and self-conceited, that you insult them if you offer to teach them anything.

Some men are too busy with the affairs of practice or family to attend to such a difficult and exacting subject.

Many men are too fully committed to their present opinions, either orally or by writing, to look candidly at a thing which may necessitate great concessions and changes.

Many men are too deeply interested, pecuniarily, in their present practice or positions, for them to give a moment's attention to such a pestiferous subject as homœopathy.

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Some physicians (not a few) are so poorly educated, that they really cannot comprehend the scientific bearings of homœopathy.

Some are so sceptical, that nothing will ever convince them. They make their own knowledge the only test of probability.

Lastly, some people, whether from interest, prejudice, stupidity, or perversity, do not choose to see or try. They are like the priest friend of Galileo, who refused to look through the telescope, for fear he should see the moons of Jupiter, the existence of which he had so bitterly scouted.

Every student of human nature has seen people belonging to each of these classes. Is there not reason enough why homœopathy has not yet made itself universal?

8. Nature and diet are the true causes of all the reported homœopathic cures, say some cavillers. It is perfectly true, that many diseases get well without medicine, and that nature and diet are wonderful assistants. But allopathists diet their patients as well as we do, and some of them much more strictly. And I wonder if no cures of allopathy are to be attributed to nature. Are not many natural cures actually prevented by allopathic drugging? This objection is frivolous, and has no weight with those who have tried homœopathy. A distinguished and zealous friend of our cause once replied to this charge: "Nature and homœopathy is a good firm, I shall continue to employ them." Another gentleman, who had had many opportunities of seeing the vast superiority of the new practice, retorted more bitterly: "If homœopathy is nature, then allopathy must be murder."

9. Faith and imagination are frequently called in by the skeptical, to account for the success of homœopathy. Now, this is met by three classes of incontrovertible facts. Homœopathists have repeatedly cured patients laboring under coma or apoplectic stupor, or when in a state of insensibility, when there could have been no exercise of the mental faculties. Our system again, even on the confession of many opponents, has been especially successful in the treatment of infants and young children. And lastly, it has been applied with wonderful superiority to the diseases of the lower animals, where the exercise of faith and imagination are of course out of the question.

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Imagination is certainly very powerful, and the sensible physician tries frequently to enlist its action in his favor. It has been known to produce diseases and to cure them. But the cures to which the finger of homœopathy is constantly pointed, are very insusceptible of cure by any mental agency. Pleurisy, pneumonia, colic, dysentery, croup, cholera, erysipelas, inflammation of the brain, &c., are never left to imagination or nature, either by old-school physicians. These occult potencies might or might not assist the allopathist; but they always, of course, do assist the homœopathist!

But is not this objection a two-edged sword, which cuts both ways? Is there no such thing as allopathic faith and imagination? I have met with people who had immense "faith" in Calomel and blisters. I have seen many a man who "imagined" he could never get well unless he was bled and scoured out with purgative pills. I sincerely wish our old-school friends trusted more to nature, faith, diet, imagination, &c. Why not avail themselves of the magic properties of our homœopathic panaceas? Better let a whimsical conceit out of the mental circulation than the life-blood out of the body. Better excite healthy action by playing gently on the fancy, than by scraping dolefully on the intestinal strings. Better act upon the liver by some spiritual electricity, than by the administration of Calomel porridges!

10. "Quackery! quackery!" is the cheap and easy cry of the illiberal and bigoted portion of the profession. If quackery means secresy, especially from mercenary motives, homœopathy repudiates it. We have no secrets, no nostrums. We expel every man from our ranks who pretends to anything of the kind. We seek the light, we court investigation, we would popularize all medical truth. If quackery means ignorance and pretension to superior wisdom, homœopathy repudiates it. No man can become a member of the American Institute of Homœopathy or of any other respectable homœopathic society, unless he shows his diploma or credentials of having received a sound medical education. We make no claims or pretensions but those which are more than warranted by the facts of the case. If high-sounding pretensions and claims to all the wisdom are proofs of quackery, then what an immense quan-

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tity of it must be harbored amongst the allopathic colleges and journals! If quackery means disregard of professional etiquette and illegitimate measures to get into business, homœopathy repudiates it. We are, no doubt, annoyed and injured by a great deal of such scoundrelism; but who can deny, that it is a plant which thrives luxuriantly upon allopathic soil? Allopathy indeed has made all the quacks. People go to nostrum-venders and patent-medicines because the "regular" fails to cure them. These quack remedies are all allopathic drugs, operating on the same principle and sometimes just as successfully as the best prescriptions of the best medical men. These abominations will get their death-blow, if ever at all, from the final triumph of homœopathic principles and practice.

The truth is, that with some people, decided difference of opinion is quackery. Although a physician be possessed of all the learning of the age, and adorned with all the graces of the gentleman and the Christian; if he believe in the principle "*Similia Similibus Curantur*," and use small doses, his mental obliquity is extreme; and if his moral and intellectual worth inspire the community with confidence and secure him an extensive patronage, his quackery is so outrageous, that professional dignity is insulted by the least association with a creature who has departed so far from the true faith. Bah!

Homœopathy must be judged by its *facts* alone, not by the supposed character of its advocates. To lug the side issue of quackery into a purely scientific question is both disgraceful and silly. Experiment only proves or disproves a claim.

11. "We have tried it and found it a humbug," is the flippant response of a few objectors. What sort of a trial did you give it? Andral professed to try it once in one of the hospitals of Paris, and pronounced against it. That was in the early day of homœopathy, and many intelligent men yet believe, that the matter was there and then properly analyzed and adjudicated. But the facts tell a different tale. Andral confessed he knew little or nothing of the practice a very short time before he sat in judgment upon it. At that time not a single work on it existed in his own language, and he was not acquainted with the German. His prescriptions are on record,

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and capable homœopathists who have examined them, say that they were poor ones, and evinced great ignorance of the materia medica. What was such testing worth?

If a physician wishes to examine homœopathy, let him do it in earnest; let him master the subject. Let him read Dudgeon's "Lectures on Homœopathy," Prof. Henderson's "Homœopathy Fairly Represented," Marcy's "Theory and Practice," Peters' "Science and Art of Medicine," Hempel's "Materia Medica," &c.; and not only study the materia medica as embodied in Jahr's New "Manual," but read the best of the many brilliant monographs which have appeared in the British Journal of Homœopathy, the North American Homœopathic Journal, and the United States Journal of Homœopathy. Then let him try it in proper cases, with as much seriousness and candor as if he were examining, for the satisfaction of his own soul, the evidences of the Christian religion. Homœopathy deserves this at the hand of every candid man. It demands a *full* investigation as a right. The mass of legitimate evidence accumulating in favor of its practical superiority to all other methods, must sooner or later enforce the attention of all honest and capable men.

12. "Ah! but you are obliged to resort to allopathic measures." When everything else has failed, this is considered a clincher. Now homœopathy is based entirely upon our knowledge of the disease-producing power of drugs; and its progress and its capability of curing diseases depend on the extent and accuracy of that knowledge. We have no drug which produces cancer of the breast; so we manage that case as well as we can, on what the old school call general principles. We may be obliged to give an emetic, or even a purgative; but is that any reason, why we should not give Belladonna for sore throat, Aconite for fever, Ignatia for convulsions, &c.? The specific applications of homœopathy are already numerous and admirable, covering more than three-fourths of all ordinary practice. But because they do not cover all of it—because we may be obliged to give a palliative or an occasional empirical prescription—shall we renounce what we have acquired, and declare ourselves unbelievers in what we have so often and so thoroughly proven?

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Homœopathy is not an entirely new and different thing from allopathy. It is a grand innovation or reform engrafted upon the old-school profession. Until it becomes perfect and complete, we will be obliged in some instances to fall back upon the old chaos; for we honestly believe, that there is a small portion of it which is a little better than nothing at all. We regard homœopathy as the best thing we can give our patients, but if that fails, we are ready to try the next best. We tell our patrons so, and we do everything openly and above-board. We cannot discover any quackery, dissimulation, or imposture in such conduct. We protest against being restricted to the field of pure, infinitesimal homœopathy, however good it may be; nor do we see anything but the vilest illiberality in the attempt at such restriction.

The Transmutation of Allopathy into Homœopathy.—Whoever has comprehended my train of thought in the preceding pages, and sees clearly the ground occupied by the three modes of medication, which I have termed direct, anticipative, and sympathetic homœopathy, will be prepared for the present heading—the inevitable transmutation of allopathy into homœopathy. A latent vein of homœopathy runs through all therapeutics. In one sense of the word—and that the broadest—every physician is necessarily a homœopathist. It is a mere question of degree, of accuracy, of perfection. The great desideratum evidently is, to eliminate or get rid of everything else but direct or substitutive homœopathy with its infinitesimals. He is the best homœopathist who applies his drug in inappreciable quantities directly to the similar disease, and cures promptly, imperceptibly, and thoroughly.

To this point medical science is rapidly tending. There are ultra-allopathists—genuine old fogies, who stick to the most antiquated heroic treatment, blind to all the revolutionary movements going on around them. On the other extreme, there are ultra-homœopathists—sanguine and impatient spirits, who conceive that everything has been already attained, and proclaim from their imaginary eminence a simplicity and certainty of medical science which is yet to be realized. Between these two extremes the mass of the profession is moving onward steadily and surely; both parties dissatisfied,

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—allopathists with allopathy, and homœopathists with homœopathy—and both laboring and struggling after more light, order, simplicity, and certainty. One party is perfecting pathology, the other is perfecting pathogenesis—the pathology of drug-diseases. They will inevitably meet and harmonize.

The transmutation of allopathy into homœopathy—that is, the fusion of the present contending parties into one great, catholic school, having "*Similia Similibus Curantur*" for its formula—will take place under the gradual influence of the following impelling causes:

1. The increasing conversion of educated allopathists to homœopathy, and the gradual absorption into that school of the best medical patronage; the hospitals and dispensaries for obvious causes, being left last and longest in the hands of the old fogies.

2. The growing distrust of the "general principles" and the therapeutic "indications" which have hitherto, with a great parade of rationalism, regulated the practice of medicine.

3. A better knowledge of drugs and of their disease-producing powers, and a progressive diminution of doses.

4. The increase of medical skepticism, and the growth of "expectant medicine," which will give us a natural history of disease, wherewith to compare the allopathy of the past and the homœopathy of the future.

5. The gradual discovery and appropriation of homœopathic specifics into allopathic practice. This is going on to an amazing extent. Sometimes they steal without acknowledgement; sometimes again they stumble upon truths with which we have been long acquainted. Think, for instance, of the London *Lancet*, our venerable and rusty enemy, strongly recommending Arsenic for Asiatic cholera!

6. Future scientific discoveries, especially in the imponderable forces of nature, and the microscopic nervous physiology and pathology of man; whereby a rational explanation of the homœopathic law and the modus operandi of drugs shall be at last attained.

To show the uncertain and chaotic condition of allopathic practice, and the want of faith in it, which their great leaders

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not only feel themselves, but candidly confess to others, we lay before our readers the opinions of some very high authorities.

Bichat, in speaking of the old-school Materia Medica, says: "It is an incoherent assemblage of incoherent opinions. It is not a science for a medical mind. It is a shapeless mass of inaccurate ideas, of observations which are often puerile, of deceptive remedies and formulas, as fantastically conceived as they are tediously arranged."

Hoffmann says: "There are few remedies the effects of which are well known. The greater number disappoint the expectation of practitioners."

Girtanner declares: "There are a few valuable results founded on experience, but he will lose his time who searches for these few grains of gold in the large mass of rubbish accumulated during twenty-two centuries."

Broussais affirms: "When I would seek a guide among authors most illustrious, to whom therapeutics expresses herself most obliged, I find nothing but confusion."

Rostan says: "Let no one say, that medicine has freed herself from the darkness of the middle ages. Let one but glance at the formularies, and he will rise with indignation against the prevailing practices."

Dr. Good pronounces "The effects of medicine upon the system to be in the highest degree uncertain."

Dr. Adams, the translator of Hippocrates, says: "We cannot think of the various theories in medicine since the days of John Hunter, without the most painful distrust in all modes of treatment."

Dr. Simon, in his suggestive work on "General Pathology," says: "This farrago of traditions—the misnamed science of materia medica—has remained so contented and so stationary, that at the present moment, in the middle of the nineteenth century, we do not possess a complete medical knowledge of any single article of the pharmacopia."

In the face of these confessions, is it any wonder, that Dr. Oliver Wendell Holmes in a recent lecture declared, that "If all the drugs in the world, Opium and Chloroform alone excepted, were thrown into the sea, it would be better for mankind, and worse only for fishes?"

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Is it any wonder, that Dr. Todd, one of the greatest physiologists of this century, became a thorough medical skeptic, and announced his opinion, "That no acute disease is curable by any form of drug or known remedial means, excepting in the case of pure antidotes?"

What Dr. Nunneley says of the allopathic treatment of erysipelas in the following paragraph, has been said in substance of almost every other disease, by equally distinguished authorities of his own school.

"The practice pursued by different persons is of the most dissimilar and contradictory nature. While one party relies upon blood-letting freely and repeatedly performed, as the surest and only method of cure; another and perhaps larger party—certainly as respectable, so far as authority goes—wisely repudiates the abstraction of blood, and depends upon tonics and cordials for the removal of the complaint. Indeed, so confidently are the most opposite remedies enforced, and so contradictory are the results said to follow the application of the same means in the hands of different persons, equally worthy of credit, that the impugner of medical skill may fairly point with confidence to this part of our field, and demand if such contradictions are worthy of the name of a science or of trust!"

Surveying this allopathic coat of many colors, the great Magendie scouted the idea, that there was anything like scientific accuracy in the practice of medicine. Sir John Forbes came to the conclusion, that the doctors have been thwarting the curative effects of nature from the beginning of the world. He was so complimentary to homœopathy, that his brethren denounced him for his ill-timed concessions to the arch heresy; and he was compelled in a subsequent volume to make a partial retraction. Professor Bennet, of Edinburgh, declaims loudly against bleeding and antiphlogistics. Dietl, of Vienna, Inman, of Liverpool, and many other great lights of allopathy denounce in the bitterest terms the common proceedings of old-school doctors at the bed-side.

The following choice extract from one of Dr. Inman's excellent works, I recommend as a cud of reflection for our allopathic old fogies to chew:

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"When the profession begins to look with jealousy at every dose of Calomel, Antimony, or Digitalis that they order; when they take for a starting-point the axiom that 'disease implies debility,' and that 'everything which weakens a patient must impede his restoration to health'—when bleeding shall have been dismissed to the limbo of scientific fallacies; when blisters become the rifle-shot of the experienced hunter who never fires without a definite aim, instead of the grape and canister of the artillerist discharged at random; when purgatives are not considered panaceas, and salivation is not a refuge for the destitute of ideas; when active treatment gives way to scientific, and the general health is considered superior to the apparent health of any one organ: when medicines are considered as means to an end, and not as so many doses of bottled comfort; when the doctor recognizes in recovery the result of a natural process rather than of the imbibition of so many ounces of physic; when there is a thorough knowledge of what medicine can do as well as of what it cannot; when a discrimination is made between the effects of a disease and the effects of presumed remedies; when the natural history of each complaint becomes generally known—not only will the science of medicine be fixed upon a firm basis, but it will command a confidence which it has never yet fully deserved."

It is pleasant for a Homœopathist to read such stirring and philosophical truths as those embodied in the above paragraph —truths which he has long ago seen to be axiomatic, and which he has waited impatiently for the medical world to recognize. It is cheering also to see how the old allopathic therapeutics (the only genuine point of difference between the two schools) is dying away, not so much by violence from without, but by a gradual process of disintegration and excretion going on within. The reception and triumph of homœopathy are not very far distant, when such men as Forbes, Todd, Inman, &c., declare for the expectant or do-nothing treatment, with a solemn protest against the fallacy and folly of the old antiphlogistic treatment.

One of these heretic and revolutionary spirits has just had the courage to announce a great truth, long familiar to our school, but new to most allopathists, and subversive of a great

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portion of their practice. Dr. Habershon, the author of several standard medical works, has recently published a book on the "Injurious Effects of Mercury in the Treatment of Disease." He proves conclusively, (and his opinion is endorsed by the British and Foreign Medico-Chirurgical Review, the very highest allopathic authority) that Mercury, including Calomel, Blue Mass, &c., never did or can cure inflammation of any kind; and that when given in visceral inflammations, it invariably impairs nutrition, impedes the cure, poisons the blood, and protracts the convalescence! What an immense service he will render mankind if he succeeds in inoculating his brethren with his sensible opinions!

I have not over-stated the chaotic, disorganized condition of allopathic science. From its own mouth have I condemned it. Professors, editors, fledgelings from the medical schools, and practitioners galled by the encroachments of homœopathy may display as much dignity, arrogance, pretension and pomposity as they please, but the writing has appeared on the wall: "Thou art weighed in the balance, and art found wanting."

Now what is the cause of all this? Allopathic physicians are prosecuting the medical sciences with distinguished ability and zeal. The stethoscope, the microscope, the chemical laboratory and all conceivable appliances are busy in unravelling the mysteries of disease. Physiology and pathology are advancing to perfection. But where is the advancement in therapeutics or practical medicine, commensurate with the splendid progress of all other departments? Much improvement has indeed been made in hygienic and sanitary measures of prevention. Quinine has been discovered and Chloroform invented, and both dreadfully abused. The main progress, however, has been made in abandoning old drugs and old measures as useless or destructive, in reducing the doses very generally, in the happy discovery or subtle appropriation of homœopathic specifies, and in a faint recognition of homœopathic principles.

I repeat, what is the cause of this melancholy and stationary condition of therapeutics in allopathic hands? Professor Bennett of Edinburgh, in his Clinical Lectures, without perhaps

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designing it—precisely states the difficulty and prophesies its removal.—He says,—

"*Medicine, then, in its present state, possesses no primitive fact.* But is it not very possible that it will do so in a future time? During the many ages that existed before Newton, physical science was as inexact as that of physiology (he ought to have said, therapeutics,) is now. Before the time of Lavoisier, chemistry like physiology consisted only of groups of phenomena. These sciences went on gradually advancing however, and accumulating facts, until at length philosophers were found who united them together under one law. So medicine, we trust, is destined to advance, and one day another Newton, another Lavoisier may arise, whose genius will furnish *our* science with *its* primitive facts, and stamp upon it the character of precision and exactitude."—

Just so, Dr. Bennett! and the wished-for "philosopher" has come and gone in the person of the unappreciated Hahnemann. He has given to medicine its "first primitive fact," its unitiring law, its grand practical formula: "Similia similibus curantur." To carry this into effect, two parallel, practical processes are necessary. We must understand the phenomena of disease, and the corresponding phenomena of drugs, not as curative but as disease-producing agents. To get at this latter we must experiment on the healthy man, so that no existing disease can modify or obscure the pure action of the drug. We must study the drug as widely, as deeply, as exhaustively as we do the disease. Every step here is thoroughly practical and progressive.

Now we see the true cause of allopathic stagnation. They go on experimenting upon the sick, in accordance with certain physiological and pathological theories and speculations; e. g. to reduce excitements, to purify the blood, to correct the secretions, to impart tonicity, &c., &c.—The records of such a method can never be valuable in constructing a pure scientific system of therapeutics. The result has been and will forever be a jargon, a medley, a chaos. Some old-school-physicians have indeed experimented bravely on themselves with medicines—Storck, Jœrg, Rademacher, and their disciples and others. But they got no benefit from their discoveries, because they went to

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work administering the same drugs on the old allopathic principles.—The proving of drugs on the healthy and the homœopathic law go together.

When the truth of this law is recognized, and the industry and genius of the whole medical corps are exerted boldly and continuously to construct a pure materia medica by provings on the healthy system—all the present objections to homœopathy will vanish into thin air, and the science of medicine obtain a purely practical and indestructible basis.

When the philosophy of medical history is written, and it can only be done in my opinion from the stand-point assumed by Auguste Comte in his "Positive Philosophy," it will be seen that the allopathic mode of philosophizing belongs to that transitional state of the human mind, which he defines as the metaphysical or speculative, and that homœopathy, developed as it will and must be, will be the culmination of medical science in the *positive* form. What a reversal of judgment will posterity give in favor of the ignored and persecuted pioneers of the new-school!

Conclusion.—Homœopathy is not quackery, nor imposture, nor faith, nor imagination, nor nature, nor diet, nor a visionary speculation.

It is a beautiful science of medical practice, rational in its principles, and thoroughly scientific in its origin, progress, aims and destination.

It is easy of administration and eminently successful. Every improvement in allopathy is only an advance towards homœopathy.

Homœopathy is neither dead nor dying, but it is vital and imperishable.

It is not perfect at all points, and we may need occasionally to draw on the dubious and equivocal resourses of the old-school. We make this concession with candor and without fear. Those who are rich in resources themselves can afford to be magnanimous to others.

There are persons who sneer without trial and condemn without knowledge, and whose vituperation is proportioned to their ignorance, as some animals are said to be fiercest in the dark. We have nothing to say to them.

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To the candid, the intelligent, the lovers of truth, the generous in spirit, we appeal with confidence in behalf of the principles and practice of the new-school of medicine.

ARTICLE II.—*Cases Selected from the Patients Treated at the "Good Samaritan Hospital," St. Louis, Mo.* By T. G. COMSTOCK, M. D., Attending Physician.*

ACUTE CORYZA.

Nasal Catarrh, Gravedo, Rhinitis, Sporadic Influenza.

THIS disease, so frequent in private practice, is seldom met with in hospital practice, and we have but one single example to report in our hospital experience. The affection was well known to the ancients, who believed its seat to be in the ventricles of the brain, hence the name catarrh—rhume de cerveau—they regarding it as a simple flux, and not an inflammation. Conrad Victor Schneider, Professor in Wittenberg, who wrote a work in Latin ("De Catarrhis," Libri IV., Wittenberg, 1660–61) first combatted the old time-honored opinion, that catarrh originated in the brain! He first accurately described the anatomy of the nasal mucous membrane, and hence its name, "Schneiderian membrane," in honor of the discoverer. The acute form of nasal catarrh is ushered in with the following prodromes:

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* In the selection of cases treated in the hospital, I have taken pains to report only those which exhibited symptoms somewhat out of the ordinary course of practice, and whose diagnosis and treatment especially offered some difficulties. This I have deemed advisable, in order that they might prove instructive cases to young and inexperienced practitioners. Instead of reporting cases—for instance, of pneumonia, dysentery, bilious fever, rheumatism, &c.—which, although severe, were cured in a few days by perhaps a single remedy, which all sensible physicians would have given, I think it better to select cases the treatment of which is not given in books, or if given, is entirely unsatisfactory. Many other severe acute cases, treated by homœopathic remedies in attenuated doses, have been treated and cured in our hospital, and would really seem to show more skill in the practitioner, because they were cured so rapidly. But I deem it unnecessary to fill the pages of the JOURNAL with them, because the remedies for them would occur to every practitioner, and may be found in books.

T. G. C.

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Very slight febrile symptoms; upon rising in the morning the nose feels stopped up, and a desire is felt to blow it, but the secretion seems at first obstructed and an apparent dryness is present; soon a tickling feeling in the nose is manifest, accompanied with frequent sneezing, and the respiration is not free except when the mouth is open; then follows often an entire loss of the sense of smell. Associated with the above, the patient experiences a feeling of weariness, slight lassitude or pains in the back, and weakness in the limbs; the appetite usually fails somewhat—but this last symptom is by no means constant, as occasionally the patient has a strong appetite throughout the whole course of the disease. In the course of from twelve to thirty-six hours after the above symptoms have set in, a profuse secretion from the nasal mucous membrane follows: it is thin, watery, and tastes a little saltish; the external nasal opening is constantly moistened by it, and it soon causes a painful erythematous excoriation (which is increased by constantly applying the handkerchief, to wipe the nose), and this extends to the upper lip, causing it often to swell. Professor Donders, of Utrecht, states (in the Netherlands *Lancet*, in Nov., 1849), that this secretion in the first stage of catarrh was alkaline, and when dried, microscopically examined and analysed, exhibited dendritic crystals of sal-ammoniac and common salt. He ascribes to this fact the sharp pricking feeling in the nose in the first stage of coryza; and in the advanced stage of the disease, when the secretion is not so thin, but a more viscid mucus, the neutral salts decrease, and the alkaline reaction is not so manifest. The whole nose is frequently swollen, the voice is changed, sometimes entirely lost for a short period. In one case, which I observed, a severe neuralgia of the trigeminus followed an acute coryza; the neuralgia came on every second morning, and the paroxysms were agonizing, and did not yield in the least to any specific neuralgic remedies, until the catarrh was first cured. The catarrh in this instance lasted twelve days. All the dental branches of the trigeminus nerve were in this instance affected, from the nasal branch of the same being irritated, on account of the catarrh of the Schneiderian membrane.

In severe forms of the disease there is synochal fever, intense

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headache, pains in the frontal sinuses, inflammation of the lachrymal duct and conjunctiva, inflammation of the Eustachian tube, and noises in the ears with difficulty of hearing, inflammation of the fauces, and even a catarrhal laryngitis or bronchial catarrh may follow. This disease is by no means confined to adults, but occasionally affects young infants at the breast, and when severe is a very dangerous affection.

The smallness of the nasal cavity in infants, increases the danger, so that we often see them lie with their mouths open, to assist in breathing, refusing to nurse, because it is simply impossible for them to do so. Fortunately this disease runs its course in from five to six days, but sometimes it runs fourteen days and even longer. The prognosis is favorable in adults, but with children the severer forms are always dangerous. The disease usually terminates in a complete cure, except, when chronic coryza sets up, which may last for years and sometimes prove incurable.

Ætiology.—This disease is usually caused by some atmospheric changes and most probably by some electric change in the air.

Case 1.—Rudolph C., aged thirty-one years, admitted August 12th, 1860.

Anamnesis.—Patient was taken sick three days since with slight catarrhal symptoms, which have been gradually becoming worse and more intense. Says he used up fourteen pocket-handkerchiefs yesterday. Patient says, he has had the disease several times before, during his life time, but never so severely as at present.

Status præsens.—Patient has slight fever, head aches very much, speaks with difficulty and only in a whisper. The catarrhal secretion is very profuse and his nose is swollen and excoriated, has a constant uncomfortable feeling in his nose and throat which is totally indescribable, thinks he was slightly chilly last evening. The eyes are both in an intensely lachrymose state. The remedies for these symptoms seemed to be: *Aconite*, *Euphrasia*, *Tartar-emetic.* or *Ammon.-caust.*

We selected *Acon.*, 2, and *Ammon.-caust.*, 1; the latter remedy was selected instead of Euphrasia, because our past clinical experience was greatly in its favor, having often used

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it with benefit for years past in similar catarrhs in private practice. Dose, every two hours, in alternation.

August 13th, 1860.—Patient passed a very uncomfortable night, and all the catarrhal symptoms are even more intense than yesterday. The fever has, however, quite subsided. I now resolved, to try an experiment and note its effect. I therefore ordered half an ounce of *Flores-malvæ* (Mallow flowers) to be placed in a tin-cup, and covered with eight ounces of pure vinegar, and the same quantity of water, and then all boiled together over an alcohol-lamp, and a blanket to be thrown over the patient's head, and he made to inhale the vapors, arising from the same, while it was boiling; this was continued for some minutes, with, as he expressed it, more relief to his nose than he had experienced since the outset of the attack. I then gave him the following to snuff up his nostrils, viz.: one grain of the *Acetate of morphine!* Now let me record the result! In two hours' time, the patient was so much relieved, that he got up out of bed, and sat in a chair for a few minutes. The effect of this upon the secretion from the nose, was that it ceased almost entirely in the course of two or three hours. In the evening the patient insisted upon taking another pinch, which was given to him in about the same quantity.

August 14th.—Patient this morning is much better, and slept well, says, his head was a little dizzy after taking the second pinch of snuff. The profuse secretion has subsided and his nose is now comfortable, his bowels are, however, constipated and tongue is coated! Ordered Merc.-dulc., $\frac{1}{10}$. One grain to be repeated three times, at intervals of two hours, and an oleaginous injection given to produce an action upon his bowels. This last was repeated several times, but did not act, consequently at night a draught of the solution of the Citrate of Magnesia was given.

August 15th.—Patient passed this morning three very copious bilious stools, tongue is less coated, he has a little appetite and says he feels perfectly well. He says previous attacks have always lasted from one to three weeks.

Aug. 16th.—Patient was dismissed cured.

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Comment.—Having suffered myself for years past with an annual attack of catarrh very similar to the above case (and some attacks have been even worse than the above), I treated this patient in the same way that I have been twice necessitated to treat myself, and in my case the relief was quite as striking as in the above.

The usual remedies for Catarrh as stated by Dr. Peters, (see "Index Raisonné, pp. 95 and 96) are *Stibium*, *Camphora*, *Euphrasia*, *Mercurius*, *Kali-hydriot.*, *Arsenic*, *Ammon.-carb.*, *Ammon.-caust.*, *Rhus-tox.*, &c., and are sufficient in most cases, but not in all. I shall deem it therefore not impolitic to notice some others, which experience has proved worthy of further trials, when the last named remedies fail. 1st. The inhalation of *Mallow-flowers* administered in the vapor of boiling vinegar and water. 2d. The inhalation of pure *Acetic ac.*, taken by holding the bottle, containing it, to the nostrils for ten minutes, and often repeated. 3d. Pure *Acetate of Morphine*, taken as snuff, a dose or two being usually sufficient to relieve at once, and this last remedy I have taken myself in most severe attacks of coryza with almost instantaneous relief. 4th. Cold foot-baths. 5th. Nasal injections of Nitrate of Silver, five grains to the ounce of water. 6th. Injections of Sulphate of Zinc, 1 to 4 grains to the ounce of water. Others recommend the vapor of Opium by boiling Laudanum under the nostrils. Others recommend a constant stream of warm water for half an hour to be injected into the nostrils.

The coryza of young infants I have for some years in not very grave cases treated by *Chamomilla*, and *Merc.-sol.*, internally, and applying a skull-cap, made of flannel to be worn three days and nights without removing it.

This last proposal I first learnt from Prof. Dr. Meigs (the elder) of Philadelphia, although I believe it to have been in use for years in Germany in domestic practice (a Volks-Mittel), having seen it applied in that country for the same difficulty.

It should be borne in mind that in children, a severe attack of coryza, may induce a suffocating bronchial catarrh which is always a serious affection, and the treatment of which is familiar to every experienced physician; but here let me call

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the attention of physicians to the inhalation of the *Mallow-flowers*, and they may be administered to children as described above for adults; they will be found a most precious boon to the little sufferers, and the speedy relief which follows their use, will amply repay the practitioner who consents to employ them, notwithstanding they are not spoken of in works upon domestic practice. In suffocative bronchial catarrh of children I do not think their use interferes with the internal specific remedies, but their palliative effect often seems to assist in hastening the favorable crisis.

I have usually been successful in the treatment of this distressing affection in children, and have not lost a case for three years past; in one single instance where I thought there was no hope after giving the inhalation of Mallow-flowers without much effect, I combined equal parts of Poppy-heads and Mallow-flowers together and then prepared them with the vinegar and water, and gave the child a second inhalation with a soothing effect—the little sufferer recovered.

IRITIS SYPHILITICA ET CONDYLOMATA PENIS.

Sycosis Hahnemanni.

Case 2.—Franz Jung, aged twenty-four years, admitted April 21.

Anamnesis.—Patient complains simply of a sore eye, which, he says, is quite painful. Says this came on without any cause some months since.

Status Præsens.—Upon examining his eyes, I find the right eye-ball, particularly the sclerotic, quite inflamed, and with some intolerance of light and great pain, especially at night. The pupil of the right eye is a little more contracted than usual. Upon applying the usual test to the eye to stimulate the pupil (alternately exposing it to a bright light, and then covering it with the hand), I find intolerance to light; but the pupil does not dilate and contract properly. The iris is discolored, of a reddish brown color, a segment of it seems covered with a slight deposit of lymph, and by close examination I discover a slight adhesion of the iris to the capsule of the crystaline lens (synochia posteriora). These appearences at once told me, that syphilis must be the primary cause of

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the difficulty. I interrogated him accordingly, when he informed me, that three years previous he had had a chancre, and had been attended and, as he supposed, cured by a celebrated homœopathic physician in Philadelphia.

I then examined the penis, and found upon it at least ten to twelve condylomata, the same affection which Hahnemann denominated *Sycosis*. This, of course proved my diagnosis. In iritis the conjunctiva and sclerotica are usually implicated, so that the disease is often taken for a conjunctivitis. Here is a disease where mere symptoms will not suffice; the practitioner must examine the eye well, and if iritis exists, he should find out whether it is a rheumatic or syphilitic complication.

Treatment.—Patient was given a low diet and *Mercurius deutriodatus*, $\frac{1}{100}$, five grains every four hours. As the pain arising from the inflammation of the iris was most intense, especially at night, I applied to the upper and lower lids and upon the temple and forehead the following ointment:

℞. Extract. Belladonnæ, gran. xv.
Mercurius præcipitatus albus, gran. vi.
Axungiæ drachmam.

Triturated well and made into a salve.

The Belladonna dilated the pupil and assisted in breaking up or at least in preventing any further adhesions of the iris with the cornea or capsule of the lens, and Mercurius, thus applied, served to produce an absorption of the lymph effused upon the iris. The use of this salve is simply a practical expedient which I have seen serviceable in my own practice and in the ophthalmic clinic of Prof. Arlt in Prague, in hundreds of instances, and those physicians who will try to cure a specific iritis without it, will find much trouble.

At the same time the condylomata were removed by excision, and one or two by ligature first, and then excised. They were dressed with lint, saturated with *Tinctura Thujæ occidentalis*. This treatment was continued, without any change, until May 17th when the patient was discharged perfectly cured and until the present date his eye is well, and he has never had any recurrence of his noctural pains.

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PULMONARY HÆMORRHAGE.

Case 3.—I. G. B., aged thirty-seven years, physician, has had a slight cough for some years, and for the last five or six years, once a year, a slight hæmoptysis. I have treated him for such attacks for three years past, and once a pneumonia followed the attack. The remedies which have always heretofore controlled the hæmorrhage have been *Hammamelis* and *Arnica; Aconite*, *Bryonia* and *Phosphorus* have been given as occasion would require. On the 13th of October patient had an attack of spitting of blood, and in a short time he bled more than a pint; the attack was preceded by feelings of malaise, such as dyspnœa, restlessness and sleeplessness, also a short dry cough had troubled him for some days; chilly feelings, and fever preceded the hæmorrhage, and the fever continued after the hæmorrhage.

As soon as the patient had ejected this large quantity of blood, he took *Aconite* and *Arnica* in alteration; the hæmorrhage returned, however, after a lapse of twenty-four hours, and thus he continued for eight or nine days to spit up daily about a pint of blood. He treated himself during this time, and took *Aconite*, *Hammamelis*, *Bryonia* and *Arnica*. On the 21st of October he was admitted into the hospital.

Status Præsens.—Patient is very weak, can scarcely speak, has not slept in the least for several nights, pulse very fluctuating and weak, 120+. No fever, dyspnœa very great. In the upper lobes of both lungs, but more especially the right, by percussion, I could perceive a perceptible dullness, and by auscultation distinct crepitation. Patient seems so low that I hardly thought he could rally; the blood had even settled under his nails, but he indicated to me that the hæmorrhage would certainly come on again at evening.

What was now to be done? Here was a medical man and a hospital patient, in a precarious condition! It struck me that the hæmorrhage must, if possible, be stopped, and that this indication for the rational application of a remedy prevailed above all others. I therefore gave him a remedy, which in several instances previously I had applied with success after other means had failed; and in one instance, the case was nearly, if not quite so bad as the present one. I ordered

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Secale cornut., one drachm, freshly pulverized, to be infused in a pint of hot water, and a tea made of it, this with ice in it to be drunk at intervals of ten minutes apart. The patient took it all, and has not had any more bleeding from the lungs from that day to the present date. He is at present in the hospital, in a very comfortable condition, able to go about some; but tuberculosis is clearly being developed, which I am combatting with *Phosphorus*, *Bryonia*, *Aconite*, *Phosphate of lime*, *&c.*; also he takes a good portion of Jamaica-rum, three times daily. I should also have given him Oleum-Jecoris-aselli as a dietetic substance, if he could have taken it, but his stomach will not tolerate it.

Comment.—My object in recording the above case is to call attention to *Secale-cornut.* as a specific remedy in pulmonary hæmorrhage. True, it did not prove curative in this case, and nothing can, but it has prolonged the life of a human being who, I very much believe, would have succumbed to another hæmorrhage.

Pulmonary hæmorrhages have been quite frequent in our hospital and the remedies that we have used, have been *Aconite*, *Hammamelis*, *Arnica*, *Oleum-terebinthinæ* and *Secale-corn.*

The two last named medicines have proved worthy of confidence, frequently when all others have failed.

PURPURA HÆMORRHAGICA.

Morbus Maculosus Werlhoffie, vel Hæmorrhagia Universalis.

Case 4.—On the 24th of November, 1860, I was called to see Frank, aged three years, son of the U. S. Inspector of boilers. Child seemed to be covered over a greater portion of the body with dark reddish, ecchymosed, or purplish-looking spots, which assumed the appearance of petechiæ in clusters. The peculiar petechial character of the eruption (if indeed purpura may be called an eruption) was quite an anomaly, and the case struck me at once, before I had learned its history, as being of unusual interest.

The mother informed me, that the peculiar spots upon the skin had been there for several days, and did not alarm her because the child was free from any fever; but for the last

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two or three days he had passed a little blood while urinating, and during defecation, that his nose had bled; and now blood seemed to be coming from the cavity of his ears, from his mouth, &c., and that the patient was constantly growing weaker. I examined the buccal cavity, and found its whole mucous membrane studded with spots of the purpura, which were well developed, and from which drops of blood oozed out.

I regarded the case as *purpura hæmorrhagica*, and prescribed accordingly *Arsenicum*, 5, every two hours.

Nov. 25, 1860.—Patient to day is worse—the hæmorrhage having increased in quantity; his urine seems to be almost pure blood, and forms a clot which looks like the substance of an engorged liver. In addition to the hæmorrhage from different parts of the body externally, as well as from the urethra, rectum, cavity of the ears, nose, and mouth, he actually bleeds from his eyes. Child has scarcely any fever, but his pulse is small, fine, and beats 120; his tongue looks dark—nearly black—and coated.

On account of the delicate constitution of my patient, and the very grave character of the disease, in addition to the hæmorrhage from all the mucous membranes of the body, and as the quantity of blood passed when he made water, and per rectum was enormous—for he seemed literally to sweat blood—I pronounced the prognosis as almost necessarily unfavorable. In this dilemma I concluded to try *Oleum terebinthinæ*, and accordingly seven drops were administered to him upon a little sugar and repeated every three hours. The symptoms remained much the same for two days after the medicine was given; the hæmorrhage was not increased, and the second day I fancied that it had decreased. The child had very little appetite, but I gave beef-tea and panada with Bordeaux-wine, and the same medicine was continued; the third day after its administration, the hæmorrhage still continued without much change, until the 29th when a marked improvement was manifest, as the hæmorrhage had almost entirely ceased; then a swelling appeared upon one side of his neck which seemed to involve the whole submaxillary region, and extended to his shoulder. This swelling looked red and shining externally, and was tense and painful to the touch, showing evidently an

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erysipelatic character; the child swallowed with difficulty, and I could not force his mouth sufficiently open to examine the throat; pulse 131, and he had quite a fever. The child's breath had a peculiarly unpleasant sour odor, and the saliva flowed from the mouth the same as if he had been salivated; the gums and salivary glands looked red, swollen and soft.

I now considered the present complication as particularly unfavorable, as it clearly seemed to me to be erysipelatous, and the apparent salivation I regarded as the result of the child's anæmic condition.

I gave him, however, *Mercurius-sol.*, 2d., every two hours with one or two intercurrent doses of *Belladonna.*

The child's symptoms did not change much for twenty-four hours, but grew no worse.

November 30th, 1860.—To-day the fever is less, pulse 118; the erysipelatic appearance of the swelling has somewhat disappeared.

December 1st, 1860.—The child's symptoms are all better, he can swallow, and manifests a desire for more nourishment; the apparent ptyalism continues, and he discharges a great deal of saliva from his mouth; I continued the *Mercurius-sol.*, but in a day or two I found myself necessitated to give him *Kali-oxymur*, 8 grains in a glass of water, and teaspoonful doses to be administered every two hours; also ordered his mouth to be washed out twice daily with *Spiritus-Nitri-dulcis.* The ptyalism was relieved by this treatment, and the child continued to improve, until the 15th of December, when I ceased to attend him, as he seemed well. A liberal diet with wine, and followed up with a little cider during his convalescence, was given to him. At the present time he is well and fat. Without doubt, the *Oleum-terebinthinæ* acted as a specific in arresting the hæmorrhage. I have met with several cases of purpura simplex within the last six years, and have treated them all successfully with *Arsenicum* and *Secale-cornut.*; I have also seen in the wards of Oppolzer in Vienna, some very interesting cases of purpura-hæmorrhagica, and they always made a great sensation, and were carefully observed by a great many medical-men, other than those attending regularly the clinic; but no case that I have ever se

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where the hæmorrhage was so general as the above, terminated with a recovery. In the above case, the *Chlorate of Potash* was prescribed to relieve the symptoms of salivation, and it seemed to act well; it, (together with the *Spiritus-nitri-dulcis*) was intended as a palliative to relieve the sour fœtid odor from the mouth, but a curative result almost immediately followed.

ARTICLE III.—*Notes on Mechanical Dysmenorrhœa.* Report of a case from practice. (Illustrated with wood-cuts.) By R. LUDLAM, M. D., of Chicago, Ill.

WAS called September 16th, 1860, to visit Mrs. ———, aged twenty-one. Found her to be suffering from what she described as the most intense neuralgic pains located in the uterine, lumbar and ishiatic regions. Her menstrual period had passed by more than a fortnight before, and for ten days previous to my first visit these paroxysms of "neuralgia" had taken on an intermittent form, recurring every afternoon. I prescribed Atropine, 2d dec. trit., with a view to temporary relief, and subsequently obtained the annexed history of the case.

My patient first menstruated at the early age of thirteen. She has never suffered a retention of this flow, but it has never recurred without an excess of local pain over and above that which most women experience. Has been married but about six months; has never been pregnant, nor has she experienced the least interruption of this morbid action by her change of relation to society. In February last, while residing in western New-York, she had a severe attack of diphtheria. Under the administration of homœopathic remedies, she recovered, but with the sequel of rheumatism or rheumatic neuralgia of the left superior extremity. With the return of the next catamenial period, this pain was translated to the lumbar and uterine regions, and the interval from that time to the present has been characterized by the most intense and almost incessant suffering.

Since April, 1860, the peculiarity of the case has been manifested in this: that, although the pain and distress in the said

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region has not entirely disappeared at any one time, it nevertheless abates very considerably for about *one week in advance of the menstrual flow.* But for one day and night immediately previous to the flow her sufferings are almost intolerable.

Patient is rather tall, of slender habit, nervo-sanguine temperament, and a most amiable disposition. As before stated, my first visit dated about midway between two catamenial periods. For the relief of the neuralgia, and as the best indicated of any remedies which it seemed possible to command, I prescribed Ars., Cocculus, Coffea, Hyos., and, with the return of the scanty flow, Apis-mell. and Caulophyllin. These remedies were ordered at reasonable intervals—each of the two latter palliating somewhat the severity of the symptoms at first, but subsequently proving of no effect.

On the afternoon of the third day of the flow, she had severe convulsions of an hysterical order. Moschus in the third dec. trituration, frequently repeated, controlled the spasms, but had no further effect than to make her the more sensible of her sufferings.

After treating her most carefully through the next interim —during all of which time she experienced but temporary relief from the neuralgia—the recurrence of the second catamenial flow, about the twenty-fifth of October, was marked by precisely the same characteristics as before. It was impossible to discover, that a single point had been gained by some six weeks' faithful treatment.

Convinced in my own mind of the existence of some mechanical cause for the mischief, I proposed an examination per vaginam. The patient consented, and my reasonings were confirmed by the following *donouement:* Passing my finger carefully towards the os—the vaginal walls being closely contracted, and the patient in the most intense pain—I found the womb *in situ*, and the external os and lower extremity of the cervix quite normal to the touch. Going a little higher, with a view to discover if all was right with the entire cervix, my finger fell into a groove at about the junction of the neck with the body of the womb, as represented in Fig. B. This constriction seemed to extend, at least so far as I could dis-

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cover, entirely around the organ at this point—leaving me to infer the existence of a decided spasm of its circular fibres.

FIG. A.

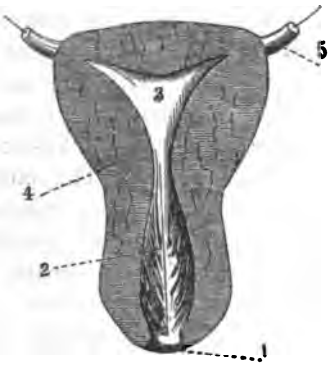

FIG. A. *Section of Virgin or Nulliparous Uterus.*—1. External os uteri. 2. Cavity of the cervix. 3. Cavity of the uterus. 4. Internal os. 5. Fallopian tube.

FIG. B.

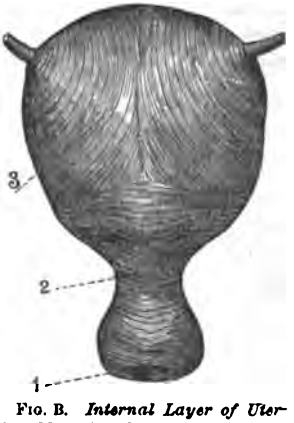

FIG. B. *Internal Layer of Uterine Muscular Fibres.*—1. External os uteri. 2. Circular fibres spasmodically constricted at the junction of the cervix with the body of the uterus. 3. Different arrangement of muscular fibres about the orifice of the fallopian tubes and fundus of the uterus.

Upon introducing a Simpson's uterine sound, I found no difficulty, until the instrument, passing through the canal of the cervix, came to the os internum. Arrived at this point, however, the most delicate and careful manipulation (such as has repeatedly enabled me to succeed against the more ordinary resistance) could not carry it forward into the cavity of the womb. Putting these facts together, the diagnosis became plain, and it was thenceforth evident, that it could not lie alone within the scope of constitutional measures to bring the coveted relief.

On my next visit I discovered it possible to pass a very small sound—one that I had had made expressly for this purpose, and the size of which did not exceed that of a large knitting-needle—beyond the internal os, thus demonstrating, that this outlet could not have been entirely obliterated, as indeed the scanty exit of the catamenia had already proven.

Not to be tedious, I may say that the patient's confidence

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in the ultimate success of my remedies exceeded my own, and that I did not resort to mechanical measures for her relief until some twenty-four hours in advance of the third menstrual period, dating from my first visit. I then introduced an ordinary uterine sound, with the same result as aforesaid, and subsequently the small-sized one as before. The latter would pass more readily into the uterine cavity. Having had an instrument made of silver after the fashion of Simpson's intra-uterine pessary, but with a shorter stem, as represented in Figs. C, D, and E, it was introduced upon the point of sound No. 2, shown in Fig. F. The stem of this instrument was but a little larger in size than the smaller sound, was hollow, and about one and one-fourth inches in length. This stem was fixed into a concavo-convex disc, some half an inch in diameter—the concave side looking upwards, as in the annexed plate (see Figs. C and E). It was just long enough to reach the cavity of the uterus, and did not pass to the fundus, as does the complete intra-uterine pessary of Simpson. When in situ, the external os and neck of the womb would rest in the concavity of the disc—the stem occupying the canal of the cervix, and passing through both the external and the internal orifices.

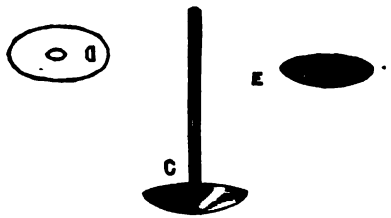

Fig. C.—Instrument introduced for the relief of the stricture.

Fig. D.—Shows the interior part of the instrument with its circular orifice.

Fig. E.—Shows the interior concavity of the same, in which the external os was allowed to rest.

Fig. F.—The director upon which the instrument was placed in situ.

The said instrument was carefully adjusted at about nine, P. M., one day, in advance of the expected flow. The patient was instructed to lie quietly upon her back for as long a period as possible, in order that it might not be dis-

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placed or drop away. She retained it until twelve o'clock—three hours in all—when it came away of itself. After this she enjoyed a tolerably good night's rest. The next morning, much to our mutual surprize, the flow was more profuse than ordinary, and was accompanied by less of suffering than she had experienced for months, and I may say for years before. Once only during this period the flow became scanty, when a few doses of Apis-mel., 3d trit., brought it on again—but without any return of the neuralgic symptoms.

Contrary to my expectations, the relief seemed permanent. During the next interval she appeared quite well: rode out almost every day, attended evening parties, danced and sang, and was indeed the happiest woman in the city. Seven months have since elapsed, and up to the date of this writing (May 6, 1861) she has enjoyed the most excellent health. Once only, about the 1st of April—a month since—she experienced a pretty severe attack of uterine colic, which lasted but a few hours, and was readily cured by Ignatia, 3. I had expected and indeed told my patient and her friends, that it would in all probability become necessary to follow up the use of the aforesaid instrument with a series of dilators or sponge-tents, designed for the relief of the stricture, and hence my agreeable surprize at the entire efficacy of this means alone.

Remarks.—There are several points of interest connected with this case, the practical bearing of which have induced me to publish it. Apart from its chronic nature, and the suffering involved, the fact that she had been treated by some five or six eminent physicians in different parts of the country with such a signal want of success, leads one to inquire into the reason of their failure. The more obvious of these reasons is found in the want of a correct diagnosis on the part of the medical attendants. The husband assured the writer that but one of them all had ever proposed a manual investigation, and treatment of the disease. And this one was not permitted such an examination as he desired. For this cause the whole corps, embracing distinguished representatives of both schools of medical practice, had failed to afford the hoped-for relief. Indeed, the last who immediately preceded myself had frankly

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told the patient's friends that nothing could be of more than temporary benefit, and accordingly recommended the free and even extravagant employment of the Sulphate of Morphine with a view to local anæsthesia. She had accustomed herself to the most inordinate use of this drug, to break which habit added considerably to the difficulty of curing the case, and of obtaining the more complete constitutional effects of our remedies.

Such culpable oversight is scarcely excusable upon any grounds whatever. We should respect the delicacy of the sex, and the cautions enjoined by the profession against all unnecessary and unwarrantable officiousness in trivial cases where a resort to manual examination is uncalled for; but to allow any squeamish scruples to be in the way of the patient's recovery, as in the example just cited, or to fancy that constitutional remedies alone are capable of removing a mechanical difficulty of the kind, argues both a criminal and crazy neglect on the part of the physician in attendance.

Another item of interest consists in the *entire* relief afforded by the single introduction of the instrument employed. That there was no cutting of the circular fibres, whose spasm produced the constriction, is evident from the fact that the stem and extremity of the instrument presented no edge capable of dividing them. That the mere act of passing a director through the os internum cannot account for the marked relief which followed is also evident in that the first introduction and withdrawal of the smaller sound did not suffice to lessen the pain and suffering in any degree whatever. That there were no remaining evidences of inflammation, or of local lesion is more remarkable still, and entirely contrary to the received opinion of some of our best authorities. Bennett ("A Practical Treatise on Inflammation of the Uterus, its Cervix and Appendages, and on its connection with Uterine Disease, p. 229) says: "Extreme dysmenorrhœa from congenital contraction of the cervical canal and os internum, independent of inflammation, is I believe, of *rare occurrence.* This is a fortunate circumstance, as it is most embarassing to treat, requiring an amount of interference with the uterine organs which it is very painful to have to propose to an unmarried female. Di-

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latation of the contracted cervical canal is, however, sometimes the only means we have of remedying an amount of suffering at the catamenial period, so extreme as to render life nearly a burden, and as to react deeply on the general health."

The opinion of this eminent authority, quoted from page 297 of the above work, is also controverted by the facts already detailed concerning the case which is herewith published. We read: "The peculiar character of the dysmenorrhœa, when caused by congenital contraction, is the absence of *any* uterine symptom during the interval of menstruation, and intense agonizing pain for a few hours before the flow of blood appears, either then disappearing, or lasting throughout the period; these pains commencing with menstruation in early youth. If they are occasioned by inflammation, there are the same symptoms at the time of menstruation, but there is not the same immunity from uterine symptoms in the interval of the catamenia."

The case we have submitted was evidently one of neuralgia, a pure neurosis, dependent upon congenital contraction of the circular fibres of the cervix uteri, unaccompanied by inflammation, but presenting its characteristic features both during the catamenial discharge, and in the interval between those periods. Whether the simple means which gave such prompt and signal relief will always suffice to keep this patient free from a return of the sufferings remains to be seen. I have taken the precaution, however, to recommend a *marital* experiment with an eye to a radical cure.

ARTICLE IV.—*Cases from Practice.* By E. M. HALE, M. D., of Jonesville, Michigan.

NUX-VOMICA IN PERIODICAL HEMICRANIA.—During the months of January and February, 1861, this vicinity was visited by an epidemic influenza of an unusual character. It was preceded during the month of December by an epidemic of diphtheria, and I have the impression, that there was some similarity in the causative influences of the two maladies.

Of the fifty or sixty cases of diphtheria, treated by myself and colleagues, only one died, and that one was not seen until

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eighteen hours before death. They were all characterized by the peculiar low grade of the fever, the pseudo-membranous exudation upon the tonsils, palate, and uvula, and the tendency to putrefactive degeneration of the solids and fluids. A report of thirteen of the most formidable cases were reported to the *Medical Investigator*, and will be found in the March number of that paper. The remedies used in nearly every case with prompt benefit were *Aconite*, *Baptisia*, *Bell.*, *Merc.-iod.* and *Biniod.*, *Kali-bic.* and *Hydrastin* internally, and the free use of *Kali-chlor.*, which is invaluable in preventing ulceration, with the Tinc. *Hydrastus-canad.*, which, as a local application, is almost as effective as the chlorate. The membranous patches were touched with Mur. Tinc. of Iron with excellent results.

But, to return to the later epidemic. The premonitory symptoms were almost precisely those of the diphtheria. A feeling of prostrating lassitude would be felt for several days, accompanied by sensations of chilliness; the patients were all sensitive to the least amount of cool air, and were inclined to remain near a stove all the time. The legs and feet were colder than other portions of the body. After a few days of these symptoms, wandering tensive pains were felt in the limbs, back, and head, with great soreness of the muscular system, and especially of the scalp.

About this time severe chills set in, accompanied by intense pain in the limbs and head, and flashes of burning fever.

The pain in the head was peculiar. Commencing in the cervical portion of the spinal-column, it spread over the occiput, rising to the parietal regions, and involving the ears and temples, and even in severe cases attacking the eyes, nose and teeth. Besides, these painful symptoms, there was severe coryza ushered in by constant sneezing, watery discharges from the nostrils and eyes, with some rawness and roughness of the throat and larynx. In some cases the bronchial mucous membrane partook of the irritation, and took on sub-acute inflammation.

The duration of the disease proper was from five to seven days. Some cases which I saw early, were arrested in the incipient stage.

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The remedies most useful in the premonitory stage were Merc.-sol., Nux-vomica, Rhus-tox. and *Gelseminum*. With this latter remedy I have often checked the disease after it had progressed several days.

After severe chills and fever had set in with the usual intense pain, the Gelseminum proved of immense benefit. It allayed the distressing febrile symptoms, and mitigated the pain in a great degree. Alternated with Merc.-iod., Phosphorus or Tartar-emet., it was useful against the laryngeal and bronchial irritation. In a few cases the disease was so located in the throat that real diphtheria set in.

But the most peculiar phenomena of the disease was the periodical hemicrania which almost invariably supervened sometimes during the progress of the malady. Sometimes it did not appear until the seventh day, in other cases on the second or third day. It generally resembled the headache described above, and in all but one or two instances, was confined to one side of the head, and generally the *right*. The pain always seemed to arise from the nape of the neck, and gradually rise up over the ear into the temples, and thence downward into the malar bone. In some instances the *ear* alone was affected, in others the *eye* or teeth of one side, while in still another class of cases the pain was located over *one* eye, or the root of the nose, or in the malar bones. When in the last location, it was generally accompanied by inflammatory action in the *antrum*.

In every case but one out of over fifty cases treated by me, *the paroxysm came on between the hours of four and ten*, A. M., No perceptible *chill* seemed to set in with the paroxysm, and the pulse was only a little quickened during the time.

In vain I tried *Bell.*, *China*, *Sulphur*, *Nux vom.*, *Sanguinaria* and *Gelseminum*, in the low and high dilutions and triturations: the paroxysm grew worse every day. The only mitigation was procured by Bell. and Gels., administered freely during the attack.

But I was perfectly satisfied that *Nux-vom.* in some form was *the* remedy. The united testimony and experience of all homœopathists coincide in the assertion that it is specific for headaches which *commence in the morning*.

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Peters ("On Headache," p. 57) says it will cure headaches, especially when there is aching in the forehead and temples, commencing soon *after waking in the morning.*

Knorr found it useful in periodical headaches *beginning every morning* soon after rising, increasing until midday, and then diminishing, the pain being aching and rending. (*Ibid.*)

Tietze says it is eminently useful in periodical cephalalgias of an aching, drawing character, and on one side of the head which seems bruised or jarred, and especially *when the attacks set in early in the morning.*

Hering declares that among other indications Nux is most useful in cases of stitches and pressing on one side of the head, commencing early in the morning and increasing in severity until the patient becomes unconscious or half delirious.

Hahnemann, in the remarks to the original proving says, it is useful against morning headaches, or indeed any malady with morning aggravations.

Besides the adherents of our system, the writers of the old-school strongly recommend Nux (or Strychnine) in obstinate periodical headaches or neuralgias. M. Roclants, a Dutch physician, reports twenty-nine cases of neuralgia of the face and head, treated with Nux-vomica. Out of them—all severe cases—a cure was effected in *twenty-five*, and decided relief was afforded the other four.

The dose used by M. Roclants was from three to ten grains of the powdered Nux-v. in the course of twenty-four hours.

In view of all this testimony, and my own successful experience with Nux-v. I was satisfied that if the proper dose could be selected, it would cure the malady I was treating most promptly.

I therefore studied anew the physiological action of the drug, and its pathogenesy, and arrived at the conclusion that the peculiar pains, and the periodical character of the symptoms, as well as the great debility and mental depression, were not primary, but secondary effects of Nux, and that therefore, not the high nor yet the medium dilutions, but the lowest and appreciable triturations of the remedy were indicated in the case before me.

I carefully prepared the first decimal trituration of freshly

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powdered Nux-vom., and gave it in doses of one grain every hour during the intermission, and every two hours during the paroxysm (with Bell. or Gels. in alternation.)

I had good cause for being gratified in my selection of the *dose;* for after commencing its use, not *one* of the cases—over fifty in all—had the second paroxysm, after commencing its use, and a rapid convalescence followed.

In one case, that of a young man, debilitated and anæmic, the pain after leaving the head in a few days appeared in the bowels located apparently in the transvere colon; the paroxysm commencing at twelve M., and lasting several hours. In this case I prescribed the $\frac{1}{10}$ trituration of Citrate of iron and Strychnia, giving one grain every two hours; only one paroxysm appeared after taking it, and under its use, three times a day, the anæmia disappeared.

CITRATE OF IRON AND STRYCHNIA IN ANÆMIA, &c.—In the month of March, 1860, a young man came to me to be treated for the following symptoms which had troubled him all winter. He had been treated by several allopathists and eclectics without benefit.

He was very much emaciated, skin of a pale sallow hue, lips pale, eyes dull, tongue pale and flabby, great debility, the ride of a few miles fatigued him very much. Irregularly remitting pains of a griping, pressing and lancinating character in the transverse colon, generally; although it was sometimes felt in other places. He found some relief by hot fomentations and lying on his face with a pillow under his abdomen.

Night and day for many weeks this pain had clung to him, until he was despondent and melancholy. His appetite was variable, sometimes voracious, at others almost entirely wanting. There was little or no pain in the stomach after meals, nor did eating seem to aggravate much the enteralgia. The food was often passed in the alvine evacuations in an undigested state, yet it was not a diarrhœic lientery, but a lientery with constipation. His stools were hard and dry, mixed with undigested lumps.

My first prescription, made in a hurry, was Puls., 3d, which he took a week without any benefit. Then placing him on a low plain diet of light bread, rice, and boiled beef, &c., he took Nux-vom., 2d, and Coloc., 2d dec. dil., in alternation.

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In a few days the painful enteralgia was much relieved, and in a week had entirely disappeared. For the remaining anæmia and debility he was given Iron ℥ and Hydrastin, 2d, the latter after meals, the former before. The Hydrastin possesses valuable power over morbid affections of mucous membranes, especially those of the digestive organs. It restores the tone of the alimentary canal, and gets up a healthy action in the digestive apparatus.

A favorite and successful pill used by the eclectics in "chronic dyspepsia," is composed of Hydrastin and Nux.

Again in the month of March, 1861, just one year from the time I first saw him, the same patient came to me again with the same disease. The same prescription was given, but failed to afford such prompt relief as before. He was persuaded to go to a "botanic" physician who dosed him with Podophyllum and Lobelia for a week or more. Growing worse all the time he then came to me again. Having used the Cit. of Iron and Strychnia in anæmia and gastralgia, I concluded to try its effects in this case. Gave one grain of the 1st dec. trit., every four hours.

In a week the pain and other distressing symptoms had disappeared. The remedy was continued three times a day for two weeks, meanwhile he gathered strength and flesh, and one month after was well and hearty.

The use of this double-salt may be objected to by some homœopathists on the ground that we have no proving of it. Such objection I deem to be absurd and illogical. I see no difference between giving two remedies in *scientific* combination, and giving them in *alternation*. Those who have tested the virtues of the Citrate of Iron and Quinia, will admit that in no other way can those two remedies be given with such uniform success.

In chlorosis these two Citrates are invaluable. No other remedies which I have used, have given me half the satisfaction. Dr. Ludlam related to me some interesting cases which he has treated with the Iron-salt. In the *Dublin Quarterly Journal*, Feb., 1858, p. 47, will be found one of the most brilliant cures of dangerous chlorosis on record: a case in which all other tonics and chalybeates had been taken uselessly.

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In those maladies which stimulate the primary effects of Iron and Nux, the high triturations of the Citrate might be used with splendid effects.

Agaricus in Chorea.—The patient was a child, ten years of age. Eight years ago he had an attack of myelitis, or diagnosed as such by me at the time. Since which time he has been partially idiotic; a very strange child, with odd manners and grotesque actions, yet intelligent enough on some subjects. About four years ago he began to be affected with chorea; first affecting the legs, afterwards the whole of one side. This condition continued with partial remissions and aggravations until about three weeks since, when it assumed a very curious and rare form. The muscles of the larynx became affected, and, *except when asleep*, he would involuntarily utter the most unearthly sounds—half shriek, half groan.

This condition continued for a week before I was called upon to prescribe for it. I had previously treated the child with Bell., Hyos., Nux, Ign., Zinc, &c., &c., with but little benefit.

I had also tried Agaricus, 3d, with some apparent amendment. But now the symptoms seemed to point so emphatically to that remedy, especially the symptoms of suspension of irregular muscular action during sleep, that I gave it in doses of four drops mother tincture four times a day. In two or three days improvement commenced, and in a week the peculiar symptoms mentioned, dissappeared. The other symptoms of the chorea had considerably improved, and are now improving. The Agaricus is still continued three times a day, and I hope to benefit the patient a good deal, although a *cure* will probably never be effected, owing to some organic difficulty, which I imagine to exist in the brain or spinal cord.

Rheumatic Inflammation of the Uterus During Pregnancy.—A young woman in her first pregnancy, subject to attacks of inflammatory rheumatism, was taken with pains of and stiffness in the ankles, after an exposure. (She was in the third month of gestation.) She soon complained of sensations of heaviness in the uterus, pain in the back, frequent and urgent desire to urinate, urine hot and red. An attack of

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diarrhœa set in, which seemed to cause bearing-down pains. Flashes of heat appeared at irregular intervals, accompanied by chills. Not quite suspecting anything more than irritation from over-exertion, and having on examination, found only prolapsus, with no apparent swelling of the neck of the womb. I ordered the recumbent posture, and gave Caulophyllin, 2d, and Belladonna, 2d.

As the patient lived at some distance, I was to wait until sent for. In a few days I received notice to visit her immediately. On my arrival I found her much agitated mentally —very desponding and anxious. She had some fever, with quick, jerking pulse, intense frontal headache, severe pain in the small of the back, and down the thighs. The abdomen was swollen and very sensitive to pressure—even the weight of the bedding caused pain. The swollen uterus was plainly felt through the abdominal parietes—hard and unyielding. The fundus seemed the portion most affected. A vaginal examination was made: the vagina was hot and dry; pressure upward against the *body* of the uterus, caused intense pain in the back. The cervix uteri was but little swollen, and was felt high up in the vagina. I was led to diagnose rheumatic inflammation, from the nature of the pains, which were wandering—passing rapidly from one part of the womb to the other. Several times in the course of a day severe paroxysmal, spasmodic pains would set in, lasting half an hour or more—then disappear, leaving only a sense of soreness and weight. Once after one of these paroxysms, I examined the os-uteri, and found it slightly open; at other times it was closely shut.

Gave Aconite, ten drops in three ounces of water, a teaspoonful to be taken every two hours, with Bell., 2d, in alternation. Applied light compresses, wet in a lotion of Aconite tincture, one drachm to eight ounces of soft water.

The next day no particular improvement was manifest. Fever rather increased. She is unable to move in the slightest manner. The pain in the head is not so severe. In the treatment of puerperal fever, and indeed all fevers depending on local inflammation, I have found the *Verat.-v.* more efficacious than Aconite. I therefore gave *one* drop of the Tincture every two hours, continuing the Bell. as before. Gave also one

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grain of Macrotin, $\frac{1}{10}$, for the paroxysms of pain, to be taken when required. The *Acon.* applications were continued.

On my next visit, twenty-four hours after, I found marked improvement. The pulse was soft and down to 75; the swelling and tenderness of the uterus much diminished; only two paroxysms of pain had been felt since my last visit. Continued the same prescriptions at longer intervals.

Two days after this last visit, I found the patient very much improved. The uterus was not perceptibly swollen, and but little sensitive to pressure; no fever, but little pain in the back; urine pale and painless; bowels moving easily by ænema. She tried to stand up, but desisted on account of the "pressing-down" pains caused by the upright posture.

Gave Nux-vom., 2d, Bell., 2d, and Macrotin, each every six hours or two hours apart. Four days afterwards she was able to sit up several hours comfortably.

GELSEMINUM IN APOPLEXY.—This remedy bids fair to become one of our most valuable specifics against this dangerous disease. Not only do the pathogenetic symptoms point to its homœopathicity, but the pathological lesions caused by it have a most remarkable similarity to some forms of fatal apoplexy. In my forthcoming Monograph on Gelseminum will be found the indications in detail. I will only state here, that on an examination of one of the dogs, which I killed with the drug, there were found *several large drops of blood effused under the arachnoid.* The animal died with all the symptoms of apoplexy, which symptoms, together with the morbid appearances found after death, very closely resemble that form of apoplexy, minutely described by Pruss, as the *sub-arachnoid* variety.

I have since my experiments treated several cases of threatened apoplexy with gratifying results; one of which I will give in detail, as showing most conclusively the prompt curative effects of the remedy.

The patient was a man over sixty years of age, whose father and two of his brothers had died of apoplexy. Three years ago he had a slight seizure, which passed off in a few days under the use of Aconite—leaving no paralysis or other bad effect. Two years since he had another attack, much more

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severe. It was preceded for several days by great lassitude, heaviness in the head, dimness of sight, ringing in the ears, numbness of the scalp, &c.

He fell suddenly in the field, and was brought to the house in a comatose state, with stertorous breathing, slow weak pulse, and general coldness of the extremities.

Under the use of Opium and Aconite, with applications of cool Arnica water to the head, partial sensibility, sight, and hearing returned in about six hours. His vision was much impaired for several days—dimness of sight and double vision being the prominent symptoms. His speech was entirely lost. complete paralysis of the tongue, and partial paralysis of the fauces was present. There was also complete hemiplegia; the face was drawn to the left side, the left arm and leg completely insensible, and had lost all voluntary motion.

Under the use of Arnica, 1st, Bell., 2d, and Rhus, 2d, he gradually improved, so that in a week he could move the affected leg, articulate a few words, and swallow without much difficulty. In four weeks he could walk and articulate quite naturally, but the arm had improved but little. For a week he took Nux, 3d, and Bell., 1st, and bathed the arm in Arnica water. This caused some perceptible improvement. The next week I cautiously used the galvanic battery with the last named remedies, with good effect.

By these means the arm continued to improve, so that in about four months from the date of the attack, he could use it for many purposes, and in six months was perfectly restored.

I advised a rigid abstinence from all stimulating and hearty food and beverages. Whenever he deviated from a low diet he felt worse. He enjoyed pretty good health until a few weeks ago. At this time he came to me with the following symptoms: Weariness and lassitude; heaviness of the limbs; constipation; attacks of numbness of the limbs, especially the left leg and arm; numbness and soreness of the scalp; formication in the skin of the face; heaviness of the head, so that he could scarce hold it up; heaviness of the eyes and *eye-lids;* dimness of sight and occasional diplopia; almost constant vertigo—felt as if he were drunk; his speech was a little thick; ringing in the ears; constant tendency to sleep. His tongue

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was not coated, nor his appetite impaired; but he had been eating meat and drinking coffee for a week previous.

Here was every indication of an impending apoplectic attack. The symptoms were severer than those which preceded the last attack, and the prognosis was unfavorable. But his symptoms so closely resembled those produced by *Gelseminum*, and his former attack so much resembled the subarachnoid variety of apoplexy, which Gelseminum causes, that I felt sure of getting curative effects from that remedy, if any. Aconite, Opium, Nux, and Bell. were all indicated, but not with such completeness.

He was ordered to take twenty drops of the third dilution of Gelseminum, every four hours, and report to me if no better in twenty-four hours. I did not see him until a week had passed, when he informed me, that after taking a few doses, the symptoms became alleviated; rapid improvement set in, and had continued until he was now feeling quite free from them. It is but fair to state, that the dilution was prepared from Tilden's Fluid Extract, which I find generally reliable.

ARTICLE V.—*On Æsculus Hippocastanum.* Read before the Homœopathic Medical Society of Oneida County, October, 1860. By H. M. PAINE, M. D.

THE horse-chestnut is a highly ornamental tree, and is greatly admired for its majestic proportions, and for the beauty of its flowers and foliage. It grows rapidly, and often attains the height of forty or fifty feet. It is a native of middle Asia, but flourishes well in the temperate climates of both hemispheres. Its genus comprises about twelve known species, the genus *æsculus*, however, is incomparably the finest, and is the only one found in the Northern states, and this even is not indigenous in New-England.

It was introduced into Europe nearly three centuries ago by Baron Ungnad, ambassador of the Ottoman Porte, who in the year 1576, sent the seeds of the common horse-chestnut to Clausius, at Vienna. It is now extensively cultivated as an ornamental tree, in Europe as well as in this country.

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The name æsculus was originally applied to a species of oak, also to a tree which bore esculent fruit, and probably is derived from esca—"food." It was transferred to this genus by Linnæus to the exclusion of the earlier and more appropriate name of "hippocastanum" (*horse-chestnut*), on account of the resemblance of the large seeds to chestnuts, and because the Turks often grind them into a coarse flour, which is mixed with other food, and given to horses which are broken-winded.

In the Southern and Western States there are several species, which bear the name of buck-eye, from a resemblance of the seeds to the eye of that animal.

In the language of flowers this tree symbolizes luxury.

The beauty of the horse-chestnut consists chiefly in its inflorescence—surpassing that of almost all our native trees; the huge clusters of gay blossoms, which every spring are distributed with such luxuriance and profusion over the surface of the foliage, and at the extremity of the branches, give the whole tree the aspect rather of some monster flower, than of an ordinary tree of the largest size. Early in June this beautiful tree puts forth large pyramidal racemes or thyrses of flowers, of pink and white, mottled with red and yellow—finely contrasting with the dark green of its foliage, which has great grandeur and richness in its depth of hue and massiveness of outline.

Its botanical description may be briefly stated as follows:

Order.—Hippocastanaceæ (sapindaceæ, *Gray; genus*, æsculus; *species*, hippocastanum. *Leaves* opposite, digitate, of seven obovate-cunate, acute, toothed leaflets, serrate and straight veined. *Flowers* showy, in large terminal thyrsoid racemes or panicles; pedicels articulated. *Calyx* campanulate of five united sepals. *Corolla* spreading white, spotted with purple and yellow, and composed of four or five petals, which are irregular, unguiculate, and nearly hypogynous. *Stamens* usually seven, unequal, inserted on the hypogynous disc. *Ovary* large, round, echinate when young, dehiscent, loculicidal, three cornered, three celled, crowned with a single filiform, conical style, containing two ovules in each cell, only one of all of which, sometimes two or even three matures. These seeds are very large, shining, roundish, coriaceous, ma-

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hogany-colored, with a broad, round, pale hilum, without albumen.

The æsculus Ohioensis (*Ohio buck-eye*) differs from the æsculus hippocastanum in having *five* leaflets—stamens red, curved, much longer than the corolla, which consists of *four* upright yellow petals. Fruit prickly when young, but *smooth* at maturity, about half the size of the hippocastanum. This tree is small in size, and exhales an unpleasant odor, particularly while in flower.

The timber is not valuable. The large farinaceous seeds contain a considerable amount of nourishment, which is rendered unavailable, because of the intensely bitter and narcotic principle with which they are charged. Common horse-chestnuts, nevertheless, with some precautions, are largely and advantageously used in Switzerland for fattening sheep. They are also eaten eagerly by deer, horses, and oxen. Starch prepared from them, is superior to that of wheat, and excels as an article of diet, that of the potato. Paste prepared from them is preferable to any other, not only because possessing great tenacity, but also from the fact, that no moths or vermin will attack anything cemented with it. They have been recommended as a substitute for coffee. They contain sparingly a saponaceous principle.

The young leaves are aromatic, and have been used instead of hops in brewing beer.

The roots contain a mucilaginous and saponaceous matter, which is thought to be poisonous. Active and poisonous properties prevail in the root, seeds, bark, and foliage.

The bark has little odor, but an astringent and bitter, though not disagreeable taste. It contains among other ingredients bitter extractive and tannin, and imparts its virtues to boiling water. Its active constituent is supposed to be tannin, hence it has been employed in tanning. It is recommended as a tonic, astringent, narcotic, and antiseptic; in fevers as a febrifuge, for gangrene, and as an errhine. A strong decoction is recommended as a lotion to gangrenous ulcers.

It has attracted much attention in Europe, as a substitute for Cinchona, although it certainly cannot be considered comparable to Peruvian Bark in its power over intermittents.

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It is at present seldom used, and never in this country. The bark of the branches from three to five years old is considered the best. It should be collected in spring.

The powdered kernel snuffed up the nostrils produces sneezing, and has been used with advantage as a sternutatory in complaints of the head and eyes. Ten grains of the powder of the rind have been found equivalent in narcotic power to three grains of Opium. In Europe the oil is at present a fashionable remedy for gout and rheumatism. Maceration in an alkaline solution removes the bitter principle. Æsculine is the name given to the extractive matter.

Hahnemann thus speaks of it: "We can, from the morbid effects which the bark is able to produce, form a just estimate of its medicinal powers, and determine, whether it is suitable for pure intermittent fever, or some of its varieties. The sole phenomenon we know belonging to it is, that it produces a constrictive feeling in the chest. It will accordingly be found useful in (periodical) spasmodic asthma."

Proving by Dr. W. Warren.—W. W., aged thirty-six, nervo-bilious temperament, subject to bilious and gastric derangements.

May 22.—Took two grains of first decimal trituration at four, P. M. In half an hour felt a dull pressing and pricking in the fauces, with a sensation of fullness in the epigastrium with empty eructations, followed immediately by burning in the stomach and bowels. At 4.45 dull pains in the head, here and there, but principally in the right temple and occiput, followed by dull stitches in the forehead and left temple. At 5.30 colic, with pinching pains in the right hypochondrium; empty eructations. At 6.30 fine pricking pains around the umbilicus.

May 29.—Took two grains of second decimal trituration at two, P. M. At 2.30 felt a dull pressure in the forehead, with a slight feeling of nausea in the stomach, followed immediately by stitches in the right hypochondrium. At 2.45 bruised feeling in the occiput, with feeling of lameness in the back of the neck. At 3.30 pressure in the rectum with inclination to stool, with empty eructations. At 4.45 ineffectual efforts to stool. At 8.25 feeling of constriction in the rectum.

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May 30.—At six, A. M., difficult scanty stool. At eight, A. M., took three grains of first decimal trituration. In ten minutes coppery taste in the mouth, with increased flow of saliva. At 8.30 dull pain in the occiput, extending to the ears; fine stitches in the left temple, with slight feeling of nausea in the stomach. At nine o'clock feeling of lameness and weariness in the back of the neck, and small of the back. At ten, A. M., empty eructations.

May 31.—Took two grains of second trituration at 8.30, A. M. At 9 copious soft stool, followed by burning, and a feeling of swelling and constriction in the rectum. At 9.15 empty eructations. At 9.30 slight burning and nausea in the stomach with increased flow of saliva; fine stitching in the left hypochondrium. At 9.45 confused feeling in the head; giddiness. At 10 dull pain in the occiput, with flushes of heat in the integuments of the occiput, back of the neck, and shoulders. At 11.25 burning in the ears.

June 7.—Took five grains of second decimal trituration at 12, A. M. At 12.30 coppery taste, with increased flow of saliva, and a dull pressing pain in the left hypochondrium. At 12.45 dull pain in the left temple, giddiness, and confused feeling in the head; sharp, biting, and stinging pain in the fauces and tip of the tongue. At one, P. M., rumbling in the hypogastrium, with cutting pains around the umbilicus; burning and stinging deep in the left orbit, as if the pain surrounded the ball of the eye, with a feeling of coldness in the eye. At 1.15 heat in the integuments of the occiput, extending to the ears. At 1.30 cutting in the left inguinal region; slight nausea with empty eructations. At 2.30 general feeling of malaise, with dull stupefying feeling in the head. At 4, P. M., dull pain in the occiput, and lame feeling in the small of the back.

June 8.—At 7, A. M., difficult hard stool, followed by burning and feeling of constriction in the rectum. At 9, A. M., took three grains of second trituration. At 9.45 stinging and burning in the soft palate and posterior nares; bitter taste, and increased flow of saliva. At 10, vertigo, with sensation of balancing in the head; throbbing in the right frontal eminence. At 10.15, empty eructations with burning in the stomach, and fine pricking pains around the umbilicus. At 10.30 sharp pressing pain in the right temple. At 2, P. M.,

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lameness and sensation as if strained in the right lumbar region, extending to the gluteal muscle.

The following digest of the symptoms have been arranged from provings made by Dr. Woodward Warren, and by Dr. O. A. Buchmann, upon himself and six other persons—four females and three males, all in middle life:

In each instance the mother tincture or crude drug was employed, in doses of from five drops to twenty grains.

Dr. Buchmann introduces the provings in the following words: "Horse-chestnuts have been occasionally used as a popular remedy, and the favorable results heard of from their use in glandular swellings of horses, in chronic catarrhs of the respiratory passages and of the intestinal canal, determined me to undertake a careful proving of them on the healthy, in order to ascertain if their vaunted curative powers were on the homœopathic principle."*

Symptoms—Compiled from eighteen provings, by eight persons. The figures indicate the number of times the preceding symptom was mentioned by the provers.

General Symptoms.—Feeling of extreme illness. Great weakness. Totters when walking (2). Weariness (3). Fatigued feeling, as from a long walk. Sensation as if she would faint. General feeling of malaise.

Duration of action, from two to six hours.

Sleep.—Inclination to sleep. Yawning and stupefying sleepiness. Constant yawning (2). Falls asleep when sitting. Sleep for a quarter of an hour. Slept well.

Fever.—Chilliness and goose-skin. Attack of rigor, lasting ten minutes. Cannot get warm. Rigor for half an hour. Rigors. General perspiration. Heat in the whole body.

Sensorium.—On waking cannot recognize what she sees; knows not where she is; nor whence come the objects about her (2). Inward cheerfulness and placidity of temper.

Head.—Feeling as if a board were on the head. Aching in the forehead. Feeling as during a cold in the head. Sensation as if intoxicated. Confusion of the head (2). Giddiness. Vertigo, with sensation of balancing in the head. Formication in the front of the temple. Heaviness in the head.

* See *British Journal of Homœopathy*, Vol. XVIII., page 188—194.

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Heat in the head and eyes. Headache over the left eye (2). Headache over the right eye. Dull pains in the head, here and there, chiefly in the right temple and occiput, followed by dull stitches in the forehead and left temple. Dull pressure in the forehead. Throbbing in the right frontal eminence. Fine stitches in the left temple. Dull pain in the left temple. Sharp pressing pain in the right temple. Dull stupefying pain in the head. Dull pain in the occiput (3). Bruised feeling in the occiput. Heat in the integuments of the occiput (3). Heat extending from the occiput to the ears (2).

Eyes.—Burning in the internal canthi. Burning and stinging deep in the left orbit, as if the pain surrounded the eyeball. Weight and heat in the eyes. Coldness in the left eye. Jerking in the right eye. Quivering of the lids. Lachrymation (2). Flickering before the eyes (2). Can see well at a distance; can read without spectacles, which she could not do before.

Ears.—Burning of the ears. Heat in the occiput, extending to the ears.

Nose.—Severe fluent coryza (8). Burning in the nostril. Raw feeling throughout the whole nasal cavity. The nasal mucus becomes watery. Thin mucus from the nose, causing a frequent use of the pocket-handkerchief. Dry feeling and sensation of heat in the nose, especially its point, as when a severe coryza is about to come on. Disposition to sneeze. Feeling as after having taken a pinch of snuff. Formication in the nose (3). Sensitiveness of the nasal mucous membrane to the respired air (3). The respired air causes a feeling of coldness in the nose (2). Drawing in the right nostril, as in violent coryza. Twisting sensation in the front part of the nose. Shooting pain in the nose.

Face.—Looks ill. Pale miserable appearance (2). Flying heat and redness of the left side of the face (2). Burning in the left cheek.

Mouth.—The taste was something like that of aloes. Bitter taste (3). Coppery taste, acting as an astringent in the mouth and œsophagus; at first bitter, then sweet. Sweetish taste (6), as after taking Dulcamara—like liquorice. Burning in the mouth (3). Biting and stinging at the tip of the tongue.

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Increased flow of saliva (9), producing an inclination to swallow.

Throat.—Contractive pain in the throat (2). Sort of constricted scraped sensation, causing a disposition to hawk. Irritation in the throat and œsophagus. All the throat was excoriated and constricted. Dryness and contraction of the throat. Dryness in the throat. Burning in the throat (12), like fire, when swallowing; at one time slight, then severe; with raw feeling. Constant shooting and raw pain in the throat. Scraping sensation in the throat. The mucus in the throat becomes thinner. Hawking of thick (2), afterwards watery mucus. Frequent call to expectorate mucus, which becomes watery. The mucus in the throat excites a cough. Tickling in the throat (2), causing a cough. Inclination to swallow. Formication in the fauces. Dull pressing and pricking in the fauces. Biting and stinging pain in the fauces. Stinging and burning in the soft palate and posterior nares. Increased pain in the throat, after eating a grape.

Stomach.—Nausea (15). Retching (2). Inclination to vomit. Violent vomiting. Burning in the stomach (4). Heart-burn for half an hour. Water-brash. Eructations of wind (18) of mucus; of thick mucus; of viscid mucus (3); empty eructations. Flying heat before the eructation. Fullness of the stomach (3). Periodical tightness in the scrobiculus cordis, with labored breathing. Twisting in the scrobiculus cordis. Pressure as from a stone in the pit of the stomach. Sensation as if a stone lay on the scrobiculus cordis. Aching and rumbling in the stomach. Cutting stomach-ache. The aching in the stomach extends. Comfortable feeling in the stomach Hunger.

Abdomen.—Constricted feeling in the bowels. Cramp-like constriction in the bowels, followed by stool (the fourth time). Griping in the bowels (2). Cramps in the bowels. Motions, preceded by pain in the bowels. Pinching below the navel. Fine pricking pains around the umbilicus (2). Cutting pain around the umbilicus. Pain from the the bowels to the small of the back. Burning in the bowels. Pressing downwards in the abdomen. Rumbling in the bowels, half an hour, without pain. Distention of the abdomen. Pain in the hypochon-

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dria, through to the back, especially on inspiration. Tearing pain in the *right* side. Shooting in the *right* side, above the hip, deeply seated. Colic, with pinching pains in the *right* hypochondrium. Stitches in the *right* hypochondrium. Stitches in the *left* side. Fine stitching in the *left* hypochondrium. Dull pressing pain in the *left* hypochondrium. Cutting in the *left* inguinal region. Rumbling in the hypogastrium.

Stools.—Eructations of wind, with desire to go to stool. Three moderate fœcal evacuations half an hour after taking the drug. Four loose evacuations within a quarter of an hour. In two hours several thin evacuations. In two hours after taking the drug, two moderate evacuations. Constant urging to stool, after two hours. Pressure in the rectum, with desire to go to stool. Ineffectual efforts to stool. Difficult scanty stool. Difficult hard stool, followed by burning and constriction in the rectum. Constriction in the rectum (2). Itching in the anus (2); with raw feeling. Stool of a mixed character. Two liquid motions, preceded by griping. Motions preceded by pinching in the bowels. Frequent expulsion of flatus (2). The usual stool did not take place (2).

mucus becomes watery. rifice of the urethra. Call to urina frequent use of the pocket-hanintervals, urging to urinate. sensation of heat in the nose, especiaing in the mammæ. severe coryza is about to come on. Dron a cough. Short Feeling as after having taken a pinch of snug deeply. The in the nose (3). Sensitiveness of the nasal muckling in the to the respired air (3). The respired air caustion. Cough coldness in the nose (2). Drawing in the right Dryness in violent coryza. Twisting sensation in the front which benose. Shooting pain in the nose. thing had

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the right side of the chest a sensation as if the lung painfully moved up and down at each respiration (2). Increase of the pain on drawing a deep inspiration. Pain in the chest, alternating with pain in the abdomen. Stitches leave the left side of the chest and go to the right. Twitching from the chest to the left shoulder. Tightness in the chest (6). Labored breathing (2). Palpitation of the heart (4); severe, periodic, frequent, with great anguish.

Upper Extremities.—The arm and hand of the left side become strikingly warmer, and feel as if they were heavier and swollen. Heat in the shoulders. Burning in the palms of the hands and soles of the feet. Constant jerking in the right arm. Paralysis of the right arm—cannot raise it.

Back.—Pains in the small of the back, and lame feeling. Pain extending from the abdomen to the small of the back (2). Weariness in the small of the back. Tearing pain in the back. Lameness and sensation as if strained in the right lumbar region, extending to the gluteal muscles. Heat in the back of the neck and shoulders. Weariness in the back of the neck. Lameness in the back of the neck (2).

SUMMARY.—The following are prominent symptoms:

General Symptoms.—Weariness, faintness.

Sleep.—Sleepiness.

Fever.—Rigors; chills.

Head.—Confused, dull, aching pain, as if from a cold.

Eyes.—Burning heat, as if from a cold.

Nose.—*Severe fluent coryza.*

Mouth.—*Increased flow of saliva.*

Throat.—*Burning; raw; stinging; dryness.*

Stomach.—*Eructations; nausea.*

Stools.—*Diarrhœa; burning, constriction, pressure, tenesmus, and itching in the rectum,* indicate the utility of this drug in *hæmorrhoids.*

Larynx.—*Laryngitis?*

Lungs.—*Bronchitis? Asthma? Palpitation?*

Back.—*Pains and lameness in the small of the back.*

These symptoms indicate a wide range of influence. They exhibit decided action upon the mucous surface of the air-passages, upon the stomach, bowels, and rectum.

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Dr. Buchmann thus concludes his article: "I trust these provings may induce others to institute more provings, and to test the therapeutic action of this drug. I may merely add, that I have succeeded in curing radically a *chronic cough* with emaciation—which had long been treated without effect—by daily administration of as much powdered chestnut as would lie on the point of a knife; and that I have heard from persons on whom I could rely, of the rapid cure of a *chronic diarrhœa*, in which many remedies had been used in vain, by a single dose of powdered horse-chestnut."

Let these abundant evidences of its usefulness become an incentive to renewed diligence in developing and perfecting the pathogenesis of this important remedy.

It is usually prepared by grating the nut, after removing the shell. When dry it can easily be reduced to a fine powder. Triturations are made as of any other homœopathic remedy.

CLINICAL PROVINGS.

I.—Dr. H. M. P. Have been subject for several years to occasional attacks of hæmorrhoids, attended with little hæmorrhage, although considerable pain, aching, swelling, and rigid hardness of the rectum. The paroxysms usually accompany constipation. The pain commences about an hour after an evacuation, and continues from two to six hours.

About ten grains of the crude nut, finely pulverized, were placed in a half-ounce vial of Alcohol and water, in equal parts. Of this ten or twelve drops were taken nearly every evening, for about five weeks—commencing August 11, 1860.

The piles were uniformly relieved after three or four doses. Observed on two or three occasions, that when the remedy was discontinued for a few days, the symptoms soon returned. It is now four months since all symptoms of the disease disappeared. No other effects were discovered.

II.—Dr. J. C. R. Had been suffering severely from hæmorrhoids for ten or twelve days, with a constipated state of the bowels, and severe pain in the tumors—making it very unpleasant to stand on my feet or walk. Also more or less nausea, loss of appetite, furred tongue, a sensation of fullness about the navel, flatulent pains in the bowels, and very dark

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stools. About two weeks previous to the attack of hæmorrhoids, had a severe attack of bilious colic, which was relieved by Colocynth, Chamomilla, and Mercurius-sol.

On the morning of June 13, 1860, took 200 pellets of the sixth centesimal attenuation of Æsculus. The only symptom referable to the drug was irritation of the throat and œsophagus—a sort of constricted scraped sensation, causing a disposition to hawk. This occurred about an hour after taking the drug, and continued for several hours.

Continued the remedy for several mornings in succession. The piles are entirely relieved; the bowels act regularly; the appetite fair; nausea and flatulence gone; and in short, enjoy my usual standard of health.

Dr. L. B. Wells, of Utica, has employed this remedy in all cases of hæmorrhoids occurring in his practice during the past two years, and generally with very good results.

Article VI.—*Address Delivered at the Inauguration of the Homœopathic Medical Society of the State of New-York.* Held at Albany, February 28th, 1861. By Wm. H. Watson, M. D., of Utica, N.-Y. (Published at the Request of the Society.)

The Past and Present Position of Homœopathy, and the Duties of its Practitioners.

Gentlemen of the Homœopathic Medical Society of the State of New-York:—Invited by the partiality of my colleagues to address you at the Inauguration of the Homœopathic Medical Society of the State of New-York, it has seemed to me not an inappropriate occasion for directing your attention to the present position of our profession, as contrasted with its past history, and for making a few suggestions in regard to the duties of its practitioners.

The period allotted for the life of man has not yet passed away, since Samuel Hahnemann, the founder of our school, first promulgated his discovery of the great law of cure.

After an eight years' practice, pursued (as he writes in a letter to his friend, the celebrated Hufeland) with conscientious

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attention, Hahnemann had so learned the delusive nature of the ordinary methods of treatment, as to be induced to relinquish his professional pursuits.

For several years he now devoted himself to literary labors and to the study of chemistry—publishing several valuable articles upon the latter science, of which the most celebrated, a treatise upon poisoning by Arsenic, is quoted as authority, even at the present day, by Prof. Christison, and other writers upon toxicology.

In the year 1790, while engaged in translating Cullen's "Materia Medica," to his great surprize, he discovered, that Peruvian Bark was capable of exciting upon a healthy subject symptoms similar to those of fever and ague—a disease for the cure of which it had long been deemed a specific.

A new light, like that which flooded the mind of Newton as he gazed upon the falling apple, or quickened the intellect of Gallileo, as he beheld the swinging lamp at Pisa, now dawned upon the brain of Hahnemann. With the true spirit of inductive philosophy, he set himself resolutely at work—examining the records of ancient medical writers, to ascertain whether other examples might not be found of remedies which had cured symptoms similar to those which they were capable of producing. He soon found, that the case of Peruvian bark was not a peculiar one, and that the archives of medical history furnished the apparently singular disclosure of many cures, accomplished by drugs capable of producing symptoms similar to those which had been cured, and administered by physicians who had never dreamed of any such rule or guidance, but yet strictly in accordance with the homœopathic principle.

Hahnemann soon announced his great discovery to the world in his "Essay on a New Principle for Ascertaining the Remedial Powers of Drugs, with a Few Glances at those hitherto Employed."

By the commencement of the present century homœopathy was fully presented to the investigation of the medical profession. Let us for a few moments glance at its position in those early days as contrasted with its present state and influence.

The reception of homœopathy may best be seen by the treat-

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ment which Hahnemann himself received. The man who had gained the esteem of some of the first physicians of his time—who was distinguished as a linguist and a classical scholar, who was intimately conversant with the Hebrew, Greek, Latin, Arabic, Italian, French, and English, who was deeply read in the literature of the medical profession, both of his own and ancient times—the able chemist, the experienced physician, was at once charged with the opprobrious epithet of "*illiterate quack.*" Medical men took but little notice of the hundreds of patients from every portion of Europe and America, whom his skill restored to health, but every *failure* was magnified and distorted. "He had to endure a pamphlet, journal, and newspaper war, both from laymen and physicians, and much of it was carried on with a bitterness, sarcasm, and contempt, that would have crushed a man of less heroic mould. His person was ridiculed, his family slandered and calumniated; it was sought to cover his name with shame, and to debase him in the eyes of the world."

Finally, after the death of Prince Schwartzenberg, the Austrian Field-Marshal, and one of Hahnemann's most illustrious patients, in December, 1820, hostile legislation was enacted against him; he was forbidden to dispense his own medicines, and was thus effectually banished from Leipsic. Although this city has now the honor of containing Hahnemann's statue in ever-enduring bronze, and although her magistrates and municipal dignitaries united in swelling the pomp of the inauguration of his monument in 1851, the stain of bigotry and intolerance which attaches to the town whose authorities permitted the expulsion of its greatest citizen thirty years before, can never be entirely effaced. From Saxony, his fatherland, he went to Cœthen, where he practised for fourteen years, comparatively unmolested, and thence removed to Paris.

This picture is not, however, without its cheerful shades. Notwithstanding the torrent of abuse above referred to, his practice constantly increased; the number of his medical disciples continually augmented, patients flocked to him from every part of Europe, and even from America, and when in Paris, during the last eight years of his life, although desirous of avoiding his then oppressive celebrity, and obtaining that

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repose which his age demanded, he was literally besieged by thousands of patients of every age and class, and his practice is said to have yielded him forty thousand dollars per annum. He was also complimented by royal grant with the full privileges of medical practice.

Both in Germany and in France he received the kindest attentions from his disciples and his friends. His birthday and the anniversary of his graduation were always celebrated, and on the 10th of August, 1829, when the fiftieth anniversary of his graduation as Doctor of Medicine was celebrated, his disciples assembled at Cœthen in great numbers, and evinced the warmest proofs of their esteem for him. The medical faculty of Erlangen, where he had been graduated fifty years before, presented him with an honorary diploma. At this festival the first collection of money was made to establish a free dispensary or hospital at Leipsic. On this occasion also the Central Homœopathic Society was founded, with Hahnemann for its first and perpetual president.

Such was the position of homœopathy during the life of Hahnemann, as reflected by the treatment which its founder received—a man who, in the language of his biographer, "has established a school, that has gained more adherents, roused up more assailants, written more books, and exercised a more important influence on the art of medicine, than any school or sect since the days of Galen."

Alas! Samuel Hahnemann is not the only benefactor of his profession who has suffered for the cause of scientific truth. William Harvey and Edward Jenner had previously paid the severest penalties of innovation. Harvey was persecuted until the day of his death, and forty years after his great discovery of the circulation of the blood, medical students were compelled to swear, that they would not believe this heresy, in order to obtain their diplomas.

Even in generous England, Jenner's discovery of vaccination was opposed by nearly the whole of the medical profession, even after the general public had become fully impressed with the great importance of the protection it afforded. It was not until the king and large numbers of the nobility of England, had given him their countenance and support, that

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the Royal College of Physicians and the profession generally could be induced to treat Jenner, or the discovery which has immortalized his name, with even decent respect.

The treatment which Hahnemann received from his colleagues had a transforming influence upon his character. "He who was by nature modest, conciliating, and diffident, became in his later years bitter, sarcastic, intolerant, and dogmatic. His early efforts to reform medicine had been received with shouts of derision, the bitterest taunts, and the most odious insinuations. He had been hunted from town to town, and from country to country, by the persecuting fury of his enemies. Every attempt which he made to obtain a fair hearing of his views from his professional brethren was met by torrents of abuse and showers of sarcasm. His earnest appeal to his colleagues to repeat his experiments, and let *them* decide whether he was right or wrong, were responded to by every variety of opprobrious epithet. For having revealed to the world what he believed to be an improved method of treatment, of the utmost simplicity, and the strictest rationality, he was vilified by his brethren, persecuted by corporations and governments, driven from Königslutter to Hamburg, from Hamburg to Leipsic, whence he had to fly from his enemies, and accept the hospitality of a foreign prince, who appreciated his worth, but was unable altogether to protect him from the violence of his own subjects—excited against him by the physicians, who received him with execrations and showers of stones, if he dared to venture across his threshold.

What wonder, that the milk of human kindness in Hahnemann's nature was soured by this treatment; what wonder, that from being genial, benevolent, social, and conciliating, he grew morose, bitterly sarcastic, and imperious toward his opponents? When we read the harsh invectives he hurled against them in his later days, we must remember the treatment he received in his earlier years. Against the few bitter words he utters, we must weigh the years of abuse, the malevolent insinuations, the material persecutious, proceeding even to personal violence, of his enemies. We shall then cease to marvel at Hahnemann's bitterness, and we shall then understand how it was that he insisted on his disciples renouncing all con-

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nection with that school of traditional medicine, whose professors had treated him as a pariah, and trampled him under their feet.

What a contrast to this picture, my colleagues, is presented by the position of homœopathy at the present day, honored by the adherence of the gifted in every land, who yield their implicit confidence to its tenets, and entrust themselves and all to them most precious and endeared, to the influence of its mild yet potent remedies.

Alike successful in the frigid regions of the North, in its conflict with the most malignant types of erysipelas, and in the torrid South, in its triumph over the dreadful scourge of yellow fever; it also meets and conquers the bilious affections of the Western wilds, and the pulmonary scourges of the Eastern coast. And, my brethren, is not the *character* of the early patrons of homœopathy, and of by far the greater portion of its present patients a striking fact in the history of the progress of our system, and a most convincing argument in its favor. Did propriety allow, I might individualize, the gifted poet, the eminent man of letters, the hoary administrator of justice, the astute philosopher, the successful devotee of art, who know and desire no other means of relief from suffering and disease. If not in the number of its practioners, still in the number and respectability of its adherents, homœopathy has nothing to fear from its rival.

Its literature now forms a large library, its advocates are to be found in every society; the most noted men of science employ it to the exclusion of all other methods. No college or university is without professors who adhere to it; no corporation, board of guardians, or hospital committee, but numbers among its members some partizans of homœopathy. Yet, as disease acknowledges no privileged exempts, but in the beautiful words of the Latin poet:

> "Pallida mors æquo pulsat pede
> Pauperum tabernas, regumque turres,"

Neither does medicine admit the distinctions of pride and place when dispensing its favors. The poor and the rich, the king and the peasant must be equally the recipients of its

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benefits. While homœopathy, therefore, always commends itself primarily to the reception of the intelligent, it gradually permeates the masses, and dispenses its blessings in the homes of the humble and the ignorant.

In America the progress of homœopathy has been most magically rapid; while in the year 1830 there were but two solitary pioneers of our system in the city of New-York, in 1860 we find in that metropolis and its suburbs more than two hundred zealous practitioners of our school. Everywhere throughout the length and breadth of our own fair land, the homœopathic physician pursues his philanthropic mission, amid the benedictions of the poor, and the grateful patronage of the rich. "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 whom you meet is a homœopathist; while on the other hand, the steadily increasing number of sick poor, who apply at the private homœopathic dispensaries for relief, shows their appreciation of its benefits."

Already there are five homœopathic colleges in successful operation in this country. Everywhere in point of early success do they surpass all other schools; one of them in five years arose from a class of fifteen students and six graduates, to a class of one hundred and four students and fifty-five graduates. The University of Pennsylvania, the oldest and first in point of reputation among the allopathic schools, was in existence forty years before she graduated fifty students. The Jefferson School of Philadelphia, which has now larger classes than any other allopathic school on this continent, with all the reputation of a McClelland and a Mütter to attract students to her lecture-rooms, was in existence eight years before she graduated fifty students.

Our homœopathic graduates are everywhere winning for themselves reputation and the most enviable positions in society. They display their benevolence and their skill alike where the forester battles with the sturdy pine, at the foot of the Rocky Mountains, in the far-off fields of Oregon and California, on the green sea isle — wherever the star-spangled banner flaunts the breeze, or the white sails of American

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commerce spread over the wave. They have penetrated into all parts of those dominions which are under the protection of the banner of St. George.

In this country there are upwards of three thousand homœopathic physicians, the majority of whom are converts from the allopathic school. The statement has been made, and I believe it to be true, that not a single instance can be found of the return of a converted homœopathic physician to the practice of allopathy. There are eight homœopathic journals in this country, and in all of the larger cities there are homœopathic hospitals or dispensaries. In many of our states homœopathy has been sanctioned and encouraged by special legislative enactment, such as the act of legislature of our own state, passed in 1857, incorporating homœopathic county societies, and conferring upon them all the powers and privileges enjoyed by allopathic societies, in obedience to which enactment, we, as delegates from the county societies, are now assembled here.

Homœopathy is now recognized in England, France, Austria, Prussia, Bavaria, Saxony, Wurtemburg, Baden, Hanover, Bohemia, and nearly all the smaller states of Germany; in Spain, Russia, Belgium, Holland, Denmark, Sweden, Naples, and other states of Italy; in Hungary, Brazil, and several South American states. It has now its professorships in European universities, and its numerous court-physicians and counsellors at the continental courts. There are seven homœopathic journals published in Great Britain, six in Germany, and several in France and Italy. There are homœopathic hospitals in most of the countries of Europe, among which the following may be cited, as especially worthy of notice. In Russia, those at St. Petersburg and Moscow; in Austria, at Vienna, the Gumpendorf, under the charge of Dr. Fleischmann, who has been knighted by the King of Bavaria in honor of his signally successful treatment; the Leopoldstadt, under the charge of Dr. Caspar, one of the most learned physicians of the age; and the Sechshaus, under the charge of Drs. Müller and Jachimovich; the hospital of the Sisters of Charity at Linz, and the hospital at Brieg; in Hungary, the hospitals at Güns, Gyöngyos, and Kremsein; in Italy, the

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hospitals at Turin and Nice; in Sicily, the hospitals at Palermo, Montreal, Pietraperzia, and Mistretta; in Germany, the hospitals at Bremen, in Hanover, at Munich in Bavaria, and at Leipsic in Saxony; in France, the Beaujon at Paris, under the charge of Dr. Tessier; one at Bordeaux, under Dr. Mabit, who has recently been created a Knight of the Legion of Honor by the Emperor Napoleon; the Convent of Refuge at Marseilles, under Dr. Chargè, who has recently received the order of the Legion of Honor from the French government, and that of St. Gregory the Great, from Pope Pius the Ninth, in consideration of the services which he rendered during the cholera of 1849. In Prussia there is a homœopathic hospital at Berlin; and in Spain it is practised at the general hospital in Madrid. In England there is a homœopathic hospital at London, and there are dispensaries at Liverpool, Dublin, and Birmingham. In the United States there are several hospitals under homœopathic treatment, among which may be specified the Mississippi State Hospital at Natchez, and the Good Samaritan Hospital at St. Louis. There are also many other charitable institutions under homœopathic treatment, among which I may mention the Home for the Friendless, and the Protestant Half-Orphan Asylum, of New-York; the Brooklyn City Orphan Asylum, and the Orphan Asylums at Syracuse and Oswego.

That homœopathy has increased in influence far more rapidly than any other reform in the history of medicine cannot be denied, and when we reflect upon the mortality under our own practice, as compared with that under other modes, we cannot but wonder that it is not already universally adopted. Were it generally known, that in *Asiatic cholera* statistics have shown, that the mortality under the allopathic treatment is just *twice* as great as under the homœopathic, that *inflammation of the lungs* is nearly *three* times as fatal, and *typhus fever twice* as fatal under the former as under the latter, and that the diseases of children are *twice* as fatal under the treatment of the dominant school as under the homœopathic, this desirable result could not longer be delayed. There is indeed not anything more certain in the history of medicine than the fact, that to the acknowledged and remarkable success of

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the homœopathists in the treatment of cholera more than to any one circumstance is owing their now favored position with the public. During the ravages of this fearful epidemic in Europe, the cures of the homœopathists were so surprising, that government commissions were established in several countries for the express purpose of inquiring into the causes of this remarkable success, and, although these commissions were in most instances composed of physicians opposed to homœopathy, they were compelled to acknowledge its superiority and astonishing efficacy.

And now, my colleagues, what as homœopathic physicians are our duties, both to the community and to ourselves? Homœopathy, as has been well said by another, "has now passed through its first two stages of opposition from the profession—viz.: that of raillery and ridicule, and that of abuse, and is now on the threshold of the third, that of general adoption"—and what are *our* duties in regard to it?

1. Our duty alike to the homœopathic public and to ourselves is by all legitimate means to exert ourselves for its advancement. Let us concentrate our energies, and demand in that spirit which cannot be denied, that homœopathy shall be duly represented in all our great public charities. It is obviously unjust, that we, who are taxed for the support of these institutions, are not represented in their medical management. There are hundreds of applicants at their gates, who prefer the homœopathic treatment, but who are now compelled to receive the treatment of the dominant school, and if they escape with their lives, continue mournful specimens of the ill effects of over-dosing.

2. Let us seek to introduce and maintain a higher standard of professional acquirements. By our organizations we shall be enabled to determine the number of properly qualified practitioners in our ranks, and to separate ourselves in the eyes of the community, from those who by their want of qualifications, are casting a reproach upon our cause.

There are very many who claim to be homœopathic physicians, as there are of those who claim to be allopathists, who are entirely unfitted by qualifications, and often by moral character, and even by nature, for the profession of medicine.

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While we have no organizations, it often happens, that in the eye of the public, we are confounded with these persons, but by an efficient organization we may be separated from them.

Although we cannot always prevent illiterate and unprincipled men from offering their services to the people as medical advisers, we can still do something for the cause of sound medical education by refusing to such all attestations of merit, and resolutely declining to affiliate with them, leaving to the ignorant and wrong-thinking individuals who employ them the whole responsibility.

The standard of medical education has confessedly become too low. While, as a school, we have nothing to fear on this score, from a comparison with the allopathic—and indeed, I think such a comparison would result in our favor—still, even among ourselves, the proper requisitions have not always been fully complied with.

While every physician should understand Latin, moral, intellectual, and natural philosophy, chemistry, the mathematics, and all the English branches, it is very desirable for the homœopathic physician to superadd to these a knowledge of French and German. I would myself desire, that the time required for the study of medicine should be extended to four years instead of three. Let us, at all events, insist, that from the homœopathic colleges at least none shall receive a diploma who have not fully complied with the requisitions of the present law.

3. We should complete our local organizations and render them more efficient. We shall thus be the better enabled to act in concert in every direction, and especially in the improvement and perfection of the materia medica. If Hahnemann had done nothing else he would be entitled to the lasting gratitude of mankind, for his suggestion in regard to acquiring a knowledge of the medicinal powers of drugs by proving them on the healthy subject. This is *par excellence*, the glorious mission of the homœopathic physician.

While our allopathic brethren, under the guidance of Rokitansky and his colleagues, are rendering great service to the world by elucidating the effects of disease upon the system through their researches in the domain of pathology, to us

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belongs the greater honor of discovering and accurately applying those remedies which will relieve the diseased conditions brought to light by the knife of the pathologist. It is only by large numbers of persons that reliable provings of drugs can be carried on. The constant symptoms obtained by hundreds of individuals from the administration of the same drug, must necessarily be its characteristic symptoms, whereas many of the symptoms obtained by a single prover might be purely imaginary, or the result of some accidental cause, and have no relation of cause and effect to the drug which had been administered. There is obviously no standard by which to correct errors from this source, but when one hundred persons in good health are all affected in a certain manner after taking a particular drug, the conclusion is irresistible, that the symptoms thus produced are the effects of the drug which had been administered. The importance of this whole subject has been clearly set forth in an able paper, read before the Oneida County Homœopathic Medical Society, by my friend, Dr. H. M. Paine, of Clinton, and subsequently published in the *American Homœopathic Review*, to which I would beg leave to direct your attention.

4. Our duty towards our rival school of medicine. Time will not permit me to enter fully upon the consideration of this subject. Suffice it to say, that we should always maintain towards it the attitude of respectful and dignified courtesy. Most of us were of necessity graduates of its schools; *all* of us are largely indebted to its scientific men for the results of their labors in the field of pathology. Those of their number who are most enlightened and liberal will ever extend to us the fullest respect. It is only from the ignorant and bigoted among them, that we to-day or hereafter shall receive the slightest discourtesy.

5. Finally, gentlemen, we should be fearless and independent, both in thought and action. Dealing, as we do, with subjects of the utmost importance to the human race, we should be ever studious, vigilant, and active. We should search the records of the past, while we peruse the writings of the present, and when we have conscientiously formed an opinion of our own, we should never be made to swerve from it through the opposition of our enemies, or the solicitations of

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our friends. Such has been and such must ever be the character of all who have been active in the reformation of error, in the annals of our noble profession. The world owes it to the firm and conscientious, yet daring spirit of our Hahnemann, that it has been freed from the oppressive yoke of opinions, venerable only by their age, and strong by our voluntary weakness. His was that majestic spirit before whom all the cumbrous machinery and gorgeous array of Galenic love crumbled like the baseless fabric of a dream. He has left to others ample and unconfined space for erecting a noble structure, and bequeathed a rich legacy of materials for the accomplishment of his great design. Let not any of us, his successors, slumber at our posts in the wrappings of philosophic indifference or selfish tranquility. Let not any of us, taking shelter under the veil of imagined obscurity, shrink from contributing our mite to the great cause of medicine, the cause of literature and philanthropy.

ARTICLE VII.—*Cases from Practice.* By P. H. HALE, M.D., of Hudson, Mich. (Reported to E. M. Hale, M.D.)

TRILLIIN IN MENORRHAGIA.—The patient was a married lady; with one child about four years of age. She is one of several sisters, all of whom are subject to profuse and frequent menstruation. Since she began to menstruate, after the birth of this child, the menses have been gradually becoming more frequent and profuse. She has not been under any treatment however until she applied to me a few months ago.

At that time the menses appeared every three weeks; were very profuse and exhausting; lasting eight or nine days. The discharge was bright and fluid, flowed constantly and was accompanied by severe cramp-like pains, with heaviness in the hypogastric regions. Profuse white and excoriating leucorrhœa followed the menses, much increasing the debility.

Sabina, Crocus, and Secale were used during one attack, but did not seem to benefit her much. At the next period I gave one or two doses of Caulophyllin $\frac{1}{10}$, which allayed the pain somewhat; then gave one grain of Trillin one-tenth every three hours. The effect surprised me. The discharge lasted

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only four days, and was normal in amount. No leucorrhœa followed this period. The medicine was ordered to be taken three times a day for the next four weeks. The next period came on in twenty-six days, but seemed perfectly natural. The patient stated that soon after taking each dose a peculiar thrill, like an electric current, ran all through the body; and was followed by a sensation of warmth at the stomach and through the abdomen. These symptoms I have several times noticed as an effect of this remedy.

[The Trilliin is the concentrated principle of the Trillium-pendulum. I have used this preparation as well as the powdered root and tincture, with excellent results in many cases of uterine hæmorrhage. In my hands it has also cured epistaxis, from a severe catarrhal affection. A small quantity of the powdered root snuffed up the nostrils has been known to stop a severe case of hæmorrhage from the nasal mucous membrane. Like Erigeron it seems to act as promptly when applied topically as when taken internally. The above case would seem to substantiate the assertion of eclectic writers, that it is useful in "profuse vaginal and uterine leucorrhœa, particularly when of an atonic character." Coe says of it, "Its dynamic influences are chiefly directed toward the mucous surfaces, over which it seems to exercise a special control. Hæmoptysis, hæmatemesis, hæmaturia, and uterine hæmorrhages have all been relieved and cured by means of this remedy." An important indication for the use of Trillium is a *fœtor* of the abnormal discharges. In this it resembles Secale, Sabina, and Crocus. I do not consider it homœopathic to active hæmorrhage with congestion. In such cases the more appropriate remedies are Aconite, Crocus, Sanguinaria, and Lycopus-vir. I notice that the journals of the allopathic school frequently contain reports of cases of uterine hæmorrhage, cured with this agent.—E. M. H.]

Verat.-v. and Sabina in Amenorrhœa.—Mrs. V., the mother of two children, the youngest one year old, and had been weaned two months. One month after the child was taken from the breast, the mother was attacked with a heavy pain in the back, some uterine pain of a pressing, dragging character, fullness of the hypogastrium, and constipation.

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After a day or two these symptoms partially disappeared, but the menses did not appear. Then came on the following symptoms, which steadily increased in severity up to the time I prescribed for her (four weeks). Great heaviness in the head; fullness of the head; distressing aching in the forehead; a burning *heat* in the vertex, perceptible to the hand. Throbbing in the carotid arteries; roaring and ringing in the ears; aching in the eyes, with heat, dimness of vision, and congested conjunctivæ; giddiness nearly all the time; anxious fearful dreams. The hands and feet are almost always icy-cold; external heat does not warm them; she feels chilly most of the time, with occasional flashes of heat from below upward; little or no appetite; constipation; her skin has a sallow jaundiced hue. Pulse heavy, and 80 per minute.

In this case the uterus had refused to resume its suspended functions: the menstrual fluid which should have been excreted, or rather eliminated from the blood, was retained, and the bulk of that fluid being increased, the liver and head became congested. It is a well-known fact that such severe congestions are very apt to follow the suppression of any habitual secretion. In this case, however, we had not only congestion, but an irregular distribution of the blood, the physiological causes of which I have not time to consider.

Nov. 24.—Gave Veratrum-vir. and Sabina, each at the one-tenth dilution, five drops of each in alternation two hours apart. I might have ordered warm pediluvia with benefit, but I chose to test the effect of medicines alone in this case.

Nov. 25.—Some amelioration of the head symptoms, but the general circulation is as faulty as ever. She is more chilly, and the hands are very cold. Gave Sanguinaria $\frac{1}{10}$, five drops, instead of Sabina.

Nov. 26.—The pain and fullness in the head nearly gone. She feels a more natural warmth all through the body. The hands and feet are warm.

Nov. 27.—This morning the menses appeared naturally. All her painful symptoms have left her. Several months have now elapsed, and she is in the enjoyment of her usual health.

[In the case above related, Verat.-v. was fully indicated by

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the local active congestion, but I doubt whether it could have cured the case as soon alone, as when aided by Sanguinaria. This latter drug is a wonderfully efficient remedy in cases marked by a cold and languid condition of the circulation, manifested by coldness of the extremities, a relaxed and pallid appearance of the skin, and great sensitiveness to atmospheric changes. Taken as a preventive of habitual catarrhal affections it acts favorably. Our provings show how homœopathic it is to congestive affections of the head and chest. It is always indicated when these congestions result in hæmorrhages from the engorged organ. In all these conditions it will, if indicated, be found much more efficacious than Aconite, Verat.-v., or Belladonna. In congestions of the liver and portal system, it is a valuable remedy.—E. M. H.]

Chloroform in Retention of Urine.—The patient was a child, a little girl, about six years of age. A severe catarrhal fever had resulted in inflammation of the mucous surface of the vulva and vagina, from which flowed a thin, watery, excoriating discharge. Several times during the progress of the disease the urine was retained for twenty-four and thirty-six hours—probably because of the pain caused by its emission, and not from any inability to urinate. This appeared to be the case from the fact, that punishment or dread of punishment, would cause her to make a successful effort.

At one time, however, the urine had been retained for forty-eight hours, and she could not be induced to make the effort. I deemed it necessary to resort to the catheter, but such were her struggles that the administration of chloroform was determined upon. After she had inhaled a few seconds, the voluntary muscles became relaxed, and, before the catheter could be introduced, profuse urination took place. Afterwards, when the urine had been retained beyond twenty-four hours, the chloroform was resorted to, with prompt results. I have read no account of its use in similar cases, but from its happy effects in this, I do not hesitate to advise it in all cases of retention of urine from obstinacy, or spasmodic action of the neck of the bladder. Its use may save us the unpleasant and repulsive resort to the catheter, in many instances.

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Article VIII.—*Cases from Practice.* By Dr. D. W. Rodgers, of Quincy, Mich. (Reported to E. M. Hale, M.D.)

Helonin in Urinary Difficulties. *Case* 1.—Mr. G. had been ill for six weeks. When first attacked he was in good health. The first symptoms were frequent and urgent desire to urinate; after a week or so the amount of urine became very great, and was perfectly limpid. This condition continued five weeks, with increasing emaciation and debility. He had been under allopathic treatment during that time. When I first saw him his symptoms were, great emaciation and debility; unable to walk but a few rods at a time; complete loss of appetite; pale, chlorotic skin; tongue red at the tip and edges, white in the centre; morning headache in the occiput. Unless he took some acid with his animal food, it was vomited immediately. Bowels regular and normal. He had constant aching, and extreme tenderness in the region of the kidneys, especially the right, also some tenderness in the region of the bladder. When urinating, intense cutting, tearing pains in the urethra. Very frequent desire to urinate, every fifteen or twenty minutes during the day, not so often at night. The urine was very limpid when first voided, but deposited after a time a lead-colored, flocky sediment, adhering to the vessel. The amount of urine reached nearly three quarts a day.

Suspecting that a portion of the symptoms were medicinal aggravations from some Copaiva he had taken, I considered that Helonin met the general indications more nearly than any other remedy. It was given in doses of two grains of the first decimal trituration, every two hours.

Two days afterwards all the symptoms of urinary irritation were improved. Amount of urine less; pulse stronger. At the end of six days he had improved rapidly. The urine was normal in quantity and quality. Appetite returned. In two weeks had commenced work again, and has had no return since. During this time the medicine had been continued, but at longer intervals.

[*Remarks.*—Coe says of Helonin: "The only manner in which it proves visibly evacuant is, as a diuretic." This I

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have noticed in my own practice. It is therefore evidently homœopathic to diuresis. It is also eminently homœopathic to debility with anæmia, as much so as Iron and China. It is probably not homœopathic to the painful symptoms of the urinary organs above mentioned. Those were evidently caused by allopathic drugging. In dropsy with anæmia, this remedy is very useful, often alone, but generally alternated with Apis, Arsenic, or Apoc.-c.—HALE.]

Case 2.—Mr. ——, aged fifty, complained of the following symptoms, which he had been troubled with, occasionally, for several years. Pain in the region of the kidneys; painful stiffness of the back, lumbar region. Much burning, scalding pain when urinating. Frequent and urgent desire to urinate, with emission of large quantities of red urine, (how *much* more than normal I cannot state). Besides these symptoms, there was present a condition of complete *impotence*, which condition, he informed me, always accompanied the other symptoms. Gave $\frac{1}{10}$ grain of Helonin, every two hours, for a day or two, then not as often. In a few days all the abnormal symptoms had disappeared. Sexual power was fully restored. He had no relapse for several weeks, when, from getting the feet wet, the symptoms returned, but were promptly removed by the same remedy.

[*Remarks.*—It would seem in this case, that the remedy was homœopathic to the strangury; a proving of the drug may demonstrate this. The most marked effect, however, was in removing the excessive emission of urine and the *impotence*. I have cured several similar cases with Merc.-sol.; a few with Phos.-ac., and one with Cannabis. The action of Helonin upon the sexual organs of both sexes is marked and decided. It does not seem to stimulate actively, but to restore a healthy and normal vitality. It is used successfully as a common remedy for sterility, especially in those cases of habitual abortion from uterine atony.

Relative to this quality of Helonin, I will give the words of Dr. Coe, who seems to consider it one of the most valuable concentrated agents. Homœopathists must take his opinions for what they are worth. "Sterility and impotence have also been relieved and cured by this remedy. In consequence of

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the peculiar value of Helonin in the treatment of the above-named affections, certain writers have classed it as an aphrodisiac, and stated that its continued use induces an abnormal desire for sexual indulgence. Such a statement could only have been made in the absence of actual knowledge, and as the legitimate fruit of a prurient imagination. We have probably used the Helonin quite as extensively as any other practitioner, and, we must confess, to a want of sufficient penetration to discover any such results from its employment.

"That the Helonin is a special tonic to the organs of reproduction, we are well aware, but only to a normal and healthy extent. Did its action extend further than this, it would be a disease-producing and not a disease-curing remedy. When a medicine so acts upon a diseased organ, as to restore it to a physiological condition, we very naturally conclude that said organ will manifest the fact of its restoration by the resumption of its functional activity. This is precisely the case when Helonin is employed. If administered for the cure of indigestion, the appetite improves, the food is digested, absorbed, and assimilated, and thus is the curative action of the remedy manifested. If, on the other hand, the case be one of amenorrhœa, sterility, menorrhagia, or impotency, secretion is restored, tone imparted, and the healthful flow of returning stimulus is manifested by the usual physical signs. The sexual appetite is the sequent and not the antecedent of the restoration of the ability of the organs to perform the functions assigned them by nature."—Hale.]

Gelseminum: Its Use in some Affections of the Head. *Case* 1.—A pregnant woman, the mother of several children, had always suffered during gestation with the following head symptoms:—Intense heaviness of the head; stupid drowsiness, dimness of vision, also double vision; vertigo; throbbing of the carotids; pulse slow and *weak*. For these symptoms allopathic medication and bleeding had been useless. I gave Aconite, Belladonna, and Stramonium, with little or no benefit. Struck by the marked resemblance of the symptoms to those related by eclectic authors as belonging to Gelseminum, I resolved to try it. Ten drops of the tincture were diluted in about six ounces of water, a teaspoonful to be administered

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every three hours. In the course of twelve hours the symptoms disappeared. The remedy was given several days, and the symptoms did not return during the remaining weeks of pregnancy. It should be stated, that some distressing uterine pains permanently disappeared at the same time.

Case 2.—Was very similar to the first, with the exception of frequent fainting fits, and severe pains in the occiput. A few doses were sufficient to cause their disappearance.

Remarks.—I have used the Gelseminum successfully in some obstinate head affections. The heaviness in the head, vertigo, dimness of vision, double vision, &c., even the throbbing of the carotid arteries, are always accompanied by great debility, and sometimes a kind of paralytic inertia. Such headaches are frequently the precursors of intermittent or typhoid fever. Accompanying these symptoms is a peculiarly distressing pains, which shoots up the occipital region and the region of the mastoid processes, causing a benumbing paralytic sensation in the posterior cervical muscles. Chilliness and flushes of heat are frequently present. For all these symptoms no remedy which I have ever used, except Quinine, is half as successful as *Gelseminum.* A few drops of the one-tenth dilution, or pellets saturated with the same, are usually sufficient.—HALE.

Eclectic practitioners claim, that Gelseminum is an antiperiodic. Certain it is, that they succeed in curing a great many cases of fever and ague with it; but they administer it in doses too heroic to be pleasant. Some whose veracity I cannot question inform me, that they give during the apyrexia twenty or thirty drops every three hours, always intending, as a necessary effect, to cause the peculiar intoxication of the drug, even to complete blindness. They claim to cure promply nine out of ten cases. Dr. Douglas, whose proving appears in the United States Journal of Homœopathy, claims, that it is a specific for many cases of intermittent fever.

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ARTICLE IX.—*Arsenical Poisoning by Means of Absorption.*
By J. C. PETERSON, M. D., of St. John, New-Brunswick.

Mrs. D., aged forty, nervous bilious temperament, of spare habit, did, on the evening of the 29th of November last, sprinkle three small pieces of bread with Arsenic, for the purpose of poisoning rats. Immediately afterwards she wiped her hands upon a damp cloth, and then proceeded to wash them in warm water with soap. The next morning at three, A. M., she awoke with a severe pain in the ball of her right thumb. The pain was a hot scalding sensation and quite severe. By inspection she found a blister, which she punctured, and a small quantity of yellowish watery fluid escaped. By day-light the pain was quite gone, and the trouble forgotten, but in the afternoon it returned with increased severity, and extended to the elbow, darting and shooting.

The next day, December 1st, at about the same hour, the pain again returned, and now extended to the head, particularly affecting the ears by a continual buzzing, the neck by a partial paralytic condition of the muscles concerned in deglutition. The suffering, which heretofore had been confined to the left side, now extended to the right side of the head, down the right arm and side, as low as the pelvis. The head now became very dizzy—a reeling or intoxicated sensation being present; agonizing, darting, shooting pains would extend from the thumb to the ears, and thence down the left arm. The stomach also became the seat of many unpleasant sensations—such as nausea, vomiting, and an intense burning in the throat and stomach.

The next day, December 2d, at the usual hour, the troubles had all increased in violence. The skin now became the seat of much suffering, caused by a hot blistered sensation in small spots all over the body. She often examined the parts, expecting to find an eruption, but nothing could be perceived. The shooting pains extended to every joint in the body, and rendered her existence almost unendurable. Her nights were disturbed with violent twitchings of the muscles, which would rouse her from sleep, and then be followed with the distress-

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ing undulation in the head, extreme debility and weakness, cold perspiration, vomiting, and griping pains in the bowels.

On the following day, December 5th, the heart became also implicated; the pulse was sharp, quick, and small, and at times irregular, also sharp stitches would shoot through the cardiac region, and the action of the lungs be interfered with, so as to produce considerable suffocation. All the other symptoms were also increased, while the mental system was in a state of despair, so that she gave up all hope of recovery.

This condition continued for a few days, when I was requested to take charge of the case, inasmuch as two gentlemen of the dominant school failed to give relief with cathartics. I ordered warm fomentations, and prescribed Camphor, 0 and Nux, alternately, a dose every half an hour, which caused her to pass a more comfortable night. She continued to improve for three days, when she was attacked with uterine hæmorrhage; was controlled, finally, by the oil of Erigeron-can. Her recovery was gradual, and some three months elapsed before she regained her usual health.

My reasons for placing this case upon the pages of the JOURNAL are first, to direct attention to the similarity of her symptoms with those recorded by Hahnemann, in his "Chronic Diseases," Vol. V., pp. 392—3 et seq.; and second, to show how small an amount of this drug will powerfully impress the system when favorably received. It seems that at the time she sprinkled the Arsenic upon the bread, she had a minute wound in the ball of the thumb; by this means a fraction of a grain—a homœopathic fraction—was absorbed, entered the circulation, was carried throughout the system, leaving its story at every nervous centre, which in turn published it in nature's language to all who saw her.

Authorities have been conflicting in regard to the poisonous effects of Arsenic when applied externally, some testifying to certain death, others to perfect safety. This contradictory evidence is reconciled by Harles, and quoted in the U. S. Dispensatory, "that it is safe when applied to ulcers, but dangerous to parts recently wounded." I know of an instance of immediate death from absorption. A young, robust farmer, whose hands were chapped, had been poisoning meat for

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wolves with Arsenic, when he entered the house, washed his hands, and sat down to eat his dinner. Immediately he complained of a burning in the stomach, shooting pains, violent vomiting, and extreme prostration. He died in some two hours.

The *Dispensatory* quoted above remarks: "*The very dilution caused by the blood may be an efficient promoter of absorption.*" We of the homœopathic school are fully alive to the truth of this assertion, not only with arsenic, but with every drug in the materia medica. If the small fraction of the drug which was absorbed in the system of Mrs. D. (for the fraction must have been small indeed after wiping, washing, and rubbing) could produce the violent and continued effect, lasting three months, why will not a still smaller fraction, which has undergone a more perfect dilution, impress the system when the organism is favorable to its action? We leave the question to be answered by those allopathists who deny power to our dilutions.

We can refer also to injurious consequences, resulting from a still more minute dilution. Attention has been directed through the public prints to the poisonous emanations from green paper hangings, so vitiating the atmosphere of a room as to be deadly. Such illustrations should not fail to teach us and confirm the fact which homœopathy holds as one of its articles of faith, that remedies are more prompt and certain in their action when diluted, or in other words, after undergoing an expansion of surface.

Article X.—*On Cyclamen Europæum.* By M. Eidherr, Assistant-Physician at the Leopoldstadt Homœopathic Hospital, Vienna. (From the *Allg. Hom. Zeitung*, Vol. LIX.) Translated by H. L. H. Hoffendahl, M. D., of Boston.

I. History.—*Cyclamen* (*Sex. Syst.* Pentandria Monogynia, *Nat. Ord.*, Primalaceæ Fuss.) has but little historical interest until the time of Hahnemann. The notices of the older physicians are, with few exceptions, destitute of scientific observation, and are either invented, or derived from obscure sources.

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For this reason the results at the bedside did not answer to the expectations that had been formed, and thus this plant, sometimes accused of being dangerous, and sometimes considered inert, gradually sank into oblivion until Hahnemann and his pupils by their physiological provings demonstrated the efficacy of the remedy and introduced it into homœopathic practice.

The circumstance that *Cyclamen*, as appears from Hahnemann's and from Noack and Trinks' *Materia Medica*, was only proved by males, left many of its effects undiscovered. This defect was corrected by the unwearied labors of the *Vienna Society of Provers*. Their experiments on both sexes shows the close relation of the remedy to the female sexual system, which was afterwards fully confirmed by clinical observation.

II. Physiological Provings. a. *By Hahnemann and his Pupils.*—The most important symptoms in Hahnemann's "Materia Medica," Vol. V., p. 40 et seq, are the following: Great stupefaction and difficult recollection; *dizziness* and dull, pressing headache; obscurity of sight and dilated pupils; drawing pains in the neck and teeth; nausea, eructations, loathing and disgust for food; hiccough soon after eating; piercing, griping pains in the abdomen; flatulence and desire to urinate; oppression of the chest; pulling and piercing pain in the back; pressure, pulling and cutting pain in the extremities; weakness, itching; fretfulness, weariness, sleepiness, sleep disturbed by oppressive dreams; alternate chills and heat over the whole body; absence of thirst; disinclination to work or speak, great sadness and melancholy; sometimes also joyful feelings and lively fancies.

b. *The Vienna Provings* (*Zeitsch. d. Ver. d. Hom. Aerzte Oesterreichs*, Vol. II., p. 445—448) give a result similar to Hahnemann's; but they are more extensive, and include symptoms referring to the female sexual organs—such as: Menstruation increased; repeated recurrence of menstruation; premature menstruation; appearance of menstruation, accompanied by severe abdominal pain; return of long suppressed menstruation (curative effect); menstruation with labor-like pains—the blood copious, dark, and clotted.

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III. Clinical Experiments.—From a review of the symptoms just quoted, it is evident, that *Cyclamen* exerts a remarkable influence upon the female system, and the symptoms are especially similar to such morbid processes as disturbances of the menstrual period, chlorosis, &c.

I witnessed the exhibition of Cyclamen thirty-four times; in 18 cases at the Leopoldstadt Hom. Hospital, and in 16 cases seen at the dispensary connected with the hospital, and in private practice. The remedy was used in 4 cases of chlorosis, in 9 of retarded or scanty menstruation, in 18 cases of vertigo or headache, accompanying other diseases, but where there was also scanty menstruation; in 2 cases of diplopia, and 1 case of strabismus. An interesting appearance was the occurrence of diplopia in 3 cases, twice after the use of the 18th dec. dilution, and once after the 3d. In the latter case the symptom disappeared after the use of *Cyclamen*, 15.

Cyclamen was found very useful in leucophlegmatic subjects of light complexion, when retarded or scanty menstruation and chlorosis were accompanied by the following symptoms: Disinclination to work; fatigue easily induced; yawning, continual sleepiness; deep sleep, with snoring or alarming dreams; chilliness of the whole body, not relieved by warm coverings; vertigo, feeling as if the brain were shaking when walking; confusion and fullness of the head; periodic congestion of the head, with pallor of the countenance; piercing pain in the forehead and temples; flickering before the eyes; attacks of fainting, with obscurity of the sight, and occasionally diplopia; tinnitus aurium; frequent nausea; vomiting of the ingesta, or of watery fluid; loss of appetite; repugnance against accustomed food, and desire for indigestible substances, frequent colicky pains; frequent micturition, or ineffectual desire to urinate; disordered state of the mind; tendency to cry; fear of death; illusion of being deserted or followed by some one.

Cyclamen was used in the following diseases:

Dysmenorrhœa and Amenorrhœa.—Josefa K., twenty-four years of age, of light complexion, with pale, tender skin, pale lips and gums, has menstruated regularly since her nineteenth year. Two years ago she was completely wet through, while

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on an excursion into the country. The menses, which had just appeared, ceased the same night, and did not return for ten months. At the eleventh month, after the use of various remedies, they reappeared, accompanied by violent abdominal and labor-like pains, which lasted for twenty-four hours. During the following two days menstruation continued without pain. From that time the menses recurred in from two to four months, always accompanied by the painful symptoms just described. At present the symptoms are more severe than usual, and have already continued for three days. The patient therefore sought relief at the hospital.

The following was the patient's condition on December 5th, 1858: Feeble but regularly developed body; pale, delicate skin, allowing the bluish-colored veins to shine through; pale lips and gums; the eye-lids slightly œdematous; both lungs expanded at the apex, but otherwise normal; the heart normal, but its motions accelerated; pulse 92, full, but easily compressed; the other organs show no objective changes. The patient complains of pressing frontal headache, dizziness, frequent attacks of faintness, chilliness of the whole body, restless unrefreshing sleep, disturbed by terrifying dreams; repugnance to meat, hankering for anchovies; frequent morning sickness. The contractive, labor-like pains commence at the small of the back, extend along both sides of the abdomen to the front, occur periodically every one, two, or five minutes, during which time there is no discharge of blood. The discharge which appears immediately after these pains is more watery. *Pulsat.* was prescribed.

Dec. 6th.—Menstruation had ceased, but the pain in the head and abdomen, and the dizziness continued.

Dec. 8th.—The abdominal pains have lost their labor-like character, and are replaced by a feeling of soreness. Headache and dizziness continue. *Cyclamen*, 15.*

Dec. 13th.—The patient had regained her normal sight, and could leave the institution on the 16th.

Two weeks later the patient came to the dispensary and requested a repetition of the last remedy, Cyclamen, as her

* *Cyclamen* was always given in the fifteenth dilution when the degree of dilution is not indicated.

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menstrual period was at hand. She already experienced pulmonary symptoms, such as great exhaustion, fullness of the head, sadness, &c., and she feared a return of all her previous troubles. In March, 1859, she returned on account of a pulmonary catarrh, and related that her menses appeared three days after her last visit, with moderate abdominal disturbance and very slight headache and dizziness. Since then the menses appeared regularly every month without great inconvenience, and the patient also felt in much better spirits than formerly.

Anna F., twenty years of age, of light complexion, has menstruated since her sixteenth year; during her seventeenth and eighteenth years she was chlorotic. Since that time the period has appeared regularly every month, but it is scanty and lasts for only one or two days. During the interval she often suffers from dizziness and pressing pain of the forehead and temples, which is always relieved by a foot-bath containing ashes. The appetite is small; there is but little thirst; there is excessive desire to sleep; there are frequent attacks of melancholy; the discharges are regular.

Condition on May 5th, 1858.—The patient is well developed, the skin and lips pale, the lungs free from disease, palpitation of the heart. Pulse 92. Abdomen natural. Speech and all movements are slow; the patient is in bad spirits, and has a perpetual desire to sleep. Pulsatilla.

May 17th.—But little change. Headache and dizziness as before; sleepiness and melancholy rather diminished. Cyclamen, 3d dil.

May 19th.—Headache and dizziness had entirely disappeared, and the patient was in a happier frame of mind.

May 20th.—Melancholy and flickering before the eyes. The remedy was omitted.

May 22d.—Vision undisturbed. The patient left the institution in good spirits.

In six other cases of irregular menstruation, Cyclamen had a remarkable effect upon the headache and dizziness. In one case there was diplopia, in two cases flickering before the eyes; in the other cases vision was not disturbed. In the three cases of disorder of vision Cyclamen, 3, was given, in the other cases Cyclamen, 15.

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Chlorosis.—Catharine O, twenty-eight years of age, of light complexion, had never suffered from any previous disease. Her period had always been regular and rather copious, but ten months ago it did not appear. At first she did nothing to effect its return, because she believed herself to be pregnant. But in four or five months she found herself disappointed in her expectations, and was also troubled with weakness, heaviness of the limbs, and palpitation after walking or ascending stairs. She now used various herbs, without effect.

Condition on April 28th, 1858.—Body moderately developed, no increase of temperature, skin and mucous membranes pale and exsanguine, lungs normal; souffle in the carotids; impetus of the heart feeble, but the sounds clear; pulse 72. Pain between the shoulders; dizziness, piercing pain about the umbilicus, appetite diminished, no thirst, sleepiness, bowels somewhat constipated. Perpetual remorse as if she had greatly wronged some one; tendency to shed tears. Pulsat.

No change on May 5th; dizziness still considerable. Cyclamen.

May 7th.—But little dizziness; obscurity of vision. The remedy was omitted. May 8th.—Vision was normal.

After the use of Pulsat., and then again of Cyclamen, which did not this time cause any disturbance of the sight, the patient was discharged well on May 25th. Puls. was repeated because we did not at that time appreciate the whole value of Cyclamen, and because we wished to avoid a return of the eye-symptoms. But it was necessary to give Cyclamen a second time for the vertigo, which would not yield to Puls.

A strong Hebrew girl, sixteen years of age, menstruated for the first time in June, 1858. The menses were regular for two periods, were then suppressed for six or eight weeks and did not reappear after the end of December. The patient lost her cheerfulness, sought solitude, and was offended at every trifle. She was averse to doing her usual work, could not be induced to take a walk in the open air and slept unusually late in the morning.

On May 14th, 1859, I was requested to see the patient. Her former blooming appearance had given place to pallor of the

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surface; the eyelids were swollen, the lips and gums very pale, tumultuous action of the heart; the other organs normal. The patient complained particularly of great lassitude, obliging her to rest several times on going up to the third story. There was frequent palpitation without any exciting cause, anxiety, a feeling as though all rooms were too small for her, and still she could not be induced to venture into the air. She rejected all diversions, avoided the society of her friends, and had a distaste for singing and dancing. She only felt comfortable when she could sit alone and cry. During the morning she was often troubled by pressing headache and dizziness; appetite was slight and bowels constipated.

Cyclamen was prescribed. For several weeks there was no improvement, except that the headache and dizziness were less violent and appeared at longer intervals. On April 19th the menses returned, patient's appearance improved rapidly, appetite and cheerfulness returned. On May 15th menstruation appeared for the second time, was rather copious, and lasted for five days. Since then the patient has been regular and well.

Typhus.—Ernestine S. was taken sick with typhus on January 10th, 1858; the disease following its regular course. During reconvalescence boils appeared on various parts of the body. On February 19th the patient was attacked by violent vertigo; Feb. 21st, Cyclamen, 3, was given; menstruation appeared the next day; vertigo continued and the remedy was omitted. On the 24th the menses ceased, and Cyclamen, 3, was resumed for the vertigo which still continued. The next day the dizziness ceased, but the patient saw everything double and indistinctly, while there was a slightly convergent direction of the left eye. The remedy was omitted. On the 26th there was still diplopia. On the 27th objects were seen single, but vision was still obscure. May 1st, the patient was discharged well. The patient had always menstruated regularly before her sickness. The menses did not appear in January—a circumstance of frequent occurrence during the typhoid process. The object was therefore not to induce a return of the menses but to remove the diplopia. The return of the period, the next day after giving Cyclamen, is to be

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ascribed, not to the remedy, but to the increase of bodily strength and the consequent reëstablishment of the physiological functions of the uterus.

Pulmonary Catarrh.—Josefa O., thirty-three years of age, passed through an attack of pulmonary catarrh, from April 12th to April 19th, 1858. On the 20th she was taken with violent vertigo and pressing pain in the temples. Cyclamen. On the 21st the vertigo was diminished, and the patient was discharged well on the 23d.

Margaret G., eighteen years of age, menstruating very scantily, was attacked, on July 14th, 1858, with acute pulmonary catarrh. On the 24th she complained of great dizziness; the pulse was quiet and the catarrh had disappeared. On the 25th there was still some dizziness, but it had entirely disappeared the next day. In this case there was no disturbance of the sight.

Hemicrania.—Therese F., thirty-seven years of age, feeble, with irregular menstruation which often remained absent for two or three months. For four years she has suffered from very severe headaches, extending over the right side of the head and face, appearing periodically every one or two weeks and lasting from twelve to thirty-six hours; most severe during menstruation. Five days before entering an attack came on, which has not disappeared except for half an hour or an hour.

Condition on August 2d, 1858.—The patient is emaciated, the skin, lips, gums, and mucous membrane pale; temperature not increased; skin dry and cool. Pulse natural, the other organs normal. The right eye was closed by a violent spasm of the lids, and, on being forcibly opened, there was a gush of hot tears. In other respects the eye was in a normal state. —Ignatia. The patient's condition remained unchanged until August 10th. On the evening of that day a dose of Atropine, 4, was given, and repeated the next day. On the 11th the headache had disappeared. Remedy omitted. On the 16th there was again headache, vertigo, and diplopia on attempting to read. Cyclamen, 3. The next day all the symptoms were relieved, but there was flickering before the eyes. On the 18th every symptom except the flickering had disap-

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peared; the remedy was omitted and the patient was discharged well on the 21st.

Subsequently the patient came several times to the dispensary to be relieved of her headache, which was now less severe and recurred less frequently. Cyclamen always relieved her. Three weeks ago she came under treatment for an intestinal catarrh, and informed us that her menstruation had been regular, rather copious and lasting four or five days, and her headache had not returned since February, 1859.

Marie G., twenty-seven years of age, nurse, weaned her child on the day she entered the hospital. Three days before she had been seized with a violent, piercing pain in the temples, extending to the top of the head. Sleep and appetite are disturbed. Bowels sluggish.

Condition on January 9th, 1858.—The patient is strong and well built, the skin moist, face flushed, tongue somewhat coated, breasts full, pulse 52, pulsation of the temporal arteries; no other objective symptoms. Bellad. On the 11th the headache had diminished, but the head felt very dizzy. The headache returned periodically until the 19th. Apis. The next day the headache had disappeared but the dizziness continued. The remedy was discontinued, and on the 23d the headache returned. Apis 6. No headache the next day; the remedy omitted. For the continual vertigo Cyclamen, 15, was given on the 27th. The next day there was no change. Cyclamen 3. The vertigo had disappeared entirely by the 30th, but vision was so obscured that the patient was afraid to walk alone. The remedy was omitted and the patient was discharged well on Feb. 4th.

Strabismus.—A woman brought her son, aged two and a half years, to the dispensary to seek aid from internal treatment for his squinting, as she was averse to have him undergo an operation. On examination it appeared that the child had fallen from a table half a year before, and soon after had an attack of convulsions, which subsequently returned on two other occasions. Since the last attack, five weeks ago, the mother noticed that the child squinted. Arnica was prescribed until the end of March. The convulsions did not return, but the strabismus remained unaltered. Cyclamen

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was then used for sixteen days without effect, and the patient did not return. A few days ago the mother was met in the street and reported that the strabismus had disappeared when the patient had finished his supply of the remedy. Dr. Wurmb recently related at a meeting of the Vienna Hom. Society, that he had cured a coachman of squinting with Cyclamen.

Acute Rheumatism.—A girl, now in the hospital with acute rheumatism, has also been troubled with amenorrhœa, for three months. Violent pressing headache and vertigo appeared during the course of her disease. Cyclamen was prescribed, and these symptoms disappeared on the next day.

The other cases all occurred in pale chlorotic subjects, with symptoms similar to the just described. It is only necessary to observe that in such cases it is necessary to abstain from the lower dilutions if we wish to avoid the peculiar physiological effects upon the vision. These effects were observed but twice after the use of the fifteenth dilution, but in almost every case after the third.

Theresa P., thirty years of age, short but well built, had never been sick until ten years ago. At that time she was a dealer in flour, and without known cause, she was attacked by violent itching eruption over the whole body, which was diagnosticated as scabies and removed by a sulphur ointment. As the eruption diminished, the sight was impaired, so that in a few months the patient could not walk without a guide. She can only see the dim outlines of large objects when well illuminated. In a closed room she cannot distinguish objects. Enlarged pupils are the only objective symptoms about the eyes. The patient has never menstruated, but every three or four weeks she complains of congestions, headache, vertigo, heaviness and trembling of the lower limbs, and pressure towards the genitals. For several months she has been troubled with itching of the whole body, although nothing abnormal could be detected on the skin. The latter trouble was soon removed by Sulph., six globules three times a day. This was in September, 1858, but in December of the same year she came to the dispensary to be relieved of a troublesome headache. Remembering that she had never menstruated and

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suffered from periodical congestions, a personal examination was made to see if there was atresia of the vagina; but the parts were found in a normal state. Cyclamen, 2, was given, three globules every two hours. In four days the headache and vertigo were much relieved. The remedy was continued. In eight days the headache and vertigo had disappeared, but the patient was troubled by the appearance of luminous balls. Cyclamen, 15, three times a day. On Dec. 27th these spectra had disappeared. On Jan. 2d. 1859, her menses appeared for the first time with considerable pain, and lasted for four days. Since then the patient has been seen a number of times, and reports that her menses have appeared regularly every month, being pretty copious for four or five days.

ARTICLE XI.—*Cures by One Remedy.* By FR. GERAU, M. D., of New-York.

IN selecting cases for publication I considered two requisites essential to their being of more than ordinary interest to the profession—viz.: that they were so fully characterized and had been observed so exactly as to allow a pretty consistent analysis of their symptoms and their deduction from some central point; and further, that the disease in question gave way after the use of one remedy. I must confess in all candor, that these conditions, when rigorously construed, happen but rarely in ordinary practice; so that I ought to solicit forbearance, if the following do not come up to the above high standard.

INTERMITTENT EPILEPSY.—I merely use these words as a rubric for recording a case constituting a somewhat rare complex of symptoms. On the 24th of July I was called to see a patient suffering with severe cramp-like pains in the region of the stomach. I found a pretty stout woman of slightly yellowish appearance sitting up in bed, and complaining of cutting tearing pains from under the right hypochondrium to the scrobiculus cordis, sometimes settling there for a while, with a a feeling of great oppression and a sensation of constriction of the larynx; then again radiating to the left hypochondrium and becoming fixed there for a while. When the pains had

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reached their acme, a perfectly tasteless slime was raised up after some retching. After further inquiry, the history of the disease was given me as follows: She had not been well for over two months, feeling weary and tired by any kind of work, frequent slight chills, mostly in the morning; poor appetite, bitterish taste, sensation of a hard pressing weight in the epigastric region, bowels very irregular, movements hard and knotty. On the 27th of June, at two, P. M., while working in the fields, she was attacked by a severe chill all over, that did not allow her to be up any longer. After about fifteen minutes she felt the most excruciating cutting-pushing pains between the right shoulder-blade and the spine, shooting from there to the right hypochondrium and epigastrium, and producing a feeling of suffocation. She cannot lie down on either side, nor on the back, but must keep bent over—the pains becoming excessive in any other position. The slightest pressure on the painful side is insupportable. The chill is not lessened by covering. After the chill had lasted about one hour, it was followed by heat and perspiration, but the least motion would produce chilliness again. So chilliness and heat kept on alternating until six, when heat and sweat continued uninterruptedly. Then the pains in the back and side grew less, but a most stupefying frontal headache set in. The heat lasted until about two in the night, when an unrefreshing sleep followed. Next morning she felt very low, the pains in the side recurring from time to time in a milder degree, but the headache, that had nearly subsided after midnight, was greatly aggravated again. No appetite at all, disagreeable bitter taste; bowels not moved the last four days; always slightly sweating; thirst increased. So she went on that day and the following morning, when after midday a second attack set in, with the same pains in the back and the right side; but this time the headache reached during the chilly stage a very high degree, and quite a new symptom now made its appearance. While the pains in the back and the right side were relieved with the hot stage, the headache increased more and more; she felt a creeping, a kind of formication in a circumference of about three inches around the mouth, which space appeared perfectly pale, while the other parts of the face are

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red and glowing hot; at the same time she had the very same sensations in both of her hands, so that she wished to have them rubbed. This tingling gradually spread up the arms, reached both elbows, and then her consciousness was gone; she then lay there, perfectly motionless, like a dead body, as her husband told me: they did not hear her breathe, eyes closed, jaws tightly locked, so that they could not get a spoon between them; the hands stiff. This state lasted about fifteen minutes, when quite of a sudden they saw the region of the stomach springing up, as it were, and with that respiration commenced again. She then had slight shocks in the muscles of her face; opened her eyes again, but did not know what was the matter with her; felt very weak, and could not remember anything that had happened. Her relatives and neighbors did nothing but to shake her and rub her with brandy; they tried to administer some wine, but she could not swallow. When the paroxysm was over, they consulted a sort of a hybrid of barber and Indian doctor, who, of course, declared it a bilious fever, and prepared some stuff for her. The night after and on the 30th of June she was much exhausted, complained continually of pain in the right side and the regio epigastrica, and the frontal headache never left her entirely; one very small and hard passage.

July 1st.—At eight in the morning she had the third paroxysm—running the same course as the second; but this time, instead of but one, three epilepti-form attacks followed each other in the hot stage, leaving an interval of about one hour between them. After they were over she felt deadly exhausted, but could not sleep before twelve in the night, on account of the pains in the side and severe headache.

I was called the next morning early—the pains in the side increasing again frightfully—and on examination, found the following status: Liver reaching a little below the false ribs of the right hypochondrium; margin can distinctly be felt here, not so the gall-bladder; the whole of the right hypochondrium, the right flank, and the epigastrium intensively sensitive to pressure; between the right scapula and the spine, the intercostal spaces of the five first ribs, very sensitive to pressure; in the right regio-axillaris especially, and more so

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than on the back, the intercostal spaces from the sixth to the tenth rib, the lower more than the upper, on the front of the chest all the intercostal spaces painful on pressure, and further down at the back the right renal region. She does not now complain of pain in the region of the spleen, but percussion shows the spleen swelled; it can distinctly be felt traversing the left false ribs more than the size of a plessimeter, and by circumscribing its longitudinal diameter is found to be five, and the vertical three and a half inches. Great sensibility on pressure exactly corresponding to the place which is occupied by the splenal tumor; the vertebral column itself in a perfectly normal state; the respiration perfectly free now; pulse 82, large, soft; skin turgescent, a little yellowish; fair red forehead, very hot; conjunctiva of a distinct yellow; tongue clean and moist at the tip, thick yellow coating at the base; Has always enjoyed the best of health until these two last months.

If we retain at all the name "intermittent fever," this certainly might be placed in that category. The type was pretty clearly pronounced, the nervous system played a most important part; we have the swelling of the spleen, and some affection of the liver.

Intercostal neuralgia is insisted on by Piorry as a symptom very characteristic of this disease. That the liver was in a diseased condition, and the sensibility of the right hypochondrium on pressure did not depend merely on the intercostal neuralgia, will be ascertained, apart from the different objective and subjective symptoms (as coloration of the skin and conjunctiva, increasing sensitiveness of the margin of the liver by increased pressure) by the further development of the disease. I certainly did not forget biliary calculi as a possible complication of the case; but, for the present, nothing could have justified such a diagnosis except the distinct manual perception of biliari calculi through the abdominal walls, since the examination of a passage was out of question then. That the detection of gall-stones, by manual exploration through the integuments, is a very common occurrence, is generally acknowledged; I had once the opportunity of seeing such a diagnosis fully proved in Oppolzer's Clinique, at Prague. I candidly confess,

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that in a great many cases I find it exceedingly difficult to trace the top of the gall-bladder by manual exploration with anything like certainty; in most of them, where such detection would be desirable, it is absolutely precluded by the great irritability of the abdominal muscles, while it may be circumscribed by percussion; and I find, that, while in a great many cases the margin of the right lobe of the liver may be accurately followed by the exploring hand, and even the lower surface of the organ be reached to the extent of two or three inches, it is comparatively seldom allowed to do the same with the left lobe, except sometimes with young children, so that I consider, a great deal of what is said now-a-days in pathological manuals on palpation of the liver, as belonging rather to the romantic wanderings of their respective writers. I am now treating a lady on a liver complaint of at least twelve years' standing, probably nutmeg-liver, whom I have had the fullest opportunity of examining through the last ten years, but where by manual exploration I never could clearly define the margin of that organ, owing to a kind of spasmodic contraction of the abdominal integuments on examination, until within the last three months.

Thus far then in this case all the objective symptoms clearly point to some part of the central nervous system as their starting point, if we do not consider the liver symptoms as secondary to the blood alteration—the so-called melanæmic state of the blood in this disease. Most physicians will agree, that in intermittent fever different organs may constitute the primary point of ingression of the disease, but that the nervous system, generally speaking, must somehow be powerfully affected, either directly or by irradiation, and that the concrete symptoms of each case depend on the idiopathic or sympathetic affection of different parts of these central points of action. So in our case, all the morbid phenomena may be connected, without too much effort, with a morbid affection of the medulla spinalis and especially to its lower cervical and thoracic part. I do not discuss the question, whether this affection was an idiopathic one of that part, or depending on some primary blood-disease; we leave that problem of over two thousand years, whether humoral pathology or solidary, to the medical

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Œdipuses of the next millenium. In regard to the epileptiform convulsions of this case, it appears very plausible to consider them as indicative of the severity of the fever paroxysm, as an irradiated symptom of the spinal affection; they did not appear in the first paroxysm, and in the next only after some time, in the hot stage; but the latest discoveries point to the dissolution of the blood-cells into a brownish pigment and to the obstruction, by their conglomeration in the capillaries of the brain, as the next cause of those cerebral phenomena. How far a clonic cramp of the diaphragm, by an irritation of the nervus phrenicus, existed in this case, and how far such a contraction of this and the other inspiratory muscles might have been productive of this cerebral irritation, I am not prepared to decide, the more so as I did not myself observe these attacks. If such a hypothesis could be proved by exact observation and experiment, then the epileptic fits of this case would have been proved as directly depending on the supposed affection of the spinal marrow. The feeling of oppression, the sensation of constriction of the larynx was complained of very distinctly before the loss of consciousness; and that springing up of the scrobiculus cordis, which, as described by her husband, revived the respiration again and was shortly followed by return of consciousness, appears rather confirmative of such an explanation. While I will mention *en passant* "Stilling's Theory of Spinal Irritation," as taught by him in causal connection with some of the pernicious forms of intermittents, of southern climates, I repeat that I connect this exposition merely with this special case, being fully convinced of the specific character of different forms of this disease, as regards their causes and organs of localization. It is immaterial, whether we call this case one of epileptic or tetanic intermittent, or otherwise. If French authorities, who delight in hair-splitting discriminations and formal classifications, are to be followed, and the description of the relatives was correct, then they were not real epileptic fits, the tonic or tetanic stage, the paleness lasted at least ten minutes; and the clonic spasms were hardly marked enough. But there was a fully pronounced aura, perfect loss of consciousness, and, probably, a slight laryngismus. But we hardly know enough of the

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essential conditions of epilepsy to warrant at present such a strict separation of analogous forms, and many of the best authorities strongly oppose such a proceeding.

I hardly need to mention the remedy administered. She received Nux-vom., 3d dec., every two hours one drop in water, and to give it every quarter of an hour in the paroxysm, in case it should return in the same form. The next day I received notice, that in general she felt much relieved, that the headache and the pains in the right side had gradually decreased; a sample of her urine had a very dark brown beer color, turbid, sour—examined under the microscope it showed a large quantity of epithelium cells, crystals of uric acid, and amorphous urate of natron. Nitric acid clearly proved the presence of the coloring matter of bile, but the respective acids could not be detected by sulphuric-acid and sugar in the alcoholic extract. She had had a very small passage of blackish, hard, knotty lumps, which I examined with the utmost scrutiny, inside they had fully the color of dog's fæces; they were macerated and worked with water for twenty-four hours, and then the finely separated particles poured through a sieve, with indeed a tedious loss of time; but not the least particle resembling biliary calculi could be detected; the same operation was repeated with the five next passages, but all the trouble was lost, in so far as nothing could be found. So that, notwithstanding Trousseau's cherished idea of the certainty of their diagnosis by the symptoms of the attack itself, qualities of urine, and subsequent yellow color of the skin, I insist on the opinion, that nothing short of their positive detection in the fæcal matter will ever justify our therapeutic measures in that direction.

I saw her on the 5th again. She had had a paroxysm the day before at eleven in the morning, but not nearly so strong as the previous ones; the pains in the right side were not much increased during the chill, the headache nearly gone, and the epileptic fits did not recur; but the color of her face was nearly as yellow as in genuine catarrhal icterus, and that of other parts of the body not much less; except over the left lobe of the liver she can bear deep pressure without much pain; here she felt this morning and yesterday at uncertain

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periods pretty severe pressing pains; she can now lie down on the right side. The intercostal spaces on the back and right axillary region no longer hurt on pressure; the splenal tumor has not yet diminished in size. Gastric symptoms remain the same: tasteless eructations (does not want either coffee, nor milk, which she liked before); taste very bitter after eating something sweet; craves for sour things. Continue the same remedy. I then did not see her again until the 9th, when she came to my office herself. She has not had another paroxysm, but the epigastric pains reappeared paroxysmally for two days longer. On examination she now bears deep pressure everywhere; the splenal tumor no more to be felt; percussion shows it of normal dimensions; appetite still poor; bowels costive. Continue medicine twice a day until well; she has remained well since. What I want to urge especially in this case, is the reduction of the spleen to its normal size after the continual use of Nux-vomica, as I do not find too many cases in our literature where this is distinctly stated; and many allopathic physicians, notwithstanding they frequently use Arsenic in intermittent fever, insist, that a lienal tumor cannot be cured except by massive doses of Quinine. But the disciples of Rademacher already, not being blinded any longer by formal analogy, and always insisting on the possibly essential difference of the apparently identical forms of disease, produced by the different epidemic character, have treated and cured, as they profess, many epidemic and endemic forms of this disease, paroxysms, splenal tumor, and all by Nux-vomica or other remedies.

I will add another case of intermittent fever, in which Arsenious acid was used, because their symptoms, very different from each other, will strikingly illustrate the characteristic relation of individual cases to the one or other of these remedies.

A boy of thirteen years, son of the woman in the first case, was brought to my office, unable to move or even hold up his head, carried in his father's arms. He had a real ghostly appearance—pale, without seemingly a drop of blood in his face, but the veins of the temples visible—hardly able to keep his eye-lids open. Eight days ago he had a chill, with

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heat following; sweating and a strong headache commenced shortly after the heat had begun; at the same time he got a very frequent diarrhœa, at the first without pain, but a few days since painful, fifteen to twenty times daily, very thin, like water, greenish, very fœtid; with it nausea, eructations, and retching. He had the chills for three days, every day commencing at about two, P. M. Diarrhœa at all hours of the day, but oftener at night, and more in the second half of the night than in the first. The last four days no chill, but through all the afternoon intense dry heat all over the body; head and face very hot; severe headache, principally at the forehead; muttering delirium; great thirst; no appetite at all. Since a few days he complains of tearing pains through his legs. He is really reduced to a skeleton. I found the whole abdomen sensitive to pressure, and more so the right and left hypochondrium; abdomen soft—no dropsical effusion; stomach greatly distended by gas, so that the liver is pushed up higher; percussion sound in front of the chest dull from the sixth rib. Quite a considerable swelling of the spleen, reaching near to a transverse line from the navel, and three fingers to the left from it, transversing the line of the left mammæ more than an inch to the right; margin easily to be felt, and the incisure very exactly. Transverse diameter four, vertical two and a half inches; tumor very sensitive on pressure; no spinal irritation; tongue red at the sides; at the base a thick, yellow-brown coating; disagreeable smell from the mouth; pulse 100, small, quick. He received Arsenic, 6th dec., ten drops in four ounces of water, every two hours a teaspoonful.

I saw him again four days afterwards. The diarrhœa had diminished—four stools a day, more consistent, without pains; headache and fever nearly gone; thirst less; appetite commencing; feels considerably stronger; but on examination, I found the splenal tumor had not at all decreased in size. Gave him Ars., 3d dec. tritur., four times a day, a grain in water. About a week afterwards, he was up and out, and the splenal tumor could not be felt any longer. I cannot give a better reason for substituting a lower potency, than to see whether this would not quicker reduce the tumor to its normal size. I may not be blamed if I add a few words in regard to

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doses. While I usually employ the lower potencies, from the third to the sixth, simply because I felt satisfied with their effect, still I do confess, that very frequently I did not succeed with them, especially in delicate females and chronic cases. I had to discontinue them, yes, because they acted too powerfully, and produced symptoms that are considered pathogenetic of them. I will mention particularly Arsenic in chronic lung diseases. I had to go up to the twelfth and even eighteenth dilution to see the desired effect. This ever-recurring question of doses is just as far from a satisfying solution now as it ever was; and it will probably be long before this most important problem is solved, when all good and reliable observers are willing to try it without prejudice, and to give us their opinions in all honesty and candor. It will not do in any experimental science—among which homœopathy has the honor to be reckoned—to reject anything from mere theoretical views; *a priori*, we cannot say more than that we must never expect to find power or quality existing independent from a material substrate; but how that power is created, by what forces it is augmented, how far the quantity of the drug stands in a simple relation to the quantum of the vehicle, experience alone will enable us to decide. It can hardly be said to be more improbable, than that the thirtieth dilution should produce more effect than the sixth—in both the quantity of the matter is infinitesimal, a null to our chemical senses; if power kept an inverse progression to the dilution of the raw material, none could have any perceptible effect at all. To say, that there must remain something material in it to be active at all, is to say nothing; we cannot prove it by our instruments, in the sixth centesimal more than in the thirtieth. I rejoice in chemical reflections, and spent considerable time in its study; I know that chemistry is of the utmost importance to the practical physician, and shall try in a subsequent article to illustrate it by a number of cases; but I declare it as my full conviction, that chemical theories will never be of the slightest value in reasoning on or settling this most vexed question of doses. And some anomalies of nutrition excepted, chemistry cannot pretend, by inquiring into the natural changes of the constituents of our body, and especially

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the fluids, to direct in the least our therapeutic measures. It does not show more than the fact of the example, at the best one factor, or the changing combinations at different states of development, but will always come too late to catch the fermenting spirit of pathological evolution.

Cardialgia.—Notwithstanding the instinctive horror I feel of all heleological hypothesis-framing and every kind of theosophical reasoning in an experimental doctrine like medicine, which, as based entirely on the evidence of our senses, has nothing at all to do with speculative philosophical phantasmagories; still, when we sometimes find the most minute resemblance of cases of spontaneous disease to the pathogenetic effects of single medicines, much more striking frequently than to such caricatures as we find them in therapeutic bibles, the idea of the remedial agents as natural types of their corresponding diseases, as proposed by some homœopathic physicians, and already mystically wrapped up by Paracelsus, becomes a little more tasteful and acceptable. The following may serve as a pretty good illustration:—In the night of the 31st of August, at two o'clock, I saw a Mrs. M., suffering for twenty-four hours from severe pains in the bowels. When there I had her case related as follows: She had always been well before, except the inconvenience of a crural hernia, which occurred two years ago. One month ago her husband died, whereafter, in consequence of sorrow and night-watching, as she believed, she got a headache, regularly commencing every morning after breakfast, pressing in the forehead with sleepiness, ameliorated by sleep, aggravated after dinner, and disappearing in the evening. The head feels hot at the time, the face is red—external applications do not change it at all. Yesterday morning the headache for the first time did not appear after breakfast; but after some time a tearing pain set in in the regio epigastrica, getting worse by paroxysms, and driving her to bed. She inclines to constipation, but had a small passage yesterday morning early. Warm coverings relieved her a little, and after Chamomile tea, which produced another small passage, the pains subsided for a time. She could not lie down on either side, but only on the back. In the evening she felt better, but a few hours since the pains

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increased again to a high degree, and Chamomile tea would not relieve her any more. The pains are spreading now over both hypochondria, the epigastrium, and down to the navel; every motion increases them considerably. There is a continual rumbling in her bowels, and tasteless ructus relieve her a little; she does not feel nauseous. The hernia, that had been kept back by a truss, had protruded; but I found the swelling painless, and it could easily be reduced. The taste is natural; no thirst, but the mouth feels very dry. The parts where the pains are felt are not very sensitive to pressure, but the whole of the intestines, stomach, and colon especially, are greatly distended, and give a very loud, full, and tympanitic tone on percussion. By deep pressure loud ructus are produced. The liver reaches about half an inch below the tenth false rib. She is a stout, fat, healthy looking woman of forty-five years, looks a little flushed in the face, skin soft, slightly perspiring. She sits quietly nearly all day, and is inclined to attribute her present disease to her eating a piece of Limburg cheese at breakfast yesterday, which at other times she could eat with impunity. Received Nux-vomica, 3d dec. dil., every thirty minutes two drops in a teaspoonful of water, and to discontinue it after decided relief.

Saw her again the next morning. The pains had very soon gradually decreased, so that after taking the Nux four times she was almost free from them; a great deal of flatus, and after taking the medicine for the fifth time, she got five diarrhœic stools with considerable tenesmus. Now she feels pretty well, but very exhausted; the region of the stomach feels sore, still a little sensible on deep pressure. Discontinue all medicine. Remained well.

Cardialgia with Pyrosis.—A segar-dealer, of a strong frame and pretty healthy appearance, consulted me about a pain in his stomach, burning and coming on regularly after each meal; it spreads a little upward under the sternum, and always ceases after he has brought up by great retching a quantity of tenacious tasteless slime. Vomiting of the ingesta does not occur. Fluids do not produce the pain; he can relieve it a little by drinking some gin, by lying down flat on the back, or by moving around; but by sitting still the

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pains increase. His appetite is good, taste natural, tongue with a yellow coating at the base, bowels regular. The most careful examination does not detect anything abnormal; he is fleshy, well fed, notwithstanding he is sick now over a year. Had been syphilitic, took a great many remedies, then got a sore throat; his physician told him he had chancres in the throat, and prescribed for him tisanes in ten large bottles (decoctum Zittmanni); and from the use of these he dates his present sickness. His throat, tonsils, uvula show a dense capillary injection, but no ulcers; his voice is clear. He is a great chewer of tobacco, and says he is professionally bound to take rather a large number of drinks every day. Took all sorts of medicines for his present complaint; his last physician told him he had an ulcer in the stomach; that is what worried him a great deal. It took me some reflection to decide on a remedy. The long duration of the disease, the many undoubtedly powerful medicines he took might have hinted an organic disease of the stomach, which, with the usual tobacco chewing, the quality of the pains, the relief produced by walking, the aggravation by sitting erect, led me to think of Arsenic. But then his whole appearance did not prognosticate organic disease—there was no swelling, no sensibility on the deepest pressure, nothing at all indicating a perforating ulcer; his appetite good, bowels regular, pains ceasing entirely after the evacuation of slime, getting relieved by stretching out the body. All this determined me to consider the cause of the trouble an over-irritability of the mucous coat of the stomach, and perhaps some abnormal secretion of the gastric juice, kept on, may be, by a chronic catarrh of that organ. So I concluded to give him Nux-vom., which he got of the sixth dilution, four times a day, two drops. I thought of Nitric-acid, since the Mercury he took had certainly given the first impulse to the disease; but he took so many medicines besides, and there were such various auxiliary causes—as chewing and brandy—that, considering the not very characteristic symptoms of this remedy in the digestive apparatus, that rather point to organic alterations, I chose to keep it in reserve, in case the Nux should deceive my expectations. But it did not. He came again in a fortnight, declaring him-

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self in every respect better. The pains are very mild now, and come on merely after a hearty dinner. He continued the same medicine for a week longer, once a day, and then all traces of his disease had disappeared. After the first doses of Nux he felt a severe griping pain through his bowels, and even every time afterwards it produced what he called a disagreeable working in them.

ARTICLE XII.—*Surgical Cases.* By FREDERICK G. SNELLING, M. D., of New-York.

ENORMOUS FEMORAL HERNIA.—On the 17th of May, 1861, I was requested in haste to see Mrs. M., aged forty-five, who was said to be suffering from hernia, with symptoms of incipient strangulation. I found her in bed, groaning incessantly, with a pale and anxious countenance, accelerated pulse, and some disposition to vomit—the latter having already occurred once or twice. She complained of constant and severe pain in the groin and abdomen, which had then continued for fifteen hours without relief. She had been taking Nux by the advice of her physician, but without any relief. On exposing the groin, I found upon the left side an enormous tumor, lying between the thighs, very nearly the size of the adult human head, pyriform in shape, with its neck running up obliquely in the direction of the inguinal canal. It had exactly the shape of an enormous scrotal enlargement, similar to the elephantiasis-scroti of the east, with the exception that its attachment was upon one side, instead of in the mesial line.

In consequence of the great size of the tumor, the obliteration of the line of Poupart's ligament, the distortion of parts, and the pyriform shape and long neck of the tumor, it had more the appearance of an inguinal than of *femoral* hernia; but a brief manual examination satisfied me, that it was a femoral hernia of great size, which had turned backward and upwards to near the site of the external abdominal ring, giving it all the appearance of a hernia coming through the inguinal canal. I found, on making careful inquiry, that *the tumor had been in this state for eleven years*, and during that

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time two ineffectual attempts had been made at reduction, one by a female midwife, and the other by a physician; but both had been equally unsuccessful. Fearing that I should have to resort to an operation to relieve her, I yet judged it proper to make an attempt at reduction by the taxis. To this end, I caused to be placed beneath the nates two or three pillows, so that the bowels and abdominal contents might gravitate towards the diaphragm. I then flexed the legs upon the thighs, and the thighs towards the abdomen, leaving only room enough for me to manipulate the tumor without obstruction. Directing an assistant to maintain them in this position, I grasped the hernia with the left hand at its lower or dependent portion, and also seizing it with the right hand at its upper portion near the neck, and with both hands simultaneously made pressure downwards, inwards, and upwards over the site of the saphenous opening. The relaxed condition of the fascialata, which I had procured by the bending forwards of the thigh towards the abdomen, allowed the intestine to slip under the crescentic edge of Gimbernat's ligament without impediment, while in the tense condition proper to ordinary conditions of the body, it is quite impossible for this to take place; and it is a neglect of this precaution and position which causes the failure of many attempts at reduction by the taxis. While at the same time, that by gentle pushing and kneading at the orifice of the hernia, I endeavored to favor its slipping back, I directed the patient to respire as slowly and gently as possible, while the *expirations* were made strong and powerful. After about twelve or fifteen minutes of continued and carefully directed effort I at length had the satisfaction of hearing a gurgling sound, and became conscious that the tumor was gradually receding, and yielding and decreasing in bulk, and before long I was rewarded by seeing it slip back entirely, leaving only a loose and wrinkled bag of skin in my hand. The femoral ring was much enlarged, and it was with difficulty that I retained the bowel and prevented it from slipping down again, while I proceeded to examine the other side. Resigning my place to an assistant, I enjoined him to be careful, that no knuckle of intestine found its way down and became pinched by his hand, and to

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apply the points of all his fingers as closely as practicable. Upon the other side there was a similar hernia, about the size of the fist, not strangulated, which she said had existed some six or seven years, and which often became almost as bad as the first; this I easily reduced by the same manipulations, and then proceeded to apply compresses and bandages to both sides. When I left the patient she felt very comfortable, and all pain had left her; and when I last heard from her she was still wearing the compresses, and the bowel had not descended. As I was about leaving the house the husband requested me to examine him, as he also was the subject of hernia, and, on exposing the groin, I found an inguinal hernia upon the left side, a foot long and six inches in diameter! As he had never suffered any pains from it, I directed him to get a truss first, and then to come to me.

Hydrocele without Translucency.—On the 17th of May, 1861, I was requested to examine Mr. T., who was suffering with a scrotal enlargement. He was about forty years of age, in good health, married, and with a family of two children, and had never noticed anything amiss in regard to the scrotum until about four years ago, when first he noticed, that it seemed to be enlarging in size. He had never injured it, never had any pain in it, had never received a blow upon it, and was confident that he had never caught it upon the pommel of the saddle in riding, of which he had been very fond in his youth. On examination I found the scrotum of the size and almost exactly the general shape of the two fists placed face to face. It was not dependent, as is generally the case in hydrocele, *but it had all the appearance of a scrotum tightly drawn up, after sea-bathing, notwithstanding its great enlargement.* The skin was rough, contracted, dark, and deeply rugous, and to the touch singularly hard and firm. It was elastic, but not with the elasticity of hydrocele. On testing it with a candle there was not the faintest ray of light transmitted—it was completely opaque. On manipulating it carefully, I made out that the left side of the scrotum was unimplicated, although the raphe was not distinguishable in consequence of the hypertrophy of the rugæ (I can describe it by no other term), and the testicles I made out at the upper and

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back portion of the tumor, as is usual. In spite of its peculiar shape, so unlike that of hydrocele, its rugosity, its want of translucency, and its hardness, I expressed my opinion, that it was hydrocele with great thickening of the tunica-vaginalis, which had prevented the expansion of the tumor—giving it its peculiar shape, and also accounting for the rugosity of the skin. Of course the possibility of hæmatocele, or of malignant disease were not absent from my mind, but in the one case the want of any injury or traumatic cause seemed almost to exclude it, and on the other, I can only say, that the *feel* of the tumor was such as to satisfy the practised touch at once, that it was not malignant disease.

He said it was impossible for him to be confined for more than two or three days, as his business affairs at this juncture demanded his constant attention, but that it caused him so much inconvenience in walking, that he must have something done. I proposed to him to draw the water off, leaving for a subsequent operation the injection and a permanent cure.

This he consented to, and the next day I met Dr. Peters (whose patient he was) at the house, and we proceeded to draw off the water by puncture in the usual way; but, though using a small, new, and very sharp trocar, it was with the utmost difficulty that I could force it through the walls of the scrotum, so extraordinarily dense and unyielding were they; and it was only after considerable management that I succeeded in doing so without wounding the testicle—for the tough tissues would push before the instrument instead of being penetrated by it. However, I shortly succeeded, and drew off about a pint of clear, dark yellow, and very sticky serum, when the scrotum collapsed to its natural size. I merely mention this case as being an instructive one in many ways, and interesting on account of obscurity of the diagnostic signs.

Case of Contraction of the Palmar Aponeurosis from a Burn.—Amy D., aged twelve, was brought to me on the 9th of February, 1861, to see if anything could be done for her hand, which had been burned when a child two years of age, by falling forward upon the edge of a kitchen range with both hands. The left hand was but little injured, and beyond two bad scars in the palm, there was nothing amiss with it.

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But the right hand had suffered much more severely, and I found running across the palm and occupying the palmar "creases," a hard, prominent, and contracted cicatrix, sending out long radiated lines of similar character in every direction, and especially down towards the thenar eminence. These had been constantly contracting ever since the date of the injury, and joined to the rapid growth of the hand, had combined to produce a very considerable contraction and deformity of the whole hand. She was of late almost entirely debarred from writing, and of course, it was quite impossible for her to learn to play upon the piano.

I proposed to liberate the parts, excise the scar, and heal it by granulation—and the family agreeing, I operated in the presence of Dr. Peters and Dr. Carroll. As it was rather a delicate operation, we judged it best to put the child under the influence of Chloroform, and Dr. Peters, who is singularly adroit in the administration of it, in consequence of his long practice in the lying-in chamber, kindly took charge of it for me. I then proceeded to divide the scar throughout its whole length, making an incision nearly from one edge of the palm to the other. This "inodular tissue," though hard as gristle, I found excessively vascular—the bleeding coming from no particular point, but appearing to proceed from the whole cut surface. I carefully carried the incision down to the palmar aponeurosis, taking care, however, not to go through it, as the superficial palmar arch lies immediately beneath it, and I entertained a wholesome repugnance to wounding that troublesome neighbor. When I had fairly cut through all the cicatrized tissue, however, and reached the palmar aponeurosis throughout the length of the wound, I found that the wound did not gap at all, but that the cicatrix was firmly adherent to the aponeurosis, and that the latter also participated in the contraction. I therefore lightly and with the utmost caution incised it through its whole length, when the tissues immediately yielded, and the wound gaped to the extent of an inch or more. The only important vessel cut was a branch from the superficial arch, which, however, I secured without any difficulty, and without any bleeding from the distal end. The pain must have been very great, for, although the patient was

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quite unconscious, she screamed with every stroke of the knife, and once or twice in her contortions she managed to kick me smartly in the head. I repeat, however, that the anesthetic was pushed as far as it was prudent to go, and when she was asked after the operation if she suffered, she immediately answered, "no, that she had known nothing of it." Her struggles indeed rendered the operation much longer and more difficult than it would otherwise have been. After securing the artery I excised on each side of the wound the cicatrized portion which had constituted the scar, and ran my knife under the tissues for some distance on each side, to liberate them as much as possible. The wound had now assumed the shape of a long oval, two inches in length, and an inch or more in width. This I dressed with lint, and a roller bandage up the arm, and then applied a splint, which I had had previously prepared, reaching from the ends of the fingers to the elbow, and bending sharply backwards at the hand—thus keeping the hand in a position of forced and permanent extension. I then administered a slight narcotic to calm some nervous excitement, and left with her Aconite and Arnica, to be taken steadily until ordered to desist.

This treatment I continued until the wound had entirely healed—a period of some four or five weeks,—dressing it from day to day with simple cerate, and taking especial care to repress the granulations with Nitrate of Silver, which in these cases invariably have a tendency to become exuberant, rise up, heal rapidly, and reproduce the very deformity which it was attempted to cure—the new scar having the same tendency to contract as the old one. In order to combat this the granulations must be kept down level with the surrounding skin, it must not be allowed to heal too rapidly, and the amount of extention kept up must be greater than that assumed by a natural position of the part. By these means the gap is filled up with healthy tissue, substance is gained instead of lost, and the new portion finally loses all disposition to contract. The dressings and the application of the caustic were extremely painful; but we persevered, and she has now (five months after the operation) a smooth and healthy palm. The extension I have kept up at intervals until the present time, and

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she yet continues to apply the splint whenever it shows any disposition to become dry or to contract again. This tendency will in time pass off.

ARTICLE XIII.—*Uniformity of Drug Proving.* Read before the Semi-Annual Meeting of the Homœopathic Medical Society of Oneida County, N.-Y., June 18, 1861. By H. M. PAINE, M. D., of Clinton, N.-Y.

ONE of the essential principles of homœopathy is the instituting of thorough and reliable provings of drugs by healthy persons; we need not therefore allude to its necessity or importance, or advocate such a procedure. It is doubtless conceded by each one of us, that the great work of the homœopathic profession of the present day is to obtain, as far as may be, a complete pathogenesis of every known medicinal substance, by the collection of which in future years there may be prepared a perfect materia medica.

With this great work in view it is a source of encouragement to know, that the morbid effects of drugs upon the human system are essentially the same in all places and in all ages. The comparatively recent provings of Helleborus-niger by Hahnemann reveal precisely the same symptomatic aberrations that resulted from its administration by Hippocrates and his disciples. It follows therefore, that a perfect and useful materia medica must be based upon exhaustive and complete provings. Each remedy must be proved and reproved until no new symptoms are produced. Then, and not till then, can the work as far as performed, be considered finished and completed.

What a mass of unimportant symptoms have been incorporated into the works in use at the present day! So unsatisfactory is the study of the pathogenesis of many remedies now in frequent use, that probably many of us are obliged to depend upon our own experience rather than the published record, though this, imperfect as it is, forms a basis of our experience. Is this multitude of symptoms to be transmitted without change or improvement to posterity? Having received almost from Hahnemann's own hands the best materia

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medica that has ever been given to the world, though necessarily imperfect and incomplete, are we to deliver it to succeeding generations without alteration or amendment? Obviously improvements can and ought to be made. Let us as homœopathists consider well the most direct and speedy methods of accomplishing them.

We believe a great improvement would be made could a combination of effort be secured upon *one drug at a time.*

The proving of a drug by a single person is insufficient to establish its character. In order to ascertain its true therapeutic powers the observations of many individuals must be compared. Only when the results are contrasted, verified, and reduced to a system can its worth and power as a remedy be determined or affirmed. Provings only become valuable by confirmation; hence the necessity of repeating them many times, and in every variety of condition and circumstance, in order finally to separate the essential from the accidental symptoms. On this point we quote a few sentences from an address delivered at the late meeting of the New-York State Homœopathic Medical Society, by Dr. W. H. Watson, of Utica:

"If Hahnemann had done nothing else he would be entitled to the lasting gratitude of mankind, for his suggestions in regard to acquiring a knowledge of the medicinal powers of drugs, by proving them on the healthy subject. This is, *par excellence*, the glorious mission of the homœopathic physician. While our allopathic brethren, under the guidance of Rokitansky and his colleagues, are renderiug great service to the world by elucidating the effects of disease upon the system, through their researches in the domain of pathology; to us belongs the greater honor of discovering and accurately applying those remedies which will relieve the diseased conditions brought to light by the knife of the pathologist. It is only by large numbers of persons that reliable provings of drugs can be carried on. The constant symptoms obtained by hundreds of individuals from the administration of the same drug, must necessarily be its characteristic symptoms, whereas many of the symptoms obtained by a single prover might be purely imaginary, or the result of some accidental cause, and have no

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relation of cause and effect to the drug which had been administered. There is obviously no standard by which to correct errors from this source; but when an hundred persons in good health are affected in a certain manner after taking a particular drug, the conclusion is irresistable, that the symptoms thus produced are the effects of the drug which had been administered."

Hahnemann informs us, that "it is only by repeated observations made upon *a great number of individuals* of both sexes, properly selected for the purpose from among a variety of constitutions, that we can acquire a pretty accurate knowledge of the whole of the morbid effects that a medicine is capable of producing."

These are the words of the founder of our system. Are we at the present time carrying out his instructions? Are the provings of our day performed by "*a great number of individuals?*" Are there five hundred, or one hundred, or even fifty persons, engaged at the present time upon any one particular drug? There are upwards of three thousand homœopathic physicians on this continent. How many of this vast number have during the past year made a careful proving of any drug upon themselves? We venture to say, not one hundred, perhaps not fifty. If the latter number, no one will deem us guilty of disparagement, when we affirm that the self-sacrificing labors of these fifty persons have availed little towards accomplishing the great work which devolves upon us as homœopathists. Very little real progress has been made, because the inceptive labor of commencing a large number of drugs has been performed, while a small part only has been completed. If these fifty persons have been engaged in developing the pathogenesis of as many different drugs, a long time will necessarily elapse before the results of their labors can be made available in practice, whereas if they had united their labors upon one of those remedies, it would in comparatively a short period of time have been completed, real progress would have been made, and the remedy have become immediately and permanently useful.

The plan we propose is, therefore, to establish some method of coöperation that will unite the labors of all the provers on

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this continent, for a definite time, upon one drug. Let all who are willing to engage in this truly profitable and enduring labor prove one drug at the same time. Let trials of one drug *only* be made during the remaining months of this year; and if, at the close of the year, the provings are still incomplete, let it be continued for a longer period, until in the judgment of those appointed to superintend this movement, the drug shall have been fairly tested; then, and not till then, let another be selected. Thus uniformity and concert of action, and thorough and speedy discovery of the therapeutic powers of drugs will be attained, and that which now requires eight or ten years to perform, will be accomplished just as well in one or two.

In conclusion, the committee would simply allude to the peculiar adaptation of this continent to labors of this kind. It is inhabited by one race, speaking the same language, having every facility for frequent and rapid communication, and presenting every variety of locality, climate, temperature, and hygrometic conditions of the atmosphere.

And further, that the American Institute of Homœopathy, in being national in extent and influence, is eminently fitted to give direction, uniformity, and efficiency to this most important work.

L. B. Wells, H. M. Paine, } *Committee.*

Reviews and Bibliographical Notices.

Medical Notes and Reflections. By Sir Henry Holland, Bart., M. D., F. R. S., &c., &c. From the third London edition. Philad: Blanchard & Lea. 1857.

Continued from Vol. IX., page 668.

Chapter V. furnishes a most interesting essay "On Diseases commonly occurring but once in Life." Said diseases are not treated of in detail, but the peculiarity of their being limited to a single occurrence in each individual of the species is dwelt upon at length. The small-pox, measles, and scarlatina present examples from among the exanthemata which are familiarly known to occur but once in life. There are, however, other ailments, as the varicella, cow-pox, typhus, the plague, and the whooping-cough,

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which have been classed in the same category, but of the liability to a recurrence of which in the same subject the medical mind is not so well assured.

In determining the changes produced in the living body as the effect of disease, which changes are sufficient to prevent a recurrence, except in rare instances, of the same morbid action, Sir Henry deduces the following inferences:

"*First*, That the series of actions or changes constituting these diseases, have their seat in the blood, and are carried on throughout by the circulation.

"*Secondly*, That, although we have no cognizance of the actual physical state or changes which give protection against their occurrence and recurrence, there is more reason for seeking these in an altered state of the blood than in any other part of the animal organization.

"*Thirdly*, That the conditions which render one disease incompatible with another, or produce the various results of their mutual interference, or limit to man their production and development, all probably depend on the same physical principles as the simpler fact of immunity, and have equally their source and seat in the blood.

Fourthly, That the state of immunity, on whatever bodily conditions it depends, is liable to fluctuation in various ways; is often partial and imperfect when first obtained, occasionally diminished or lost by time, even where there is presumption of its having been most complete at first—possibly affected in some degree, and after a certain lapse of time, in all; the rate of such changes being different in different persons, and modified also by the access of other diseases, or by the contingencies of life.

Fifthly, That a constitutional or hereditary tendency exists throughout all these phenomena; modifying susceptibility, determining, in conjunction with other causes, the regular or irregular course of the disease, affecting its degree of virulence, and giving liability to its recurrence; and that this habit is not limited to families, but extends even to larger communities.

Sixthly, That the several modifications above named depend further on the quality or quantity of the virus received in each case—conditions admitting of being infinitely varied; and giving, in conjunction with the effects of season, locality, and human constitution, the peculiar variety which every epidemic more or less assumes."

Chapter V., "On the Connection and Classification of Certain Diseases," reviews the current systems of nosology in a very practical and common-sense manner. From it we may, however, select but a very few significant items. These relate to such facts as the following:—That rubeola, scarlatina, pertussis, and infantile fever are often singularly concurrent in particular districts, and about the same periods of time. That it is not uncommon to find one of these disorders exceedingly prevalent in certain localities; while, at the same time, in contiguous places, another of them equally prevails. That, during the seasons in which influenza is epidemic, the scarlatina and measles have been more than usually frequent—though in no instance perhaps reaching the extent to which they occasionally occur at other times; and that during the actual prevalence of influenza, a class of cases has appeared of very singular and ambiguous kind—having many appearances analagous to each of these disorders, but particularly to scarlatina.

The peculiarities of certain epidemics, especially of the scarlatina, puerperal fever, pertussis, and of infantile remittent fever, are commented upon at considerable length. In the results of his reasoning the author is at direct conflict with the very decided convictions of Dr. Wm. Jenner, whose sentiments in this regard are set forth in a note appended to a recent lecture on

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diphtheria, pronounced before the clinical class at the University College Hospital. We quote Dr. Jenner's remarks as one of the curiosities of medical literature.

"The symptoms of diphtheria during the present epidemic agree in all essential particulars with those observed in past epidemics. Indeed my study of the histories of epidemic and other diseases leads me to the conclusion, that diseases preserve their essential characters and natures from age to age, while the opinions of the profession respecting them and their treatment change from year to year. This change seems to be sometimes the result of the personal sway of some influential teacher, sometimes the result of real advances in pathology and therapeutics."

Our author opines, that the lines which separate many familiar ailments are more imaginary than real, and also believes it possible to trace a very close relationship between diseases hitherto regarded as quite dissimilar. For example, he says, page 92: "The whooping cough rarely prevails as an epidemic without being conjoined with great frequency of those bowel disorders among children, attended with remittent fever, to which, in their more marked form, this name of infantile fever has been applied. And, if objection be made that the one disorder is infectious, the other not, it may reasonably be asked whether the latter assumption is certain? whether the evidence of occasional infection in this fever is not as clear as in erysipelas or dysentery? and whether the mode of proof is not the same as for whooping-cough itself? I am led to believe that no such line of distinction can fairly be drawn between the cases in question."

The frequency, especially among children, of ulcerations or eruptions of the mouth, fauces, nose, lips, and face, at those periods when bowel disorders are prevalent and severe, indicates some connection or kindred between them. Indeed the gist of this article is to advocate a system of nosology based upon those practical relations of disease which, in one's every-day experience, are found to be of a close and significant kindred. "Of the systems of nosology hitherto proposed each has its peculiar excellencies and defaults; and it is not paradoxical to say that these have close relation to each other. Each leans to some particular principle, real or hypothetical, the adoption of which has perchance depended on the intellectual bias of its author." Every medical student is familiar with the elaborate classification of diseases, by Dr. John Mason Good, once so popular with the best minds of the faculty, and of which it became a proverb to say that, like a detailed familiarity with the muscles of the back, their origin, insertion, and use, if a pupil knew it well, he would necessarily be ignorant of all beside. Since that learned table was first published, however, great advances have been made in the same direction—taking the functions as the best basis of a practical nomenclature.

Chapter VI. is entitled, "On Disturbed Balance of Circulation, and Metastasis of Disease." We dismiss this essay with a very brief notice, as devoted to the exposition and illustration of the commonly received doctrines of congestion, inflammation, &c. Regarding the first of these subjects, four conditions at least may be taken into question, in explanation of changes due to a disturbed balance of circulation. These are well put by our author as follows (p. 107):

"*First*, The variations in the heart's action.

Secondly, The state of the capillaries of the parts to which the blood is for the time directed.

Thirdly, The quality or quantity of the blood itself.

Fourthly, The influence of the nervous power upon the circulation. Each of these is considered separately.

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The *metastases* are amongst the most extraordinary phenomena of disease, but the present essay offers nothing new concerning them.

Chapter VII., "On the Influence of Weather in Relation to Disease," is a very interesting one. Of the epidemic constitutions of seasons and periods very much has been said and written by the profession.

The proneness of diseases to prevail in certain varieties of weather, is a something as familiar to the observation of the practical physician as is anything beside. Indeed, it is become a part of the qualification of a medical man that he shall be versed in the caprices of climate and atmosphere as affecting the health and welfare of his patients. The relation of the several states and changes of the atmosphere to the various functions of the body; the history of diseases endemic to different climates; the relative fitness of particular places and localities as suited to the wants and weaknesses of invalids, all these are matters concerning which he is by no means to remain ignorant. There is, indeed, as we have sometimes thought, a marked necessity for the cultivation and development of what might be termed a system of local therapeutics. The profession and the public are not averse to recognize a local hygiene, as suited to the protection of individual communities against the causes of disease; and the reason is not plain, to the common mind at least, why a like significance should not attach to actual curative means, as modified in their application to the diseases of particular localities.

The author weighs the significance of the weather, as influencing the type and character of disease, under a discussion of *first*, the temperature of the air;—*secondly*, its hygrometical state;—*thirdly*, its weight;—and *fourthly*, its electrical state and changes.

Of the direct effects of changes of *temperature* upon the body "it seems certain that such as are sudden or frequent are principally concerned in these results." The generation of animal heat, and the functions of the lungs and skin are the more readily disordered. Such effects are familiar to us all, and especially to those physicians who reside in very fickle climates. In Chicago, for example, the changes of temperature are sometimes very sudden and extreme. One sets out to walk or to ride on a hot summer afternoon in July, and before he has gone more than a few blocks, the wind has veered about, and the mercury will, in a twinkling, fall some ten or twelve, or it may be twenty degrees, so that our friend will need an overcoat, &c. Or the change may be of an opposite character, plunging him from January into June. Twenty-four seasons in twenty-four hours is scarcely an extravagant record for a few choice days in the year. And so of the rainy season. Caprice seems to run riot, for if once it gets in the *habit* of raining, there is "water, water everywhere." Indeed, the rule hereaway, is that it rains most when it looks least like it. As a matter of course, the stranger who is within our gates is made aware, at least in a practical way, of the "influence of weather in relation to disease." If the "calorific faculty" be active, the sudden transition from warm to cold in the surrounding atmosphere, may do no mischief. A Russian Zincali would escape unharmed, while a Christian would scarce hope for a less penalty than a slight attack of "the rheumatics." But such abrupt changes have less influence as people become accustumed to them. Like the fish which Humboldt saw thrown from the mouth of a crater, the vapor of which indicated a temperature of 210°, one may come to exhibit, a wonderful toleration of extremes of temperature with but little risk of the general health, and possibly survive to a ripe old age! But this is a digression.

Vicissitudes of external temperature may interrupt a healthy condition of system in various ways. Extreme cold will alter the balance of circu-

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lation, or produce those changes, general or partial, in the capillaries of the surface which result in topical inflammation. Hence internal congestions and phlegmasiæ, rheumatism, and the like. The check of a healthy perspiration, will embarass the renal organs in their compensatory relation to the skin, but our author is of opinion that, although we may be reasonably solicitous of the above as a source of disease, nevertheless the alarm is unwarranted in degree, and that many of the effects so attributed, are chargeable to other causes acting concurrently. He also insists that "the old phrase of "*catching cold*," applied to catarrhal affections, is as deeply imbedded to English opinion, as it is in the English language; and may well be considered a fertile source of error and mischief." That cold impresses upon the internal as well as external surfaces of the body is proven by the fact that it "acts remedially on the lining of the alimentary canal, as well as on the outer skin; is often as imperatively required by the sensations of the patient; and not less sanctioned by the good obtained." Then follows a remark which will be endorsed by every humane and experienced physician.—"Iced water has a better title to a place among remedies in febrile and inflammatory disorders than many of more ambiguous use, which have been transmitted from one pharmacopœia to another."

But while extremes of cold are such fertile sources of mischief to the organism, they may still be regarded as among the most beneficient agencies employed for the treatment of disease. We read p. 144, "Admitting freedom from organic disease or any active disorder, two or three winters of Canadian life will often do more to invigorate a languid habit, than the same seasons passed on the warm shores of Nice, Naples, or Palermo." Of the influence of cold or hot air respectively upon wounds or open surfaces, "We have much proof in private practice—still more from the experience of hospitals and military campaigns. I have seen this remarkably in the army hospitals in Portugal; where, in summer, the general rate of recovery from wounds was accelerated or retarded, as the temperature became suddenly cooler, or the reverse. It is singularly attested in the instance of the wounded, left exposed on the field of battle. In Lord Clarendon's narrative of the battle of Edgehill, there is a curious evidence as to this fact in the case of Sir Gervase Scrope, and another officer, whose recovery, after many and severe wounds, was attributed by the surgeons to their having lain stripped on the field of battle for forty-eight hours in very cold weather."

Concerning the *hygrometrical* state of the atmosphere, and its influence upon the body, as a cause of disease, there are many sources of ambiguity which must be accepted as reasons for our limited knowledge upon the subject. The effects of such an agency are restricted to certain organs; there are local circumstances of soil and surface, and the different strata of the atmosphere, which modify these fruits; besides which, it is presumable that the aqueous vapor in the atmosphere, whatever its mode of combination, is much concerned in giving activity and spread to the miasmata as causes of disease. To investigate these thoroughly and to learn their exact bearings in an ætiological direction, has not yet been accomplished. The functions of respiration and of the skin are those most seriously implicated, in extremes of moisture in the atmosphere. The altered amount of discharge from the exhalent vessels, taking place under considerable variations of temperature, impresses the capillaries and the sentient extremities of nervous vessels in the surfaces exposed, and morbid consequences are sure to follow. But taken separately, it is probable that neither simple humidity, nor too great a dryness of the atmosphere are to be regarded as very formidable causes of disease. Either extreme, however, if long continued,

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or combined with considerable deviations in regard of the temperature, weight, or electrical states of that medium, may produce the most serious consequences upon the human body.

Of the influence of the atmosphere in producing morbid conditions of the organism, through its *changes of weight*, our author's remarks are rather curious than useful, and we pass them over.

At page 160 we read: "Little though its influence has yet been defined, I believe that the electrical state of the atmosphere is that of all its conditions which has most important and diffused effects on the animal economy; more rapid and pervading than any other; and, as one of the vital stimuli, more intimately allied to the functions of the nervous system. It is that, further, which most closely blends itself, either as cause or effect, with all other meteorological changes; producing thereby many of the difficulties already noticed in estimating their relative amount of influence. When modern science has shown us that every chemical action is attended by, if not identical with, electrical change—that the processes of vegetation, as well as those of animal life, involve unceasing alteration in its states—that no two bodies can be present to each other of different temperature, nor even separate parts of the same body be differently treated, without evolution of this agent—that every act of evaporation or deposition of water on the surface of the globe has similar effect of change, even the spray of a waterfall sensibly altering the balance of electricity around it—we may well understand how wide is the circle of these mutual changes, and how important in the economy of nature, including in this the existence and functions of organic life itself."

Of the direct effects produced upon the human frame by an atmosphere which is highly charged with electricity, the most marked are sensations in many individuals resembling those of slight incipient fever, and a mixed sensation of heat and cold which most persons must recollect at some time to have felt, both of which are most appreciable during thunderstorms, although they may sometimes be experienced at other seasons. Certain winds produce kindred effects, and there are those in almost every physician's field of practice whose sensitiveness in this regard make them to become a species of walking barometer. We cannot distinctly affirm that these electrical variations of a surrounding media are alone responsible for any given disease. "Electricity may be concerned in favoring the generation of malaria, whatever its nature; or it may induce a state of body more liable to be affected by this, or by other causes of disease in activity at the time. We have no proofs on which even to approach towards assurance, but presumption from several sources that this great agent cannot be wholly inert as respects either of the conditions in question"

Sir Henry believes the blood and the nervous system to be the parts of the animal economy most liable to ill results from electrical vicissitudes. Changes in the blood from this cause are discovered in a loss of impairment of its coagulable property, and in a possible alteration of form, size, and other peculiarities of the blood-globules. The abnormal consequences to the nervous system are manifest through derangements of sensation and of muscular power. Both these classes of phenomena have been the subject of the most zealous research, but much remains to be learned by the student of physiology and pathology.

Chapter VIII., "On Diet, and Disorders of Digestion," abounds in good advice to the medical practitioner. "It will be admitted by all who have candor and experience, that there is no part of medical practice where knowledge and good faith are put to equal trial as in the management of dyspeptic complaints." And, speaking of "good faith," "uprightness in

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practice," "professional principles," and the like, we must not fail to remark our author's "first rate notice" of homœopathy contained on page 174: "I dwell on the foregoing points the rather because experience has convinced me of the great abuses existing in this part of medical practice, from the excessive employment of medicines, where management of diet and habits of life would be of far greater avail for good. These abuses have been much lessened of late years; but enough still remains to justify a reference to them, and the demand for their further control. I cannot doubt that to this cause in great part may be attributed the growth and continued prevalence of homœopathy in England; while it has passed into comparative neglect in the country which gave it birth. The love of novelty, and of all that is secret and unintelligible, doubtless contributed to foster this as it has done so many prior fashions, calling themselves systems, in the treatment of disease. But the contrast of the occasional homœopathic globule with the daily series of pills and draughts, affords more entire explanation of the fact. The public at large, little capable of judging rightly either as to the causes or treatment of disease, accepts as a boon the practice which exempts them from unceasing physic; and attributes to the infinitesimal dose effects which are really due to this exemption alone. Such is especially the case in dispeptic disorders, where the malady is fed by excess of medicine, and often greatly mitigated by its removal. And here, accordingly, homœopathy, inefficient in all acute diseases, has found a wide field in which to work; the abuses which had debased this part of practice, giving a specious sanction to any new system free from similar records."

Leaving it for Germany—"the country which gave it birth," and which to-day boasts its *sixteen* homœopathic hospitals, some of which have as many as two hundred beds—to defend herself; and affirming on the authority of our own personal experience that homœopathy has not proven "inefficient in all acute diseases;" we declare us under obligation to Sir Henry for the frank acknowledgment that such an instrumentality, or indeed, any other, is likely to exempt the people from "unceasing physic."

Three maxims as to the supply of food, "preferable from distinctness and easy application," are laid down by him, as a foundation for lesser injunctions. These are: *First*, that the stomach should never be filled to a sense of uneasy repletion. *Secondly*, that the rate of eating should always be slow enough to allow thorough mastication, and to obviate that uneasiness which follows food hastily swallowed. *Thirdly*, that there should be no urgent exercise, either of body or mind, immediately after a full meal."

Among the facts more distinctly enumerated we note a few. Different temperaments require different proportions of aliment, even the same constitution presenting varied demands at different seasons. "A meal, which sits lightly on the stomach in the outset—producing during the first hour no oppression, drowsiness, heat, thirst, acidity, or uncomfortable feeling—will probably pass healthily through all succeeding stages of digestion. If otherwise, the evil arises from some accidental, or special cause, against which no ordinary rule can provide." There is, in general, and especially among civilized communities, an excess in the quantity of solid food taken, and much mischief results from this fact. Physicians and patients are extremely prone to mistake *oppression* from an excess of food, prescribed as a remedy for debility, for the evidence of *debility* itself. "And to the condition thus produced we give the same name by which we described the effects of hæmorrhage, of typhus fever, of pulmonary disease, or other protracted disease, exhausting all the powers of life!" He thinks the word *aebility* is frequently employed after some such fashion, in a very

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vague and unsatisfactory manner. In a foot-note, we read: "Debility scarcely admits of a single definition. It can only be defined by a description, including several different states of body, partial or general, in which a certain common condition is found, though the causes producing such states are of very various nature."

The relation of digestion to sleep is discussed at length. "It appears, he says, from observation, both of man and other animals, that a certain quantity of food in the stomach, concurring especially with the habitual time of rest, tends to produce sound and healthy sleep; that an excess in quantity brings on such as is broken, uneasy, and oppressed;—while sleeplessness is usually the effect of the stomach being empty, and needing support." The restoration of the body when weakened by illness, and the depression and distress from which many suffer early in the morning, may be relieved by a small quantity of light food taken at the time—an item worthy of the physician's remembrance. The mischievous results from large suppers taken immediately before sleep are well known. The English habit so prevalent of beef-eating just before bed-time, presents a curious contrast to the early dinner, which, in the time of Augustus, appears to have been a mark of Roman luxury and fashion.

Of the therapeutic treatment of dispeptic disorders, our author says but little. His testimony is, however, most decidedly given against certain means heretofore deemed advantageous. The excessive employment of purgatives, capable, as used in modern practice, of bringing on the complaint; the manner of prescribing bitters in the treatment of stomach disorders; the theory and uses of tonic medicines—exceedingly vague, it must be owned, in every part of practice; the giving of alkalies in needless, perhaps injurious, quantity, and indiscreetly as to the time of taking them, are the most prominent among these scientific sources of mischief.

The adjuvants of a skillful and successful treatment of these disorders are the *clara lectio*, mentioned by Celsus; the influence of free air and sufficient respiration; with exercise on foot, or horseback, travel, friction, and bathing in its different forms. "Good air is essential to perfect digestion; close and crowded rooms evidently disturb and impair it. The dyspeptic, distempered in his feelings, languid in muscular power, and with feeble circulation, willingly indulges his indolence by making drugs the sole remedy for his ills; and this preference is too much sanctioned by the ordinary course of medical treatment in such cases." Among the minor conditions to be looked to, in the treatment of stomach disorders, are the habitual posture of the patient,—which should be erect, with the trunk thrown forward; to see that he has not formed the habit of *touching or pressing upon the epigastrium*; and to afford some uniform support, amounting to slight pressure around the abdomen,—in cases where, upon trial, it will prove grateful to the patient.

Of Chapter IX., "On Gout as a Constitutional Disease," we have nothing to say.

Chapter X., "On Morbid Actions of an Intermittent Kind," is a readable paper upon a most interesting topic. Whether viewed in a physiological or in a pathological light, the "*Loi d'Intermittence*," as Bichat termed it, has the most extensive and curious bearings upon the movements of the human organism. The introduction of the element of *time* into the body, either in health, or in disease, although it has given rise to much of speculation among medical savans, is still a strange and inexplicable something of which we are forced to confess we know but little. How it is that the "registering ganglia," as they are called, should take note of the habit, and insist upon a stated compliance with its demands,—that one

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should have a regularly recurring appetite, or thirst, or desire for rest; that fixing the mind before sleep upon the hope to awaken at a given hour should faithfully interrupt repose; or that these should remind him of diurnal privilege or duty, of home and friends, and a thousand other matters of less moment, we may only conjecture.

How this principle of intermission operates to characterize certain morbid processes in the economy,—which fact is sufficient to rank it among other bases of classification of disease, we do not know. It may be true that certain of the sympathetic ganglia, each of which consists of an aggregation of nerve-cells, have the power to permit of lateral diffusion to take off, and keep in store for a certain duration, a part of the passing influence, and, so to speak, to be gifted at length with the ability to "check" off a paroxysm of this or that periodic manifestation, as of intermittent fever, neuralgia, epilepsy, catalepsy, chorea, hysteria, hooping cough, &c., &c. This is the theory of Draper, and is, perhaps, the more plausible among all those presented. We cannot enlarge upon this interesting theme in the present place. Enough has been said to indicate the significance of *time* as modifying the phenomena peculiar to the organism, whether in a healthy or diseased state.

Our author divides the morbid actions of a periodic nature into, *First*, intermittent disorders of sensation. *Secondly*, those of the voluntary organs, and *Thirdly*, those of a more mixed and indefinite kind. Examples of the first of these orders are found in simple pain, the tic-douloureux, the toothache, and other neuralgic affections. Of the second, in those morbid intermittent actions of a spasmodic kind, in which the voluntary muscles are concerned. "They possess great interest from their peculiar and compound relation to the functions of mind and of organic life; the voluntary muscles being those especially subject to such disordered action; but subject to it independently of volition; and in many cases from causes of excitement with which the sensorium is in no way directly concerned." The common hiccup, the *tremor tendinum*, epilepsy, chorea, paralysis, &c., belong to this class, each of which disorder illustrates the maxim that, physiologically, we must not confound the operations of the mental and of the nervous systems, since they may act independently of each other." The double capacity of the said muscles of being excited respectively by the will and by the actions of organic life, is one of those remarkable facts, or rather laws, in physiology, which link together functions seemingly the most remote; and a full understanding of which would solve some of the greatest difficulties in this branch of knowledge."

Among other curious illustrations of the morbid proclivity of an intermittent to keep recurring, our author cites attention to the hooping-cough, as furnishing a curious example of spasmodic actions tending to like intervals, and these at considerable lengths. We have at present under treatment a case of this affection in which for a fortnight the paroxysms of coughing would recur regularly once in forty-five minutes. After that time the interval became prolonged to two hours, then again to three hours, where it still holds with all the tenacity of a *bona fide* ague, the chain of habit having grown so strong that it has become next to impossible to break it. Hysteria is a disorder, the periodical return of which only adds to its complexity.

At page 238, we read: "It is an important question regarding these intermittent spasmodic actions, whether there is not in certain cases mischief, or even danger, in forcibly arresting them? It would seem, as I have before mentioned, that there are some conditions of body (or we may more explicitly say, of the nervous system) where the amount of the exciting

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cause, present at the time, renders this expenditure in the form of convulsive action necessary for relief. The involuntary movements are a sort of outlet or discharge for that agent which, either by excess in quantity or intensity, or by other manner of change inaccessible to research, has become a cause of undue excitement to the system, and requires to be removed from it."

Intermittent fevers of every variety, and remittents also, belong to the third class. Those diseases which are secondary upon the former, and which result from an unequivocal transition from ague, as the various forms of local periodic neuralgia, brow-ague, &c., &c., are members of the same species. Indeed, this proneness of intermittents to degenerate into one or another of the neurotic affections, to which the residents of miasmatic districts are so liable, is the theme of especial remark in these pages, the author's sentiments being in general accord with those advanced in a paper written by the undersigned in 1858.* He, however, says, that in case of doubtful diagnosis of these disorders: "We have in the specific nature of the remedy (quinia), a sort of practical test of the character of the disease; often of great importance to the consistency and success of our treatment, and related, through the principle of inquiry, to some of the most interesting questions of all pathology." This latter item reminds us of the method of analysis recommended by a distinguished professor in case of suspected typhoid fever. If the diagnosis were difficult, the student was instructed to learn by direct experiment whether a very mild cathartic would not produce excessive purgation, and was told that, if it did, the specific nature of the disease might then be easily divined!

The principal among the remaining essays contained in this volume, are entitled: "On the Medical Treatment of Old Age," "On Epidemic Influenzas of Late Years," "On Prognosis as a Part of Practice," "Pain as a Symptom of Disease," "On Points where a Patient may judge for Himself," "Method of Prescription," "On Internal Hæmorrhages," "Hypochondriasis," &c., &c. Enough has been said of those already reviewed to show their practical merit, and to hint our estimate of this most interesting, and valuable work. We recommend so many of our brethren as can, to possess themselves of it, as constituting a store-house of good things of which they are much in need.—LUDLAM.

Proceedings of the Illinois Homœopathic Association. Sixth Annual Meeting.

The sixth annual meeting of this association was held in the city of Bloomington, Ill., on Wednesday, May 15th, 1861. Owing to the disturbed state of national affairs, the attendance was less numerous than heretofore. The following named members were present: The President, Dr. G. Y. Shirley, of Jacksonville, and Drs. Baker, Holt, Anthony, Dunn, Patchin, Pratt, Casey, Ludlam, Rowley, Howard, Stennett, and Stiles. The meeting was opened with prayer by Rev. Mr. Guthrie, of Bloomington.

The only reports presented by the several committees on scientific subjects were that of Dr. R. F. Baker, of Moline, on *Homœopathic Surgery*, and of Dr. Ludlam, of Chicago, on *The Natural History of Disease.* From the first of these we clip the following extracts:

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* Vide: "Proceedings of the American Institute of Homœopathy for 1858," page 174. Article: "The Endemics of Illinois and the North-West."

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"I fear it is true, that in general our minds are so engrossed with the one idea of high or low dilutions, the law of cure, &c., that surgery, with its requirements of thought and study, is almost overlooked—so that the knowledge which is requisite in order to practice it in the most ordinary cases is too limited and deficient to be practical. Physicians who thus neglect to bestow their attention upon and to manifest an interest in this branch of knowledge do certainly retard the progress of homœopathy. In many communities our medical brethren make no pretensions to practice surgery; and hence has originated the idea, that a homœopathist cannot be a surgeon. I found this opinion to be entertained by many in my own neighborhood, when first I commenced the practice. * * * * And, by the resolve to treat all the cases which came under our influence, our practice in surgery would not only be increased, but our power and influence for the spread of homœopathy also. Might this not be the case with every one who would take a deeper interest in the subject? It must be true, that homœopathy suffers from the fact that we are too prone to underrate the importance of surgery. * * * * * * * * * *

"The surgical experience of homœopathic physicians, if carefully collated, would add greatly to the value of our surgical literature. * * * * Is it not true, that our journals contain too little information upon surgical topics? * * * No branch of the medical art is more capable of rendering satisfactory and efficient aid to its subjects than surgery. Its results are among the most palpable, appreciable, and gratifying, both to the practitioner and his patient, of any which we are called upon to witness. How much more clearly defined is the duty of the surgeon, than is that of the physician, who for the necessary aid, is compelled to resort to the uncertain armory of drugs, and whose path of duty leads him into regions more or less shadowed with doubt and fear. To the truly conscientious and competent surgeon there is a great pleasure in the practice of his branch of the healing art, because of the certainty of its results. He must have a knowledge of what he professes, otherwise his ignorance and incapacity are transparent, and himself adjudged to be unfit for the exercise of his high calling. * * * * * It frequently happens, that the veriest charlatan, beside the educated physician, may have the more extensive and lucrative practice—but this is impossible in surgery.

"Another advantage which the surgeon possesses over the ordinary physician is, that he is freer from the annoyance and vexation caused by knowing and meddlesome visitors to his patients. * * * * Such doctors as are hatched by steam, as it were, and who, through the discipline of reading a chapter night and morning in somebody's "manual," are led to think themselves qualified to practice, are not of the material best fitted to sustain the true merits, the reputation and dignity of homœopathy—to say nothing of surgery. * * * * * * Every practising physician is liable to meet with accidents of great variety in the persons of his patients—such as wounds, fractures, dislocations, and the like, which demand immediate attention—allowing no time, even were it desirable, to look upon his symptomatology or repertory. * * * * For all the ordinary emergencies which endanger life one should especially prepare himself, and be ever ready to act with firmness and intelligence. To this end it is necessary to be well grounded in anatomy, which is the base of professional superstructure, be it medical or surgical. Let every one love and respect his profession, and then, rather than become rusty, he will resort to frequent readings and reviews, and, whenever possible, will spend an occasional winter in the dissecting or lecture room. * * * * *

"Post-mortem examinations also are too frequently neglected. For the sake of science, and of doing away with a growing prejudice against them, we should make it a point to examine as many *cadavers* as possible.

"In addition to what might be termed *accidental* surgery, there is a large class of surgical diseases in the treatment of which we all must have had more or less experience. The specific management of such diseases is a late and most happy discovery; but we necessarily have quite too little instruction as to the mode of procedure in particular cases contained in our too limited surgical literature. Hence the evident necessity of fostering and developing the best interests of our noble art by incorporating the results of all new and useful experiments into our books and periodicals. Reports of surgical cases would be vastly more serviceable than so much of twaddle and bickering about posology, orthodoxy, and what not." * * * * * *

Dr. B. details at length some very interesting surgical cases, which may be given the profession in another portion of the JOURNAL.

Dr. Ludlam's report will also be found in the NORTH AMERICAN JOURNAL OF HOMŒOPATHY. (Next No.)

After practical discussions upon the above Dr. Shirley reported having cured several cases of warty excrescences upon the hands by the local

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employment of Rhus-tox. in the mother tincture, at the same time giving this remedy in the *second* or *third* dilution internally, once daily. Dr. Pratt has witnessed the most excellent results, in extremely troublesome cases, from the Æthusa-cynapis, both locally and constitutionally administered.

The same scientific committees were continued for another year. With the exception of the choice of Dr. McCann Dunn as First Vice-President, in place of Dr. Baker, resigned, the same officers were elected for another year. The Bureau of provings as before. The following committee was chosen to report at the next meeting "*On Surgical Cases and their Treatment:*" Drs. Baker, Pratt, Boardman, and Burbank.

The annual address was delivered in Phœnix Hall, and before an intelligent audience, by the Secretary, Dr. L. Pratt. Subject: *Individual Obligation to Investigate Homœopathy.*"

The closing address of President Shirley was read in the same place. From this latter, full of characteristic good sense and pathos, we select the following items:

In speaking of the origin and progress of homœopathy, he says:

"The first 'little pill' was planted in the mental soil of Germany, by Hahnemann's own hand. And, like the grain of mustard-seed in the gospel, though the smallest of all pills, yet from it has sprung a homœopathic tree, the branches whereof now reach to every city or town of note in the civilized world. And in all there are to be found its votaries, not only as physicians, many of whom are eminent, but persons of talent, learning, wealth, and influence,—from Queen Victoria, with her Dr. Quinn, administering the infinitesimals to the royal little ones, and from lords, kings, princes, &c., to the poorest peasant found in the cottage. And this tree is like unto that seen by John on the isle of Patmos—its leaves are for the healing of the nations.

"I would recommend popular medicine: Educate and enlighten the public mind on medical topics, and you drive away quackery from the faculty, as the demagogue is driven from the political arena by educating the body politic. Open your libraries to every inquiring mind. Think it not labor lost or time mis-spent to answer all questions.

"To the junior members of our association, I would not be thought dictatorial, but would say, love your profession as long as you pursue it. If not for its toil and deprivation, love it for the consciousness, that it is a work and labor of love and humanity. Greater is the courage demanded of you to withstand public sentiment in error, than to face the battery, or to meet an army with banners. If you are fortified with truth and courage, and withal courteous and kind, you may be certain of success. * * * No period in the world's history was ever so eventful and interesting as the present. * * * * It is our work more especially to redeem medicine from the remnants of that bondage and oppression which, like an incubus, weighed it down into Egyptian darkness. In olden times the penalty by law was death for a physician to act according to his best judgment, and to prescribe contrary to established dogmas. In the most palmy days of Greece and Rome it was but little better. And now the highest punishment the orthodox medical church can inflict is *excommunication.* * * * * Let us ever cultivate a catholic and fraternal spirit towards those physicians of other schools who differ from us so widely in therapeutics. Though we may be repulsed, and even receive the anathemas of some, still we should remember, that, as there are true Christians in all churches, so there are true and noble men in all schools of medical belief.

The next annual meeting was appointed to be held in the city of Chicago on the third Wednesday of May, 1862.

L. Pratt, M. D., *Recording Secretary.*

Rock Creek, Carroll Co., Ill., June 14th, 1861.

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General Chronicle of Medical Science.

MILITARY SURGERY.

Contributions to Military Surgery. By Zina Pitcher, M. D., of Detroit, late Surgeon U. S. A., &c.

The medical reminiscences of my army life are not very extensive. In my own opinion my best field for medical observation has been found in the civil and marine hospitals of this place, the former of which I have been in charge of since 1848. The first fifteen years of my professional life were spent in the army; the last fifteen, in the duties referred to.

This branch of the public service, with which I was so long connected, has not been productive in medical literature. The war of 1812 gave origin to "Mann's Medical Sketches," subsequently to "Beaumont on Digestion," "Byrne on Malignant Cholera," "Tripler on the Inspection of Recruits," and recently the joint productions of the medical staff, consisting of the "Army Meteorological Register," and the "Medical Statistics of the Army." These, with some papers published by the American medical association, and an occasional essay scattered through the periodicals of the day, constitute the bulk of the contributions made by the army to the medical literature of the country.

As in our profession generally, so in the medical staff of the army, there must be lying dormant a great amount of unwritten knowledge, which long ere this should have been turned into the proper channel. For this literary sterility on the part of the army medical staff there are excuses to be made which do not so well apply to members of the same profession in civil life. When the members of this corps have passed their initiatory examination, they are often assigned to duty with detachments of troops requiring but a single member of the medical staff. They are consequently not subjected to that kind of mental conflict, in which men in the same pursuit attain position in civil life. The migratory life of the soldier, and the eminently social nature of officers of the army, are also impediments to authorship.

In the American army, except during periods of actual hostilities, or on temporary tours of field service, the members of our medical staff have not a wide field for surgical observation, or favorable opportunities for the exhibition of those admirable qualities, which, by general consent, they are admitted to possess. It is on these occasions of active duty that they meet with that class of injuries which makes it necessary for them to decide with promptitude when immediate amputation has become necessary, and when, by waiting for reaction to take place, the chances for recovery, both from the injury and the operation, may be increased by delay.

Not only those occasions incident to a state of war, but the introduction of steam into universal use as a mechanical power, by the explosion of boilers and the collision of steamboats and locomotives, causing so many injuries, closely resembling those occasioned by the bursting of heavy pieces of ordnance and the projection of cannon balls, must make not only works on general surgery, but books on military surgery especially, defective, unless hereafter more particular attention is bestowed by their authors to the subject of

Shock in its Surgical Relations.—I propose to express with brevity the opinions I entertain on this point, and to narrate as succinctly as I can, the circumstances under which those opinions have been formed.

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In contemplating the nervous phenomena characteristic of shock, I have accustomed myself to consider them in connexion with the momentum of the object by which they have been superinduced; and also the circumstances by which the after-treatment may be affected; as, whether the wounded are to be carried long distances on litters or in ambulances, whether the hospitals designed for their reception are of suitable dimensions and proper construction; and what I regard of paramount importance, the nature of the epidemic influences by which the troops are surrounded, and the diatheses of the diseases that may be prevailing among them. I wish also to say a word on the use of *anæsthetics*, in cases of shock with doubtful signs of reaction, and on the conditions, independent of diet, under which scurvy may be developed in a camp or in a garrison.

One man may have a leg carried away by a cannon ball, and another a corresponding limb removed by an ecraseur, each being mutilated in the same degree, but exhibiting widely differing symptoms. The first may be unconscious of pain, but will be faint, pallid, and cold. His pulse will be frequent and feeble, respiration anhelating or suspirious, attended with nausea, and possibly hiccough. The other, whilst complaining of pain, will have a much more natural temperature, without manifesting such remarkable changes in the movement of the heart or action of the respiratory organs. As mutilation may take place without the constitutional signs of shock, so we may have present the symptoms of the latter without local lesion, it being directly the result of moral impressions. Hence it becomes necessary for us to study the relation of the constitutional symptoms to the extent and character of the local injury and the idiosyncrasies of the subject; and in order to determine whether they have been occasioned by the impulsion of a physical agent acting upon the organism, or the depressing influence of sedative mental emotions, both the magnitude and the velocity of the body causing the injury, and the temperament of the victim, are to be taken into account.

Where the symptoms are present in any case of sudden and violent injury, which go to show that a strong impression has been made upon the nerves of organic life, there will be no division of opinion in relation to the constitutional remedies proper to be used for their removal. All will concur in advising the administration of alcoholic stimuli, camphor, ammonia, and opium, in stimulating doses, and the application externally of dry and moderate heat. The surgical treatment of these cases gives origin to questions of the gravest importance, on which the best men in the profession take directly opposing, if not antagonistic, views. These involve not simply the interrogative—Is not amputation a necessity? but include the inquiry—Can it be performed with safety to the patient, and at what time shall it be done, immediately or after reaction shall have been established?

We meet, in active professional life, both out of and in the military service, cases of the kind under review, in which reaction never occurs, whether the injured limb be left with the blood oozing from its torn and ragged extremity, or the half-living mass be removed by the knife of the surgeon. It is at this point when cases less fatal are presented that the opinions of practised men begin to diverge, one class advising delay, and the other prompt and decisive action.

When I have found myself thus situated, with only my own judgment to appeal to, even when it was doubtful if reaction would occur, whether with or without operation, I have removed the mangled mass of flesh, and believe now, after long reflection, that I have in no case increased the hazards of my patient by the enforcement of such a rule.

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It must have been observed by others, as well as myself, that operations performed under such circumstances are comparatively painless, the shock in fact having superinduced a condition of the system allied to anæsthesia. When the limb has been removed, we at once get rid of an exhausting stillicidious hæmorrhage, and of the depressing corporeal and moral influence that the consciousness of its presence has upon the physical and mental strength of the patient. We increase at the same time our facilities for the application of heat, and acquire a moral power by arousing the sentiment of hope to assist us, which we cannot invoke as long as the mangled extremity is in view. Another advantage is gained by an early operation, in the shutting off from contact with the wounded surfaces the deleterious effects of vicious atmospheric contagions.

If we decide that an operation is to be postponed, we must apply a tourniquet to the stump, or the patient will lose strength by the exhaustion which even a guttatim hæmorrhage will produce. What is gained by the means thus used to restrain the loss of blood, we sometimes lose in the profound sedation of the limb, resulting from the pressure of the tourniquet. Besides this, we invite the invasion of hospital gangrene, if in the wards, and erysipelas, if in the vicinity, by the exposure of a gaping wound to atmospheric influences. Having removed the mangled mass, we continue the generally approved remedies for the restoration of animal heat and vital force, adding such articles of nutriment as can be borne by the organs of digestion. The dressings should be dry and warm, and the extremities kept at a natural temperature by artificial heat.

It will be observed that in what I have said on this subject, I have spoken only in such general terms as will serve to convey my idea of the principle by which my own conduct has been governed, and by which I would direct the action of others, and that I have not affected the precision of a clinical intructor. Such cases as I can most distinctly recall, illustrative of what I have already said, I propose to speak of in connection with the use of anæsthetics in cases of shock, the effects of which I think it my duty to place on record, they being the results of my own experience in its administration where the subject was approaching the state of collapse.

Whenever there is sufficient force in the circulation, and nervous activity enough to sustain the patient, I would give my voice with the general judgment of the medical profession, by which the use of anæsthetics in the severer operations of surgery is sustained. But regarding them as poisons of a sedative class, which when introduced into the blood, produce cerebral exhaustion and cardiac syncope, if they do not change the physical and vital properties of the blood itself, I feel obliged to remonstrate against their use in cases of syncope or nervous exhaustion. Two men were conveyed to the hospital under circumstances so nearly identical that I could scarcely say wherein they differed, unless in temperament, each having had a leg carried away so near the knee, that amputation was performed above the joint. They were nearly of the same age, both had good constitutions, and neither of them was intemperate. One was put under the influence of chloroform, and the other not. Neither made favorable progress; but the one subjected to the influence of the anæsthetic came out of that condition with increased prostration, and never regained what he had thus lost. The other rallied slowly, and union of the wound took place very late. The increased prostration in the first case may be explained on either of two hypothesis; but the latter example, strengthened by others, inclines me to impute the increased prostration to the anæsthetic rather than to the operation.

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The case of a seaman, who was brought into St. Mary's Hospital, furnishes so good an instance of the inapplicability of anæsthetics in some of the severest injuries, and forms so striking an example of the ability of a vigorous constitution to emerge from the most desperate condition, that I am tempted to mention it, although it belongs to maritime rather than to military surgery. A. B. was standing on the deck of a propeller, directly over the boiler, at the time of its explosion. The uplifting force caused a compound dislocation of the knee—the condyles of the femur being thrust forward, tearing up the ligamentum-patellæ, the capsular and crucial ligaments. The leg and thigh were held together by the tendons constituting the outer and inner hamstrings and the vessels and nerves lying in the popliteal space. He had a severe scalp wound also, with its signs of concussion of the brain. The cerebral symptoms blending with the general phenomena of shock, rendered the use of chloroform entirely inadmissible, and the jactitation of the patient made it equally necessary to remove the leg. A very good reaction followed the operation, the stump healed kindly, and the man seemed to be rapidly recovering, when symptoms of cerebral suppuration supervened, and put an end to his existence.

Peculiar Wounds of Cannoneers.—There is a kind of injury to which cannoneers are only liable, caused by the ignition of a cartridge before the loading of a gun is completed, either from carelessness of the man at the vent, or a honeycombed state of the gun, in which the men who sponge the piece and ram home the charge are always the sufferers. The injury in these cases may consist of a burn, a contusion, and a laceration more or less severe—the latter depending upon the firmness with which the sponge-staff may be grasped at the moment of the explosion, and the former upon the proximity of the arm to the muzzle of the piece. I allude to these cases because of the liability there is, on a superficial view of them, to form very erroneous opinions of their nature and extent. At first sight we may conclude that the injury is limited to the fingers, one or more of which has been carried away. Probably the palmar fascia is torn and the thumb fractured. A close examination may show, that the violent and sudden extension has paralyzed the radial and ulnar arteries, and lacerated many fibres of the flexors of the hand and wrist, and possibly the integrity of the shoulder-joint may be seriously impaired, of which the following case is a rare example.

F—— was one of a firing party detailed to fire a national salute. The premature discharge of the gun was caused by fire concealed near the breech. His hand was torn and burned, and the bones of the fore-arm were broken near the wrist. Finding that the arteries at the wrist were included in the injury, I amputated the fore-arm near the elbow-joint. At the place chosen for the operation I found, on making the circular incision, that there was a good deal of extravasated blood, owing to the laceration of many of the fibres of the supinator-longus, flexor-carpi-ulnaris, radialis, profundus, &c. After the stump was dressed I had the mortification to find, that the fore-arm and hand were not alone injured. A careful examination of the shoulder showed, that the long head of the biceps had been torn off, the two spinati muscles much lacerated at the place of insertion, and the capsular ligament rent so far, that the distance between the head of the humerus and glenoid cavity was quite distinguishable to the sense of touch. The arm thereafter hung upon the shoulder a useless weight, serving no other purpose than to prevent the lateral curvature of the spine, which uniformly follows the loss of the entire limb.

Another gunner lost part of his right hand by a similar accident. The radius and ulna were fractured, without corresponding injury of the inte-

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guments. His arm was dressed by a citizen practitioner, who had no suspicion of the effects that follow such violent extension of the arterial trunks as take place in injuries of this nature, when the tegumentary tissues are not broken. Gangrene followed rapidly, in consequence of the loss of resilience in the arterial tissue. In consequence of this misapprehension of the nature and extent of the damage done to the muscular and vascular structures, when men are wounded by exposure to this form of violence, this patient lost much more of his arm by the postponement than would have been necessary, had amputation taken place at an earlier day.

Scurvy among Troops, traceable many times as directly to Psychical as to Physical Causes.—The first regiment of dragoons, destined to service on the Missouri and Arkansas frontiers, was raised in 1833. The companies composing it were filled with young men, many of whom had previously been engaged in the more pleasant pursuits of civil life. They abandoned their former occupations, and eagerly engaged in a service which placed before them the expectation of making a trip to the Rocky Mountains on horseback, in which they anticipated much enjoyment from the novelties of prarie scenery and the excitements of the buffalo chase. The first battalion of this regiment left its rendezvous at St. Louis in the autumn of that year, and encamped for the winter in the neighborhood of Fort Gibson. In order to obtain forage more readily for their horses, the troops were encamped in low ground, in the vicinity of a cane-brake. The men were quartered in tents, floored with puncheons. They were fed upon the soldiers' rations, consisting two days in the week of fresh beef, and other days of salt pork or beef and beans, and every day fresh bread, coffee, and sugar. Frequently, but not daily, they were supplied with vegetables from the root-houses of the Seventh Infantry, which occupied Fort Gibson. The bright anticipations of a campaign upon the prairies having been shaded down into the dull realities of a winter life in tents, the men, from disappointment, became home-sick and disgusted with the service. Under these circumstances the scurvy made its appearance among the enlisted men of the battalion, some of whom died. The question naturally arising out of this state of facts is this: Are we to impute the outbreak of scurvy among these troops to the influence of diet, or to the depressing effects of the mental causes constantly acting upon the brain, and by it reflected to the digestive centre? On this subject I might have had strong and very reasonable doubts, had I not seen some of these men, who had been told that they should have their discharge as soon as they were able to travel, revive from that hour, and gradually recover. Are not nostalgia and scorbutus very nearly related? Men sentenced to solitary confinement, and to live on bread and water, will become scorbutic. Why is this so?

Military Surgeon's Outfit.

Sir:—I take advantage of the departure of a mail for New-York this afternoon to write to you respecting medical matters at this station. I am, in fact, glad of the opportunity to make known a few facts relative to the medical outfits and requirements of the newly formed regiments through such a medium as your well established journal. In the first place, a word or two in regard to the outfit of the regiments that have been hurried on to the South under the first requisition. The first regiments from New-England, as it is well known, left at short notice; some at twenty-four hours; and it could not be expected that their outfit should be anything

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but incomplete. The later regiments, from Massachusetts and that from Vermont, had more time, and were more deliberate in their movements—the 1st Vermont regiment being in camp a week at Rutland, before moving. But in this instance, as I suppose was the case in others, the notice to the surgeon of his appointment, and his responsibility for the medical outfit, came only when the troops were ordered to rendezvous, and prepare for immediate departure. Instruments are readily procured, but to procure and pack a judicious selection of medicines for a thousand men in the field requires time. A little experience will, also, be useful in the way of correcting deficiencies. I submit my own short experience, in part, for the benefit of my professional friends who may be coming after me.

In view of the short time at my disposal and my constant occupation in personal preparations for departure, I ordered the outfit prepared for the Massachusetts regiment, under the direction of the medical commission appointed by the government for that duty. The chests were promptly at hand, and in weight, size, and general appearance, were imposing. At the first surgeon's call in camp, about twenty sick reported, in which coughs and colds, sprains, and excoriations, and gonorrhœa (alas!) were pretty equally distributed. I found, on examination of those ponderous and expensive chests, that there were absolutely no means of making ordinary volatile liniment, or any other embrocation; not a single expectorant, nor any provision for making a cough mixture; and the same was true of gonorrhœa; no cubebs, no spts. of nitre, no lavender, or other aromatic mask for the transitory penalty of social indiscretion.

The delicacy of the compliment to the chastity of the Green Mountain-boys, implied in the last omission, I profoundly appreciate and acknowledge. But I would respectfully suggest to the medical commission that some of the above articles would be of more service to the regiment than the large shopware jars of bromide of potass and other useless chemicals that encumber the chest. Surgeons fitting themselves out for this service will save infinite trouble by filling large one—two—three and four gallon tin cases of cough mixture, gonorrhœa mixture, liniment, &c., after their own prescriptions; and also providing for their replenishment. The more concentrated and nicer preparations can always be procured from the medical stores of a large military depot like this; but at present, of course, there is no provision for the extraordinary demand made by the reinforcements (for more bulky articles). Constipation, and disease from irregular diet, are the great complaints among recruits. The sugar-coated pills of Tilden & Thayer, are great conveniences, and I regret my store is not larger.

Changes of bed clothing, shirts, towels, &c., for Hospital use, should be brought in place of lint and bandages. The things should be fairly marked *Hospital* or *Dispensary*, with the style of the regiment to which they belong.

I have fifteen men now in the hospital, all looking tidy and comfortable, in clean white sheets, pillow-cases, and night-gowns—the thoughtful gift of the ladies of Burlington, Vt., who I know will be delighted to know the comfort they are by this simple means conferring on the sick soldier. Lint, bandages, &c., *may* come into use; but as yet I have not had occasion to use five yards of bandage, of which my supply is large.

In regard to deficiencies of the medical chests from Massachusetts, my remarks are not intended to censure the gentlemen under whose direction they claim to have been prepared, whose omissions, if their directions were honestly followed, were due to the haste in which they were given. I may add, that I am supported in my statements by the surgeons of the Massachusetts regiment stationed here, Dr. S. Laville and Holmes; their supplies being inferior to mine by just the articles I have named, and which I added

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before leaving. I wish, before closing, to express my gratitude to the hospital relief association, N.-Y., for the valuable contributions made to our hospital stores. The hospital lanterns and knapsack are especially useful. With regard to the health of the Vermont regiment, I can say that it is now improving daily. They were unfortunate in their weather for their first experience in camp life, in Vt. It was cold and stormy, and many took colds which they have not yet got rid of. We were also unfortunate enough to have a case of measles, which contaminated one company, so that I had eight cases in hospital at one time here. One man, a private, after apparent convalescence, relapsed, into a typhoid condition and died yesterday. Pneumonia and diarrhœa are the main diseases now. In consequence of our contagious disease, our friends here in the profession rather give us the cold shoulder, which, on the whole, has resulted in our benefit, by giving us a separate hospital establishment under my exclusive control. The fort-surgeon is Dr. Cuyler, of long service in the army, evidently of fine professional attainments, and whose many attentions I gladly acknowledge. We hear to-day that large reinforcements are to be immediately added to this post; in fact, a portion of Gen. Butler's command is landing, as I close. Gen. B., I have been informed by Col. Dimmick, will arrive to-morrow morning. The force now here is 2,300.

Yours, &c.,

E. K. Sanborn,

Fortress Monroe, *May* 21st, 1861. 1st Reg. Vermont Volunteers.

American Medical Times.

Gunshot Wounds. By the late Amasa Trowbridge, M. D.,* Surgeon U. S. A.

Force of Balls.—I saw three soldiers at Fort Eric, during the siege of 1814, receive contused wounds from a cannon-ball; they were lying together in a tent, the ball entered and carried away both legs of the first man, near the hip-joints, shattered one of the legs of the second near the knee, and both legs of the third below the knees. In these cases there was but little appearance of pain or mental agitation; they were as composed and expected efficient surgical aid, as though these wounds were of a trifling nature. The division and concussion of the parts so contiguous to the body of the first occasioned his death on the third day. He was quiet and easy until reaction took place. The second suffered amputation of the leg; the third, of both, and both recovered. * * *

Wounds of Joints.—Col. Miller, who commanded an expedition to Long Point, on the Canada shore, received a wound by a buck-shot passing through the capsule of the knee-joint. It was suffered to pass into extensive suppuration, he languished at Buffalo for several months, had his leg amputated, and died soon after the operation. I knew but little of his habits, or the state of his general system. Col. McNeil, at the battle of Bridgewater, received a wound by a ball passing a little above the patella and under the ligament, wounding the capsular ligament, and carrying away a portion of the condyle; there was much contusion of the parts. After suffering much

* Copied from his notes by his son, Wm. K. Trowbridge, of Watertown, N.-Y.

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pain, inflammation, and suppuration, he recovered with partial anchylosis of the joint; he was a man of good constitution and habits.

Fracture of Bones.—In gunshot wounds, where balls pass and fracture only the cylindrical parts of bones, fractured portions are sometimes thrown into the soft parts; here an openiug ought to be made, so that they may be cast out by suppuration. At the siege of Fort Erie, which lasted forty-seven days, many cases of this kind occurred among the officers as well as soldiers. Capt. Cilley had his thigh broken near the middle by a ball passing through it. On passing in my finger I could discover no bone in the track of the ball, but could find portions thrown out of their natural position, and resting in the adjoining muscles. Free incisions were made on the outer portion of the thigh to the shattered portions of the bone; inflammatian and suppuration followed, in a short time the bones were discharged, the limb was extended and supported by splints aud bandages, and although three inches of bone were lost, a rapid recovery and a good limb followed.

Arteries and Nerves.—A ball may pass near a large artery, and divest it of all its surrounding support without its sustaining any other injury; but if a ball pass near a nerve, portions of the body depending on such nerve for its influence may become partially or totally paralyzed for a time. Gen. Ripley was wounded at the sortie at Fort Erie, by a musket-ball passing in on the left side of his neck, in the situation of the carotid artery and the third cervical vertebra; striking this, it passed out a little forward of the carotid artery on the opposite side. Paralysis and loss of use of both arms followed immediately; suppuration in a few days exposed both arteries to view; compress and bandage were used to prevent aneurismal enlargement. Exfoliation of a piece of bone followed. Deglutition was for some time difficult, and he suffered much from morbid secretions about the fauces; repeated bleedings and other means saved the parts from excessive inflammation, and a recovery followed, with some distortion and inability to turn the head. The paralysis of the arms continued for the first three months, with a gradual change for the better. But an uncommon sensation was produced when the hands and arms were exposed to the air, particularly if the temperature was below that of the body. Pain in the parts and an uneasy sensation in the whole system would follow, which was relieved by warm applications and change in the temperature of his room.

Health of Patients.—Gunshot wounds are influenced by the general state of health, and their final effects cannot be known at their commencement.

Wadding in Wounds.—Extraneous bodies may be carried into the wounded parts; we may find the openings, and conclude the ball has passed out, yet the wounded part may contain pieces of wadding, portions of cloth, or some other foreign substance. Gen. Brown was wounded at the battle of Bridgewater; the ball entered the upper portion of his thigh, a little anterior to the trochanter-major, and passed out over the inguinal glands; he left the army the next day, passed over to Buffalo, and from thence to Barker, on the south side of the bay. He suffered from inflammation and suppuration of the wounds for three weeks, after this he convalesced a short

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time and repaired to Fort Erie, taking lodgings in an armed schooner. Here secondary inflammation took place, with swelling, great irritation, and discharge of matter from the wound. A piece of woollen cloth was removed, the wound soon healed, and he resumed his active duties at the fort.

Wounds of the Thorax.—Major Trimble, at the sortie upon the British batteries, near Fort Erie, received a wound by a musket-ball through the right portion of the thorax; it entered and divided the fifth rib near its cartilaginous extremity, passed through the lung, and divided the same rib near its curvature towards the spine, and passed out. He was engaged at the time he received the wound in carrying one of the enemy's block-houses. Blood flowed freely from his mouth and external wounds, respiration was at times nearly suspended, with feeble pulse and cold extremities. I shall not be able to give a particular history of his treatment, but I well remember, that but little hope of his recovery was entertained until the fifth day after receiving the wound. From the time of the accident to this period bleeding from the external wounds gradually subsided, but the prostration of the system was great from the first. Reaction, however, took place, and so steady and continued was it, that he was bled *six* times within twenty days. It was to the repeated bleedings, together with the great care of his friend, Col. McRea, who remained with him constantly, that I attribute his final recovery. After the close of the war he distinguished himself in the councils of this state (Ohio), and was employed by the General Government to transact important business with some of the western tribes of Indians. He was elected a member of the U. S. Senate in 1822. His fatigue and exposure at the west, the previous season, had aggravated an affection of the lungs, which proved fatal a few days after his arrival at Washington.

Skull Trephining where there is no Depression, especially when followed by convulsions.—If a severe stroke is made on the skull by a musket ball, and the appearance of threatening symptoms follows, a perforation should be made through the skull, although there is no depression of the skull. * * * This piece of bone was taken by the trephine, from a soldier wounded at Sackett's Harbor. A spent ball struck the side of his head near the coronal suture, on the parietal bone; it denuded the bone and glanced off, carrying a portion of scalp with it. He suffered two days with symptoms of concussion, then recovered, and was apparently well for thirty days. After this he complained of pain in his head, nausea, and distress at the stomach, with chills and fever. This was followed in a few days by fits. I first saw him in one. There was a morbid state of the parts first injured by the ball, and a sanious discharge from a small fistulous opening to the skull. I applied a large trephine and took out this piece of bone. You perceive a portion of the inner table was originally broken down, which must have rested upon the dura mater. There was considerable thickening of the dura mater directly under the injured bone, and some *matter* flowed on its removal. His convulsions subsided and in a few weeks he was reported fit for duty.

Another Case.—A similar case occurred in my private practice a few

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years ago. A discharged soldier came from one of the western forts, and was almost daily afflicted with convulsions; he had suffered in this way for nearly *nine* years. They were caused by a blow on the head with a cane. On examination, I found a depression on the upper portion of the occipital bone. He had obtained some relief from repeated bleedings. I recommended the use of the trephine, and he submitted to the operation. This is the piece of bone removed. You perceive both tables were fractured and depressed, and the inner one is much thicker than the outer. Inflammation and a discharge of matter followed for three months, when the wound healed, and the patient entirely recovered. I have operated in *several* other cases, where epileptic fits followed injuries of the head, with the same favorable results. I have always found the dura mater much thickened, and in a morbid state.

No Records by Surgeons.—During the progress of the late war, the surgeons who accompanied the various divisions of the army were sensible that the country through which they passed, and to which they were called to exercise their professional duties, had before been the theatre of war, and human distress from disease, whose cause was the same that there surrounded them. They witnessed the sudden changes of atmosphere peculiar to countries surrounding large and extensive lakes, and the local and general predisposing and exciting cause of disease. They witnessed the many fields on which armies had been encamped, and on which surgeons had put in requisition all their talents, skill, and experience, to control or mitigate wasting pestilence and disease. They frequently viewed decayed forts where severe and destructive contests had been carried on by contending armies, or the more sanguinary results of partisan warfare, or savage barbarity, where singular and extraordinary cases of surgery had been prented.se And yet not a trace of the history of these occurrences could be found that would impart one ray of light to their anxious and inquiring minds. Nor even could they trace the names of those on whom rested those arduous duties. The minds that had been directed to the investigation of diseases that then prevailed, and to the direction of the system of the medical department generally, had treasured up all their knowledge and observation only to pass into oblivion and forgetfulness with themselves. A similar result will probably follow the opportunities of and researches of the medical gentlemen who were attached to the army in the last war Dr. Mann has published a few facts gathered while on the northern frontier. You will read these with much pleasure and profit to yourselves.

All agree, who are experienced in these matters, that the differences in gunshot wounds are referable to three general causes, viz., the kind of body propelled, the velocity of the body, and the nature of the parts injured. I will not take up your time by bringing to your view the absurd opinions of former surgeons in relation to this kind of wounds. They were contused, and lacerated, and always attended by inflammation and suppuration. This induced them to believe that the body which produced the injury must have been heated, or poisoned, which had an additional effect

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with mechanical violence. The modern surgeons, better acquainted with the laws of projectiles, know that a ball, however great its velocity, never acquires in its passage any perceptible degree of heat, and that there is nothing poisonous in powder. The usual severe consequences following a wound made by so obtuse a body as a musket ball, sometimes passing with an immense velocity, and sometimes nearly spent in its force, are easily accounted for and explained. These wounds are always attended with more or less contusion and laceration; and some portions of the sides of the wound, or divided parts around the track of the ball, are deadened, and must by thrown off by inflammation and suppuration, before the healing process can commence. A wound of this description cannot unite by the first intention, except sometimes where a spent ball passes out. The effect of balls on soft parts of the body is similar in some respects to what is produced on hard substances. The opening which the ball makes in entering is always smaller than that by which it passes out; at the first point the parts are depressed, at its exit they are raised and prominent.

Wounds of Joints, with Fracture.—The surgeon is often called to decide, in cases of comminuted fractures, whether the articulating extremities and cartilaginous portions of a joint are involved in the immediate injury by gunshot wounds. It may be observed, as a general rule, where the primary disease is of this nature, that the secondary results will probably destroy the patient; or, if he passes that stage, the affected member will be lost, or the life of the person placed in great jeopardy. It is the duty of the surgeon to amputate soon after the injury. If immediate amputation is deferred, for the process of suppuration, as some advise, more lives may be lost than limbs saved. I know it is difficult to apply this rule to all cases in practice. I have often seen cases occur where organic lesion seemed to demand immediate amputation, and yet a favorable result followed without the use of the knife. But, gentleman, if you practice surgery, you will frequently be placed where you must make an immediate decision; and the result of that decision will settle the question, as to the life or death of your patient, and reflect honor or disgrace on your profession, and your own reputation.

Shock.—It is urged against immediate amputation, that the person is much agitated, and his system depressed at the time of receiving the injury, and that the operation should be deferred until reaction takes place, and the suppurative process is tried, and then amputate, if the limb cannot be saved. This shock of the system, when a ball passes through the extremities, is not experienced so often as some writers imagine. In cases where a ball passes through large muscles, the person is not at first sensible of pain, or even that he has received a wound; his garments being stained with blood is the first intimation he has of the accident. Even if the bone is fractured, he is first made acquainted with it by inability to use the limb. Larger wounds of this kind cause but little disturbance to the general system, until some time after they are received. I had an opportunity to witness this phenomenon in many instances during the last war.

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Col. Aspinwall, at the battle of Chippewa, received a gunshot wound near the elbow-joint; the ball pierced the condyles of the humerus, and yet he appeared to be but little affected by it; he remained on the field until the battle was ended, and then immediately suffered amputation without much pain or disturbance.—*Amer. Medical Times.*

SURGERY.

Case of Ununited Fracture of the Os Humeri, of Four Years' Standing. Cured by the Use of Silver Ligatures.

P. M., aged thirty-nine, was admitted into the pacific clinical infirmary, July, 1856, in consequence of an ununited fracture of the centre of the os humeri of four years' standing. The limb was very little swollen at the point of the fracture, and not at all painful, even when moved actively, though the arm would bend very considerably. An incision was made four inches long on the outer side of the arm directly down to the bone. After this a sharp bone-chisel was taken, and the soft parts removed with it from the ends of the fragments for the space of an inch and a half. The adventitious formation was then removed from between the ends of the bones with the same instrument, when the lower end of the os humeri could be readily bent at right angles with the upper. In this position the ends of the broken bone were readily drilled by using an instrument that made a hole one line in diameter. A silver wire, a little smaller than the drill, was then passed through each fragment, when the parts were brought back in close apposition, and the ends of the wire twisted together so as to form a firm knot. A piece of lint wet in an evaporating lotion composed of one part of alcohol and ten of water was applied in the wound, by which it was made to heal entirely by granulation. A roller was then applied upon the limb as tightly as the patient could conveniently bear, commencing at the fingers and extending to near the axilla. The object of having the lint and roller thus applied was to prevent the burrowing of purulent matter among the surrounding parts, and to leave an opening to the bone, remaining for some time, so that if any portion should exfoliate, room would be left for its escape. The importance of this practice, I cannot too strongly impress upon the minds of my readers; so much so that I do not believe success to any considerable extent can attend any other method of operating for ununited fracture. By this method the parts become consolidated in the region of the wound, interrupting not only the admission of purulent matter from the secreting granular surface into the surrounding parts, but preventing the development of abscesses in the neighborhood, which so often cause this operation to fail. The dressing was completed by applying splints to the arm, flexing the fore-arm, and putting it into a sling across the breast. The cold lotion was continued and the same roller retained for ten days, when it was removed, the lint taken from the wound, and fresh dress-

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ings applied instead, which were changed again every third day; and this course continued without change throughout the after treatment.

A gentle motion of the wire was instituted by moving the ends back and forth, commencing during the third week. The object of this was to render the removal of the wire easy. At the end of six weeks the ends of the wire were untwisted; one end cut off by the bone forceps near the bone, and the other gently drawn upon until it came way. Tr. of iodine was applied at this time, and the roller continued two weeks longer when the cure was complete, the fractured bone being united firmly. The patient then went to work, and has since been constantly laboring at his trade (house-carpenter) as formerly, being entirely well at this writing.—*American Medical Times.*

Surgical Cases, Treated at the Long-Island College Hospital.

Removal of nearly one half of the Maxilla Inferior for Necrosis.—Complete Bony Restitution and Restoration of the Functions of the Jaw.—About the middle of September, 1859, Lizzie Reardon, aged five years, residing at 109 Hamilton Avenue, was admitted with the following history: Three month previously, her mother had taken her to a dentist, who, according to all accounts, in removing a tooth, fractured the jaw. Swelling of the face on the injured side ensued; the other teeth loosened and fell out. Abscesses formed along the bone, both within the mouth and on the cheek, and were lanced. At the time she was presented to the hospital, a necrosed portion of bone was projecting through a sinus of the chin. Two front incisors were the only remaining teeth on the affected side. The face was greatly swollen. A fistulous opening at the angle of the jaw communicated with necrosed bone, and two others on the ramus; several also on the inside of the mouth communicated with dead bone.

The case was examined by the surgeons in attendance, who advised the removal of the carious bone; slight traction with the forceps applied to the projecting point of bone was sufficient to separate the coronoid process from its articulation, when it was found that the whole bone of that side was necrosed. The sinus at the chin was enlarged. The handle of a scalpel being crowded along the body of the bone, the periosteum was separated from all its attachments. Traction was again made upon the projecting point of the bone, and the condyle was brought down to the fistulous opening inside of the mouth. This sinus was enlarged, and the whole of that side of the jaw was drawn out through the mouth with very little more difficulty than would be experienced in removing a molar tooth—the only incisions having been that on the chin of about half an inch, and the one on the inside of the mouth an inch in length. The portion of the bone removed was the entire left half of the jaw, excepting the portion in which the two front incisors were. Simple water dressings were applied, and tonics administered. The swelling rapidly subsided, and as the face became smaller the jaw was drawn towards the diseased side, there being nothing on that side to resist

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the action of the muscles. She was brought to the hospital for about six weeks, during which time the reproduction of bone advanced with rapidity. About one year subsequently she again came under observation for some slight complaint. The restitution of bone was complete. The articulation was perfect, and with the exception of the loss of the teeth, she could use the jaw as well as if it had never been diseased. There is no undue sensitiveness about the jaw, and a dentist can easily fit a plate to the new formed bone with a complete set of teeth for that side. She is in other respects a perfect picture of health. A case similar to this is published by Prof. E. S. Cooper, of San Francisco, in the *Medical Times* for February 23, 1861. In his case a girl of seven, necrosis followed ptyalism, and he removed nearly the whole of the left half of the inferior maxilla in the same manner. These cases are of interest from the slight causes which will produce the necrosis of so large a portion of bone in the young subject, and the facility with which new bone is formed.

Rupture of the Tendon of the Rectus Femoris Muscle above the Patella.—With partial Anchyclosis of the Knee, without the Patient's Losing a Day's Work.—On the 28th of March, 1861, Wm. McGovern, a powerful laborer, forty-six years of age, weighing two hundred and ten pounds, applied at the Long-Island college hospital for relief for stiffness of the left knee. He was quite an intelligent man, and gave the following history of the manner in which the injury was received. During the past year he had been at work on a farm, and on the third of December, 1860, he attempted to descend from the hay-mow, by walking down an inclined plain formed by a board, when he fell a distance of about eight feet, with his full weight upon the left foot, which was bent under him. Upon attempting to rise, to use his own language, "the leg crippled up," and he fell. The limb was forcibly extended by a fellow workman, and the patient again attempting to rise, fell down a second time. It was then extended twice in succession, after which, he says, he continued to work. The knee was enormously swollen, still he was able to keep about upon it, feeding the cows; but he could not milk, as he was unable to sit down to it. On presentation at the hospital, he could walk on a level surface with scarcely any appreciable halt. He could not, however, go up or down-stairs as usual, but was obliged to walk with the left knee stiff, putting the right foot upon the step, and then drawing the left after it. He had had no medical attendance from the time he received the injury. On examination of the seat of injury, the ligamentum patellæ and patella itself were perfect. It was lower than normal, and firmly held in place by adhesions, so that scarcely any lateral motion could be effected. About the patella, at the point where the rectus tendon is attached to the patella, there was a depression marked, so that the point of the finger could be carried under the upper edge of the "knee-pan" in the same manner as it can under the acromion in a dislocation into the axillæ. This depression continued up the femur seventeen lines, when the tendon of the rectus muscle could be felt. The skin was corrugated when the limb was partially flexed; upon the patient attempting to extend the

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limb, the skin would be drawn up by the contraction of the rectus muscle, which had formed new attachments at this point. There was a partial anchylosis, as is often seen after fracture of the patella, so that the limb could with great difficulty be semiflexed. Upon flexing the knee as far as possible, a marked deformity was noticed; the patellæ remained at the head of the tibia, the depression above the patellæ was more marked, and the condyles of the femur were brought into marked prominence, while over either condyle a small tendinous band could be felt, showing evidently that some of the fibres of the vastus externus and internus had not been ruptured, and had received this additional development from the unusual demand upon them.

This is a unique case, not only from the patient's continuing to use the limb after the occurrence of the injury, but from the firm adhesions which have taken place, notwithstanding this continued daily use of the limb.

Prof. Velpeau's remarks upon fracture of the patella may be of interest in connection with this case. He says:—"Since 1832 I have dispensed, in patients affected with this fracture, with all annoying dressings. To prevent the consecutive stiffness of the articulation I permit them to get up and walk about at the end of twenty or thirty days and even sooner, if the separation is inconsiderable. In proceeding in this manner, I have seen fractures of the patella recover more perfectly, and with infinitely less trouble than by the long-protracted employment of the most injurious dressings." In the two cases of rupture of the tendon of the rectus femoris quoted by Prof. Velpeau, the one who commenced walking on the fifteenth day had much better use of his limb than the one who kept still for a longer time. This may develop an interesting point, whether it is advisable to confine a patient for so long a time as is taught for fracture of the patella —some three months. Is not the danger of anchylosis greater than the benefit to be derived from long union of the patella? and is not fibrous union of the bone to be preferred as giving greater freedom of action and less liability of re-rupture?—*Amer. Medical Times.*

Surgical Ingenuity.

To render efficient service in the battle-field the surgeon must possess that amount of self-reliance which will enable him to act to advantage in every emergency. When small bodies of troops are moving with rapidity as scouts, escorts, or upon duty necessarily limiting the supply of instruments and other conveniences, not unfrequently an attack may be made, and a considerable number of men wounded. With all these disadvantages, the surgeon who acts promptly and efficiently not only contributes greatly to the comfort of those under his charge, but in many instances is instrumental in saving life which otherwise would have been sacrificed. It not unfrequently happens under such circumstances, that the carriage of "stretchers" for the wounded had been overlooked, and it becomes

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necessary for the medical officer to have their places supplied by some apparatus which may be constructed on the spot. We know of no contrivance which equals in simplicity and efficiency that which has been so frequently resorted to by the surgeons on the frontier. Two poles about ten feet long, and of sufficient strength (such as can readily be procured in an ordinary woods) may be placed on the ground, one along each side of a blanket. Then roll the poles towards each other, at the same time rolling up the blanket upon them, secure the blanket to the poles, when they have been wound up in it sufficiently near each other to give the litter, thus made, a proper width. The sides of the blanket having been in this way wrapped around the poles, can be fastened strongly even with common twine, by puncturing the woolen fabric at intervals of a foot along the inner sides of the poles. Pass cords through, and tie tightly, so that the knots are on the outside of the poles.

In cases of secondary hæmorrhage or of violent bleeding from the wound, when the circumstances of the case call for the ligation of a large artery at some point remote from the injury—for example, where it is thought best to tie the femoral artery at the point of selection below Poupart's ligament, rather than search for the bleeding point nearer the knee—it sometimes happens that no aneurism needle is at hand. A sufficiently good instrument for the purpose can be made by taking a common "darning needle" or "sail-maker's needle," and after heating its "eyed" end, bend it to a proper shape. By driving the pointed end into a small piece of soft wood or a corn-cob, a very good handle is made.

A surgeon, ordered in a hurry with a party of men for a duty which forbids the carrying of anything weighty or cumbrous, should select a few medicines of great power—such, for example, as brandy, morphine, and chloroform. If the duty is to be extended over several days, a few other articles, put up in the form of pills and powder, are, for convenience in dispensing and carriage invaluable. Fifty opium pills of one grain each, fifty more, containing in addition two grains of Camphor each, are often extremely useful. Purgatives are best carried in the form of pills; Quinine in powder. A small medicine case—the smaller the better—should always contain a moderate quantity of elixir vitriol, for dissolving the Quinine. When thus used a little Quinine goes a great way, and is vastly more efficacious. The acid should be added to the Quinine about one minute before the water for the solution.

As for instruments, it is astonishing how much can be done with a pocket case, a tourniquet, and a pocket knife. If without a pocket case, a bent needle will answer for a tenaculum, a twisted rope for a tourniquet. Still it is best to go provided. A man who can carry a watch can carry a pocket case. In troublesome hæmorrhage, when the cut end of the vessel is either difficult to find or the ligature cannot be made to "stick," the bleeding will often be checked effectually by dipping a needle into the flesh near the leaking point, and trans-

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fixing rather deeply, include the parts somewhat *en masse* in the thread, then tie. An amputating knife of ordinary construction is an exceedingly useful, nay indispensable instrument to have at hand, but is equally awkward to carry in a limited parcel; any inconvenience of this sort is effectually overcome by having the blade inclosed in the handle, and allowing it to shut up like a dirk-knife. Such an instrument could be carried in the pocket.

A few words now upon general army medical matters. The army medicine chests and operating cases, such as are provided in New-York, are excellent, and it would be difficult to improve them. They should serve as a model for every regimental outfit, in regard to compactness and utility. The same remark applies also to the *pannier* medicine chests. Bottles of Chloroform and Ether are apt to burst in warm weather during transportation; the loss thus occasioned can, however, be easily overcome by extra supplies of these articles. Ruptures are not of infrequent occurrence among mounted men, and also in those on severe "fatigue duty." Trusses of various sizes ought to be always in the surgeon's outfit.—*American Medical Times.*

Indian Hemp.

The *Archives of Medicine*, No. VII., contains an article from the pen of Dr. J. Russell Reynolds, of London, "On some of the Therapeutical Uses of Indian Hemp," in which the author claims for the drug a good share of confidence, when a proper case is selected, a pure drug employed, and a proper dose exhibited; and that the uncertainty of its action is due to the failure of one of these three conditions. He says, "Hemp is a soporific, anodyne, and anti-spasmodic; it relieves pain and spasm, and conduces to sleep; in doing either of these it usually promotes diaphoresis and diuresis; whereas it does not leave behind it headache or vertigo; nor does it affect the appetite, nor confine the bowels.

Its beneficial effects are illustrated, 1. In cases of mental or emotional disturbance. A remarkably intelligent boy, aged eight, complained for four or five months of frequent headaches, troublesome dreams, uneasy sleep with sighing respiration, &c. The sixth of a grain, taken every evening, soon restored perfect tranquillity. A merchant, who had suffered from yellow fever, became "excessively depressed in spirits, haunted with the gloomiest apprehensions and suicidal thoughts," nights restless. Extr.-cannab.-ind., gr. ss., o. n., soon insured him good nights and days.—A gentleman, aged seventy-eight, mental powers failing, had been threatened with paralysis, and became extremely restless at night. A dose of gr., $\frac{1}{3}$ to gr. $\frac{2}{3}$ would induce sleep within ten minutes. This was continued for many months with the same success—it never being necessary to increase the dose. 2. For the relief of certain kinds of pain:—A young gen-

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tleman, who had suffered for several years from intense pain in the jaws, face, and head, was relieved by gr. ⅓ Can.-Ind., forma pil., o. n. Tr.-ferri-sesquichlor, ʒ ss., t. d.—An intelligent boy, aged seven, was first noticed to clench his left hand involuntarily, afterwards suffering from violent headaches, located in the forehead, occurring once a week, followed by partial paralysis of the left side. Was relieved by Can.-Ind., gr. ¼, bis die, with Potass. Iod. gr. iv., and dec. Cinch., ℥j. —A gentleman, aged fifty, suffered for twenty years from pain in right scapula, and corresponding portion of the spine; afterwards numbness and tingling down the arm similar to that produced by pressing on the nerve at the elbow. Extr. Can.-Ind., gr. ½, t. d., forma pilulæ; vin. Camph. c. Opio. pro usu; syr. Ferri-iodidi, ♏xxx., t. d. "Within a fortnight the pain was completely removed; the tingling sensation, however, persisted."—A clergyman, aged seventy, complained of pain in left side of neck and back, extending to the head, followed by difficulty in articulation. Tongue deviated to the left, head drawn towards left shoulder, arcus-senilis marked, spirits depressed. The pain was relieved by Can.-Ind., gr. ½, ter die.—A young lady of highly nervous temperament, was relieved of severe attacks of hemicrania by gr. ½ doses given thrice daily. 4. In certain forms of convulsions:—An officer in a cavalry regiment, aged twenty-eight, had suffered from slight epileptic attacks, gradually increasing in severity, until they at length became frequent and tetaniform. Though not entirely cured, the severity of the fits was greatly relieved by gr. ⅓ doses every three hours.—A gentleman, aged forty-five, of good natural health, but subject to frequent excitement, was suddenly seized with a violent convulsion, followed by heavy and stertorous sleep, and after by maniacal excitement for fifteen minutes, which passed into another fit, passing through a similar series of symptoms about once an hour. After failure of the ordinary methods of treatment, gr. i. of Can -Ind. was given, and rejected by the stomach. Another dose given and retained, which afforded complete relief. By the same treatment a case of obstinate vomiting, in a young lady, was entirely cured, and an epileptic youth was greatly relieved. On the other hand, it was absolutely useless in most cases of epilepsy, hypochondria, and the various hysterical affections. To give a bird's eye view of the whole subject, the remedy was for the *relief of emotional disturbances.*

SUCCESSFUL IN.	UNSUCCESSFUL IN.
1. Deranged cerebral circulation, with pain and delirium.	1. Hypochondriasis.
2. Incipient insanity after yellow fever.	2. Temporary, recurrent religious melancholy.
3. Senile ramollissement.	3. Insomnia with diabetes.

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Painful Affections.

1. Nervous irritation from carious teeth.	1. Sciatica.
2. Probable tumor of brain.	2. Hysterical hip-joint.
3. Probable thickening of spinal meninges.	3. Hysterical headache,
4. Hæmorrhage at roots of eighth and ninth nerves.	
5. Syphilitic meningitis.	
6. Hemicrania.	

Affections of Motility.

1. Meningitis.	1. Epilepsy.
2. Intense cerebral congestion.	
3. Obstinate nervous vomiting.	
4. Recurrent convulsions.	

It does not, like Opium, purchase present relief at the expense of future misery. The value of the medicine seems enhanced, because the limitation of its action will enable us to apply it with scientific selection.

A New Bullet Extractor.

Sir:—Having been for some time past manufacturing an instrument for the extraction of bullets, we have thought that the present opportunity would be a good one to introduce its merits to the profession. The first great advantage which, in our opinion, it possesses is its simplicity. The shanks, crossing each other, take up but very little room when the instrument is opened, and hence it can easily be manipulated when introduced through the wound, without causing any unnecessary pain. Again, the points are well tempered and curved inwards in such a way, as when they are brought together by the closure of the instrument a smooth blunt surface is presented, as innocent of harm as the ordinary probe point. After the instrument is introduced, by opening it, the curved points have another advantage in pushing aside from the bullet any bloodvessel or nerve which may present itself, insuring it against all injury from the points themselves. When once these points are fastened into any part of the ball they will not yield to the strongest resistance. Should the ball have taken a circuitous course and passed behind a bone, or imbedded itself in muscular tissue so that in either case but a small portion of its surface is presented, the points of the instrument can apply themselves and form a regular axis round which the bullet can turn itself out of its bed. The instrument is adapted to the extraction of large as well as small bullets, and is also of material service in the removal of por-

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tions of necrosed bone. It is to be hoped that these advantages may be sufficient to recommend the extractor to the profession at large, but more especially to that portion of it who are about to engage in active military service. Yours, &c, GEO. TIEMANN & Co.

63 Chatham-street, May 9, 1861.

Chlorate of Potash in Variola.

SIR:—I see a reference to the use of chlorate of potash in small-pox in your issue of April 20th. This details but a single case, that of a pregnant female, in which the remedy had been prescribed. The author wished, perhaps, to call attention more to the condition of the patient, and her impregnated state, than to the remedy employed for the mitigation of the disease. I wish, on the contrary, to call attention to the remedy itself as applicable to the disease.

During the months of March and April, I treated some twenty-two cases of small-pox. They were of a mixed variety, as is usually the case, five being confluent. When called to the first set of patients, on the second day of the attack in the case of a young lady, reaction had not been established. Her pulse was 140, respiration labored, great thirst, and delirium during the full period of invasion. I ordered wine and quinine internally, and diffusible heat to the surface. Reaction was not fully established until the fourth day, when simultaneously was developed the eruptions in its confluent form. I then substituted the chlorate of potash for wine and quinine. The delirium soon subsided; and the disease ran its course regularly, through the several stages, with far less secondary fever during the suppurative period than I had been led to believe would follow. And her symptoms were less severe than several others that were less violently attacked. She suffered not at all from dyspnœa, during the suppurative stage, which is so constant a symptom in variola, and which was so common with the others, that had been treated with Acet.-ammon., Rochelle salts, and a Dover's powder to induce sleep or rest. One of the number, a young lady of full habit and excellent health, was threatened with suffocation for several days. She could not rest in a horizontal position, but required a semi-erect posture to enable her to get her breath. In this suffering and distressed condition of the patient I resorted to the use of the chlorate, which, after its continuance for some twenty-four hours, appeared to give her great relief, and allowed her to resume the horizontal posture again, without suffering any inconvenience therefrom. The symptoms during the invasive stage were less severe by far than those narrated earlier, yet the dyspnœa that was so alarming in the former case as a symptom, failed entirely to be developed in the latter. The remaining cases amongst the first attacked were children, so that the subjective systems could not be so correctly gathered; but the threatenings of suffocation in none of them were so imminent, although complained

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of by several of the older ones. The result of the previous cases induced me to adopt the remedy in all the subsequent ones—sixteen. In the latter number there were some as well developed cases of the confluent form as in the former. They appeared equally severe, and one, perhaps, even severer than any of the former ones. Yet in no instance did they suffer or complain of symptoms of suffocation. What to attribute it to other than the remedy—chlorate of potash freely used—I know not.

At two different times earlier in my practice, the disease appeared amongst us, and from one-half and two-thirds of the number of cases there were two and three deaths, while in the last instance there were none.

That the difference was in the grade of the disease, I am not prepared to admit; or that the latter was a more favorable class of subjects to resist the ravages of the disease. But, on the contrary, the last was the least favorable of all, both as regards type and subject, so that to the remedy I am disposed to ascribe a liberal share of the success and beneficial effects, after adopting its use.

J. T. Read, M.D.
(*Amer. Med. Times.*)

College and Hospital Reports.

*Notice of Meeting.**

Dr. F. G. Snelling:—The Semi-Annual Meeting of the Homœopathic Medical Society of Oneida County will be held at Dr. Wells' Office, Utica, on Tuesday, the 18th day of June, at 10 o'clock, A. M.

The following resolutions were adopted October 16, 1860.

"*Resolved*, That Æsculus-hip. be the drug of which provings are to be made during the ensuing year, and that each member is hereby requested to furnish the Society with provings, either upon himself or some other person.

"*Resolved*, That the individual members of this Society, at its stated meetings, *report in writing* such cases of disease occurring in their practice as they may deem of sufficient importance."

The following Standing Committees were appointed by the President of the Society, October 16, 1860: *Theory and Practice of Medicine:* Drs. Bishop, Scudder, Raymond. *Special Pathology and Therapeutics:* Drs. Watson, Hadley, Munger. *Materia Medica:* Wells, Warren, H. M. Paine. *Homœopathic Treatment of Surgical Cases:* Drs. Munger, Spencer, Hill. *Obstetrics:* Drs. Stebbins, Mason, H. M. Paine. *Diseases of Children:* Drs. Wells, Hill, Gardner. *Diseases of Females:* J. A. Paine, Watson. *Prevailing Epidemics:* J. C. Raymond, Watson.

* We publish this notice, though the time has passed, for the sake of the information afforded as to committees, &c.

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Extract from the by-laws: These committees shall be appointed for one year, and until their successors shall have been appointed, they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report at each annual and semi-annual meeting of the society. H. M. PAINE, *Secretary.*

Extracts from the Report of the Central Bureau respecting the proper method of conducting drug proving. Transactions of the American Institute, 1859, p. 53.

"We would urge upon all those who undertake to prove any medicine, a careful perusal of Hahnemann's directions as to the manner of making such experiments; they can be found in the "Organon," in paragraphs 121 to 152, inclusive.

"We consider it desirable, that the age, sex, temperament, and individual peculiarities of the prover should be mentioned. The name of the medicine, the potence, the dose, the mode of taking it, whether dry, or in water, and the time of day at which it is taken, should be clearly stated.

"It is very important that each symptom be written down carefully, at, or near as possible, to the time, and in the order of its occurrence; and the time at which it occurs noted.

"That the location of each symptom be given with precision, and the symptom be described with minuteness in every respect.

"That each symptom, with all its attending circumstances and concomitants, be written in a separate paragraph and numbered, that it may be more easily referred to in studying the character of the medicine and in arranging the symptoms systematically.

"If the prover feels doubtful whether any symptom is the effect of the medicine, he should affix to it a note of interrogation within brackets, thus: [?]

"We would advise in conclusion, that each prover who makes use of potencies in proving, should make the first trial with high potencies, afterwards, if necessary in his particular case, proceeding to the lower dilutions and triturations, and even taking the crude substance or tincture if satisfactory results are not obtained with the attenuations.

"One member has never been able to elicit any reliable symptoms by means of the middle or higher potencies, unless the organism had been previously saturated with massive doses of the original drug. He admits that in exceptional cases, by organisms endowed with peculiar idiosyncratic susceptibilities to medicinal action, symptoms may be elicited by the higher potencies; but he considers it unreliable to commence with these potencies."

Provings should be transmitted to Dr. L. B. Wells, Utica.

Seventh Annual Report of the Central Homœopathic Dispensary, 15 East 11th Street, N.-Y. Established May 1, 1854. Incorporated April, 1858.

THE Trustees of the Central Homœopathic Dispensary respectfully report to the patrons and friends of the institution, that during the past year, 1053 cases of various forms of disease were treated, and 2960 prescriptions given, making a total of 6498 cases, and 18,303 prescriptions since the foundation of this—the oldest of the homœopathic dispensaries now in existence in New-York.

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The trustees desire to thank those who have furnished the pecuniary means of the institution, and earnestly ask a continuance of their contributions. The expenses of the current year have been $236.63 and the receipts $234.00. The actual outlay of money is for rent, fuel, printing, stationery, services, and repairs. The services of the physicians are entirely gratuitous, and the medicines used are generously contributed by Messrs. J. T. S. Smith & Sons. If we were in the possession of sufficient funds, a visiting physician to attend patients at their homes would be employed. It is not possible for the attending physicians to give more time than is at present required by the regulations of the dispensary; the office of visiting physician would necessarily consume more than could be given by any one without compensation.

In conclusion, the trustees would present an extract from the first report of the dispensary, which has lost none of its force from the lapse of years.

"Experience shows that every benevolent institution, dependent upon voluntary contributions collected from year to year, is in danger of finally dying of neglect. After the first excitement has passed, and the novelty has worn off, voluntary aid is given more and more sparingly, and the laborers in the good cause, upon whom then devolves the painful necessity of appearing to seek as a personal favor that assistance which was at first a free-will offering, become discouraged, gradually withdraw, and leave the institution to die a natural death. All charities whatsoever, not fixed upon a basis of pecuniary independence, have a continual tendency to end in this way; and therefore do all naturally seek to assure their permanent existence by obtaining, at the outset, funds and endowments sufficient to make them, almost if not entirely, independent of private contributions."

Statement of Receipts and Expenditures.

RECEIPTS.

From R. H. Winslow, B. R. Winthrop, John Caswell, Abner Beers, each $25,	$100.00
T. W. Riley, Rev. Dr. Cooke, Rev. Thomas S. Preston Jonathan Sturges, Steppen Cambreling, Esq., each $10,	50.00
Capt. H. Eagle, Rev. Ed. Lathrop, Mrs. Jane Bleecker, D. C. Halsted, P. H. Holt, J. P. Coffin, Wm. Sturgis, Jr, Mrs. Jonathan Sturges, Mrs. Chas. H. Russell, Mrs. Horace Webster, John Pyne, Esq, George W. Cooper, Mrs. P. T. Ruggles, John Rudderow, Mrs. Isaac Abbatt, each $5,	75.00
Rev. T. Joslin, Rev. Frank Remington, Rev. T. S Parmelee, each $3,	9.00
Total Receipts,	$234.00
Balance on hand at date of last report,	24.75
	$258.75

EXPENDITURES.

Rent,	$192.00
Fuel,	16.75
Services and repairs,	17.00
Printing,	9.00
Stationery and postage,	1.88
Total,	$236.63
Balance on hand,	$22.12

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Attending Physicians: E. M. Kellogg, M.D.; B. F. Joslin, Jr., M.D.; T. Franklin Smith, M.D.: Henry M. Smith, M.D.; Warren Freeman, M.D.

Dispensary open daily, (Sunday excepted,) from 12 to 1 and from 3 to 4, P.M.

B. F. JOSLIN, Jr., *Secretary and Treasurer,*
72 University Place.

NEW-YORK, April 1, 1861.

Second Annual Announcement of the Hahnemann Medical College, Chicago, Illinois. For the Session of 1861–62.

The Second Annual Course of Lectures in this Institution will commence on Monday, October 14th, 1861, and continue for twenty weeks, or until about the 1st of March ensuing. Increased facilities for obtaining a thorough Medical education will be afforded the pupils, and no effort spared on the part of the members of the Faculty to ensure the best possible means of advancement.

FACULTY.—A. E. Small, M.D., *Professor of Principles and Practice of Medicine;* G. E. Shipman, M.D., *Professor of Materia Medica and Therapeutics;* R. Ludlam, M.D., *Professor of Physiology and Pathology;* J. L. Kellogg, M.D., *Professor of Obstetrics and Diseases of Women and Children;* N. F. Cooke, M.D., *Professor of Chemistry and Toxicology;* H. K. W. Boardman, M.D., *Professor of Surgery;* G. D. Beebe, M.D., *Professor of Anatomy.*

Clinical lectures on Medicine and Surgery will be given semi-weekly during the term, by Professors Ludlam, Beebe, and Boardman.

Fee for full course of lectures, including clinical ticket, $70.00; matriculation, $5.00; practical anatomy, $10.00; to students who have attended two full courses elsewhere, $35.00; graduates of other colleges, free; graduation fee, $25.00. Any desired information respecting the College course of instruction may be had by addressing a letter to either of the undersigned.

A. E. SMALL, M.D., *Dean.*
CHICAGO, Ill., June 5th, 1861. R. LUDLAM, M.D., *Registrar.*

It gives us great pleasure to present to our readers the Announcement of the Hahnemann Medical College of Chicago, for the coming winter. It presents to the student a list of names which are themselves an assurance of the high character of the Institution, to say nothing of the able course and large class of graduates of last year, to which they can point. SNELLING.

Fourth Annual Report of the Northern Homœopathic Dispensary, No. 695 Sixth-Avenue, New-York. 1861.

Open daily, from 3 to 5, P. M., (Sundays excepted.) Advice and medicine for the poor gratis.

The fourth year of the Northern Homœopathic Dispensary closed on the 31st of May. The following report of its operations is respectfully submitted.

The Institution was first opened on the 1st of June, 1857.

It has since been continued with the following results:

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	1st year.	*2d year.*	*3d year.*	*4th year.*
Whole number of cases treated.....	1384	1399	1795	2150
Number known to have been cured...	1047	1022	970	1384
Relieved	73	114	247	264
Result unknown	46	196	456	391
Died	5	4	8	16
Remaining under treatment	68	60	114	95
Number of prescriptions given.....	3000	3185	4576	5054

The following tabular statement presents the principal forms of disease treated during each quarter of the year, ending May 31st, 1861:

	June to August.	*Sept. to Nov.*	*Dec. to Feb.*	*March to May.*	*Total for year.*
Wounds and casualties.....	16	23	15	11	65
Brain and nerves	32	29	20	52	133
Heart and blood-vessels.....	4	2	3	3	12
Lungs and throat.....	87	120	160	174	541
Digestive organs.....	179	115	65	96	455
Fever, dentition.....	23	14	13	22	72
" Intermittent.....	7	17	4	26	54
" Eruptive	45	27	45	63	180
Extraction of Teeth.....	22	27	30	15	94
Rheumatism	16	15	43	46	120
Skin diseases	20	22	35	19	96
Diseases of the eye and ear.....	10	20	23	16	79
Urinary and generative organs.....	40	40	27	25	132
Vaccination	6	1	24	86	117
	507	472	507	654	2150

Of the sixteen fatal cases one died from disease of the heart, one from membranous croup, five from consumption in its last stage, five from cholera-infantum, two from scarlet fever, one from typhoid small-pox, one from metro-peritonitis.

We may safely say, that three-fourths of the patients applying at our dispensary for relief were either Germans, or children of German parentage; the others were mostly Americans. The diminution of Irish patients we ascribe to the close proximity of the New-York Homœopathic Dispensary, which has been opened during the year; and it is indeed the best proof of the spread of homœopathy among the masses that both dispensaries are daily increasing their usefulness, although only six blocks from each other.

The ages of our patients were as follows:

From under 1 to 5 years			697
" 5 to 10	"		250
" 10 " 15	"		70
" 15 " 20	"		98
" 20 " 25	"		335
" 25 " 30	"		284
" 30 " 40	"		250
" 40 " 50	"		112
" 50 " 60	"		46
" 60 " 70	"		8
			2150

It will be seen that the number of patients has increased with each year; and from the number of acute cases calling for relief we were obliged to treat many at their own homes, where they received all that attention commonly given to paying patients. In general our patients, though in reduced circumstances, were re-

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spectable and intelligent—fully understanding the value of homœopathic treatment. What we have done has been accomplished under the greatest disadvantage. The sum of forty-eight dollars is all that we have received from a few personal friends to aid us in this good cause. That our actual expenses were far greater will appear from our Financial Report. May we not therefore justly claim of the friends of homœopathy, even in these times of war, that aid which will enable us not only to continue our efforts to relieve suffering humanity, but to extend their benefits.

FINANCIAL REPORT.

Received.		*Expended.*	
From John Lehmaier, E. E. Marcy, John C. Peters, each $10.00	$30.00	Stationery	$2.00
Miss K. Hedges, A. B. Conger, each $5.00,	10.00	Rent*	$20.00
Louis Lehmaier, Philip Nettre, each $3.00,	6.00	Dental instruments	2.50
John Harriott	2.00	Medicines	$4.50
		To printing report	6.00
		Deficiency of the year 1860	8.01
	$48.00		$73.01

* Stipulated rent was from $40 to $50, but the managers of the Murray Hill Mission School have kindly remitted the balance of the rent, in order that the good work may go on.

SAMUEL LILIENTHAL, M. D., 138 West 25th St.
J. B. PETHERBRIDGE, M. D., 142 West 42d St.

Report of the Auckland (New-Zealand) Homœopathic Hospital and Dispensary. Read and adopted at the Annual meeting held at the hall of the Mechanics' Institute, Auckland, New-Zealand, on the 20th day of September, 1860.

Committee of Management.—W. Brighton, James Clark, W. C. Daldy, Thos. S. Forsaith, M.G.A., Thos. Shayle George, Rev. G. B. Kingdon, R. B. Lusk, G. McElwain, Rev. Alex. Macdonald, A. A. Melvin, F. L. Prime, Richard Ridings, John Salmon, M.L.C., H. N. Warner. *Honorary Treasurer*, Henry M. Jervis; *Honorary Secretary*, William Pulham; *Medical Officer*, Dr. Fischer.

The Dispensary is open every morning from 9 till 11 o'clock, at the residence of Dr. Fischer, where advice and medicines are distributed to the sick poor gratuitously.

The Hospital is open for the reception of patients; those who are poor receive medical care, medicine, lodging, food, and attendance gratuitously; and those patients whose circumstances are such as enable them to pay, receive the same for a contribution of 10s. per week to the funds of the Hospital.

Each annual subscriber of £1 is entitled to recommend one in-door patient, and to have one out-door patient continually under treatment at the Dispensary.

At the expiration of the second year of the existence of the Auckland Homœopathic Association, your Committee have the pleasure to lay before the subscribers the second report of the progress of the Institution, and of the Hospital and Dispensary under their auspices.

The progress of homœopathy has been steadily increasing, and the benefits of the Hospital and Dispensary conferred on the applicants have been much more numerous than in the preceding year, as will be seen by the medical report.

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Your Committee regret to state, that they have been reluctantly compelled, on account of the low state of the funds, to cease to admit in-door patients, who could not afford to pay the weekly fee of ten shillings; and with grief they have been obliged to withhold from many deserving persons the benefits of the charity.

The building so courteously placed at the disposal of the Committee by his Honor the Superintendent last year, has been continuously used. To promote the comforts of the patients many improvements in the nature of the building suggested themselves; but your Committee were not enabled to carry them out, both on account of the expenditure and of the uncertain tenure by which the building is held. It is hoped that the friends of homœopathy and of the cause will be stimulated in their exertions to aid in procuring a freehold property for the Hospital.

However, the utmost gratitude is due to His Honor the Superintendent, for the kind permission of the use of the building.

From the Medical Report in Appendix A. will be seen, that the total number of patients treated during the year amounted to 263 cases, of whom were cured 157, improved 12, unaltered 6, results unknown 65, died 6, and remain under treatment 18.

The number of in-door patients amounted to 44, of which were cured 27, relieved 8, unaltered 2, died 2, remain under treatment 5.

Amongst those patients were five accouchements, three of which were in-door patients in the hospital.

The total number of cases treated from the commencement amount to 448, cases of which were cured 264, relieved 28, dismissed unaltered 10, results unknown 102, died 8.

The financial position of the Association will be understood by referring to the Treasurer's Report, (Appendix B.) by which it will be seen that—

	£.	s.	d.
The total receipts amounted to.....	189	10	1.
Expenditure.....	195	18	6.
Deficit.....	6	8	5.

The gratifying results which have attended the progress of this Association call for much thankfulness, and your Committee are desirous of tendering their great obligations to Dr Fischer, for his uniform kind and zealous attention as Medical Officer of the Institution, by whose generous assistance so much good has been effected.

Your Committee desire to express their obligations to the ministers of religion, and to the ladies who have from time to time visited the Hospital during the past year; and, in conclusion, would urge upon all the friends and supporters of homœopathy the duty of increased effort on behalf of the funds of the Institution, so that in future the benefits of the charity may be more widely and discriminately extended. WILLIAM PULHAM, *Honorary Secretary.*

RETURN OF CASES TREATED AT THE HOMŒOPATHIC HOSPITAL AND DISPENSARY, FROM SEPTEMBER 1ST, 1859, TO SEPTEMBER 1ST, 1860.

Total Number of Out-Door Patients.—Total 219; cured 130; relieved 5; unaltered 4; results unknown, 65; died 4; remain under treatment, 13.

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Total Number of In-Door Patients.—Total, 44; cured, 27; relieved, 8; unaltered, 2; died, 2; remain under treatment, 5.

TOTAL NUMBER OF PATIENTS TREATED SINCE THE COMMENCEMENT OF INSTITUTION.

Total, 448; cured, 264; relieved, 28; unaltered, 10; results unknown, 102; died, 8; remain under treatment, 43.

Miscellaneous Items.

Correspondence.

A M. le docteur SNELLING,

Rédacteur du Journal Nord-Américain à New-York.

Monsieur et honoré Confrère,—Mon ami, M. Davasse, à qui vous avez écrit, me charge de vous répondre en son nom et au mien. Ne sachant guère que lire votre langue, n'osant ni l'ecrire, ni la parler, je vous demande la permission de m'exprimer en simple français.

Les nos. de *l'Art Médical*, que vous avez demandés doivent être maintenant partis, et vous les aurez sans doute reçus avant cette lettre.

Je vous remercie des choses flatteuses que vous voulez bien nous l'ecrire sur notre rédaction; et pour mon compte je suis heureux d'avoir pu vous plaire par les quelques travaux modestes que j'ai publiés dans le journal. Je ne doute pas, Monsieur, que nous ne soyons en grande communauté d'idées sur beaucoup de points; et si nous différons sur quelques choses, ce qui est inévitable dans la nature humaine, nous avons tout au moins beaucoup de sympathies. Je regrette comme vous le petit nombre de relations entre les médecins des deux hémisphères; cela tient, je pense à la langue, à ce que nous savons généralement peu l'anglais, et à ce que chez vous aussi l'on sait peu le français. Des temps meilleurs viendront, je l'espère; et pour ma part je n'ai qu'à me louer de votre contrée: j'ai déjà reçu plusieurs lettres de divers médecines de l'amérique, et j'y ai toujours répondu dans les meilleurs termes. L'année dernière, j'ai rendu compte de l'*united-states* dans l'Art Médical, et je l'ai fait tout à votre honneur aussi bien que selon mes sympathies. Quoique des occupations multipliées me retiennent souvent, je n'en suis pas moins avec bonheur les journeaux de New-York qui m'arrivent. Il peut vous manquer quelque fois, (ce que je dis sans vouloir vous chagriner en rien), une connaissance profonde des auteurs anciens, mais il y a chez vous un sens pratique excellent, et je ne doute pas que l'Amerique ne puisse nous donner de grands maîtres. Je vous engage fort à y travailler. Vous avez pour vous une liberté, dont hélas nous manquerons trop: vous n'avez pas des ecoles officielles comme chez nous, dominent toute la science et toutes les positions, opprimant la pensée dans ce qu'elle a de plus légitime, et tyrannique de toutes manières.

Vous nous annoncez la publication d'un livre (Theory and Practice of Medicine): je serai heureux de le connaitre et de vous lire; et si vous le désirez j'en rendrai compte dans notre journal.

Présentez mon cordial souvenir à vos collaborateurs, et croyez moi votre tout dévoué,

Dr F. FREDAULT,

PARIS, ce 27. avril, 1861. *à Paris, rue Belle Chasse, no. 35.*

LIVERPOOL, 44 *Rodney-st.*,
April 6, 1861.

MY DEAR SIR:—On behalf of my colleagues and in my own name I beg to thank you for your kind letter and to assure you that we cordially reciprocate your wishes for more literary intercourse and co-operation. The books arrived safe, and we shall take an early opportunity of entering on the perusal and reviewing of them, especially the "Principles, &c.," (five numbers received,) by Dr. Peters and

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you, which is so important that it requires much time and deliberation. I regret I had not the pleasure of seeing Dr. Peters when he was in this country, and I am glad to see he is still continuing his immense labors in our cause. Indeed I fear the "Principles, &c." is on too great a scale even for his great powers, and I am glad to see you associated in it as it must have overburdened one man, or, at least, prevented his doing anything else which would be a subject of regret. As for me I have not been able to do so much in journal work lately, owing to the "Repertory" which consumes so much time and labor.

With kind regards believe me, Yours sincerely,

Dr. SNELLING, *New-York.* J. DRYSDALE.

UTICA, May 8, 1861.

MY DEAR SIR:—Why has the "New Homœopathic Materia Medica and Therapeutics" been discontinued?

I think it one of the most valuable contributions which has yet been attempted, to our literature. If it had been finished in the spirit in which it was commenced, it would have given the profession a *complete* knowledge of the action of every drug now known—knowledge too which could not have been obtained elsewhere. It would have been very creditable to the school, and scientific and educated physicians would have been obliged to order and read it, even in the ranks of our opponents. Can it not be *resuscitated*, and completed? With regards to Dr. Peters, I remain, Yours, &c., Wm. H. WATSON.

[The reason was the absolute impossibility of conducting two so important and voluminous works as the "New Materia Medica" and the "Theory and Practice" at the same time. S.]

UTICA, May 16, 1861.

MY DEAR DOCTOR:—Your letter of the 11th inst., came duly to hand. I am very glad that you are associated with Dr. Peters in the preparation of the "Principles and Practice of Medicine," and trust it will be pushed along as fast as possible. It is just such a work as is very much needed. The sixth number, I see, has lately appeared. I have engaged Dr. Horace M. Paine, of Clinton, Oneida Co., and Dr. C. Judson Hill, of this city, who are willing to work with me in the elaboration of the "New Materia Medica." Now if Dr. Peters and yourself can give your assistance, in compiling from the various German, French, and Italian authorities, I think we can successfully carry out the plan.

I believe the last portion of the "Materia Medica" published was on the subject of Asclepias-tuberosa. You have in your possession, I think, the remainder of that article, and also articles on Asclepin, Aster-pumicus, Asparagus-officinalis, &c.

You will recollect that you published a list on the 545—546 pages of the N. Am. Hom. Journal, for May, 1858, of the remaining subjects to be treated under the letter A. If you approve of this arrangement, please let me know, and I will go to work at once. The best way will be for you and Dr Peters to compile from *one* set of authorities, and I and my assistants here from *another* set. We will classify and arrange all that we collect, and then send it to you, to be prepared for publication with what you have collected from *other authorities*, on the same subject. In this way we shall make a division of labor and not all go over the *same* ground I have Pereira; Wood and Bache; Taylor, Medical Jurisprud., Epitomes of Braithwaite; Rankin, &c.; Wood, Therapeutics and Pharmacol.; Amer. Journal of Med. Science; Wilson, On the Skin; Grisolle, Traite de Pathologie, Cyc. of Practical Med.; Laurence, On the Eye; Morland, On Urinary Organs; Amer. Eclect. Dispensatory; Budd, On Stomach; Green, On Bronchitis; Bedford, Obstet. Clinique; Teste, Materia Medica; Hartman, Diseases of Children; Miller, Surgery: Erichisen, Surgery; Druit, Surgery; Helmuth, Surgery; Acton, On Urinary and Genital Organs; Barlow, Practical Medicine; Churchill, Diseases of Females; Watson, Practice; Condie, On Disease of Children; Woods, Practice of Medicine; Hempel, Materia Medica; Caseaux, Acouchements; Ramsbotham, Obstetrics; Bird, On Urinary Deposits; Wilde, On Ear; Billings, Principles;

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Day, On Old Age; Gerhard, On Chest; Theith, Positive Medical Agents; Jones, Ophthalmic Surgery; Acton, On Reproductive Organs; Smith, Principles of Treatment of Chronic Phthysis; Hodge, on Females; Carbing, On Testes; Lallemand, On Spermatorrhœa. Dr. Paine has also a good working library in the English literature of the Materia Medica. We will be responsible for everything contained in *any* or *all* of the above works, as you wish, and Dr. Peters and yourself can consult the remainder, up to about 100 in number, which were *culled* in the Materia Medica as before carried out. Then Dr. P. and yourself can supervise the whole with myself. Please let me hear from you soon.

Yours truly, WM. H. WATSON.

[I fear with the numerous demands upon our time of the JOURNAL and Principles and Practice, that it would be nearly impossible for either Dr. Peters or myself to give much assistance in actual compilation; but if any of our confrères having no such demands upon their leisure will volunteer to assist in the preparation of the *material*, I will endeavor to give what assistance I can in arranging and preparing for the press the material so prepared. All the German authorities should be consulted for us by some competent German scholar, and the other foreign authorities by some one equally competent in French and Italian, &c., and the results compared, sifted and arranged when so culled. We will publish a list of *some* of the authorities, but *all good* sources should be examined. SNELLING.

Opening of the Good Samaritan Hospital in St. Louis.

On the 19th inst. the patients were removed from the old building occupied for the last four years for their accommodation, into the new hospital building.

The transfer was made, and the new hospital inaugurated, without any public ceremonies, such as are usual upon the opening of a building so truly magnificent as our present edifice.

The house is very eligibly situated in a healthy locality, and the view from its western side is agreeable enough to almost cure hypochondria, without the aid of medicine.

The dimensions of the hospital are eighty feet front by fifty feet wide, with a porch for all stories, eight feet wide; here the patients who are convalescing may exercise and refresh themselves. The hospital is a five story building; the height of the walls of the rooms in the several stories, are fifteen, fourteen, thirteen, eleven and ten feet respectively.

Bath-rooms are found in every story, in an addition to the house, and in the same are the water closets.

Upon each story, are large and small rooms for patients, and a good number of rooms for private patients. The upper story is for syphilitic patients, and those affected with cutaneous diseases.

The hydraulic arrangements in the building are perfect, and ventilation has been well attended to. The hospital building will accommodate one hundred and sixty patients. It is no more than justice to say that this enterprise has been carried through mostly by the persevering efforts of the director, Rev. L. E. Nollau, aided by a liberal community such as our city is noted for.

This building has thus far cost over $30,000, and we have incurred quite a debt in finishing it.

Scarcely four years have elapsed since the institution was first founded, and opened in a very humble way by the present director. Dr. E. A. Fellerer was physician the first year, and since that time the undersigned has been the attending physician. On account of the increased size of the house, it will be necessary to have the service of one or two more associate physicians, and Dr. Fellerer is already named by the directory as one of them.

It is a great sacrifice for a physician to give his time in attending to the duties of such an institution, free gratis; but for the interests of humanity, and the good of our cause, it must be done, and as the institution is supported en-

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tirely by private charities, no provision is made to pay the physician. The students of the homœopathic medical college of this city will be admitted to the wards of the hospital, and instructed in clinical medicine.

The fourth annual report of the hospital for 1860 will be published in a few days; it exhibits a mortality of less than six per cent.

On account of the increased labor imposed upon the undersigned, in not only attending to the duties of a very large private practice, but in addition thereto, having the sole charge of this hospital, I hope the senior editors and readers of the "*North Amer. Quarterly*," will indulge me a little for not sending more frequent and more elaborately written contributions.

T. G. Comstock, M.D.

St. Louis Arsenal, June 13th, 1861.

Dr. F. G. Snelling, Dear Sir:—I have a few moments left before leaving with my regiment for Springfield, Mo., on a trip for the suppression of secessionism. By the way, I may as well tell you, that I have been appointed to the post of Surgeon to the 5th Regiment M. V., and since my appointment have had my hands full with the various duties pertaining to the office. For the next number I will try and send you on something interesting in military surgery. There appears to be some opposition here and elsewhere in regard to homœopaths entering the army; but from all I can learn, it refers rather to those educated in our schools, without possessing any knowledge or qualification for the practice of allopathic medicine. As a liberal homœopathist and a graduate of allopathy, my claims have not been ignored. I think an article from your pen for the next number will have a good effect. Had you not better take the subject in hand? Nothing new. Yours truly, E. C. Franklin.

List of Books Received.

A Practical Treatise on Inflammation of the Uterus, its Cervix and Appendages, and on its connection with Uterine Disease. By Jas. Henry Bennet, M. D., &c., &c. Fifth American edition. *With a Review of the present state of Uterine Pathology.* Philad.: Blanchard & Lea. 1860.

The Physiology of Common Life. By George Henry Lewes. Author of "Seaside studies," "Life of Göthe," &c. In two volumes. New-York: D. Appleton & Co. 1860.

An Account of the Nature, Causes, Symptoms and Cure of Loosenesses. By W. Cockburn, M. D., F. R. S, &c. London: Cornhill. 1710.

The Intuitions of the Mind inductively investigated. By the Rev. Jas. McCosh, L. L. D., &c. New-York: Carter and Bros. 1860.

El Criterio Médico. Periodico Official de la Sociedad Hahnemanniana Matritense. Madrid, 25. de Febrero de 1861.

Dihptheria, its Nature and Treatment, with an Account of the History of its Prevalence in Various Countries. By Daniel Denison Slade, M. D., of Boston, Mass. The Dissertation to which the Fiske fund prize was awarded, July 11, 1860. 8vo, pp. 60. Philad.: 1861.

Course of Lectures on the Physiology and Pathology of the Central Nervous System. Delivered at the royal college of surgeons of England in May, 1858. By C. E. Brown-Séquard, M. D., F. R. S., &c. Philad.: J. B. Lippincott & Co. 1860.

An Analysis of Physiology; being a condensed view of its most important facts and doctrines. Designed especially for the use of students. By John J. Reese, M D., Lecturer, &c. Philad.: Lindsay & Blackiston. 1852.

Compendium of Human Histology. By C. Morel, Professor agrégé à la faculté de Medicine de Strasbourg. Illustrated by twenty-eight plates. Translated and edited by W. H. Van Buren, M. D., Professor, &c. New-York: Baillière & Bros., 440 Broadway. 1861.

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Introductory Lectures and Addresses on Medical Subjects, delivered chiefly before the medical classes of the university of Pennsylvania. By George B. Wood, M. D., L. L D., President of the American philosophical society, &c., &c. Philad.: J. B. Lippincott & Co. 1859

The Human Mind in its relations with the Brain and Nervous System. By Daniel Noble, M. D., &c. London: John Churchill. 1858.

Cellular Pathology, as based upon physiological and pathological histology. Twenty Lectures delivered in the pathological institute of Berlin during the month of February, March, and April, 1858. By Rudolph Virchow, Professor, &c. Translated from the second edition by Frank Chance, B. A., M. B. Cantab. Illustrated by 144 engravings on wood. London: John Churchill. 1860.

LUDLAM.

Traité de Pathologie Externe et de Medicine opératoire, avec des résumés d'anatomie des tissus ét des regions, par Aug. Vidal (de Cassis) chirurgien de l'hopital du midi, professeur agregé a la faculté, Laureat de l'institut de France, &c. &c. Cinquième édition, revue et corrigée par le docteur Fano, illustrée. Paris: J. B. Baillière et fils. 1861. 5 vols.

The Diseases of the Ear, their nature, diagnosis and treatment. By Joseph Toynbee, F. R. S. Philad: Blanchard & Lea. 1860.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S. Lectures on Anatomy at St. George's hospital; the drawings by H. V. Carter, M. D., late demonstrator. The dissections jointly by the author and Dr. Carter, with 365 engravings on wood. Philad.: Blanchard & Lea.

A book about Doctors. By J. Cordy Jeaffreson, author of "Novels and Novelists," &c. Rudd & Carleton. 1861.

On Diseases Peculiar to Women, including displacements of the uterus. By Hugh L. Hodge, M. D., Professor of Obstetrics, and diseases of women and children in the university of Pennsylvania. Philad.: Blanchard & Lea. 1860.

Lives of eminent American Physicians and Surgeons of the Nineteenth Century. Edited by Samuel D. Gross, M. D., Professor of surgery in the Jefferson Medical College of Philadelphia. Phil.: Lindsay and Blackiston. 1861.

On Diphtheria. By Edward Headlam Greenhow, M. D., fellow of the royal college of physicians, physician to the western general Dispensary, &c. New-York: Bailliere Bros. 1861.

Camp Cookery and Hospital Diet, for the use of the U. S. Volunteers; being the rules adopted by the British army in the Crimea under the direction of M. Soyer.

SNELLING.

Semi-Annual Meeting of the Homœopathic Medical Society of Oneida Co.

Ten society held its fourth semi-annual session at the office of Dr. L. B. Wells, in the city of Utica, June, 18, 1861. At the appointed time, the President, Dr. W. H. Watson, called the meeting to order.

The members were present. Dr. C. W. Boyce, Secretary of the Cayuga Co. Homœopathic Medical Society, and Dr J. R. White, President of the Otsego Co. Homœopathic Medical Society, were also present.

A report from the committee on medical societies, appointed at the last meeting, was accepted. The following is an extract:

"The committee were soon convinced that an abstract of the laws was insufficient to meet the wants of the Homœopathic profession. The laws relating to the formation and management of medical societies are not readily accessible, and having been amended and repealed in so many instances, considerable difficulty exists in ascertaining the precise meaning and interest of the statute. In order also, to secure efficiency and uniformity in the organization of these associations, it was resolved to publish in pamphlet form *all* the laws of the state which relate to this subject. A pamphlet of forty-six pages was accordingl y

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prepared, and five hundred copies printed, of which about four hundred were distributed to the homœopathic physicians of this state. This effort more than any other, has doubtless, conduced to the very great progress made during the past six months. At the commencement of this year, only seven county homœopathic medical societies existed; now sixteen are formed, entitled to sixty-one delegates to the state association."

The committee on Uniformity of Drug-Proving offered a report* which elicited a profitable and interesting discussion, participated in by most of the members present. The report was adopted.

Dr. Wells advocated the use of both high and low potencies in the proving of drugs. Arsenicum 200, has frequently produced obstinate constipation, while the opposite is the effect of a low potency.

Dr. Boyce related a case which had long resisted low attenuations, but was speedily relieved by a single pellet of Lachesis 2000. A successful expedient adopted by a number of homœopathic physicians in this state, is, to commence treatment with low attenuations, and gradually ascend to the highest.

Dr. Wells related an obstinate case of chronic diarrhœa, which, after resisting low potencies, readily yielded to Lachesis 200.

Dr. Scudder inquired whether the high potencies usually produce good results except when preceded by the low. In a case of chronic diarrhœa, in a consumptive young man a single dose of Lycopodium 1000 arrested the discharge, and restored his usual strength. The diet was not changed. He was living on two parts cream to one of molasses, and could take nothing else. His mother has ulceration of the lungs, and has been frequently relieved of a troublesome cough by Calcarea 600. Croup is often cured by a few doses of the 200th potency of Aconite, Spongia and Hepar.

Dr. Boyce briefly alluded to the beneficial effects of Aconite in epidemic croup, that remedy alone proving rapidly and uniformly successful.

Dr. Scudder related a detailed account of a case of chronic bilious diarrhœa: though several relapses occurred, was finally permanently cured by China, 1, and Mercurius, 3.

Dr. Wells thought more speedy effects would have resulted from the administration of higher potencies.

Dr. Bishop effected a permanent cure upon himself of occasional attacks of diarrhœa, by a dose of Pulsatilla, 500, the remedy having afforded temporary relief only in a low potency.

Reports of standing committees being next in order, Dr. Wells, Chairman of the Committee on Materia Medica, expressed his increasing confidence in the drug (Æsculus-hippocastanum) now being proved by members of the Society, and hoped more extensive trials would be made, both in the low, as well as the high attenuations.

Dr. Hill, Chairman of the Committee on the Homœopathic Treatment of Surgical Cases, reported two cases of fracture: one of the radius, and the other of the clavicle—both successfully treated.

Dr. Wells, Chairman of the Committee on Diseases of Children, read an instructive and interesting paper on Cholera Infantum. The pathology of the disease was shown to be inflammatory, and accordingly Aconite was recommended as a highly useful remedy in this serious and often fatal malady. The paper was followed by a verbal statement, illustrative of the beneficial effects of Aconite in the case of his own child. So great is his confidence in this remedy, that he now uniformly commences the treatment with it, in alternation usually with Ipecacuanha.

Dr. J. A. Paine has for a number of years found it very useful in the disease under consideration, and also in dysentery. In the disease last mentioned he seldom finds any other remedies necessary than Aconite and Mercurius-corr. A cure has uniformly followed the use of these remedies in three or four days.

The Society adjourned to meet at two o'clock.

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* See page 142 of this JOURNAL.

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Afternoon Session.—Dr. W. H. Watson, President in the chair.

Dr. J. A. Paine, Chairman of the Committee on Diseases of Females, reported several cases illustrative of a method of treatment, which in many instances has proved successful. The cases were ordinary inflammation of the tincæ and uterus, both in the married and unmarried. The peculiarity of the treatment consists chiefly in the topical application of the same remedies employed internally. The remedies are incorporated with mutton-suet, by slowly melting the latter, and while cooling, and still in a semi-fluid state, add the remedy in the form of tincture or powder. After stirring the cerate a few minutes, pour out on plates, and when nearly cold, cut into blocks about half an inch square. To remove these blocks, the plate should be heated slightly, when they will readily slip off.

The cerates employed thus far have been chiefly Iodine, Calcarea, Thuja, Belladonna, Hammamelis, Opium, and Pulsatilla. Calcarea, Iodine, and Thuja have proved very efficacious in relieving congestion, inflammation, and ulceration of the uterus, tincæ, and vagina; Hammamelis for menorrhagia; and Opium, Pulsatilla, and Belladonna for dysmenorrhœa.

The applications are usually repeated at intervals of from four to ten days. In several cases the sensitiveness was at first so great, that the cerates could not be introduced as far as the uterus, but after a few applications the tenderness diminished, so that but little inconvenience or suffering was experienced.

The medium for applying the remedies should be neither too soft nor too hard. It should be firm enough to be introduced without breaking up into small pieces, and soft enough to commence melting or dissolving as soon as introduced. The mutton-suet is found to remain three or four days, and during this time is constantly setting free the medicinal substance with which it is saturated. The object intended is to lubricate the inflamed and sensitive surfaces, and prevent irritation from the natural secretions of the parts, which in most diseased conditions are more or less acrid. By this method the remedy is constantly and directly in contact with the diseased surface, and thus an immediate impression is produced, and a healthful reaction awakened much sooner than can be secured by the internal administration alone of the same medicine.

Dr. J. C. Raymond, Chairman of the Committee on Prevailing Epidemics, reported the treatment of a few cases of diphtheria, all of which had yielded to the ordinary remedies.

Dr. Watson had observed in several instances an entire absence of pain or difficult deglutition, even in the advanced stage of the disease.

Dr. Raymond thought such cases were exceptions.

Dr. White stated, that the disease had prevailed extensively in Otsego County. He had adopted the plan, when called to prescribe, to examine all the members of the family, and on several occasions had discovered the disease where none was supposed to exist. He successfully treated fourteen cases with the usual remedies—Belladonna and Mercurius-iod.

Dr. Watson employs the Biniodide in preference to the Protoiodide of Mercury.

Dr. Bishop relies chiefly upon Kreosote.

Dr. Mower, after trying several remedies, finally selected Antim.-tart. and Mercurius-iod. With these he has successfully treated several severe cases.

Dr. Wells considers it a constitutional disease, affiliated with typhus, and has found Rhus-tox., Arsenicum, and Carbo-veg. most useful. Local applications avail little permanent or even temporary relief.

The Secretary read a brief report. The following extracts are of general interest:

"All the members of the Bureau of Materia Medica, appointed at the late meeting of the state homœopathic medical society have consented to introduce Æsculus Hippocastanum into their respective districts. . . . . Since our last annual meeting ten county homœopathic medical societies have been organized, making sixteen, entitled to a delegation of sixty-one members to the state association, nearly half as many as there are members of assembly. . . . . In this work many homœopathists in the state take a deep interest, as the following communication clearly indicates:

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"That the homœopathists of this state are lamentably behind in the instituting of means to the advancement of the great principle which they represent, is a fact too well known to require comment. This is so for several reasons:

"1. They are, as a class, too much crowded with professional engagements.

"2. They rely too much upon the intrinsic merit of their cause, forgetting that, although truth never really dies, yet its final triumph is seldom attained except by the earnest and untiring efforts of its votaries.

"3. They are, and have been waiting for leaders. Give them but these, and a few stirring appeals would, I believe, rally them in large numbers to the collective support of the law 'Similia Similibus Curantur.'

"Believe me, I take a deep interest in the effort which is now making to unite them in concerted action; and rest assured that my feeble endeavors shall not be wanting in this long neglected, much needed undertaking."

The Treasurer's report was accepted, showing an indebtedness of $64.86., incurred by publishing the laws relating to the practice of medicine, which have been distributed to the homœopathists of this state.

On motion of Dr. Hill a tax of $2.00 in addition to the annual tax was assessed upon each member of the society.

On Motion of Dr. Stebbins, Dr. C. W. Boyce of Auburn and Dr. J. R. White of Butternuts, were by vote of the society elected honorary members.

Dr. Wells was chosen delegate to attend the next meeting of the Otsego Co. homœopathic medical society, and Dr. Watson delegate to the next meeting of the Cayuga Co. homœopathic medical society.

The society adjourned to meet the third Tuesday in October.

H. M. PAINE, *Secretary.*

To the Homœopathic Physicians of the State of New-York.

One of the essential principles of homœopathy is the instituting of thorough and reliable provings of drugs by persons in good health. The great work of the homœopathic profession of the present day is, therefore, to obtain as far as may be, a complete pathogenesis of every known medicinal substance, by the collection of which, in future years, there may be prepared a perfect materia medica.

Large numbers of provers are required. The proving of a drug by a single person is is insufficient to establish its character. Its true therapeutic powers can only be ascertained by the observation of many individuals. Only when the results are compared, verified and reduced to a system, in order finally to separate the essential from the accidental symptoms, can its power and worth as a remedy be determined or affirmed.

* "It is only by large numbers of persons, that reliable provings of drugs can be carried on.....This is *par excellence* the glorious mission of the homœopathic physician.....We should complete our county organizations and render them more efficient, and thus be the better enabled to act in concert, in every direction, and especially in the perfection of the materia medica."

The part of every physician to prove drugs upon his own person. † "The proving and re-proving of drugs, until their whole therapeutic powers are understood, is a work devolving upon the medical profession; and a participation in this work, is a duty incumbent upon every member; and no one who has entered the profession, can be in the faithful discharge of the responsibilities thus voluntarily assumed, until he has submitted himself to the self-sacrificing work of proving drugs upon his own person. Such labor, when faithfully performed, will subserve the cause of suffering humanity in all coming time; and he who shrinks from it, is unworthy the honors of his *alma mater*, and the confidence of those who submit their lives to his imperfectly-cultivated instrumentality."

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* Address of Dr. Wm. H. Watson, before N.-Y. State Hom. Med. Society.

† Prof. Wm. E. Payne, Am. Hom. Review, Vol. II., p. 88.

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How to be performed. At the late meeting of the state homœopathic medical society a bureau for the augmentation and improvement of the materia medica was appointed, consisting of one homœopathic physician in each judicial district.

The first district is confided to the care of Dr. H. M. Smith, and consists of the city and county of New-York.

The second district to Dr. Wm. A. M. Culbert, of Newburgh, Orange Co., and comprises the counties of Richmond, Suffolk, Orange, Kings, Westchester, Queens, Rockland, Dutchess. and Putnam.

The third to Dr. A. M. Cushing, Lansingburg, Rensselaer Co., and consists of the following counties: Columbia, Rensselaer, Sullivan, Ulster, Albany, Green, and Schoharie.

The fourth to Dr. E. B. Cole, Waterford, Saratoga Co., and comprises the counties of Warren. Saratoga. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton, and Schenectady.

The fifth to Dr. T. D. Stow, Fulton, Oswego Co., and consists of the following counties: Onondaga, Jefferson, Oneida, Oswego, Herkimer, and Lewis.

The sixth, to Dr. W. R. Brown, of Homer, Cortlandt Co., and includes the counties of Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tioga and Cortlandt.

The seventh to Dr. C. W. Boyce, of Auburn, Cayuga Co., and consists of the counties of Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga, and Monroe.

The eighth to Dr. L. M. Kenyon, Buffalo, Erie Co., and comprises the counties of Erie, Chatauqua, Cattaraugus, Orleans, Niagara, Genesee, Alleghany and Wyoming.

It is very desirable that a large number of physicians in the state should engage in the work, and that provings be confined, until finished, to *one drug only*.

H. M. PAINE, *Secretary of the State Hom. Med. Society.*

Dr. Hoffendahl's Resignation.

We regret extremely to be obliged to say that with the present No. of the JOURNAL Dr. Hoffendahl retires from his editorial position. We have strenuously combatted his resolution for some months past, but a press of other duties makes it impossible for him to perform the share of labor his position demands, and his scruples forbid him to hold the position without a strict performance of its duties. His letter speaks for itself. SNELLING.

BOSTON, April 19, 1861.

MY DEAR DOCTOR:—I feel myself compelled to take a step, the necessity of which I have dreaded for some time past. A press of other occupations makes it impossible for me to be a regular contributor to the JOURNAL; and as I do not wish to hold the title of editor, without doing my share of the work, I am obliged to request you to strike my name from the title page. Be assured that I part with regret, and that my interest in the JOURNAL remains unabated. You will hear from me as often as opportunity will allow. Yours faithfully,

H. L. H. HOFFENDAHL.

Philadelphia Journal of Homœopathy.

Wm. Radde has recently offered the *Philadelphia Journal*, 4 vols., from 1852 to 1856 to the profession at a rate which will probably induce every physician of our school to secure a copy. We have not the space to do more than to call attention to the fact as our August-issue was all made up before we were informed of the fact. He offers them at $2 for the four volumes, which is in fact less than the value of one volume. Besides being a handsome addition to the library of every homœopathist, they are valuable as containing the records and experiences of four years of American homœopathy throughout the country.

In our next number we shall endeavor to review them more at length.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

VOLUME X. NOVEMBER, 1861. No. XXXVIII.

Original and Translated Papers.

ARTICLE XIV.—*On Scabies: Its Nature and Treatment.* By H. FREYTAG, M.D. Read before the Homœopathic Society of Leipsic. Translated by H. L. H. HOFFENDAHL, M. D., of Boston. From the *Allg. Hom. Zeitung*, Vol. LX., 1860.

IT may appear strange that I should choose for my discourse a subject on which so much has been said and written. Few diseases have for centuries given occasion for so many controversies as scabies. An extraordinary number of literary works on this subject are extant, numerous observations and experiments have been instituted and collected, and still we have not by any means attained sufficient clearness as regards this peculiar disease. Among the physicians of the present day we find the most various and often contradictory opinions of the treatment of scabies, and even the exact nature of the disease is still but indefinitely known. The therapeutics, as well as the pathology of scabies are therefore still among the unsettled questions in the medical world.

Last winter I had the fortune—or, if you please, the misfortune—to have a large number of scabious patients under my treatment. I treated these patients on homœopathic principles. The observations made then and at former times led

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to the formation of certain opinions of pathology and therapeutics, which I beg to submit to further examination. Before entering upon these subjects, however, it will be desirable to give a brief outline of what may be considered as finally settled in our science on the subject of scabies.

As early as the twelfth century Avenzoar appears to have known the parasite which appears in scabies—the *acarus scabiei*, or *sarcoptes hominis*. The first detailed description is given by Scaliger in the sixteenth century. This interesting discovery was the beginning of a controversy among physicians, which lasted for centuries. A large number inclined to the opinion, that scabies was only the product of a parasite living upon the skin, which was the sole cause of the disease. Another party considered scabies as the product of a dyscrasia, and the parasite as a secondary formation, having no particular influence upon the disease. Among the principal defenders of the latter opinion were, as is well known, Autenrieth and our Hahnemann. In most recent times the existence of the parasite, which had frequently been denied by prominent men, has not only been generally acknowledged, but it is considered as the only cause of scabies by almost every allopath, and by at least a large proportion of homœopaths.

It is well known, that in scabies we find male and female parasites. The latter are most instrumental in spreading the disease. They are not only larger, but more numerous than the male, in the proportion of ten to one. Their mode of existence upon the human skin is also very different. The males only penetrate into the epidermis, while the females proceed into the cutis, creep forward beneath it, and form canals or furrows, which appear to the naked eye like scratches in the skin. At the termination of such a canal the situation of the parasite is generally indicated by a slight elevation. On introducing a fine needle at this point it is often possible to extract a small point which appears under a lens as a very small and active animal.

At night the parasites are in full activity; they seek each other for the purpose of impregnation, and cause insufferable tortures to the poor patients. The fecundity of the female is very great. They lay from two to twenty eggs, which are

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ripe in eight or fourteen days, and are then capable of further propagation. It is interesting to know, that the eggs resist external influences much better than the adults—a fact which adds to the difficulty of destroying the parasites.

The contagion of scabies is facilitated by sleeping with scabious patients, or by contact with their clothes, effects, &c. Other predisposing causes are want of cleanliness, close damp air, which explains the more frequent occurrence of the disease in the lower orders. Young people and persons with a delicate skin seem particularly liable. Persons who have once had scabies are liable to another attack. When but just cured they often re-infect themselves by parasites contained in their uncleaned garments.

After infection the so-called scabious eruption appears. It occurs in the neighborhood of the parasites, prefers the articulations, but may soon spread over the whole body. The eruption is caused partly by the parasites, and partly by the scratching of the patients, which is induced by the violent itching. The eruption is not at all characteristic; unless, as in cancer, the diagnosis is made from the polymorphic state of the cells, so scabies might be diagnosticated from the various forms of the eruption. It is often possible to find the whole pathology of the skin represented in a single scabious patient.

At the beginning of the disease we generally find vesicles of eczema, papules, and urticaria. These forms are gradually transformed into chronic eczema, impetigo pustules, psoriasis, ecthyma, boils, and even ulcers of the size of a dollar or larger. The division into dry and moist or fatty scabies is therefore not practical, as both varieties are often found upon the same individual, and everything depends upon the soil on which the parasite is flourishing.

Under proper treatment scabies is soon cured, especially if it is recent. But under some circumstances the disease may appear very obstinate, and may greatly reduce the patient on account of the continual irritation of the skin and the great amount of surface that is affected. The allopathic treatment of scabies consists in the destruction of the parasites and of their progeny. This is effected:

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1. By mechanical means: rubbing the skin with hard, rough substances, such as sand, pumice, brushes, &c.

2. By remedies which have proved themselves poisonous to parasites: among others Hellebore, Sulphur, Tar, Creasote, Sublimate, Chlorate of Potass, Iodide of Potass, acids, &c.

The most common remedies are sulphurous and alkaline soaps, especially the so-called *sapo viridis*. They have a double effect:—they cause a separation of old layers of epidermis and of the parasites they contain, and they also have the power of destroying the parasites. It would be both tedious and unnecessary to give a detailed account of the various methods of treating the itch. It will suffice to say, that they are all based upon the above mentioned principles, being combined in various ways, sometimes practical, and sometimes the reverse. Some of these methods are so severe—such as the so-called English method—that even sensible allopaths warn against them, as they cause not only violent inflammation of the skin, but also internal diseases, and sometimes even death.

This is a brief outline of the opinions generally entertained by physicians of the present day, regarding the nature and treatment of scabies. Entirely opposed to them stands the doctrine of Hahnemann. According to him, scabies is a purely internal disease, originating not from the parasite, but from a general dyscrasia—the psora: a disease which may localize itself upon the skin, but which may just as well show itself in any other organ. It is easily understood, that it is of great practical importance to know which of these two theories to embrace; that it makes an immense difference in practice, whether the physician holds to the one or the other doctrine. If the disease is entirely local and confined to the skin the treatment must be different from what it would be if it affected the whole system, and was merely reflected upon the skin. If the first theory is accepted, a local treatment suffices for the cure of scabies; if the second theory is embraced it becomes a necessary conclusion, that the eruption has merely been driven back by the local treatment, but that the dyscrasia has not been radically cured.

Many of our homœopathic colleagues have adopted and

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defended Hahnemann's theory. Though fully convinced of the truth of the other maxims proposed by our honored master, still I cannot subscribe to his opinions on this point. I and many of my colleagues are opposed to this theory of Hahnemann's—being led not by hasty and superficial judgment, but by a careful examination of the reasons, pro and contra. I propose below to enumerate some of the most important and convincing reasons.

Among the arguments against the possibility of scabies being a purely internal disease are the following: 1. A well-known experiment of undeniable accuracy. A person may convince himself at any time, that one of the acari brought into proper contact with the skin of any human being will produce the itch. There are many who have tried to detract from the value of this experiment. It was allowed, that the acarus would cause scabies, but it was asserted, that the parasite, being only a product of the itch, acted by contagion—being saturated with the scabious matter, and carrying it over to the person to be infected, just as flies are able to transport the poisonous matter of malignant pustule. If this opinion were correct, then the scabious matter ought to be just as contagious as the acarus which is supposed to transport it. Inoculation with the pus of scabies should have an effect analogous to inoculation with syphilitic matter. But every attempt to inoculate the itch with matter has hitherto proved unsuccessful. During the past winter I myself twice inoculated my person with pus taken from patients in whom the scabies was at its height, but the wounds healed by first intention, and there were no further effects. It should be remembered, that, according to a recent discovery, permanent scabies can only be produced by the presence of impregnated female acari, while males only cause transient symptoms, which disappear when the parasites have reached the natural termination of their lives. Now, if the acari were merely *carriers* of the contagion, scabies could be produced by the males as readily as by the females.

2. A fresh case of scabies can be cured by proper external applications without any injury to the patient, without subsequent eruptions or internal disease. It has often occurred in

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my practice, that the immediate friends of a patient, owing to unavoidable contact, were also infected, and showed a certain number of vesicles and pustules. In all these cases an early application of external remedies not only removed the disease, but the patients also enjoyed continued good health. Some ten or fifteen years ago, myself and several members of my family were affected on several parts of the body by contact with my brother, who had the misfortune to undergo a severe form of the disease. Immediate and repeated applications of green soap soon removed every trace of the disease; but neither I or any of my family have yet felt any bad effects from curing the disease so rapidly. We know, that there are many homœopathic physicians who, in examining a case of chronic disease, are very careful to ask the patient if he has ever had the itch. If he answers in the affirmative no further examination is made. The physician is satisfied, that he has discovered the cause of the disease, and enjoys his triumph on adding another instance to confirm his imaginary theory. Those who reason in this way will continue to find plenty of nourishment for their disordered imaginations, but they will never arrive at a true conception of the nature of disease.

3. It has been proved by a great mass of facts, that after extirpation of the parasites, there is also a cessation of the vesicles, pustules, boils, &c., which were caused by them. The only exceptions are cases of long duration, where the eruption continues on account of the excretion of other morbid (scrofulous, tubercular, &c.) matter. The cure of the eruption follows the use of simple mechanical frictions, as well as the application of ointments or washes, which act upon the parasites as a direct poison. A complete cure of the eruption does not follow the death of the acari immediately, but in one or two weeks, when the skin has had time to return to its normal condition. If the itch were an internal disease, depending upon a dyscrasia, if the various forms of eruption were merely external symptoms of a disease of the blood, then the course of the eruption would certainly not be influenced by the presence of the acari in the skin, and would continue in spite of all remedies that destroy the parasites.

4. Finally, Hahnemann's theory is contradicted by the fact,

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that scabies is imperfectly cured by internal remedies. It is a matter of every-day experience, that beside the internal remedies, external applications are indispensable for a complete cure.

Lest we should appear unjust, let us give the arguments that have been advanced in favor of the psora theory:

1. Epidemics of scabies have repeatedly been observed. It is asked, how can we conceive of an epidemic spreading so rapidly, which is supposed to depend entirely upon contagion by the acarus? Is it not more probable, that the causes are more general as in epidemics of typhus or scarlatina, and that scabies is a blood-disease? To this we should reply, that epidemics of scabies only occur on the occasion of the assemblage of large masses of people, especially collections of military. Here we have want of care for the body, and filth, and the mutual use of all kinds of utensils. These are all powerful agents in the spread of scabies, and suffice to explain its epidemic occurrence.

2. It has been asked, if scabies is a purely external disease caused by acari, how it happens that a number of vesicles, pustules, &c. are formed, which are evidently not caused by the parasites? further, why it is, that frequently the eruption appears not only on parts infected by the acari, but that it extends to distant parts, covering large portions of skin, where no acari can be found? But such eruptions may after all have been caused by the acari, who only occupied the diseased parts for a short time, and then sought other quarters. Besides a great deal of the eruption appears independent of the parasites, being induced by the itching of the whole cutaneous surface, which again calls forth rubbing, scratching, and a general irritation of the skin.

3. A considerable number of cases can be produced where the dispelling of the eruption evidently had a bad effect upon the health of the patients.

This undeniable fact is the principal argument of the adherents of the doctrine, that scabies has its origin in the blood, and it was this that probably induced Hahnemann to maintain his theory of the psora. To this must be added a circumstance of quite frequent occurrence—that patients who formerly submitted to external treatment for scabies will, after appropriate

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homœopathic treatment, exhibit an eruption resembling the itch, although, of course, no acari can be detected. When this eruption has been cured under homœopathic treatment the other complaints of the patient will also have disappeared. This has seemed to be a striking corroboration of the truth of Hahnemann's theory.

Let us see if this fact cannot be explained so as to remain in accordance with our theory. Let us observe the progress of a case of scabies. The eruption, at first limited, gradually increases; hyperæmia and vesicles are followed by large pustules, boils, and ulcerations, and finally the greater part of the surface is covered with eruptions of all kinds. It is quite natural, that, as the skin becomes more and more covered with eruption, all the nerves of the skin become more irritated, and there is an increased flow of blood to the over-excited tissues. We know, that purgatives act as irritants upon the intestines. They cause increased secretion from the intestinal mucous membrane. This increase of secretion, and the greater afflux of blood to the intestines, attracts a larger supply of fluids from different tissues and organs of the body. This is precisely the condition of the skin in scabies. The irritation of the disease increases the activity of the functions of the skin. Matter which is no longer needed in the process of assimilation, or which may be positively injurious to the body, will be excreted in much larger quantities. The skin thus assumes in part the functions of the kidneys, the liver, and the lungs, and becomes the seat of an extensive process of excretion. This process takes place in the still healthy portion of the skin, which is over-excited and congested, and also in the diseased parts, which secrete serous, plastic, purulent, and other matters. That the skin is capable of an increased excretory process and of throwing off diseased abnormal material, may be demonstrated by experiment, and is often shown by nature. This process is induced artificially by the application of irritating substances, which cause vesication and suppuration, also by fontanelles, setons, &c., and by the new treatment, called Baunsheidtism, which causes an immense irritation of the skin by pricking, inunction, and brushing. Nature shows similar processes in old ulcers of the leg, scrofulous and

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tubercular abscesses and fistulæ, syphilitic vegetations and ulcers, &c.

Since experience teaches us, that the rapid closing of an old ulcer, fistula, or sinus may easily cause disease of the eye or lungs, apoplexy, &c., how much more likely is it, that the sudden suppression of scabies will act unfavorably upon the system. The sudden stoppage of an excessive secretion, and the hasty drying up of the moist and suppurating surfaces must necessarily react upon the whole organism. This effect will be the more unfavorable if the suppression was very sudden, if a large part of the body was affected, if the disease was of long duration, and the system accustomed to excrete noxious matter through the skin, and finally, if the patient is affected by scrofulous, tubercular, gouty, scorbutic, or syphilitic dyscrasia. In fact, it is not uncommon to find cases in practice where the sudden suppression of scabies was undoubtedly the cause of many diseases of internal organs. But it is in the manner just described, and in no other, that scabies can induce other affections. Looked at in this light, the metastasis of scabies is not an effect of imagination, but a positive fact, which may be proved by a sufficient number of cases.

This view of the nature of scabies gives us very clear indications for treatment. It will be found, that we cannot rely exclusively either upon external or internal remedies. It will be necessary to individualize carefully in every case, and to apply one of the following methods of treatment.

a. *An entirely local treatment*, in fresh cases, and where the acari are confined to small places.

b. *External and internal treatment combined*, in cases of longer duration, where the eruption is not confined to the point of infection, but involves large portions of the surface.

c. *Purely internal treatment:* 1. When the acari are destroyed, but the eruption continues; 2. In cases of so-called metastasis, of the nature described above.

Before passing to the special treatment of the disease, let us take a brief glance at our literature, and we shall see the insufficiency of the purely internal treatment of scabies.

On examining Rückert's excellent compend of all the cases of scabies that have appeared in our homœopathic literature,

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it will be found, that the majority of physicians have combined external with internal treatment, for the simple reason that the purely internal treatment was unsuccessful.

Stern objects to the use of sulphur ointment as interfering with the activity of the skin, but he uses the *Spir.-sulph.* externally with good effect. Genzke only uses external remedies in many cases very carefully described. Schelling freely allows the insufficiency of exclusively internal treatment, but assumes, that there are several species of scabies, the difference between which is often detected with difficulty. But why this unnatural and forced assumption of different species? There is no need of such excuses when expressing the conviction, that in most cases of scabies a local treatment is necessary. Starke recommends Sulphur ointment, and gives a recipe, showing how many drachms of his ointment are to be used every day. Many members of the Lausitz Homœopathic Society have followed his treatment with good results. Puffer arrives at the conclusion, that scabies should be treated with Sulphur externally and internally. Hartmann and many others were unable to cure scabies with small doses of Sulphur, as prescribed by Hahnemann, and were obliged to have recourse to *Spirit.-sulph.* externally.

As regards my own experience, I had occasion last winter to treat sixteen cases of scabies. I commenced by a purely internal treatment. I had occasion to use all of the more important remedies recommended in our literature, and believe that I was careful to choose each remedy according to its indications. *Sulphur* I used for months at a time—commenced with the lower dilutions, omitted them for a time, went over to the higher and the highest potencies, and again discontinued them, but in no single case was a cure effected. All other internal remedies were used with the same result. Perhaps in some cases the cure was accelerated by internal treatment; but it was always necessary to fall back upon some external applications, though it might be only *sapo-nigra* or *tinct. Sulph.* Otherwise the case would extend for many months, there would be a probability of the sufferer's patience becoming exhausted, and of his applying to some other practitioner, whose treatment would prove more rapidly effectual.

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For the sake of experiment, I am still retaining exclusive internal treatment in two patients—one having been sick ten months, and the other eight. The eruption sometimes increased and sometimes diminished, but there was never any prospect of its complete disappearance. I propose soon to add a careful external to the internal treatment.

At the same time our literature contains a number of cases in which the cure is ascribed entirely to internal remedies.

1. Some physicians, in communicating such cases, deceive their colleagues in a manner quite unintentional. As long as they do not use powerful itch-ointments, they do not consider it external treatment, to use strong alkaline soap, sapo-viridis, pumice soap, or oil of aniseed.

2. How much may be owing in such cases to scrupulous cleanliness, careful bathing, washing, &c.?

3. How many patients, without informing the physician, use some external remedy, just as a matter of precaution, and to hasten the cure?

4. May there not be other influences, unknown to the physician, which are destructive to the parasites? May not atmospheric influence have a deleterious effect? We know, that some insects suddenly appear in a few days by millions, and are again as suddenly destroyed by unknown, probably atmospheric conditions. We are at present acquainted with only a certain number of poisons that destroy acari. How many other noxious substances, unknown to us, may there not be, which now and then have an opportunity to exert their influence. How great is the effect of continuous human perspiration upon the parasites. Probably every colleague knows how scabies is apt to diminish after violent transpiration from the skin.

5. How is it in cases where only male acari exist, and where the disease is cured as soon as the parasites have attained the natural period of their lives?

6. May not the acari have already been destroyed in a certain number of the cases reported to have been cured by internal treatment alone. It is well known, that scabious patients, if they do not recover with sufficient rapidity, are apt to run from one physician to another. In such cases,

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powerful remedies, previously used, may have killed the acari, and an after-treatment of the eruption may be all that is required.

7. It often occurs that, after the eruption has been driven away by external means, there will be a relapse after a certain time. It will be useless to look for acari, because the eruption is merely the result of an excretory process of the skin. But, on account of the history of the case, the diagnosis of the physician will probably be "scabious eruption."

8. How often probably have cases of old eczema perhaps been taken for scabies. This error is easy for the careless, as as well as for the most conscientious and well-informed physician! The discovery of the acari is often the only circumstance proving the correctness of the diagnosis, and how difficult is it not sometimes to find them?

It will be seen, that there is but little hope left for the internal treatment of scabies. So much the more reason to embrace the treatment according to the discoveries we have given above.

In cases coming under *a*, that is in fresh local scabies, the physician should confine himself to local applications. It is of no consequence which remedy is selected, so long as it kills the acari, and does not, like preparations of Mercury or Iodine, have an injurious effect upon the system. I prefer the simplest and least complicated remedies, and confine myself to washing with *sapo nigr.*, or any other strong alkaline soap, or with a solution of *Hepar-sulph.* And what need is there to be afraid of determined measures? I believe that every one of our colleagues, if infected by a scabious patient, would rather employ energetic washings with the remedies just named, than to have recourse to a few doses of *Sulph.*, 30.

The treatment must be different if the patient has long been affected with scabies, as described at *b*. Here also external treatment is indispensable, but is in most cases to be combined with internal remedies. I am not at all inclined to side with those who believe in the formation of an acrid matter peculiar to scabies. If the patient's blood was already in an abnormal diseased state before being attacked by scabies, then it is quite natural, that, on account of the continual irritation of the skin, there may be an excretion of diseased matter, although it is

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not "peculiar to scabies, and emanating from it." But, if the patient was previously in a state of health, then it is possible, that material, unnecessary in the system, which would generally pass off by the intestinal canal, or the kidneys, or about to be carried to the surface by the blood-vessels or lymphatics, may be excreted by the skin. An arrest of this process can cause a return of the peccant matter into the system, and may thus be the cause of many diseases.

Those who are fond of the meaningless term "acridity" would speak in such a case of a return of the "scabious acridity" into the blood.

I consider it important in cases of long standing, even if the patient's health was previously quite good, to use internal remedies for the purpose of preventing future disease. Here *Sulphur* is the most valuable remedy—seeming to have the power of restoring the proper equilibrium between the functions of the internal organs and the skin. This cannot be demonstrated theoretically, but observation has shown, that in a large number of cases, *Sulphur* will cure disease of internal organs by a derivation of the skin (increased action, perspiration, eruptions), while in other cases it will remove abnormal irritability and secretion of the skin (exanthemated), and place it in a proper relation with the internal organs. I have therefore given *Sulphur* in every case where the patient was previously healthy, and when a different remedy was not indicated by other symptoms. In none of these cases were any after effects observed. The effect of the remedy appeared to be more favorable in the higher potencies. I have not had sufficient experience with other remedies, which may sometimes be indicated, to give a decided opinion of their value. The same external remedies should be used that were described above; but they must be applied very carefully and slowly, so as not to drive away the eruption too rapidly.

Internal treatment is still more important when the patient has been previously diseased. Nature is always striving to remove peccant matter from the system, and thus it happens, that in scrofulous and lymphatic subjects, the eruption is always more extensive.

In these cases *Sulphur* may also be used with good results,

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although frequently *Psorin* and especially *Merc.-sol.* are more successful. In scorbutic subjects *Lachesis* is the best remedy after *Merc.-sol.* Of the other remedies, such as *Carbo-veg.*, *Staphys.*, *Caust.*, *Calcarea*, &c., nothing need be said, as they must be chosen according to the indication in different cases.

In class *c*, the internal treatment is the only rational one. The object is in many cases to recall an eruption which has been too suddenly suppressed, and has induced disease of internal organs. In fact, we often succeed by the use of some of the antipsoric remedies—especially *Sulphur*—in establishing an eruption, and gradually curing a disease of some internal organ. Another class of cases is, where, after an attack of scabies, a scabious-looking eruption, without the accompaniment of acari, either remains or appears soon after. In such cases homœopathy is triumphantly successful. The old-school use externally washes, salves, sapo-nigr., pix-liquid., mercurials, solutions of *Arsenic*, &c., and internally various decoctions, Iodide of Potass, purgatives, &c., but their results are generally quite unsatisfactory. In such cases, sometimes of years' standing, I have often had most remarkable success with the so-called antipsoric remedies—effecting a cure in a few months, without any external treatment. The most important remedy is *Sulphur*, which I give in the thirtieth dilution, and even higher. Next in importance are *Lycop.*, *Calc.-carb.*, *Caustic.*, *Alum*, and *Arsen.*,—the choice to be directed by the correspondence of the symptoms. After treatment from four to six days, no remedy was often given for four or six weeks without any apparent arrest or diminution of the improvement.

ARTICLE XV.—*The Natural History of Disease.* By R. LUDLAM, M. D., of Chicago, Ill.

THERE are several reasons why a knowledge of the natural history of disease constitutes an essential part of a thorough medical education. The more prominent of these are:

I. It forms the ground-work of *pathology.*

II. It is vitally important to the exercise of a correct system of *prophylaxis.*

III. It has a wide significance *therapeutically.*

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I.—*The natural history of disease forms the ground-work of pathology.*

The study of physiology has a more extensive bearing upon practical medicine than perhaps the majority of physicians are led to imagine. As related to human anatomy, this science superadds those characteristics which are peculiar to animate existence; it "makes the dry bones live," vivifies the material and structural elements of the organism, adding their functional use and purpose so as to render the man himself to become "the measure of the universe."

The more intimate and intricate truths of physiology are, however, of greater value when applied to the interpretation of morbid phenomena. Among the sciences auxiliary to therapeutics, physiology and pathology are twin-sisters. We can not divorce a knowledge of the one from a necessity for the other. "The artificial boundaries of chapters and pages separate physiology and pathology for the convenience of readers; but it tends to false views of nature's works and bad practice in our profession, to suppose them different sciences. It is a fatal error to do or to say anything which can lead to the idea, that in health one set of laws are exhibited by our bodies, and in disease another set; or what is still worse, that these laws are in opposition the one against the other."*

The natural history of disease or pathology is therefore but a succeeding chapter in the natural history of health, *id est*, of physiology. The volume were incomplete, the story but half written, without this chapter. We study the one science as an index to the other—physiology as a key to pathology, and not from a mere curiosity to know something of the blood or the brain, the mind or the muscle. A familiarity with the physiological anatomy and functions of the nerves in health will fit us to weigh the abnormal significance of neuralgia and paralysis. A local congestion would be inexplicable without a local circulation. The "insanity of the muscles," classified as chorea sancti Viti by nosologists, were a most difficult enigma but for the physiological analysis of the co-ordinating power of the cerebellum over the voluntary movements in health. And pain has always a dual significance to the intelligent physician.

* Chambers' "Digestion and its Derangements," page 223.

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The very condition of life is death—the waste and disintegration of the bodily tissues. Its functions, forms, forces, and elements are liable to constant disorder. Health, like wealth or wisdom, is a relative term, so perpetually is the organism exposed to contingencies which may disarrange its parts and disturb its equilibrium.

Manifestly therefore, it follows, that since, in order to comprehend the teachings of physiology, a thorough analysis and classification of the normal phenomena of the bodily organism is requisite; so the natural history of disease, presenting us with abnormal facts and phenomena, should be systematized in like manner. The latter, as has already been said, is but a sequel to the former. In our classification of these sciences, the one should be set opposite the other—health against disease. It is only when we have become familiar with the normal physiological traits and peculiarities of each separate tissue and function, that we are fitted to estimate such pathological departures therefrom as are recorded in the natural history of diseased processes.

Without being unnecessarily diffuse upon this point, I would embrace the opportunity to recommend the following table of the functions, as setting forth a practical method of study designed to familiarize the mind with the lessons of these twin sciences. The classification appended is that which I have prepared for, and employed in my lectures upon physiology and pathology in the Hahnemann Medical College.

CLASSIFICATION OF THE FUNCTIONS.

Physiological.	*Pathological.*
a. Digestion.	Disorders of the digestive system.
b. Assimilation.	Hypertrophy, atrophy, and marasmus.
c. Secretion and	Functional diseases of the liver, kidneys, and pancreas, dropsies, &c.
d. Excretion.	
e. Respiration.	Diseases of the respiratory system.
f. Circulation.	" " Heart, arteries, and veins, abnormalities of the pulse animal heat, &c.
g. Absorption.	Scrofula, tabes-mesenterica, &c.
h. Sensation.	Disorders of sensibility.
i. Muscular motion.	Paralysis, chorea, &c.
k. Mental manifestation.	Idiocy, delirium, monomania, &c.

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Such an arrangement as the foregoing, although less accurate than we could wish, will, if pursued in detail, yield the more prominent and essential points of development which are to be desired. A treatise upon these branches, based upon such a classification, and free from a lengthened discussion of theoretical questions, is a great desideratum in all our libraries. If, for example, when we have read a chapter on the special physiology of digestion, embracing the physiological anatomy of the entire alimentary apparatus, and the healthy function of each particular division of this system, we could turn directly to its counterpart, and acquaint us with its special pathology, as manifested in symptoms of organic or of functional derangement, it cannot be doubted, that the result of such a system of study would betray an increased interest and profit to our minds.

The only author who, in so far as we are aware, has adopted this distinct plan, is Dr. Chambers in his late work entitled "Digestion and its Derangements." What he has accomplished in and for this particular function, both in a physiological and a pathological sense, should be wrought out for the more available understanding of these which remain.

II. *This subject of study is vitally important to the employment of a correct system of prophylaxis.*

Physicians are conservators of the public health. When we have learned to bring the best resources of the healing art to the cure of disease, our labor is not yet fully accomplished. Nor when we have analyzed the causes in operation in any given case so as to be qualified in future to antidote their more obvious effects, shall we be competent to acquit us in full of the function of the physician. We are called upon to prevent, as well as to prescribe for the relief of disease,—to anticipate and to remove, in so far as we may, all obstacles to the preservation of the public health.

It would appear almost superfluous to argue the importance, to the profession as well as to society at large, of a correct and thorough system of prophylaxis. Perhaps there is no safer criterion to the superior intelligence and general culture of a community than to note the precautions exercised, both in a general and special manner, to ward off disease. The measure

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of acquaintance with agencies which are insalubrious, as well as the providence exercised to prevent and to counteract their injurious and deplorable consequences, bespeak the estimate which is put upon life, and the rank in the order of intelligence and of substantial worth to which the body of a people belongs.

Nor is it important, in the present paper, to separate those diseases which manifestly result the more directly from physical or chemical agencies, from such as follow an abnormal play of the immaterial and imponderable forces of the economy. Whether, therefore, these causes be physical, chemical, or dynamical, the natural history of the diseases which befal the human organism because of them, affords us the proper standard for a judgment upon their capacity to damage that organism. "The burnt child dreads the fire." Pathological disclosures of every species signify not merely of the suffering experienced by an individual texture or function in the person of an individual patient, but likewise, sound a note of warning against a reckless repetition of the same or kindred calamity.

The term *prophylaxis* being limited in its meaning to the guarding against a particular disease, we would naturally infer its more intimate relationship with special, than with general pathology. It follows, therefore, that the greater our familiarity with the essential features of diseased action, the more we know in detail of its causes and consequences, as these are influenced and modified by the vital constitution of the tissues and fluids, the better shall we be able to protect us against harm to our own persons, and to those of our patients.

The natural history of disease affords all the minutiæ, analyzes and classifies all the facts which aggregate the history of abnormal processes. It warns us that crude physical causes, brought into contact with the textural mechanism of our bodies, may result in physical mischief; that chemical and toxical agencies corrode and consume away the life of the tissues; and that a loss of equilibrium among the more subtle forces of the economy will risk its health as soon and as certainly as will either of the foregoing. It contributes all the aid which physiology may supply in confirmation of the

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truth that, without exception, each organ and function of the body is prone to disease. It narrates the consequences, in the person of others, of those errors, follies, or misfortunes which indicate that disease is already prevalent among them. It proclaims to patient and physician that, since disorders of the function of digestion so frequently result from improper food and exercise, the very fact should admonish against these causes of harm to the nutritive system. The ill effects of confined air, of an improper temperature, of deficient sleep and repose, of irregular or excessive exercise, whether it be muscular or mental, present, in detail, the strongest possible plea for what has been styled the preventive treatment, or "the medicine of healthy individuals."

The science under review, also designed primarily to tabulate the result of disease-producing agencies upon the human organism, may, therefore, be considered as an indirect means to the preservation of health. Illustrations of this fact are both numerous and familiar. In the mouths of sanitary reformers preaching the necessity for a proper ventilation, the historical infamy of the black hole at Calcutta has yielded an immense fruitage to the popular benefit. But despite the general public enlightenment on this one point of practical hygiene, the physician is brought into almost daily contact with morbid consequences, even among the more cultivated classes of society, which point to a shameful neglect in this very matter of ventilation. The pectoral disturbances which result bespeak the mischievous effects of respiring a noxious atmosphere over and over again. Here one of the chief physiological conditions of life,—a due supply of atmospheric air, is neglected, and the first duty of the practitioner is to correct the abuse, to remove the cause of which the disorder is but the natural and the necessary consequence.

Society demands that her private homes, as well as her public hospitals, be properly ventilated. And it is the fruit of a familiarity with the details of every-day practice and observation that is to render this knowledge available, as well to the charmed circle of home, as the sounding charity of an hospital. When nature creates a necessity she always ordains the means wherewith to meet its demands, and there is a hygienic sig-

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nificance in every fact and phenomenon of disease which is chargeable to an infraction of her laws.

III. *The Natural History of Disease has a wide significance Therapeutically.*

It has been claimed that the homœopathic system of treatment being purely expectant, its advocates are therefore possessed of superior advantages for cultivating a knowledge of the natural history of disease. Rejecting the proposition that its therapeutical appliances are entirely of the do-nothing order, we accept the truth as stated, that the homœopathist's means for a complete and adequate knowledge of disease are much before those of the followers of any other school of medical practice whatever.

It does not always happen that these facilities are fully developed by us; that men of the widest experience as practitioners are of the wisest order as pathologists.

It is quite possible that, in general, one should prove a skilful, although he may not be a truly scientific physician. The guide may have conducted the traveller with all due safety, as regards the result of his journey, along routes of which, in reality, he himself knows but little or nothing. A man may sometimes cure a pneumonia with Phosphorus and Bryonia, and yet remain altogether ignorant and innocent of a knowledge of the natural history of the disease he has remedied. Thousands of patients are relieved by extra-professional prescriptions of this order, for it is upon this one fact,—that homœopathic remedies *may* prove efficacious in the hands of the uneducated, that the whole catch-penny system of domestic practice is founded. Whether the species of logical jugglery which supports its claims to the public confidence will persuade the medical and general mind of its superior merits, remains to be seen.

Despite these qualifications, however, the truth is unquestionable, that, if he be disposed to develop them, the homœopathist has peculiar advantages for the investigation and analysis of disease. Discarding the employment of all those harsh and perturbing appliances of the old system of medical practice, whereby the symptoms proper to the disease, and those following the administration of the drug were so apt to

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be confounded, he is prepared to inquire into the source and significance of its more legitimate phenomena. These obstacles being removed, we shall find that year by year, as the damaging effects of a crude and mischievous medication are wearing away, a knowledge of disease *per se*,—as distinct from the effects of voluntary agencies on the human organism, will be the more easily and surely attained.

One principal reason why Hahnemann and so many of his followers have discarded the teachings of pathology, is that matters in a medical way had gone so far to corrupt and deprave the animal economy, in all its physical interests, that it became next to an impossibility to distinguish between phenomena resulting from an imperfect reaction of the living system against influences which were purely accidental, and those which spring from "an intentional resort to extraordinary abnormal impressions for the relief of disease." And this remark applies as well to those symptoms, which, so to speak, are crystalyzed into the textural details of morbid anatomy, as to those of any other variety whatever. The careful anatomical inspection of the body, its various tissues and fluids, whether before or after death, will yield fruits a thousand-fold more valuable to the physician, if that body has been known to be free from the entangling effects of drug-poisons unwillingly administered, than if it were otherwise.

It is impossible, in the present state of our knowledge, to estimate the rapid advance which is being made, and the generous contribution of homœopathic therapeutics towards the perfection of our knowledge of disease. The more the masses are persuaded to abandon the old drugs they have taken, the better for them and for us. The more general the resort to our potencies, the more efficacious will they become, since the more we know of diseases, pure and uncomplicated, —other things being equal, the greater our ability to treat them understandingly, and successfully also. Every year brings with it new facilities in this regard. Each generation gains upon the former, and there will soon be no reasonable excuse for a want of information concerning the subject discussed in the present paper.

It is as important for us to recognize the disorders we would

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remedy as it is for any other class of medical practitioners beneath the sun. If they must interrogate nature, so also must we. The means for the analysis of morbid symptoms are the same for all, and their lessons as significant to us as to any beside. Intuition is an *ignis fatuus* of both schools and all systems. When one remarks that a "mere glance" is sufficient to acquaint him with so much as it is important to be known of a given case of disease, we may reasonably conclude that his prescription will be worth but little or nothing to the patient. The name of a disease is just as important as is the name of a remedy, and the pathology of the one as the pathogenesy of the other.

A knowledge of the natural history of disease embraces a detailed acquaintance with each or every species of disordered action to which the machinery of our bodies is liable. Its practical lessons lie in a wonted familiarity with the properties of agencies which are insalubrious, whether these be of an accidental or artificial variety, in order, either that we may avoid them as a source of mischief, or administer them as a means of good.

ARTICLE XVI.—*Post-Partum Hæmorrhage—The Uterynter.*
By E. C. FRANKLIN, M.D., of St. Louis, Mo.

To the junior practitioner, or the young man just entering upon the practice of his profession, there is no complication attending the parturient effort that carries with it so much embarassment, so much heartfelt anxiety, as hæmorrhage after delivery. It is a subject too little regarded in the detail of treatment as furnished by the text-books of our school on obstetrics and the diseases of women, and not thoroughly enough canvassed by the teachers in this department in our colleges of medical instruction. Too often is the student permitted to leave the halls of learning, panoplied with his diploma, buoyant with hope at the glorious visions of success that await him, and confident in the all curative powers of the attenuated pellet, or the infinitesimal dilution. Too soon, however, he finds the vaunted remedies in many cases power-

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less to heal; too soon he begins to realize the inefficiency of prescribing remedies to meet indications alone; and if his mental ken looks not beyond the narrow limits of books and lectures, dissatisfaction and doubt usurp the place of confidence and hope. He now begins to find himself either distrustful of the cherished principles and treatment, as taught in the books, or else yearning for more light, he seeks now fields of practice in the laudable ambition to cope more successfully with disease. Hence, the publications of monographs on this subject are of incalculable benefit to young practitioners in midwifery, and the complications that sometimes follow in its train. To successfully combat a case of hæmorrhage after delivery, from whatever cause it may originate, oftentimes requires all the tact, presence of mind, and discrimination of judgment of the most scientific and experienced physician, and at times, we are no better, than silent spectators looking on with anguish, while our trusting and confiding patient sinks gradually away, until the whole life-force is sapped by the crimson tide. If such be the occasional results of the practice of the learned and experienced, how much more forcibly will such a calamity come home to the young practitioner, unskilled in the adaptation of those practical advantages, upon whose solid foundations may be raised the superstructure of hope. The object of the present paper is to present to the consideration of the junior practitioner those means upon which he may rely more implicitly in the hour of danger, when theories should yield to experience, and hypotheses and routinism should give place to demonstrative facts. Let us for a moment examine the chapters upon this subject as presented in the two more important works in our school: *Dr. Leadam devoting a small space to the treatment of hæmorrhage after delivery says: "If the hæmorrhage be produced by adherent placenta, or by inertia of the uterus, and the absence of the contractions of this organ necessary to close the mouths of the vessels which have been exposed by partial or entire detachment of the placenta, recourse must be had to Pulsatilla or Secale-cornutum," adding directions to re-

* Leadam on Diseases of Females and Children, page 137.

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peat the dose every five or ten minutes until the hæmorrhage diminishes, and then the intervals may be prolonged in proportion," and concludes by advising Bell., Crocus, Ipec., Sabina, Nux-vom., as the *symptoms* may demand. *Jahr devoting an inconsiderable space to the consideration of this subject, has the following language: "Uterine hæmorrhages during, or after placental delivery may be caused by adhesions of the placenta, inertia of the uterus, insufficient uterine contractions leaving the mouths of the bleeding vessels open. Such hæmorrhage may likewise be internal or external. *Puls. and Sec.-cor. will remove the difficulty*, or we *may* have to give Platina, Coc., Ipec., &c. &c.† Success *may* crown our efforts to assist the patient, whatever may be the kind of hæmorrhage that we have to combat, *three globules of Arnica* in half a tumbler full of water, a dessert-spoon full every fifteen or thirty minutes will generally remove all immediate danger." Comment upon such practice is unnecessary. With such crude, unsatisfactory and unreliable precepts from our standard-works in the department of obstetrics, put forth with all the confidence and importance of oracular teaching, can we wonder that the practitioners of our craft should justly become "the jeer and by-word" of all sensible and reflecting men. Such is the treatment so confidently recommended to the student and junior practitioner, in one of the most serious and alarming complications that attend the parturient state, and dependence upon such precepts alone in many cases is little better than murder. I have been taught to believe that no physician should have the hardihood to enter the chamber of the lying-in woman, without being prepared, promptly and effectively, to manage every placental case that may by any possibility present itself. These are the sentiments inculcated by that lucid, emphatic and practical author Dr.. Gooch. There is nothing so calculated to strike terror into the heart of the physician, and for a moment paralyse his best efforts, than flooding after delivery. Nature has opened her flood-gates, and it requires oftentimes all the skill, sagacity and coolness

* Jahr's Diseases of Females, page 358, Section 139, Uterine Hæmorrhages.

† Jahr's Diseases of Females, Art. "Hæmorrhage during Labor," p. 355.

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of the most experienced accoucheur to close them successfully, and yet we are told with a positiveness that amounts almost to an oracular dictum, that "the globules of Arnica will generally remove all immediate danger. But let us waste no more time in reviewing the shortcomings of our literature, but rather look forward to the consideration of those important agencies that constitute the difference between the educated practitioner of our art, and the infatuated routinist of books and symptoms. That the treatment of post partum hæmorrhage according to the established rules laid down in our standard text books in this speciality are often of no avail in particular cases, is familiar to all who have enjoyed much practice in midwifery. Any suggestions therefore on new and prescribed points of practice should be deemed valuable to every new beginner. Before entering upon the treatment to be pursued in such cases let us briefly review the cases and conditions of uterine hæmorrhage. Hæmorrhage arises from an absence of uterine contractility, and may be caused by a too hasty labor, the uterus becoming exhausted and powerless through the strong and rapid contractions on the fœtus; or, a slow and exhausting labor may be terminated by the expulsion of the normal contents of the uterus, and no further contractile power be left to close the gaping mouths of the uterine vessels, relaxation taking place, and as its absolute concomitant, hæmorrhage. It is true, we may not be able to explain the reason why, at the expiration of a certain period, an action should be set up in the uterus causing it to contract on what at such time must be considered a foreign body, but experience teaches us the fact that the contraction takes place and continues, (no obstacle interposing) until all foreign bodies are expelled. The degree of hæmorrhage furnishes us, in ordinary instances with a tolerably correct estimate of the extent to which the placenta has been detached; but the only means to ascertain correctly the quantity of blood lost, will be to measure the effects produced upon the system of the patient. While those of a full, plethoric habit, with an excess of vital fluid, comparatively speaking, lose larger quantities of blood, than those of a more delicate, lymphatic temperament, without a corresponding increase of systemic derangement; yet,

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the injurious impressions upon the system depend more upon its tone and fibre than upon the amount of blood lost. The effects of hæmorrhage are to increase the rapidity of the heart's movement, the momentum of which is in an inverse ratio to its rapidity of action; the pulse becomes quicker and smaller, the column of blood not only being evidently diminished, but the stimulus of the heart is also weakened as the loss increases; its power of propulsion is likewise enfeebled, and although beating with a greatly increased stroke, the column of blood becomes weaker and weaker, until pulsation is lost at the extremities. The patient will now complain of great weakness; the face becomes pale, the lips are blanched, the breathing anxious, with great weight and anxiety about the præcordia; nausea and vomiting often supervene, which is soon succeeded by great prostration; perspiration breaks out upon the forehead and face, with tinnitus aurium, confusion of ideas, followed by fainting; a tossing about of the arms takes place, the patient frequently expresses herself that she is sinking through the bed, or that the room is moving around with her; the breathing gradually becomes more feeble, until it is scarcely perceptible; the oppression in the præcordia increases, with an occasional deep sobbing gasp, followed by a transitory consciousness, and relapsing into a state of insensibility; the features become pinched with a general expression of death-like collapse. The cerebrum is more or less interested in the disturbance, through the loss of its accustomed stimulus, as is evinced by strabismus, temporary mania, or delirium, and in extreme cases convulsions. These spasms are extremely unfavorable, as they not only prove that the system has been keenly affected by the loss of blood, but from their violence may readily extinguish the little spark of life remaining. Such are a few of the more important evidences of a sudden and extensive loss of blood *externally* from the patulous mouths of the utero-placental vessels. *Internal* uterine hæmorrhage may, however, take place. The blood being prevented from escaping through a contracted state of the os uteri, by coagula, or the detached placenta. In this variety, the swelling of the uterus keeps pace with the accumulation of blood within its cavity, and in

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lieu of the doughy feel, and general flaccidity of the organ, the uterus hardens from the presence of the blood against its walls, until it may attain the size of its gravid state before labor. In this condition the patient may be in the most imminent danger of dying from hæmorrhage without any evidence of an external flow. From the insidious manner of its attack this internal uterine hæmorrhage is justly looked upon as particularly dreadful. The uterus in most cases fills to a certain extent only, and excited into action by the stimulus of its distension, by concussion, coughing, &c., &c., it contracts upon, and expels its contents, to return again to its former state of inertia, this operation being repeated until exsanguination is followed by sudden death.

Treatment.—Let us now consider the means and appliances that are oftentimes demanded in the treatment of this terrible concomitant of the parturient state. If we keep in mind not only the result of uterine hæmorrhage, but the causes producing it, viz., the exhaustion of the uterine fibres by continued and repeated contraction, engendering a loss of nerve force, or a deficiency of sufficient stimulation to call their enfeebled powers into action, we are prepared to appreciate the result, which is a patulous condition of the uterine sinuses, and *par consequence*, either *internal* or *external* hæmorrhage. So long as this inertia or atony of the uterus continues, so long will the patient be in danger of hæmorrhage, and those females are the most predisposed to it who are of a lax and phlegmatic temperament, who during pregnancy have suffered much ill health, by which the tone of the solids has been weakened; who have very large pelves, and a soft dilateable os uteri. The appearance of the hæmorrhage proves either a partial or complete separation of the placenta, and in proportion to the extent of the flow should our means be employed for its prevention. The patient should be placed in a horizontal position, her hips elevated by means of a blanket folded several times, and placed under the breech, the body being barely covered with clothes sufficient to protect her from cold. If the hæmorrhage be *internal*, we should immediately introduce the hand into the uterus, and remove the coagula and blood which it contains. The stimulus of the hand will also favor

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contraction, while the remaining hand making friction on the hypogastrium will facilitate the same result. In ordinary cases, with the internal administration of Secale, even if it does not act soon enough to aid the expulsion of the placenta, it may nevertheless contribute much to ensure the contraction of the uterus afterwards. If, in spite of these remedies the hæmorrhage continues, advantage may be gained by pouring water from a height upon the lower part of the abdomen, this, by producing a sudden shock may act as a powerful means of rousing the uterus into activity. However great the inertia may be, the uterus will seldom refuse to obey such a stimulus as this, which is far better than cold compresses on the thighs and hips as prescribed by Chailly.* The inefficiency of long-continued cold to the abdomen, and the efficiency of the sudden shock is admirably expressed by Dr. Gooch in a dangerous case of hæmorrhage. He says: "Finding the ice so inefficient, I swept it off, and taking an ewer of cold water, I let its contents fall from a height of several feet upon the belly; the effect was instantaneous—the uterus, which the moment before had been so soft and indistinct as not to be felt within the abdomen, became small and hard—the bleeding stopped, and the faintness ceased—a striking proof of the important principle, that cold applied *with a shock*, is a more powerful means of producing contraction of the uterus, than a greater degree of cold without the shock." Another mode of applying cold to induce uterine contraction, little if any inferior to the former, is an injection of cold water into the uterus itself. This, however, cannot be applied with advantage, until after the removal of the placenta and membranes. It may be employed several times in succession, and by persevering in its use, we may often be enabled to bring on a contraction of the organ, even after having been foiled in the first or second application. Baudelocque, I think, has originated another means of producing permanent contraction by introducing the hand within the uterus, and with the fingers making steady and forcible pressure upon the abdominal aorta just above its bifurcation, and lauds the manipulation as one

* "Chailly's Midwifery," Art.: Accidents in the Delivery of the Placenta.

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of the most precious discoveries in obstetrical art. M. d'Ornelas has proved the advantage of this remedy in several cases in which the results were of the most satisfactory nature. This compression is not urged as a curative remedy, but as an agent permitting us to gain time, often "a consummation devoutly to be wished" in accidents so fearfully rapid as flooding after delivery. "The effect produced, says an esteemed author, is so manifest that the flow of blood is immediately checked, and if, by a movement of the patient, the aorta should escape from the hand, the hæmorrhage commences immediately." Another plan suggested by Mr. J. Higginbottom, is the administration of an emetic of Ipecac., as soon as the hæmorrhage is observed. I have no experience in the result of this practice, but if it possesses any consideration as a medical agent of value, I believe its chief merit consists in the closeness of its similimum to the difficulty under treatment, which is easily proven by the pathogenesis of the drug, when compared with the aggregate of symptoms displayed by the sudden and great loss of blood. The Hon. Thomas Chavasse in speaking of the importance of this remedy in uterine hæmorrhage says: "I have not unfrequently observed, and I have no doubt other obstetric practitioners are cognizant of the fact, that where flooding after delivery has prevailed to such an extent as to alarm the attendant, and awaken the apprehensions of the medical man himself, a sudden fit of vomiting has stayed all further loss of blood. The contents of the stomach and those of the uterus having been almost synchronously poured out; the womb has at once contracted, and no further hæmorrhage has ensued." Another remedy, said to be of great value in this accident, and which has been employed for some years past, is the midwifery tourniquet. This instrument is said to possess a potent agency in controlling all uterine hæmorrhages after delivery, from whatever causes they may originate. In lauding the virtues of this agent, a celebrated accoucheur says: "On the occasions in which I have employed the instrument, it has acted admirably. In two cases its utility was most marked, though used under very opposite circumstances. The one, a very large fat woman, of a leuco-phlegmatic temperament, with, I believe, a flabby heart; the other, a little

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spare woman, of a highly nervous diathesis. In both cases a frightful hæmorrhage on previous occasions had succeeded the birth of the child, notwithstanding the use of a timely dose of Ergot, placing their lives in the greatest peril. In the former case nothing suppressed the flow of blood but the injection of cold water; the other yielded before that remedy was resorted to. In their subsequent labors the tourniquet was loosely applied as soon as the pains commenced, and brought fairly into operation as soon as the child was born, and in both instances, as well as on similar occasions since, no more than the ordinary amount of blood was lost."

Dr. R. W. Lammin also testifies to the good effects of the tourniquet in the following language:—"Some ten years ago I attended a woman in her third confinement. She had very severe, almost fatal, post-partum hæmorrhage, but rallied and did well; and she had the same thing, but not so severe, at each of her previous labors. At her subsequent confinement I applied pressure—the hand of her friend—as the child was being expelled, and sustained the same by tying something very tightly around her before the placental expulsion, and she had no hæmorrhage. From that time till this I have done the same thing in every case, and have not since then had a case of post-partum hæmorrhage." If I am not in error, Dr. J. Burns, of Glasgow, also recommends this practice. Having presented the most reliable agents, as advocated by various authors, for the suppression of uterine hæmorrhage, and shown their want of perfect reliability in some cases, and under certain circumstances, I propose to add a few suggestions on behalf of the utcrynter. The object of the accoucheur is to excite immediate and complete contraction of the uterine parietes, in order to close the mouths of the gaping vessels; or, by some well-applied mechanism, to prevent the effusion of blood, until the organ by other means shall have been stimulated into vigorous action. To effect this purpose all the appliances heretofore mentioned have been called into requisition; but in many instances they have failed in effecting the wished-for consummation, and the uterus, exhausted by its long-continued struggles, or precipitate action, obstinately refusing to contract, exsanguinification and death have too

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often been the melancholy result. It is in this state of inertia of the uterus, after all other appliances have failed, that the uterynter promises the most hopeful results, by preventing further loss of blood—thereby enabling us to gain time for the administration of internal remedies, or by stimulating the nervous force into a condition of contractility.

I will mention a case in which the uterynter was successfully employed, even when all other hope had been dissipated, and without which I believe the case would have terminated fatally. A few weeks since I was summoned to attend a lady in her second confinement. From an examination of her previous history, I learned that her last accouchement had nearly terminated fatally; but she was saved after a great deal of labor and effort, by the untiring energy and skill of her medical attendant. She was of a pale, phlegmatic constitution, of an exceedingly delicate organization. Soon after the birth of the child, after a tedious and severe labor, a large quantity of blood gushed out. Placing my hand upon the hypogastrium, I found no contraction of the uterus, but instead, there was the usual soft doughy feel. The hæmorrhage continuing, I instituted an examination per vaginam, and found the placenta nearly detached, which was instantly removed. With the dorsal surface of the left hand firmly held against the placental surface of the uterus, and with the right rubbing and kneading the abdomen, I hoped to produce contraction, but failed; next the cold douche was tried, and continued for several times in quick succession—but all to no purpose. Cold water was then freely injected into the uterine cavity—once, twice, thrice, with no benefit. Effort after effort was made to bring on uterine contraction; but all seemed hopeless—the life-tide was fast ebbing away. In this extremity I thought of the colpeurynter, and reasoned, if this would control hæmorrhage in the earlier stages of abortion by obliterating the cavity of the vagina, and by pressure stop the flow, surely a larger instrument, that would fill up the whole uterine cavity, would check uterine hæmorrhage at full term. Closing the bleeding vessels with the dorsum of my hand as before, I despatched a messenger for my largest sized india-rubber globular pessary. Upon its arrival I found it was easy to inflate it to the

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size of the gravid uterus, and quickly introducing it after lubrication, I began the process of filling it with air, and in a short time, to my indescribable joy, I felt the uterus gradually increasing in size, as the inflation proceeded, until it appeared to me almost the size of the organ before labor came on. The hæmorrhage had now almost entirely ceased, and placing a ligature around the tube, administering internally drachm doses of the *wine of Ergot*, in order to obtain the stimulating properties of the alcohol, as well as the specific action of the drug, I awaited the result most anxiously. In less than two hours from the introduction of the uterynter, the patient began to feel pains in the hypogastrium, which increased in a few minutes to a full labor pain. I was satisfied of the contraction of the uterus, and applied a broad bandage tightly around her body. In a few minutes afterwards, the uterynter was ruptured with a loud report, by the firm and continued contraction of the uterus, and expelled from its cavity, accompanied with about two ounces of dark coagulated blood. The abdominal bandage was now re-arranged and tightened, the child applied to the breast, and from that period all went on favorably. The woman, from the excessive loss of blood, rallied slowly, but safely, and up to the present writing, both mother and child are doing well. In the fortunate termination of this case, two things I think are conclusively proven: first, the inefficiency of the usually prescribed homœopathic remedies to meet the exigencies of the case; second, the value of the uterynter as an invaluable agent in controlling post-partum hæmorrhage in extreme cases, until the system shall have sufficiently rallied to feel the impression of internal medication.

In drawing the attention of the profession to this invaluable aid in obstetric practice, I feel I cannot too highly urge its application in those cases of uterine hæmorrhage after delivery, when the loss of blood is sudden and profuse. Before using this instrument, I would suggest, that the secundines be removed, so that its broad and firm surface when inflated should fill up the whole expanse of uterine cavity—making, as it were, a continuous coating to the inner surface of the organ. In introducing the uterynter, it should first be well lubricated with some oleaginous substance, then rolled together

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into the shape of a cone, and introduced within the cavity of the uterus, and there retained while inflation is going on, and until perfectly distended.

Herewith I send a rough drawing of the instrument, made of india-rubber. The length from A to B is six inches; the breadth from C to D is four inches; the length of the tube twelve inches; E, a conical cork, to be introduced within the tube after inflation.

ARTICLE XVII.—*Clinical Cases.* By J. DAVIES, M. D., of Chicago, Ill.

CASE 1. *Bilious Rheumatic Fever.*—Miss L., aged twenty-six, had been several months in the country, where she contracted fever and chills; was cured with Quinine, which contributed much to produce the following symptoms:—When I first saw her, eyes sunken and dull, tinged with a faint yellow color; tongue heavily coated with a dark brown fur, and unusually dry; breath exceedingly offensive; pulse slow and laboring; skin dry and hot; no appetite; incessant thirst; a dull aching pain, extending from the hepatic region over to the posterior portion of the scapula, and along the dorsal and intercostal region of the right side; almost every articulating process felt tender to the touch, especially the superior and inferior extremities, which were very much swollen. Her mind was much depressed; her countenance suffused with a saffron-like color—plainly indicating, that with the rheumatic disease, icterus was about developing itself. Never having tried homœopathy, but tested the *regular* treatment, she felt some hesitancy in adopting it, although it had fully proven efficacious in the family of her friends. However, she consented to try it. I prescribed Rhus, 1, and Ars., 0, a. a. gtt.

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xij. ft. pulv. xij., a powder every four hours alternately. At the same time directing Rhus-tox. lotion, to bathe the swollen and partially anchylosed joints. Continued the same treatment until her health was again restored, which took place in less than two weeks. Previous to making use of homœopathy she had been under the care of several physicians of the old-school, without receiving any permanent benefit. She is now free from every trace of biliousness and rheumatic inflammation, and has been since May last.

Case 2. *Chronic Diarrhœa.*—A young man of decidedly bilious diathesis, accustomed to sedentary habits, who obtained a livelihood by performing on the stage as low comedian, had suffered some twelve months past with occasional cutting, aching, and frequently burning pains in the bowels, principally in the hypogastric region; standing or walking greatly aggravated the symptoms, so as sometimes to oblige him to keep his room for several days. There was much tenderness upon pressure over the whole of the small intestines. Accompanying these symptoms there was marked thirst and poor appetite; most of his food or drink distressed him, and urged him to stool—the evacuations being of a dark yellow color and watery; pulse hard and slow; tongue dry and coated. He had a troublesome frontal headache. Had twice, I think, suffered from gonorrhœal discharges, and had been variously treated for this, as well as the chronic enteritis, in the East and in the South, without receiving any permanent results of a curative character. The expectant, the hydropathic, and heroic systems of treatment had in their turn failed to restore his health. He was highly prejudiced, notwithstanding, against making a change to homœopathy. When I called to see him, I found him lying upon a lounge, reading;—this position relieved him most, and appeared to make life tolerable. Being of cachectic appearance, and presenting the above-named train of symptoms, I prescribed Nit.-acid, 0, gtt. j., in a teaspoonful of water every four hours. On the fourth day an improvement commenced, and continued up to the twenty-first, when I considered him convalescent. Occasionally the bowels have troubled him, owing to over-exercise, or extreme imprudence, but have readily subsided upon the use of Nit.-acid, alternated

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with Ars., 1. He is now a student of homœopathy, and in the enjoyment of his former health.

Case 3. *Erysipelas Phlegmonodes.*—Mr. G., a gentleman of very plethoric habit, of emphatically active temperament, busily engaged as bookkeeper in one of the largest firms in the city, as well as president and secretary of a goodly number of societies, was suddenly prostrated with a common cold, as he termed it, but which soon developed a dangerous form of erysipelas, involving the face and head. The skin of the face was tense and shining; the lips and nose highly œdematous. Suppuration had commenced at the angle of the right nostril; he complained frantically of his head. It was evident the brain would soon become affected,—active delirium was making its appearance. I had used Rhus, 3, and Bell., 3, Apis, 3, and Acon., 3, without arresting the progress of the disease materially. Also had applied Rhus-tox. lotion, Glycerine, and warm fomentations. I then pencilled the surface with Arg.-nit., and prescribed Ars., 1, and Bell., 3, in water, a teaspoonful every hour during the night. Called in the morning, and found him sleeping quietly. The intense burning and throbbing sensation consequent upon the erysipelatous inflammation had subsided, and the face was metamorphosed into a monstrous mass. Directed simple water dressings to be applied to the part until the pustular openings had ceased to discharge, when Glycerine was applied instead.

I should have mentioned, that at the same time, he was suffering acutely from his old foe, inflammatory rheumatism, which had visited him nearly every fall since he had resided at the West. It had been treated previously by Colchicum, Opiates, &c., *secundem artem*, for at least a month to six weeks. This time, however, under a more rational treatment, he recovered entirely from the erysipelas and rheumatic affection in less than two weeks. For the inflamed and swollen limbs I used Rhus-tox. liniment externally, with hot fomentations, and Rhus, 0, gtt. x., in a tablespoonful of water every two hours.

Case 4. *Phthysis Pulmonalis.*—Early in June last I was called to take charge of a young lady (unmarried), aged twenty, had been employed in a daguerrean gallery for some time past, where from close confinement, and impure air, she was

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predisposed to take cold very easily. The history of the case is as follows. Six months previous to this time she had thoughtlessly exposed her lightly clad body to the cold night-air of winter whilst overheated from the effects of dancing. A cold ensued, bringing with it its usual symptoms; this was neglected. Soon followed amenorrhœa, chlorosis, a dry hacking cough, occasional chills, loss of appetite, nervous irritability and weakness. An old-school physician was sent for, Dover's powders and tonics were freely administered with no benefit but apparent injury. He was dismissed. A professor of medicine was then requested to exert his skill; he did so, exhausted his healing art with barks, oils, respiratory excitants, &c., without effecting the slightest improvement.

The symptoms she presented when I first saw her, were indicative of confirmed tubercular deposit, she presented the following physical signs:—Transparent paleness of the skin, unusual brilliancy of the pupils, prominent cheek-bones and rounded shoulders, narrow projecting chest, and smallness and delicacy of figure.

On percussion, and immediate auscultation nearly over the whole of the left lung, there were elicited dullness, or abnormal sounds, mucous or large crepitant *rales* extending from the apex to the base of the lung, cavernous respiration, vomica, and gurgling crepitations were distinctly recognised. The summit of the left lung gave out sounds indicative of tubercular deposit, which were most audible in the supra-clavicular region; still of this she did not complain. As she lay in a supine posture, superficial ulceration of the posterior portion of the fauces down to the epiglottis could be perceived, and was frequently complained of when it occasioned a burning, smarting sensation. The pathognomonic symptoms were such as characterize the progress of this fearful malady—as a constant hacking, irritating, almost suffocating cough terminating in profuse expectoration of a yellow ropy discharge or secretion which sometimes was frothy and flocculent. Profuse night-sweats, hectic fever, dyspnœa, and finally colloquative diarrhœa. To meet these formidable symptoms, well known to the profession, I placed the patient upon a nutritious, liberal diet, afforded free ventilation in the chamber, directed sponge

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baths occasionally, and the best of nursing, but this unfortunately she did not have. I made use of the ordinary remedies of our materia medica, such as Nit.-acid, Calc., Lycopodium, Hepar-sulph., Stannum, and others, but without perceiving the least change in any symptom. Relying upon the testimony of Dr. Churchill, whose success in his dispensary at Paris is reported extraordinary, as well as upon others in our own school, I repeated in this case the use of the Hypophosphites, a teaspoonful twice a day, or oftener, still without any apparent benefit. My patient died after an illness of near nine months. I had not the privilege of an autopsical examination; therefore cannot describe the pathological anatomy of the lungs.

In reference to the use and success of the Hypophosphites I concur with Dr. Quain, whose opinion and experience confirm my own observations, that this remedy does not increase the appetite, diminish the night-sweats, or check the copious expectorations, and have not seen any more than Dr. Quain, who had ample facilities for testing the efficacy of this remedy in the Brompton Hospital for consumption, that "fabric of a vision" related by Dr. Churchill when he says: "I know that they will prove, not only as sure a remedy in consumption as Quinine in intermittent fever, but also as effectual a preservative as vaccination in small-pox." In every case I have tried it, whether of general debility, phthisis, or dyspepsia, it has proved useless.

In a therapeutical point of view phthysis is an interesting study, and the genius who shall discover a remedy according to the law of similia will be crowned with immortal honors. From study and observation in hospitals, and in private practice I am convinced that to hope to succeed with medicines alone in the second and third stage of consumption is to hazard one's reputation and common sense. That it is possible in the first, and sometimes in the second stages of phthisis to arrest the disease with well-selected remedies, providing that we adapt the air to the lungs, and the food to the stomach—*i. e.* transfer the patient to a climate where the atmosphere is of that quality and quantity most congenial to the patient, and

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direct that food which in quality and quantity is readily appropriated to supply the waste of tissue.

Tranquillity of mind and body interrupted only with suitable exercise is also an important desideratum. Whether the theories of Dr. Epps are tenable is yet to be proven.

ARTICLE XVIII.—*Dengue and its Homœopathic Treatment.*
By W. H. HOLCOMBE, M.D., of Waterproof, La.

THIS curious eruptive fever was epidemic throughout the South-West in the fall of 1860. It was first noticed as a peculiar disease in 1828, when it was imported from the eastern hemisphere to one of the West-India islands, whence it soon spread to Charleston, Savannah, New-Orleans, &c. A similar disease was described by Dr. Rush, as having occurred in Philadelphia in 1780, and was by him called the "break-bone fever." It was epidemic again in this country in 1850, since which time an epidemic exanthematous fever, closely resembling it, has been frequently met with. Dr. Copeland designates it *scarlatina rheumatica.* The Charleston negroes called it the "dandy fever" from the stiff, affected gait of those who were convalescing from it, and the Cubans named it *dengue,* a word expressive of the unsteady movement of a drunken man, by which title it is now almost universally known.

It is one of the strangest diseases in the world, and has presented so many different or complicated aspects at different times and places, as almost to defy anything like precise description. In general terms, it may be said to have two stages —one of general fever, lasting from two to four days, and accompanied by intense pains in the joints or muscles; then, after a deceptive pause of uncertain duration, generally, however, from one to three days, a secondary fever with a cutaneous eruption. This eruption is most commonly like that of scarlatina, although Dr. Dickson enumerates nine varieties. Sometimes, however, there is only one stage instead of two; sometimes there is no interval between the stages; sometimes there are no rheumatic symptoms; sometimes no eruptive symptoms, &c., &c.

Dengue resembles *yellow fever* in these respects:

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It occurs generally in yellow fever countries, and seems to come as a sort of agreeable substitute for that scourge of the tropics. It presents the same deceitful interval between the first and last stages; not an intermission or a remission, as we understand those words as applied to fevers, but an interval. The febrile symptoms of the first stage resemble those of yellow fever as much or more than they do those of bilious fever. In the second stage there is similar nausea and sometimes vomiting in the two diseases. One of my dengue patients threw up matter closely resembling the brown vomit of yellow fever, which was preceded also by the same acid eructations. Hæmorrhage from the gums, fauces and bowels have been known to occur in dengue. Pregnant women are exceedingly liable to abort in dengue as in yellow fever. The two diseases present about the same amount of evidence for contagiousness, and immunity from a second attack.

Dengue resembles *influenza* in these respects:

In the same brief latent period, in the suddenness of attack, the rapidity of its spread, and the universal debility and sense of prostration it is preceded by. Moreover, dengue very frequently presents other symptoms of influenza, such as red and watery eyes, intense headache, absence of thirst, constriction of the chest, enlarged glands, sore throat, and unaccountable feeling of prostration and depression. The principal difference is, that it is the skin, and not the pulmonary mucous surface which is more commonly affected in dengue.

Dengue resembles *rheumatism* in these respects:

Inflammatory swelling of some of the joints is a common symptom. The small joints of the fingers are especially apt to be affected. This symptom sometimes manifests itself before the least appearance of fever. The swelling, stiffness and tenderness of the affected parts sometimes persisted a long while after the patient was going about, and attending to business. This rheumatic character of the disease is more remarkable and uniform than even the cutaneous eruption.

Dengue resembles *scarlatina* in these respects:

In the frequent appearance of a smooth, shining, lobster-like redness of the skin, and the common coïncidence of sore throat, desquamation of the cuticle, especially about the joints,

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is common after dengue, and anasarca occurs in a few cases, although, whether dependent or not on the condition of the kidneys I have not been able to ascertain. Pathologists regard the dengue exanthem as the essential characteristic of the disease, which Dr. Copeland therefore called "rheumatic scarlet fever." I cannot regard this view as just, for the eruption very frequently does not occur at all, is of little importance when it does, and presents so many varieties and anomalies that it can scarcely be described at all.

Dengue attacks all ages and conditions, whites and blacks of both sexes, and was taken to the country by those who caught it in town. The aged and corpulent were severely attacked, and convalesced very slowly. Sometimes the initial headache was terribly severe. Children of tender age were liable to convulsions. Convalescence was slow and tedious, and loss of appetite persisted a good while.—Great dejection of spirits was a very common symptom, and I knew one gentleman, allopathically treated, who laid in bed a month with the most remarkable hypochondriasis. The prognosis in dengue is almost always favorable. It was wisely said of pneumonia that "it brings more danger than pain,"—but dengue brings more pain than danger. Indeed the suffering is sometimes intolerable, and grown persons have cried like children with pain. When death occurs, it is always from some complication, such as scarlet fever, delirium-tremens, convulsions, abortion, &c.,—Dr. Daniel of Savannah mentions a fatal case of tetanus brought on by the sudden suppression of the eruption of dengue.

We had here, what has been repeatedly noticed before, in other epidemics of dengue, a very dry, hot and healthy summer, during which the number of boils, felons or whitlows, cutaneous eruptions, carbuncles, &c., was truly extraordinary. Whether a causative connection exists between these phenomena, it is impossible at present to determine. The coïncidence is certainly curious. It led me to try a little prophylactic experiment in my own family. Considering that the epidemic constitution of the year might be pathogenetically represented on the principle "similia similibus," by *Silicea*, I administered that substance three times a day to five mem-

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bers of my family, whilst six took none. The six who took no *Silicea* all had dengue; of the five who took it, only one caught the disease, and that very lightly. The experiment is not at all conclusive, but it is suggestive of an idea which may be very serviceable not only in this but in various other epidemics. Prophylaxis may take its cue from the epidemic constitution of the year as well as from the specific character of the impending disease. Some one has said that epidemics are best described as they are found in villages or rural districts, because in large towns and cities they are more complicated with other febrific causes, or modifying agencies. In our late epidemic, during which I attended between 50 and 60 cases, the disease was generally milder than it was represented to be in New-Orleans and other cities. It did not spread rapidly like influenza; perhaps no faster than yellow fever generally does. The convalescence was perfect, and after a week or two no complaint was even made of rheumatic sufferings. The pains were rather muscular than articular in this epidemic. Of the rash I saw only three kinds—a red scarlatinous blush, a measly, patch-like eruption, especially about the joints, sometimes amounting to no more than a little "prickly heat,"—and a generally diffused eruption, very much like that of urticaria. This last in some cases came out without premonition several days after the patient supposed himself well. There were no relapses; many people escaped entirely; and in a good many cases there was no exanthem at all.

Treatment.—Of course, every homœopathic physician begins the treatment of a febrile disease with *Aconite*, which Dr. Hempel calls the back-bone of the materia medica. Although strongly disposed to question the universal applicability of *Aconite*, I follow the usual routine, and give *Aconite* in the initial stages of almost every fever. Those which are self-limiting, as the fever of intermittent, break up anyhow within a certain time. Aconite no doubt hastens the resolution, but I have seen many cases where hot teas, or some old-school sudorific, for example, Nitre and Ipecac. were apparently just as palliative and efficacious. In the fever attending local inflammation, or in definite specific fevers, such as yellow, typhoid, &c.,—the value of Aconite is very questionable. If

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some decided impression is not speedily made, it would be well to cast about for something more specific to the disease.

Bryonia, 3, and *Rhus*, 3, are very well adapted to the rheumatic symptoms of dengue. Alternate them about every two hours. If *Rhus-tox.*, 3, fails, *Rhus-radicans*, 6, may be useful.—I found *Kalmia-latifolia*, 1, remarkably efficacious in the rheumatic and neuralgic pains of the late epidemic. If any particular joint is swollen, a fomentation of hot water containing Laudanum, one ounce, and Carbonate of Potash, one ounce to the pint, will be found very advantageous. It is my opinion that, when such external applications are made, the medicine employed internally at the same time should be used in infinitesimal doses. This was made clear to me years ago in the treatment of cholera. *Cuprum* and *Veratrum* from the third to the sixth were very beneficial in cases which had been rubbed with turpentine, mustard, red pepper, &c.,—whilst the first trituration of *Cuprum*, and the first dilution or pure tincture of *Veratrum* were entirely inert. Continued subdivision of a drug does elevate it, as it were, to a sphere of action entirely above and beyond the common chemical and vital agencies which operate in the blood and in the grosser tissues. I have rarely found any difficulty in getting high dilutions to act specifically, whilst the whole system was charged with massive doses of allopathic medicines. The grand idea that there is a subtle part or sphere of the organism (whether electric, or magnetic, or odylic, or what not, is immaterial), and that by means of infinitesimals we can operate directly on that sphere, and through it, secondarily, upon every organic tissue, is necessary to the very existence of a sound homœopathic philosophy.

In the very severe headache accompanying dengue—*Belladonna*, 1, and *Gelseminum*, 1, were the most efficient remedies. Sometimes it resembled the dreadful sick headache to which women with deficient menstruation are subject, and *Nux-vomica*, 6, and *Veratrum*, 6, were useful. Hot applications to the forehead and nape of the neck afforded great relief. Mustard plasters here and there were excellent palliatives for muscular, or articular pains. The inhalation of chloroform as an anodyne may sometimes be admissible.

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On the approach of the second stage, I met the gastric symptoms with *Ipecac*, 1, *Nux-vom.*, 6, and in a few cases with *Arsenic*, 6, and *Lachesis*, 12, as I would have done for yellow fever. When the rash appeared, if it resembled scarlatina, I gave a few doses of *Belladonna*, 1; if it resembled the measles, a few doses of Pulsatilla; if it resembled urticaria, a few doses of *Dulcamara*, 3.

One case of threatened abortion was promptly relieved by cold applications and *Chamomilla*, 6. In these cases, however, I would not hesitate to give *Opium* or *Laudanum*, in full doses, if necessary. The subsequent anorexia, debility, &c.—are dissipated by *Nux-vom.*, 1, and *China*, night and morning, or oftener.

Scabby and papular eruptions about the face were treated by *Cicuta-virosa*, 6, and the local application of Glycerine.

As a matter of experiment, I treated my own case with *Silicea*, 30, the first day; and *Silicea*, 30, and *Bryonia*, 6, the second day. I was up on the third, and had perhaps the mildest attack in the town. It was very noticeable that all the patients homœopathically treated recovered sooner and more thoroughly than those who adhered to the old perturbative practice.

ARTICLE XIX.—*Surgical Cases.* Reported to the Illinois Homœopathic Association at its Annual Meeting, held in Bloomington, Ill., May 15th, 1861.

I.—CASES REPORTED BY R. F. BAKER, M. D., OF MOLINE.

CASE 1.—P. E., a little boy of eight years, residing some three miles in the country, was, on the eighth day of March last, hooked in the face by a cow. About four hours after the occurrence of the accident I arrived, and found my patient in the following condition: The face was shockingly torn, almost one-half of it being loose, so as to fall off to one side, unless supported by the hand. The horn had passed beneath the upper lip, tearing it in the centre up to the left nostril, and carrying away the left alæ nasi. The face and skin of the face for two inches to the left of that organ were so removed as to expose the bone. On the inferior surface of the upper lip hung

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several pieces of flesh, which I removed with the scissors. When this body of muscle, composing the cheek, was raised from its natural position, the little patient presented a shocking spectacle.

Treatment.—Cleansed the wound thoroughly with Arnica water, and adjusted the cheek as well as possible. I then introduced four interrupted sutures—two in the upper lip, one in the alæ of the nose, and one in the fleshy part of the cheek. The little fellow bore the operation without a murmur. After cleansing his face again; and permitting it to dry, I applied adhesive plasters between each suture, in order to be certain, that the lips of the wound were as nearly adjusted as possible, and to facilitate union by the first intention.

Before my arrival the parts had been considerably swollen, and it was with difficulty that he could articulate. On taking my departure I left him Aconite and Arnica, to be taken internally every hour and a half. Pledgets wet in Arnica water were to be kept constantly applied. Conversation directed to him was forbidden. His diet to be light and simple, and his sleep watched by an attendant, lest he should tear away the dressing, and re-open the wound unwittingly.

My next visit found him doing finely. The swelling was of slight significance, and the fever by no means high. In about eight or ten days the wound healed kindly, and he was dismissed cured. All the medicines used were Aconite and Arnica, with Hygiene at all times of the day.

Case 2.—Clarence, a little boy, running rapidly while at play, accidentally fell, striking his chin upon the door-step. His tongue was caught between his teeth during the fall, and, as a result, more than half the organ was cut nearly off in such a manner, that the extremity would fall out to one side of his mouth. As being most expedient, I improvised a pair of wooden clamps, wrapped them with a silken handkerchief, and pulling the tongue upwards and forwards with a pair of forceps, I was thus enabled to adjust the parts properly, and to retain them in apposition by a suture. The tongue was ordered to be frequently washed in Arnica water, and the third dilution of the same remedy was given internally as often as once in two hours.

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At my next visit I found the tongue but slightly swollen. Continue same prescription. In four or five days removed the suture, and dismissed the case cured.

Case 3.—Will give but a brief synopsis of this case—the details would be tedious. A ——, a boy, aged thirteen, was under my care for eighteen months. His symptoms were as follows: Pain referred to a point on the left tibia, localized to about the size of a dime, say two inches below the knee-joint. This pain increased, and was soon accompanied by redness and swelling, which augmented day after day for a fortnight, until the limb through two-thirds of its length, became very large and painful. During this period the fever was high, and he was very restless.

The remedies employed to remove these symptoms were Aconite, Bryonia, Mercurius, and Rhus-tox.

Subsequently the tumefaction subsided. Had had a wet sheet pack every day or two, and the leg wrapped in compresses wet in cold Arnica water, but without relief to the pain. I then ordered hot fomentations, medicated with Tinct. of Aconite root, which seemed to soothe his suffering somewhat.

After the more obvious symptoms of inflammation had subsided, I supposed the case would continue to improve, but was doomed to disappointment. No symptoms of threatening ulceration could be detected. Seventeen days from the date of the attack I remarked a doughy elastic condition of the integument, which was considerably distended. The next day a small yellowish spot appeared, which induced me to lance the leg very thoroughly at that point—it being the precise locality where the pain was first felt. The discharge of pus was very abundant. Prescribed Mercurius and Silicea.

Some time later I observed another pointing of the abscess, with fluctuation, about four inches below the first opening. I then lanced it again, detecting an uneven surface along the tibia. Quite a large stringy clot, apparently of disorganized cellular membrane, was removed through the lower orifice. All the while there was more or less pain, with such a disposition to advance upon the knee-joint as led me to fear an ultimate anchylosis.

The fourth week it discharged through both orifices a semi-

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bloody substance. Patient of a decidedly scrofulous diathesis. Large portions of the tibia were destroyed, and several sequestry removed. Cleansed the wound with an injection of a solution of the Sesqui-carb. of Potash, which, introduced into the upper, would pass out at the lower orifice. The orifices were kept open with lint.

Soon his appetite became good. He had no fever, but no other symptoms of a speedy convalescence. Disorganizing process very rapid; increased swelling about the knee-joint, which has become stiff and immovable. Gave him for some days Sulphur and Asafœtida.

For several weeks little change; the joint stiff. Neighboring physicians declared amputation quite necessary. I determined that I would not employ it except as a *dernier ressort.* Watched my patient for some three months thus, when at last I began to feel encouraged. The anchylosis, which had been the chief source of dread, was resolved away by persistent and daily efforts in passive motion, and in showering the part with hot water. Symptoms of healing in the tibia became evident. Meanwhile he had taken Asafœtida, 1, and Mezereum, 1.

To conclude, the patient continued to convalesce, and is now working on a farm. His leg is pretty sound; he limps but little, and to all appearance is quite well, excepting only a slight sore on the old site of his original suffering.

II.—CASE REPORTED BY L. PRATT, M. D., OF CARROLL COUNTY, ILL.

J. S., nineteen years old, was kicked by a horse on the 18th of April, 1861. One of the heel-corks of the horse-shoe struck the os-frontis a little above and back of the frontal eminence on the right side, making but a small hole in the scalp, and fracturing the skull, so that there was immediately a discharge of some of the substance of the brain.

An allopathic *regular* was called to dress the wound. He closed it by taking two stitches; ordered the application of cold water, and left him with an engagement for another visit the next day. After examining the case on the day following, he requested a consultation, leaving it for the friends to decide whom to summon. A messenger came for me, and I saw the case in company with my partner, Dr. Wales, twenty-four hours after the injury.

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The wounded parts began to manifest symptoms of inflammation; some of the brain was still oozing out between the stitches, and every pulsation of the brain could be distinctly seen at some distance. I advised that the wound should be laid open without delay, and enlarged sufficiently to get out whatever portions of the skull needed removing.

It was decided to place the case in my hands to do whatever seemed proper and necessary. Accordingly I made an incision sufficiently large to allow the removal of the scalp to one side, so that a close examination could be made, and enable me to remove the broken pieces of bone. With the forceps a portion of the internal plate, found completely bedded in the brain, was removed, measuring nearly three-fourths of an inch one way, and half an inch in the widest point the other way. The external plate of that portion was broken to atoms, many fine particles with portions of hair being removed with the forceps and sponge. Another piece, two-thirds as large as the former (both plates) was found turned down edgewise into the brain. This piece was still attached to the membrane, but was easily removed. A branch of the temporal artery was divided in making the first incision, but the hæmorrhage soon subsided without tying it. After cleansing the exposed parts with a soft sponge, two stitches were taken, and adhesive strips applied, bringing the external parts closely together—a compress moistened with Calendula water applied, the patient ordered to take a dessertspoonful of Aconite (five drops of the third dilution in a tumbler of water) every half hour, until he perspired freely; then just often enough to keep the skin moist. The learned "regular" insisted that a silver plate should be placed over the aperture in the bone; but I thought its more appropriate place was in the pocket, therefore did not follow his advice. The inflammation seemed to be entirely controlled by the Aconite and fasting—the patient suffering very little pain; neither was there mental derangement at any time. An offensive sanguineo-purulent discharge issued from the wound for a few days, discharging also some fine particles of bone not before removed. Improvement rapidly followed, and he was discharged in less than four weeks from the date of the operation.

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He is now well, and attending to his former occupation—farming. There seems to be even now a deposit of a hard substance nearly closing the aperture in the bone.

His mental faculties appear the same as formerly. We might ask the phrenologist what organ of the mind or "bump" was crippled by that destruction of substance of the brain? And will it be restored if he does not use that peculiar faculty?

ARTICLE XX.—*Cases treated at the Northern Homœopathic Dispensary, 695 Sixth Avenue.* Reported by SAM. LILIENTHAL, M. D., and J. B. PETHERBRIDGE, M. D., of New-York.

CASE 1. *Melancholia Religiosa.*—Aug. 21. J. W. M. applied for relief. It was hardly possible to get a word out of the patient. His wife stated, that he is a member of the M. E. Church, and a classleader. Had lately reverses of fortune, and since that time is not the same man; formerly kind, now morose; formerly taking interest in the church and in the world, now perfect apathy has taken hold of him. He is afraid of being eternally damned, sits the whole day silent and moody at his work of shoemaking, and performs little at that. Is of bilious constitution, and complains of heaviness in and over the eyes, dizziness and deafness, stitches in the temples, tongue coated yellow, fœtid breath, cramps in the pit of the stomach, appetite variable, bowels costive, urine deep yellow; pulse full, slow, about sixty to the minute. Aur.-fol., 3, morning; Nux-vom., 3, at night.

Sept. 11.—Is more lively, feels more like working again. Looks better in his face. The wet towel is deeply stained in the morning. Aur., 3; Nux, 3.

Nov. 5.—Continues to improve, and takes interest in all. Aur., 3; Nux, 3.

Nov. 30.—Complains only of roaring in the head, and debility. China, 12; Nux, 3.

Dec. 5.—Dismissed perfectly cured.

June 15, 1861.—Patient has continued well.

CASE 2.—Simon Miller, aged fifty-eight, workman in a color factory, especially arsenite of copper, has inhaled a great deal

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of this poison, is covered with boils all over his face and scalp, suffers frequently with asthmatic attacks, heaviness and debility of all the limbs, cold sweats, with burning feelings inside, and weakening diarrhœa. Lach., 200.

Sept. 17.—Morning dizziness, as after a debauch; boils itch worse than the itch. Asthma improving. Urine jumentous. Hep., 200.

Sept. 19.—Improving. Looks healthier. No new boils, and the old ones drying up. Breathing free. Hep., 200.

Sept. 25.—Only mornings some dizziness and asthma. Hep., 200.

Sept. 27.—Is looking out for other work, although not quite well yet.

Case 3. *Herpes of eight months' standing.*—Catharine J., aged forty-eight. Herpes on face and neck, upper and lower extremities. No appetite. Is continually vomiting bitter glairy stuff; lost her courses about two years ago, and has been since that time sick. Has aching pains all over, especially on the back. Tired and sleepy; itching worse at night in bed, feels best after getting up. Tart.-sulph.

Oct. 24, 1860.—State the same. Iodide of Ars, $\frac{1}{2}$.

Nov. 1.—Eruption exudes a great deal of serum. The same remedy.

Nov. 12.—Chills and prickly feeling. Herpes the same. Same remedy.

Dec. 20.—Thinks herself improving, at any rate feels stronger. Same remedy.

Jan. 24.—Improvement continues. Same remedy.

March 28.—Eruption coming out as bad as ever. Fever, giddiness, and roaring in the head, with defluxion in the throat; tongue coated, craving appetite, weak and faint in the stomach, yet cannot eat. Alkaline bath. Hep., 200.

April 6.—Thinks, the medicine has done her good. Hep., 200.

April 19.—Herpes drying up; feels stronger again. Hep., 200.

May 21.—Getting nearly well. Hep., 200.

June 10.—Only one little spot on the arm remains, but no more itching; eats and sleeps well, but is requested to keep on taking the medicine. Hep., 200.

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Case 4. *Ophthalmia.*—Mary Davies, aged ten years, with well-developed scrofula. Inflammation of the left eye, ten days affected. Deep ulcer on the cornea. The whole eye very painful, and burning continually. Bell., 1; Euphr., 1.

Oct. 10.—Eye worse, ulcer increasing rapidly with burning pains. Bell., 1; Ars., 3.

Oct. 11.—State the same. Hep., 3.

Oct. 11–13.—Ulcer increasing and more defined. Rest of the cornea clearer. Pain more bearable. Hep., 3, Acon., 1.

Oct. 14.—Conjunctivitis much better, the pupil is fixed, cicatrix of the ulcer filled with albuminous deposit. Sulph., 200.

Oct. 17.—Procidentia iridis, inflammation decreasing. Merc.-corros., 3.

Oct. 19–24.—Slowly improving. Merc.-cor., 3.

Nov. 10.—Cured. Pupil remains oblong, but visual powers remain unimpaired.

Case 5.—M. R., aged two years. Child looks greatly emaciated. Ophthalmia scrofulosa cum photophobia. Watery diarrhœa since three months. Tinct. sulph.

Oct. 13.—State, the same. Hep.-sulph., 3.

Oct. 17.—Influenza. Eyes the same. Continued Hepar.

Nov. 5.—Rattling in the chest still. Eyes improving. Continued remedy.

Nov. 17.—Chest all right. Opens the eyes freely. Continued remedy.

Dec. 10.—Child looks bright and in good health.

Case 6.—Peter Folles, aged three years. Rachitic constitution. Ophthalmia scrofulosa and photophobia. Glandular swellings around the neck. Abdomen bloated. Very small for his age. Skin looks unhealthy. Rhus, 6.

May 9, 1861.—Was better, but caught cold. Ulcus corneæ. Rhus.

May 21.—State the same. Child can only be kept in the dark. Apis, 3; Hep., 3.

June 7.—Perfectly cured. Eye clear. Runs about, and can look at everything.

Case 7. *Cholera Infantum.*—Mary T., aged fifteen months.

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Since five weeks cholera. Watery diarrhœa by day and night. Screams out in her short sleep, continually restless; great thirst; teething severely. Child looks greatly emaciated. Acon., 200; Ars., 200.

Sept. 8.—Had only one passage in twenty-four hours. Slept more quietly. Ars., 200.

Sept. 10.—No diarrhœa; a great many teeth coming. Sulph., 200.

Sept. 15.—Looks more natural, but is very cross. Sulph., 200.

Sept. 20.—Watery, brown, fœtid diarrhœa again. More fever. Acon., 200; Ars., 200.

Sept. 25.—Whitish diarrhœa and constipation alternating. Calc.-carb., 200.

Sept. 29.—Was improving, drank too much milk and got diarrhœa. Puls., 200.

Sept. 30.—Stools have changed again; is now very flatulent.—Lycop., 200.

Oct. 8.—Improving slowly, but gaining strength daily Sulph., 200.

Oct. 20.—Begins to try to walk, and feels well. Sulph.

Case 8.—Fritz Hauser, aged two and a half years. Cannot walk yet; family all scrofulous. Diarrhœa aquosa; painless and coming with a rush. Passages look like chopped eggs, with a most foul smell. Urine greenish. No appetite. Secale, 200.

Sept. 10.—Green watery passages. Water-pocks all over the body. No appetite; restless at night; no thirst. Fœtor decreasing. Ars., 200.

Sept. 10.—Itching in anus, with some tenesmus. Passages mixed with some blood and mucus; other parts looking like chopped eggs. Merc.-sol., 200.

Oct. 19.—Came back to-day with some diarrhœa, for which a few Sulphur powders were given with good effect.

Case 9.—Mary Ann H., aged nineteen; never sick; got married to a young man of rather intemperate habits, who, when intoxicated, was very violent. During such attacks he had threatened several times to take her life. Just at the time of returning menstruation—she had already prolimina—

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when patient had already retired for the night, her husband came home violently excited and drunk, and, finding her in bed, he rushed at her with a carving knife, intending, as he said, to cut her throat. Barefooted and undressed as she was, she made her escape luckily to the house of her parents, living a few blocks distant. The night was chilly with sleeting rain; the ground covered with slush and wet. Since that time she has not seen a well day. Dyspeptic symptoms of various kinds made their appearance, her abdomen bloated, rush of blood to the head, with violent throbbing, piercing pains; continual dizziness; looks pale and tired, and neither able nor inclined to work. Has been treated already by two physicians unsuccessfully, and complained about getting worse under the harsh treatment and strong medicines she was obliged to take. Was pronounced not pregnant, after examination by one of them. That was four months ago; has done nothing for it for two months, but all her symptoms are getting worse, and now comes to us for help. Got Puls., 6. Her feet now began to swell; a feeling like a deep lump in the abdomen, rolling to and fro, with drawing pains down the legs and continual headache. Kept on ailing till May 9, when she came to the dispensary, complaining of severe colic with nausea. About eight o'clock, P.M., her mother came to my office, begging me to do something for her daughter, as the pains were as bad as ever. I sent her some Macrotin. At midnight I was roused up, requested to see her, or she must die. I went, examined her carefully, *opened the bag of membranes, and delivered her in five minutes of a small healthy female child,* to the great astonishment of mother and grandmother. The mother of the patient has ten living children, but never suspected pregnancy in the case of her daughter. The patient herself never felt the usual fœtal motion, but rather a weight in the uterus, which she and her former physicians laid to accumulated menstrual discharge. I acknowledge my fault freely, for not making a more critical examination, and publish this case as a monitor.

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ARTICLE XXI.—*Is Hahnemann the Alpha and Omega of Homœopathy?* By JOHN H. HENBY, M. D., of Selma, Ala.

I HOPE I shall not be accused of a want of respect and veneration for the writings and teachings of the immortal Hahnemann. I love his name, I am proud of being called a homœopathist; we are indebted to his genius for the discovery and elaboration of the only sure and comprehensive law in medicine. As one of his followers I agree with him in the law "similia," as the only law of cure; and his doctrine of chronic diseases, and their three fundamental causes, psora, syphilis, and sycosis, is the rock upon which the mighty temple of homœopathy rests. I agree with him, our chronic diseases owe their origin to itch, syphylis and sycosis, and that acute diseases in most cases show visible evidences of latent psora. And I think this doctrine cannot be refuted by those who contend, that the main cause of chronic diseases is traced to hereditary predisposition. And his division of remedies into psoric and antipsoric is the clearest evidence of his profound ability and genius; and his theory of potencies up to thirty should be cherished by every homœopathist, not from necessity, but respect.

I consider his advice in regard to the duration and effects of medicines as of vast practical advantage, and we should promote the action of rightly chosen remedies according to the symptoms by strict diet. His views on Coffee as a drink during homœopathic treatment should always be kept clearly before the homœopathic physician in the sick room, as I think it is impossible to cure chronic diseases as long as we allow our patients this beverage. Using mixed homœopathic remedies, or allopathic compounds is clearly at variance with all the teachings of Hahnemann, and is a fatal blow at homœopathy, and if at times we are tempted to resort to these means through ignorance of the true homœopathic single remedy, it is our fault, not the fault of homœopathy. It matters not how large the dose of a single remedy we use, the 30th, or a half ounce of the crude drug will cure only similar diseases to those they produce when given in large doses. Homœopathy is homœopathy, irrespective of the dose. Quinine, Apis, Arsenic will

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cure chills; Vinegar, Sulphuric Acid, Ergot and Crocus will cure uterine hæmorrhage; Veratrum beside Aconite, Bry., Phos. will cure pneumonia; while Tartar-emetic is a poison, and should never be given because it is not a similia to the disease. Bilious fever is best cured by *Tart.-emetic*, Ipecac., *Lycopodium*, *Quinine*, and Mercury. Allopathy is allopathy, if you give the thirtieth of Plumbum to cure diarrhœa or as much as ten grains; or give the twentieth of a drop of Croton Oil to overcome constipation. The dose has nothing to do with the truth of the two systems of medicine. Those who only use the strictly Hahnemannian dose are no purer homœopathists than those that use twenty grains of a crude drug. Allopathists are allopathists, in spite of small doses, if they use them according to the law "contraria." Homœopathy, then, is the only system of medicine, because it is the only natural system of curative medicine. Its truths are simple and attractive, commanding the respect and confidence of the public and the scientific world. It is this truth which has stamped Hahnemann as the greatest medical philosopher that has ever lived. Life is short, and a single individual could go but a little way by his own efforts in perfecting the practice of homœopathy. We reverence him for what he has done, and we must exert all our powers to carry on and perfect his great work. We must not let our opponents appropriate his great discoveries to their use without giving him credit, usurping, as they are now doing, the law and using the third dilution as their own. We must fight for the formula "similia," and cease our controversy about the sensible and insensible dose. We must remember Hahnemann used large doses of Bark, Belladonna, Camphor, and Mercury, and it must be left to our individual judgment, and not to any fixed formula. Why should we discuss that which does not effect the truth of homœopathy. We are not required to commit ourselves to all the teachings of Hahnemann, or pledge ourselves to any hypothesis or speculation that is not reasonable. All we ask is a critical investigation of homœopathy, and its practice. Reason teaches us, if the law "similia" is true, the dose is a matter of no consequence. And the only way to make homœopathy prosper is for us all to adopt the law as the

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only law of cure, and let us employ all preparations and doses as in our best judgment will meet the case we are called on to treat. Hahnemann did not pretend to have perfected this branch of his profession. It is our object to make homœopathy reliable in all diseases, and it is our duty to study every reasonable plan that may be devised to perfect the treatment of disease. We should guard Hahnemann's Organon as the foundation of homœopathy. It should be studied all the time; it is a remarkable work, and we fear it is not cherished by the profession as it should be. We have criticisms of this work, and we have never read one that has done it justice. It stands like a Gibraltar of medical truth against all pop-gun attacks of members of our school and of allopathy. His theories, as taught in the Organon, are sublime, and we do feel as we study them, that they are not of man but from a higher power, and we cannot find any that can compare with them in truth and simplicity. In the study of his materia medica we find the selection of the remedy difficult. But after we have separated the symptoms, as far as we are able, into primary and secondary, we find the mirror in which medicinal disease is reflected. By this separation of symptoms we remove our greatest trouble in selecting the dose and the remedy. It is with pleasure we refer the reader to Dr. E. M. Hale's article in the North American Journal of Homœopathy on the *dose*, and the law suggested for the proper quantity. He truly says, the adoption of any uniform dose of all remedies in all maladies is pernicious and wrong, that it is unscientific and irrational, and not reliable in practice. First, he says, all medical agents have two series of effects upon the human system, and they produce two series of symptoms, or *pathalogical* states, the *primary* and *secondary*. Second, all diseases in their progress and development show two series of symptoms, or pathological states, the primary and secondary. Third, we are compelled in all cases of disease to select the remedy whose primary and secondary symptoms correspond to those of the malady to be treated. And truly, he says, the above statements are so fully established by medical writers, he does not consider it necessary to bring any proof to sustain them. The adoption of the above rules by the

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homœopathic profession will stop the war of dose, and make us all more successful in the treatment of disease. Dr. James T. Alley, on dose, in the *United States Journal of Homœopathy*, speaking of the latitude which prevails with most homœopathic physicians in doses ranging from the first to the thirtieth, says it is abundant evidence of the truth of the dynamic theory, for in no other hypothesis could this vast difference be made without being ridiculous to the observer, and inefficient to the patient. And notwithstanding the undeniable truth that the lower dilutions are often surely and quickly curative, there are still a few unwilling to repudiate all medication, except it is Hahnemannian, or accomplished by invisible means, and alike in the extréme are those who regard the potencies as nothing, and are only content to administer that which is perceptible to the sight or taste. How much truth is there in this. Exclusive advocates of either practice are blind, either through prejudice or ignorance, and their hot discussions serve rather to hide the truth than to evoke anything of importance to the profession. Though factions endeavor to deride, and though partisans class themselves as high and low, dynamic and material, yet the principle which underlies the action of both, cannot be derided, and no power can rend it in twain. Lightning is lightning, whether it rests in the clouds, or is transmitted into its more solid receptacle, the earth. The advocates of high or low doses have not the right to assume more perfection for using the Hahnemann dose than others. We are unworthy disciples if we suppose that to honor Hahnemann we must endorse everything he has taught. Dr. Pope, in the *British Journal of Homœopathy*, on the Ethical Impediments to the Progress of Homœopathy through the Profession, says: "We must have mutual respect, mutual confidence, and mutual sympathy. We must cease our personal dissensions which are becoming notorious among homœopathists, and preventing our system of therapeutics, which we so highly value, from being more generally accepted by physicians. We must be courteous towards each other, and ever ready to render each other all the professional support and assistance our position requires. Hahnemann and his strict disciples have done the fine work

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in the temple; while his workingmen are so building the temple, and preparing it as to last for all time against all storms that may come against it. It is the duty of us all to spread the science and practice of homœopathy. Hahnemann laid the foundation—we must erect the building. As the science and practice of homœopathy is complex and difficult, we must necessarily avail ourselves of the labors and practical suggestions of each other, our predecessors and contemporaries. It is the work of generations, of ages, to construct the complex material which we have to use in completing the science of homœopathy. Homœopathy is a science, and is not made; it must grow. Every effort should be made to give homœopathy a higher scientific standing by taking advantage of every new advancement in medicine, no matter from whence it might come, so it may help build the temple. The homœopathist must make himself familiar with everything that pertains to medical science. He should acquire a knowledge of it in all its branches, and all the collateral sciences. The natural sciences contribute almost everything to the healing art. Physiology is the centre, and from it radiate pathology, materia medica and therapeutics; and the web cannot be broken without leading to prejudice and danger to the practice of medicine. We have the field of knowledge open widely before us, which should make us more modest in reference to that which is so distant from our perception. We are homœopathists, and our motto is: chose the remedy in accordance with the principle "similia similibus," and the treatment is *homœopathic*, whether the dose be large or small.

Article XXII.—*An Hour with Past Generations.* By J. C. Peterson, M. D., of St. John, N. B.

An old work on Anatomy, written by Bartholinus, and published by Nich. Culpepper, Gent., and Abdiah Cole, Doctor of Physic, in the year of our Lord 1663, contains so many peculiar and to us ridiculous theories, that I propose to transcribe a few of them to the Journal. It is well at times to stand in

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our places and take a retrospective view; it makes us fully aware of the progress we have made, and encourages us to toil on, that future generations who will look back upon *us*—will admit, that at least we did our duty to our profession.

In reading the quaint writings of our ancient friend, we cannot but smile at the sturdy manner with which he knocks over old theories, and rears new ones in their places. If the language he uses is not elegant and refined to ears belonging to the nineteenth century, it is *plain* and purely Anglo-Saxon.

On page 18 he describes the anatomy of the stomach, and thus alludes to the cardiac orifice:

"This orifice is greater, thicker, and larger, so that it may admit hard or half-chewed meat. 'Tis situated at the eleventh vertebra of the chest; it hath circular fleshy fibres, that it may by natural instinct shut up the mouth of the stomach after the meat is received in, least fumes should arise, and go into the brain, and breed distempers; and that so digestion may be more perfectfully accomplished, so we cover it as we do our seething pots, with a pot-lid, to keep in the fumes, and to keep the meat from falling back into our mouth when we lie in bed, and tumble this way and that way. Through this orifice meats and drink are received in."

Bartholinus is more explicit than our Erasmus Wilson, as the latter only gives half a page to the entire stomach, and only a few words to the cardiac orifice; Bartholinus, on the contrary, devotes six pages to the stomach, and an entire paragraph to the useful orifice. Do we not live in a degenerate age?

The seat of the soul was a question which troubled our ancestors very much, and every anatomist had his favorite locality. Helmont located the soul in the stomach (perhaps he only studied the subject upon aldermen, and such like beings), but Bartholinus refutes the assertion thus:

"But the stomach cannot be the seat of the soul, because: 1. It is alwaies full of impure meats. 2. No faculties flow to us from thence. 3. Greate feeders and persons of large appetites should have more soul than other people. 4. The soul is not fixed to any centre. 5. When the stomach is hurt, death does not presently follow, as appears in him that swallowed

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the knife. And any damage happen it is by reason of the nearness of the heart, and community of nerves, and consequently by accident. Yet in a large sense, it may be called the principle of life, because there is the seat of appetite, and the full reception and digestion of aliments, whose fault in the following concoction is never amended. Now it rules over the head by reason of the consent of the membranes, and the most undoubted arising of vapors."

The rule given by our author to ascertain the size of the stomach, may be useful to those who pride themselves upon their physical examinations. He says:

"Now the largeness of the stomach is known: 1. By the greatness of the mouth; for those who have large mouths are great eaters, but withall bold and magnanimous. 2. If from the *cartilago ensiformis* to the navel the space is greater than that of the face or breast."

In regard to the functions of the stomach, he says:

"Its use is to receive the meat and drink, which it doth by reason of its notable and large cavity. And whereas it sometimes contains and breeds little stones, as Gentitis and Lacritus have observed; as also a toad and worms, and other things by me often observed; this is beside the intention of nature. And the like we may say of an infant conceived and formed there, and voided out at the mouth; the history thereof is described by Salmuth."

In the anatomy of the spleen our author attacks Helmont for making the spleen the seat of his "*Archeus*," which is the immediate organ of the sensitive soul, residing in the stomach, and gives eight heavy reasons for his disbelief.

The functions of the spleen, which so puzzles physiologists of the present day, was clearly understood by Bartholinus, as his assertions are made with all confidence. He states, that the office of the spleen is to prepare acid blood for the whole blood and the "*chylus*," and further on says:

"Inasmuch, therefore, as the spleen draws the sharp part of the blood out of the heart, and sends it prepared to the mesentery, that the rest thereof being to be wrought by the liver, may become pure and clear, the opinion of the ancients may be allowed, which held the spleen to be the seat of

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laughter; for the cheerfuller and livelier of animals have great spleens."

He sums up the functions thus:

"The spleen therefore prepares blood to accommodate the bowels of the lower belly, and of the whole body, after the manner aforesaid, and the excrementitious part of the blood which cannot be separated by the spleen, if it be thin and watery, is purged out by the guts and kidneys."

The chapters devoted to the heart are more elaborate than any of his other writings, inasmuch as the circulation of the blood had been but just discovered by Harvey, and as a consequence the heart was invested with new interest, new anatomy, and new physiology, besides it offered to our pugnacious author a glorious opportunity to knock about former theories, which opportunity he in no way neglected. Little did he imagine, while writing his own theories, that two hundred years after a mere novice in anatomy would be laughing at the ridiculous absurdities which he so greatly advanced as unrefutable facts. He describes the heart as the principal part of the creation, which all living things have, although former writers cite many instances in men and animals who had no hearts, and they, he thinks, were maintained by the remainder of arterial blood; but, in relation to the beasts told of by Obsequens, which Cæsar sacrificed, they had no hearts because they were stolen away by the devil.

Further on he extends the heart above the grade given it by modern anatomists:

"For the motion of the heart is no animal motion, but a natural motion, because the heart is no muscle; for the heart is moved without our will, and it beats in the child in the womb before the child hath received the animal faculty. And Galen did rightly deny that the heart was a muscle; but if any one shall say that the heart is a muscle, subservient to natural motion, I shall oppose such an improper manner of speaking."

In regard to the functions of the heart, he says:

"1. It is the instrument of the soul to force and urge the venal blood received from the cava into the arteries. 2. It is the *fountain of heat*, whence it is spread into the whole body,

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whereby the parts are animated and sustained. 3. Not so much to make as to perfect the blood, it makes arterial blood and perfects the venal, or that which is contained in the veins. 4. A fourth use of the heart is perpetually to move, that it may help the heat and elaboration of the blood, and that it might kindle and stir up the vital light."

Our friend Bartholinus labors hard to account for the heart's motion, but he is not very clear in his conclusions; he thinks the cause is immediate and remote. Among the immediate causes is the "blood and the pulsifick faculty." In regard to the latter he says:

"The pulsifick faculty implanted in the heart must needs be gained with the blood, as the cause of its motion: either that it may guide the influx and the egress of the blood, and assist the same, which would otherwise proceed disorderly, as I explain the matter; or that it might of itself produce the motion, according to the opinion of the ancients. * * * That the heart stands in need of such a faculty, I prove: 1. Because the pulse would be alwaies uneaqual—the influx being uneaqual, unless directed by some faculty. 2. Any particles of the heart being cut off, do pulse, by reason of the reliques of this faculty, or spirit remaining. 3. The heart, being taken out of the bodie, or cut in pieces, lightly pricked with a pin, doth presently pulse. 4. It were contrary to the majesty of the principal part to be moved by another, whether it will or no, without any assistance from itself, and so to receive a violent impression."

He heads the list of remote causes with the vital spirit as remarks as follows:

"The vital spirit, as well that which is implanted in the heart, as that which comes thither from without, with *heat* sufficiently manifest in live dissections, and which warms the whole bodie; and that either not *shining with light*, as most will have it, or *shining*. That a lightfull heat of the heart is requisite in this case many things argue. 1. The motion of the elements is simple, never circular, and light moves itself and the humors with a circular motion. 2. The heart and the blood are more quickly moved by light than otherwise they could be, which in the twinkling of an eye dazzles all things, illuminates all things. 3. There is in all particular parts besides the obscure principle of the elements, also a lightfull part, propagated from the seed, which ought to be

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preserved by a like flame kindled from the heart. 4. No humor, although hot, does pant and move itself unless a burning flame, as we see in spirit of wine, a candle, and other things. 5. In glow-worms their hinder parts only pants and shines, where their heart is. That the vital spirit is really endued with light, and that there is an inbred light in the blood and heart, which helps forward the circular motion of the blood, I have demonstrated in another book."

For fear that I will monopolize too much space, I will leave the learned Bartholinus, as I wish to come an hundred years nearer our own time, and quote from a work on practice, written by Dr. Hugh Smithson. A chapter on "Authenticated Extraordinary Cases in Physic and Surgery" contains such truly wonderful cures, that they will no doubt be read with interest.

Case 1.—One Thomas Gobfill, a lean man, was advised by his physician to swallow pebbles for flatulency, which it is said relieved him; but, being seized with a violent fit, he swallowed nine stones, which, not passing, he repeated the dose until he had swallowed two hundred. After they had remained two years and a half, he complained that his appetite was gone, and again consulted his physician, who, upon

"Examining his belly, found the stones lay almost as low as the os pubis, and thrusting his finger just above that bone, so that the lower part of the belly might lie on his hand, he could with the motion of it shake and make them rattle as if they had been in a bag. Upon this he caused a ladder to be set against the wall, and hung the patient up by his hams, with his head downwards; when he was in this position, he said the stones even got up to his stomach; but, being set down upon his feet in a short time, the stones were plainly heard to drop down one after another."

The unfortunate Gobfill became partially paralitic, had hæmorrhage from the bowels and stomach, and lost *all* his flesh. But the most singular circumstance is thus related:

"Formerly at night in bed, the pebbles used to get up *to* his heart, but by standing they would go down into the belly again; but now they rose obliquely, and got under his right arm, inclining towards his shoulder-blade, and when they

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were in this place, by giving him a blow with the fist on his right shoulder, they would all fall down in a lump together, and might very plainly be heard to clash on the other stones."

The account of this case terminates with the information, that he died suddenly, stoned, like St. Stephen, to death.

"Case XVIII.—Of a pistol shot through the breast,"

Is a good example of heroic treatment, and of a vigorous constitution. A privateer, returning from her cruise, into port, the fire-arms were ordered to be unloaded and cleaned. The mate, carelessly snapping a pistol, it discharged and shot the gunner through the chest,

"Entering between the sixth and seventh ribs, midway between the breast-bone and back-bone, and came out close to the lower part of the shoulder-blade, near the spine. The man being brought ashore and examined by a surgeon, he was found very low, pale, almost dead, and scarce able to speak, and blood ran out of the wound, whether he laid on his face or his back. Twelve ounces of blood were ordered to be taken from his arm, and a clyster of sea-water to be thrown up, and the upper part of his body was rolled in linen clothes, wet with oxyerate, and he was laid upon a sheet spread on the floor. In two hours after six ounces more of blood were taken away, and the dressings renewed. Two hours after he was the third time blooded six ounces, and the clothes again renewed. In four hours he was again blooded, and five ounces were withdrawn. He now complained of being chilly, and the clothes were not discolored."

The wound healed, by the second intention, in about three weeks. The author remarks:

"That he appeared like a walking ghost, and recovered his strength, and went again a privateering."

Case 22.—Walter Walsh was a temperate man, forty-three years of age, and of good disposition, was seized with a severe pain in his right arm, excessive redness of his right hand, and a pricking in his forefinger, on which there appeared a speck, which the gentle Walter supposed was a thorn. Upon endeavoring to remove it, the blood spun out in a violent but small stream, which, after spending its violence, it would diminish

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to a drop, and then spring out with violence again. Thus it continued for twenty-four hours, when he fainted, and the blood stopped, and his pain left him. This condition continued for twelve years—never having a respite of a longer period than two months, nor oftener than three weeks. Whenever any attempt was made to staunch the blood, he would suffer excruciating torture in his hand and arm. No medicine that was prescribed would relieve him, and he ultimately died of the "distemper."

"CASE 69.—Of a boy who never made water. John Warsnape, in Yorkshire, lived until he was seventeen years old, and never made water, and yet was in good health. He had constantly a diarrhœa, but without any uncomfortable symptoms. He died of a fever."

CASE 24.—Thomas Phillips was a healthy promising child till he was fifteen months old, at which time a very strange and almost continual rumbling seized him, and a violent diarrhœa resulted, which none of the physicians could remedy. At last, when Thomas' life was disposed of, it terminated in such an obstinate constipation, that he did not go to stool for two or three weeks together. This continued for a time, when the interval between the stools proceeded gradually to seventeen or eighteen weeks, and continued so till he was fifteen years of age, when his habits without apparent cause became regular. They continued so for five years, when the obstruction returned again, and continued until his death, at twenty-three years of age. In the latter part of his life, his intervals would vary from eighteen to twenty-four weeks, and he would become of monstrous size. The cause of his death was convulsions. He wanted Opium and Nux badly.

"CASE 21.—Of the effect of imagination in a pregnant woman. A female child was born with a wound in its breast above four fingers long; it penetrated to the intercostal muscles, and was about an inch in breadth. * * * The child was born without violence, and consequently did not receive its wound during its birth, but was caused by imagination; for about two months before, the mother had by chance heard a report, that a man had killed his wife, giving her the death-blow on the chest with a knife, at which rela-

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tion she seemed affected, but not exceedingly. It is probable, that the child received its wound while in its mother's body at the very moment that she was affrighted, because the wound was very foul, and the inside, as well as the outside, was beset with slime, produced from the water wherein the child lies in its mother's womb; it was also like an old wound."

These are the lights of other days, which, contrasted with the brilliancy of our own time, pales into pitchy darkness. From such did all present systems of medicine arise, not excluding homœopathy or the dominant school. As Bartholinus sneers and ridicules the precepts of his predecessors, which precepts in *their* time were thought to be correct and unrefutable, so do we now sneer and ridicule him and *his* precepts. As a member of the present dominant school would ridicule the treatment of Smithson, as being behind the present age, so can we, who have been blessed with an understanding of the precepts of homœopathy, ridicule the present dominant school with all justice, and with all truthfulness.

Article XXIII.—*Case of Incarcerated Inguinal Hernia.* By H. G. Dunnell, M.D., of New-York.

Mrs. W., residing No. 13 Goerck-st., aged fifty-two, on the 27th August, 1855, is of a good and healthy constitution, with the single exception of having an inguinal hernia on the left side, of sixteen or eighteen years' duration, and which has been in the habit of protruding occasionally to the size of a pullet's egg, and for which she has never used any supporter.

I have repeatedly advised her to have one, when I had been occasionally called to see her, with a severe protrusion, difficult of return. From several of these attacks I had been enabled to relieve her in a few hours, with repeated doses of Acon., Nux, Sulph.

As she was a charity patient, I saw her very seldom, but finally she sent for medicine, on the 27th of August. No relief followed the usual remedies, and on the 28th Verat. and Cocc. were tried with no better success.

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On the 29th. The swelling which had been larger than usual from the first, was attended with vomiting, and occasional evacuations from the bowels. The vomitings were now very frequent, took place upon drink of any kind; no movements of the bowels. The tumid hernia was as large as my fist, very tense and hot, pulse quick, and cheeks flushed. I tried the taxis for half an hour, but could not succeed in reducing it.

I stated to her fairly and squarely the dangerous condition of the rupture, and advised an operation; to this she would not consent. I recommended keeping a bladder of ice to the hernia part of the time, and administered Acon. and Nux more frequently.

On the 31st, the situation of affairs no better; painful condition of the whole abdomen, tympanitis, constant hiccough, skin moist, pulse full, vomiting of the least drink; gave Ars. and Verat., two or three times in succession—Ars. to be tried first.

September 1st. The vomitings have been aggravated after every dose of Ars. They were positively stercoraceous and highly offensive. The patient had left the Ars. of her own will, and I concluded to let her remain twenty-four hours without any medicine whatever.

September 2d. Found the state of the tumor the same; continual stercoraceous vomiting. Hiccough not as frequent. Gave Op., 1, about three grains every two hours.

September 3d. This day some acquaintance of hers brought Professor Willard Parker to visit her in my absence, and after making very severe and prolonged attempts at taxis, gave his opinion, that nothing but an operation could save her, and that had been so long delayed, it was doubtful even if that would succeed; that nothing had passed through the intestine since its incarceration, and the stercoraceous vomiting was the result. She was like a person, unable to swim and ready to drown in the middle of the East river, a boat from shore might possibly reach her before she went down. This staggered her for a while, but learning that an operation even might not save her; she resolved to wait the result of nature and the remedies.

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September 4. No vomiting has occurred for twenty-four hours; continued the Op.

September 5. The tumor is diminished to one-third of its extreme size, is not tense. No vomiting, and the bowels have been twice moved, with nothing remarkable in the appearance of the contents.

September 6. Food has been taken and retained. Tumor nearly gone; no vomiting; bowels moved; and from that time forth resumed her accustomed health.

Article XXIV.—*Tarentism: Comprising the Pathogenesis of the Venom of the Tarentula of La Pouille, and of other Varieties, together with the Corresponding Nervous Epidemic or Spontaneous Malady.* By Mr. Ozanam. (Translated from *l'Art Médicale*, by M. E. Lazarus, M.D., of New-York.

PROPOSITIONS.

1. The sting of the tarentula really occasions the phenomena described as tarentism.

2. Nervous tarentism really existed during two centuries in Europe as an epidemic malady.

3. It still exists in Abyssinia under the name of tigretier.

4. The salutary influence of music on patients attacked either by nervous tarentism, or by the sting of the tarentula, is supported by adequate evidence.

5. The venom of the tarentula, accordant with the law of similitude, will relieve and cure idiopathic tarentism.

The tarentula of Apulia is the most venomous of the species. Dr. Gazzo, at Albissola, has seen a woman, who, stung by the tarentula of that country (*Ligurian tarentuloide*) ardently desired music, and thought she found in it a relief from her troubles. Mr. Froment also relates, that music exerted the most favorable influence over patients who had been stung by the *narbonnaise tarentula*. Some attributed to the *latrodecte malmignatte* accidents almost as serious as to the tarentula; nothing as yet is demonstrated on this subject, because no experiments have been made in the proper season.

What is most remarkable in the precited narrations of Toti

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and of Marmocchi, are those phenomena of choreic agitation and of *scelotyrbe*, which, without going as far as the dance, strike the imagination by their singularity, and cannot be compared more aptly than with an intense chorea.

The malmignatte is, however, much less in size and less dangerous than the tarentula of Apulia. Thus, while the sting of the tarentula occasions the dancing *tarentism*, that of species less potent in kind occasions the *scelotyrbe*, or choreic agitation.

These accidental cases of tarentism are not to be confounded with the great epidemics of chorea described by Hecker, which during one hundred and fifty years, dating from the thirteenth century, invaded Italy and the rest of Europe. A certain distant resemblance has caused them to be confounded by authors, yet they are distinct—one the accidental result of a sting, the other purely nervous, and assuming the endemic or epidemic form.

The homœopathic law, pre-existent in the distributions of the natural kingdoms, affiliates these maladies—the aromal with the animal poison, in the same climatic and social conditions. Thus, in the countries where nervous tarentism reigns, Providence has discovered the venom which causes and cures the similar affection.

EPIDEMIC TARENTISM, (by Hecker).

Tarentism at first appeared in Apulia, but afterward reigned as a great epidemic, and during several centuries, in other countries of Italy. This malady, like the dance of Saint Guy, lycanthropy, and the madness of sorcerers (*folie des sorciers*), is now no longer observed, at least not in its primitive state.

First vestiges—causes. The first mention of this singular malady is found in the writings of the learned Nicholas Perotti. It was then ascribed to the sting of the tarentula—a spider very common in that country; but the fear that it inspired would naturally cause pre-occupied minds to ascribe it to either the stings of other insects, or nervous symptoms developed without the intervention of any insect venom. Perotti relates, that the tarentula had been formerly unknown in Italy, while in his time it had become very common in Apulia

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and other parts of the country. As a naturalist, however, Perotti can hardly be trusted. It is known, that the family of spiders is little or not at all subject to the cosmologic influences which at certain times multiply amazingly the locusts and other winged insects, forcing them to emigrate. It is only in the works of Goriopontus, a physician of the school of Salernum, who lived in the eleventh century, that we find the description of a kind of madness, whose analogy with tarentism is apparent. During their sudden attacks the patients behaved like madmen: they made leaps, accompanied with savage gestures; they wounded themselves and those around them, so that they had to be closely guarded. They thought they heard voices and different kinds of sounds; and when in the midst of this illusion of the sense, some instrument they loved was played upon, they began a convulsive dance, or began to run until their strength was exhausted. These dangerous maniacs were numerous, and were supposed to be possessed of devils.

We must place the origin of tarentism between the middle and the end of the fourteenth century, and thus admit, that it existed at the same epoch as the dance of Saint Guy (1374). Nearly all the countries of Europe—and Italy perhaps still more than others—were during the middle age visited by fatal epidemics, which succeeded each other so rapidly that the people could hardly recover from such terrible shocks. Sixteen times successively, from 1119 to 1340, the Eastern plague depopulated Italy; the measles and small-pox were far otherwise murderous than in modern times, and reappeared as often. St. Anthony's fire was the terror of cities and country; and the hideous leprosy, favored by the crusades, diffused its slow and terrible poison, and snatched from the domestic hearth innumerable victims. These unfortunates, rejected from the bosom of society, languished in cabins, abandoned to despair. To all these scourges, of which modern people have hardly preserved the remembrance, was added the *black plague*, which sunk all Italy in deep affliction. Minds everywhere were in a state of morbid excitement; and it was especially with this people, naturally so mobile and impressionable by the terrors of death, that anxiety would occasion that vio-

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lent irritability of the senses, in consequence of which events of but little importance become subjects of dread, and slight emotions, hardly noted by men in firm health, give rise to violent crises. The sting of a venomous spider or rather, the fear of its consequences, then caused what it might not otherwise have done—a very intense nervous malady, which, in the same manner as the dance of Saint Guy in Germany, was communicated by sympathy, and intensified the violence of its symptoms while extending its epidemic area. Thus, towards the end of the fourteenth century, the furies of the dance possessed populations already terrified, and music could excite the extatic fits of patients, then become in its turn, the magic exorcism of their melancholy. We might perhaps refer to this epoch the development of musical talent so remarkable in Italy.

At the end of the fifteenth century we find tarentism diffused beyond the limits of Apulia, and the terror inspired by the sting of the spider considerably augmented. In the general opinion, persons stung were doomed to certain death; and if some escaped this, the rest of their life was darkened by a lesion of mind, and a state of incurable debility; some experienced a sensible alteration of their visual and auditory faculties; others lost the use of speech, and all remained insensible to ordinary means of excitement. The flute and the guitar brought them solace: gradually awakened as from the lethargy of a magic spell, they opened their eyes, moved at first slowly and in measure, then, as the music quickened, fell into an impassioned dance. It created general surprize to see country people without education, without any knowledge of music, show in these dances a remarkable aptitude, as though they had long been practised in the most graceful movements; but it is peculiar to these nervous maladies, that the organs of movement, subtracted from their ordinary mode of action, should be so much the more subject to the exaltation of the spirit. During the summer the towns and villages resounded with the sound of flutes, of clarionets, and Turkish tymbals; everywhere patients were seen, expecting their cure by the dance.

Amid circumstances so favorable for its development, taren-

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tism made from year to year progress ever more rapid. The number of patients increased amazingly, until little by little, the season of the *tarentati* became a real festival, expected with general impatience, as a sort of popular medical opera. The cases of tarentism will still thus have multiplied without our being justified in attributing the cause of this increase to deception, rather than to its moral idiosyncrasy. The celebrated Matthioli, who deserves all confidence, speaks as an eye witness. He, as well as Alexander, attests the marvellous influence of music; and, although the patients often lay upon their beds, overdone with pains, and despairing of their cure, they rose as if inspired as soon as they heard the first sounds of the melodies that impressed them. The "*tarentellas*" alone had this happy influence; as soon as *these* were played the patients forgot their woes, danced in cadence unweariedly during whole hours, until bedewed with wholesome sweats; a natural fatigue delivered them for a season or even for a year, from their melancholy and afflictions. The experience of Alexander, on the danger of interrupting the music, is generally confirmed. As soon as the clarionets and tymbals were hushed, which could not sometimes be avoided, since the dancers tired out the most robust musicians, the patients suddenly stopped, and fell to the ground in a fresh attack of melancholy and exhaustion, from which they could only be rescued by recommencing the dance; thus they tried so to manage it, that the music should last until the dancers were fatigued, and preferred paying extra musicians to relay those in service, rather than allow the patients relieved by these salutary dances, to relapse into their sad condition.

Idiosyncrasies. *Music.*—A state of mysterious excitement, singular desires, a morbid irritation of the senses occur here, as in the dance of Saint Guy (St. Vitus), and analogous nervous affections. During the sixteenth century patients were seen eagerly seizing upon brilliant weapons and fiercely brandishing them during their attacks, as though executing feats of arms. Even women passionately addicted themselves to these exercises; and this phenomenon, like the influence of the lustre of metals on the senses of the patients, was very

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often observed, until the disappearance of the malady in more modern times.

The aversion of the patients for certain colors, and their passion for others was still more remarkable among the mobile and sensible people of Italy, than in the dance of St. Guy among the Germans, naturally more apathetic. Nearly all were impassioned for the color red, and eye witnesses describe this passion for colors as so extraordinary that they find no terms in which to express their astonishment. As soon as the patients perceived their favorite color, they precipitated themselves like wild animals, under the charm of this new impression, upon the colored object, devoured it with their eager gaze, covered it with kisses, caressed it in all imaginable ways, and soon passing to still more tender sentiments, they fell into the languishing expression of lovers, and embraced with tears in their eyes, and with the most ardent passion, the cloth which was offered them. The attacks of a Capucin monk having been mentioned at Tarentum, Cardinal Cajetano repaired to the convent to see for himself the phenomena in question. As soon as the monk, in the midst of his dance, had perceived the ecclesiastical prince in a *red robe*, he paid no more attention to the "*tarentella*" of the musicians, but sought by singular gestures to approach the cardinal, as though he had wished to count the threads of his robe. As the assistants, as well as the respect which the cardinal inspired, prevented him from touching the robe; the unfortunate monk, thus debarred from satisfying his instinctive longing, was seized with anxiety so profound, that at last he fell back without consciousness, and only came to himself when the cardinal, touched with compassion, had extended to him his red cape. He then seized it with absolute rapture, pressed it against his heart, his forehead, his cheeks, and recommenced his dance as if transported.

At the sight of antipathetic colors, the patients became furious, and it was difficult to prevent them from tearing the garments which occasioned sensations so disagreeable. Another marvel was the passion of patients for the sea. The tarentati were attracted by the immense azure of its surface, and remained absorbed in this contemplation. Some songs,

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preserved even to this day, depict this singular passion, which was also reproduced by certain sounds of music, or by the name alone of the sea. With some this reached so high a pitch that they threw themselves headlong into the floods.* This state, so opposite to hydrophobia, was betrayed in other patients by their enjoyment at the sight of glasses filled with limpid water. They held while dancing, glasses filled with water, and made fantastic gestures. Others liked also, that great vases filled with water should be set in the middle of the place of the dance, garlanded with reeds and water plants, and into which they plunged the head and arms voluptuously. Others rolled in heaps of dirt, and had themselves buried up to the neck, which solaced them in some degree. We might mention other phenomena, infinitely varied, but alike revealing an unnatural state of nervous excitement. All are effaced before the incomparable power of music.

It is related—and this accords perfectly with a nervous malady of this high degree (effecting the emotional centres at the origin of nerves essential to human vitality)—that many persons bitten by tarentulas perished miserably for want of music, or even of a particular tarentella—the antique key that could unlock their spell.

At the commencement of the seventeenth century was established the custom, that during the summer months large companies of musicians perambulated Italy, and undertook on a grand scale, in towns and villages, the cure of *tarentati*. The kind of music which was played in these cases was intimately sympathetic with the nervous state, and has made upon the Italians so deep an impression, that up to the present day, they still preserve it for a particular dance, the measure of which accelerates progressively. Several kinds of tarentellas, distinguished according to the dispositions of the patients whom they respectively suited, show by their names an intention to use the particular morbid affections of vision as indications in the choice of the music. Thus they called *panno rosso* a kind of tarentella very lively and impassioned, accompanied with wild songs and dithyrambics. *Panno verde*

* See the "Ballads of Lorelei."

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corresponded to the gentle impression of the color green, and was accompanied with idyllic songs, depicting forests and verdant plains. A third kind was called *cinque tempi;* a fourth *moresca;* a fifth *catena;* a sixth *spallata*—the slowest and least liked of all, well named moreover, since it could be played only to paralytic dancers. As to those who had the passion for water, they were treated with love songs and music in the same passional key, and they liked also music imitating the plash of fountains, noisy cascades, torrents, &c. It was a matter of daily experience, that all tarentellas did not equally effect the patient, but only one of them, which naturally occasioned a great diversity in these dances. There was besides much caprice with regard to instruments, thus some sought the noisy sounds of the trumpet, others the gentler accords of the guitar or stringed instruments.

It was in the seventeenth century, after the dance of St. Guy had long disappeared from Germany, that tarentism culminated in Italy. The malady attacked not only natives, but strangers of all colors and of all nations—Negroes, Bohemians, Spaniards, Albanese. No age guaranteed from the consequences of the sting of the tarentula, or from the sympathetic contagion of the dancers; octogenarians were seen to cast away their crutches on hearing the tarentella, and, as if rejuvenized by some magic philtre, to join the most zealous dancers. It was not unfrequent, that patients *lost their voice;** some became *blind*† for a season, others vertiginous, or fell into an insane state, accompanied with obstinate sleeplessness, or shed tears without external cause.‡ Many patients were solaced by swinging and rocking (1), others asked to be slapped hard on the soles of their feet, or they struck themselves, not in folly or to attract notice, but to appease a violent irritation, such as when merely cutaneous, is the need to be scratched, but which was here more general and profound. Among them were some whose abdomen swelled considerably, and this was also noticed among the dancers of St. Guy.

* Affection of the olivary tract at the origin of the vagus.

† Affection of the tubercula quadrigemina.

‡ Origin of fourth and fifth pairs, giving branches to the lachrymal gland.

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Others suffered from prolonged torpor of the intestinal canal, or by the opposite disorders of vomiting and purging (2). These unfortunates gradually lost their strength and color, became jaundiced and puffy, their eyes reddened; they wandered here and there like shadows, then soon subsided into deepest melancholy—desiring the mournful sound of funeral bells, and making their abode amid sepulchres, like the lycanthopes of ancient times.

Had the phenomena of tarentism been always thus strongly characterized there would have been no hesitation in classing it with chorea and epilepsy, among nervous diseases. Obscurity arose from the fact, that many simulated the malady; some unnerved by fear, others swayed by the force of imitation, and most from the love of music and dancing, combined with the fascination of a mystical excitement. Women, stimulated by curiosity, mingled with the crowd and thus contracted the malady, not by the venom of the spider, but by moral poison which they absorbed in their sympathy with the dancers. Throughout the country the time thus devoted to the dance and music was called *carnavaletto della donne*—the women's little carnival; for *they* were especially interested in the festival; set apart their little savings, and even neglected their household cares for the sake of joining in these dances, and of suitably remunerating the musicians. Invincible reaction of life towards harmony and joy, crushed inwards by misery, it discovers amusements even in disease, and pleasures in the midst of fright. One rich lady, Alita Lupa, is mentioned as having thus dissipated all her fortune. Extraordinary as are the facts precited, they are surely not more so than those commonly admitted of "spiritualism" in our own day, and nothing should less surprize the physiologist than that the synergies of movement with the vibrations of harmonic sound should prove their efficacy as therapeutic means, or that at certain epochs sympathetic enthusiasm should blend in its accords entire populations, adding to secret elemental spells the social magic of masses swayed by a common sentiment.

Music has in all ages been regarded as very efficacious in diseases: the ancients used music in the treatment of nervous affections. The *Phrygianairs* especially had a great reputa-

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tion. In order to obtain cures they actually played them upon the sick part, which they called *decantare loca dolentia.* The exercise of the vocal organs in singing forms a conspicuous feature of the hygienic means recommended by Cœlius Aurelianus against epilepsy. Aretæus employed chironomy (*gesticulatio manum*) in the same circumstances. Aulus Gellius used music against the poison of the viper, and it is even surmised, that its employment against the effects of the sting of the tarentula remounts to the teachings of Pythagoras, who cast the foundations of his philosophy in Apulia and in Calabria. It is certain, that he did employ harmony, not only against nervous diseases, but also against the sting of venomous animals. In our own day we have witnessed the surprizing progress obtained with idiots at the Bicêtre, and with epileptics at the Salpetriere Hospital of Paris by the daily exercise of lecture, cadenced and melodious speech, the recitative or antique style of oratory modelled on music.

The true dance of St. Guy, *chorea*, is actually treated at the Hospital de l'Enfant Jésus in Paris, by harmonized *gymnastics*—muscular movements combined with songs, the cadenced air aiding the efforts, and rhyming the movements. In 1836 Mr. Jolly announced in a memoir upon the will, the cure of chorea by the dance and by playing upon the piano. Recamier made his choreic patients follow the march of the drums that beat every evening in Paris for retiring from the public gardens. MM. Laisné and Blache, out of 108 children attacked with chorea, cured by harmonized movements 102. (See *Bulletin de l'Academie de Médecine de Paris*, 1854, p. 919; 1855, p. 833.

Thus behold us returned to the medical customs of the middle ages and these therapeutics so extraordinary at first aspect, that were practised on a large scale in the countries of the South during one nervous epidemic, have just received from the best physicians of Paris, in full academic conclave, the testimony of science and of experience to their efficacy in another nervous malady—chorea—which happily yet remains only sporadic.

We have seen what epidemic *tarentism* was in the middle ages; but a malady that overran all the south of Europe

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during two centuries could hardly be extinguished so effectually as not to be found acclimated in some country whence possibly it may have first issued to invade our continent. The cradle of cholera is on the banks of the Ganges, there we are sure to find it, even when it has disappeared everywhere else.

The plague, issued from the banks of the Nile, has overrun Europe many times successively, and now that it has ceased its fearful ravages among us, we find it again, and can study it still in its natal Egypt.

It is also thus for *tarentism;* and what proves decisively that this is not a feigned malady, but has really existed as an epidemic nervous affection, independent of the sting of the tarentula and of all the deceptions which may have mingled with it, is that it is found again with all its characters, with its most whimsical phenomena, with its sole efficacious treatment by the dance and music, found again in Abyssinia, in in the province of Tigre, whence it takes the name tigretier.

THE TIGRETIER, OR ABYSSINIAN CHOREA.

There exists in the province of Tigre in Abyssinia a sort of chorea or endemic musico-mania, that bears the strongest resemblance with tarentism.

Women are oftener attacked than men by the tigretier, and it is characterized by a state of melancholy, the prolongation of which induces emaciation and death. Only music and the dance triumph over its crises. Hecker admits the identity of this malady with that which the Ethiopians call *astora-gaza;* it also exists in the provinces of Amhara, and of Galla, but much less frequent than in Tigré. An English traveller, who sojourned nine years in Abyssinia—Nathaniel Pearce—describes its phenomena, of which he has been himself an eye witness during a residence in Abyssinia from 1810 to 1819. "The tigretier," he says, "begins by a violent febrile paroxysm, which soon subsides into a slow fever, and produces extreme emaciation, and even death, unless timely succor is afforded. The speech becomes unintelligible, and is, say the natives, only understood by those similarly affected. When the relatives are convinced that the malady is the real *tigretier*, they contribute to bear the expenses of the treatment, and send for

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a *dofter*—a kind of priest—who reads to the patient the gospel according to St. John, and daily showers him with cold water during a week—a procedure of which death is often the result. The most efficacious treatment imposes considerable expenses. The relatives hire a company of musicians, and all the young persons, the daughters and wives assemble before the patient's house to celebrate a festival.

"I was one day called to the house of a neighbor, whose young wife, tenderly beloved by him, had the misfortune to be thus attacked; the husband was my old friend, so I visited the patient every day. But I soon perceived that my cares could be of no avail, although she did not refuse my remedies. She talked much, but neither I nor her relatives could understand what she said. At the sight of a book or of a priest, she manifested great aversion by gestures the most decided. A violent agitation was remarked in her, during which she shed torrents of tears, colored with blood. She had already passed three whole months in this deplorable state, and during all this time she had taken so little nourishment, that it was hard to understand how she could still be alive. Finally her husband decided to employ the ordinary remedy, and after having made the necessary preparations, he borrowed from all his neighbors jewels of silver, and therewith decked his wife. On the evening of the fête I placed myself near the patient to observe her attentively. About two minutes after the trumpets had begun to sound, I saw her move first her shoulders, then her head and chest, and in less than a quarter of an hour she was found seated on her bed. Although occasionally smiling she cast around ferocious looks, which caused me to withdraw much surprized, to see a patient, dried up to the very bones, still move with so much force. Her head, her neck, her shoulders, her hands and feet, her whole body moved in cadence to the sounds of the music; at last she rose erect, then fell to dancing, leaped and gambolled at intervals, and in proportion as the sounds of the music and songs of the assistants grew louder, she leaped still higher and higher, sometimes more than three feet into the air. When the music ceased the greatest anxiety possessed her; when, on the contrary, it became more intense, she smiled again and appeared

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satisfied. During the whole dance she showed not the least sign of fatigue, even when the musicians were exhausted; but testified great displeasure when they merely stopped to take breath.

"On the following day she was conducted, according to the custom, to the market-place, where vessels of drink, prepared for the dancers and musicians, had been already placed. When the troupe was assembled and the music had commenced, she entered the circle of the assistants and began to dance, taking the most fantastic postures. The dance lasted all day. Towards evening she let fall, one by one, from her neck, her arms, and her feet all the jewels of silver, so that at the end of three hours, she was despoiled of all her chains and bracelets, which a relative picked up and restored to their owners. Finally, as the sun was setting, she darted off at a speed exceeding that of our swiftest runners, then fell as if mortally wounded. A young man immediately left in pursuit of her, and fired his flint-lock musket over her head, from a distance, as is customary among these people. Then coming up with her, he struck her on the back with the flat of his dagger, asked her her name, which she answered without hesitation, which is regarded as a sign of cure, because during their whole illness, the patients cannot answer to their christian names. She was then brought back to her own house, all feeble and attenuated. A priest waited there to baptise her, as though she had need to be received anew into the church. This was the whole treatment. It is not so readily successful with all patients; some must repeat the dance in public several days successively; in others this remains without effect. I have seen these patients make during their attacks the most fantastic contortions—bearing upon the head a bottle full of liquid without either letting it fall, or spilling the least drop of its contents.

"I should not have spoken of this malady; I might even have denied its existence, had I not seen all with my own eyes and had an example of it in my own wife, (a Greek woman by birth.) I thought at first that the lash might be serviceable, and one day applied some slight blows in the belief that feminine nature was strongly in play here, and that the true cause

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of malady was a desire to be remarked by a showy dress in the dance. But what was my astonishment, when, in the midst of my therapeutic flagellation, she fell to the ground as dead! All her limbs, to the very fingers, stiffened motionless; so that I really believed her last hour was come. I told my people that she had swooned, concealing from them the cause of this unfortunate accident. But they had already brought musicians whose aid I had hitherto obstinately refused. The music soon restored my wife to consciousness. I then left to her relatives the care of employing the means of cure which I have described, and I have only to regret that the duration of the treatment longer than for the other patient cost me much dearer."

On the Therapeutic Relation existing between the Phenomena produced by the Tarentula on Persons in Health, and the Idiopathic Tarentism.—It is in the countries afflicted by intermittent fevers, that the precious Cinchona and other febrifuge plants grow; Coffee ripens in the burning plains of Arabia, where it reanimates organisms languishing under the arbors of the climate. The Nickania Guaco, efficacious against the bite of the rattlesnake, is found in abundance in the countries inhabited by that formidable reptile; in the regions of yellow fever Humboldt has discovered the serpent whose venom, inoculated, acts as prophylactic. Even so, the most venomous *tarentula* inhabits the countries where tarentism has been idiopathically developed, and its analogy of action over the organism ought to cause it to be recognized as the means most efficient in combatting that malady.

But centuries of study were needed before science could discover the relation of the remedy to the disease—the law of similitude—so fertile in its applications, so efficacious in its results. Music, whatever be its action, is only a palliative; it calms the actual crisis, but does not hinder its relapse at a more distant period; how precious then is the announcement of a remedy that will conquer the disease in its totality and prevent its relapses!

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COROLLARIES.

1. Most spiders are venomous.

2. Their venom is in force only during the hottest months, and season of their loves.

3. This venom may act when internally administered, and has therapeutic employments.

4. The similitude of action in the venom taken internally with the same venom penetrating by a wound is elucidated by the following theory.

General action of poisons taken internally.	In very strong dose.	Similitude of action with the symptoms of inoculation. Pathogenetic effects preceding septicism and possibly becoming fatal by cumulative action.
	In medium dose.	Effects null or very slight, due to the neutralization of the venom by the gastric juice.
	In diluted dose.	Similitude of action with the effects of inoculation, but limited to such as are purely pathogenetic. Resistance to decomposition by the gastric juice, because chemical reactions cease to occur at a certain degree of *dilution*.

THERAPEUTIC INDUCTIONS.

Tarentula.	Periodic action.	Refractory intermittents. Nervous affections observing long periods. Hysteria. Mania. Hypochondria. Delirium. Periodical insanity. Epilepsy. Chorea. Nervous tarentism. Sting of the tarentula.
	Sudorific action.	Intermittent, sweating fevers. Dropsies, œdema, anasarca. Albuminuria. ?
	Generic sphere.	Satyriasis. Nymphomania. Erotic mania (spiritual variety.)
	Par vagum and sympathetic.	Cardialgia. Syncope. Periodic nervous affections.
	Local action.	Phlegmon. Anthrax.

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The mygale finds homœopathic indications for syncope, odontalgia, and ephemeral fever.

The segestria, for phlegmonæ, furuncles, and anthrax.

The clubione nourrice in furuncles and anthrax.

The clubione medicinale in vesical irritation.

The tegenara, according to Hentz, has the same properties as the clubione medicinale, and both are narcotic and vesicating.

The epeira diadema: Antiperiodic, quotidian intermittents with symptoms consisting chiefly of cold.

Pholque phalangida—ophthalmias.

Latrodécte.	Latrodecte of Volterra.	Syncopes. Cardialgias. Chorea with semi-paralysis of the limbs. Convulsions with trembling. Stifling in confined air. Asthma.
	Latrodecte of Corsica.	Chronic articular pains. Jaundice.

ARTICLE XXV.—*Nitrate of Uranium in Diabetes.* By EDWIN M. HALE, M.D., of Jonesville, Mich.

THE attention of the homœopathic profession was first attracted to this new remedy by a communication from F. S. Bradford, M.D., and is to be found on page 502 of the *North American Journal of Homœopathy.*

For the benefit of those who may not have back volumes of the JOURNAL; and as the article referred to is a brief one, I take the liberty of republishing it. The results of my own experience satisfy me that this remedy will prove one of the most valuable, in the treatment of the different forms of diabetes and diuresis, of all the medicines and for those maladies.

The following is the communication of Dr. Bradford:

"It is not the object of this paper to discuss the treatment of diabetes farther than to *propose a new remedy*, to the trial of which I was led by a statement contained in the January number of the *British and Foreign Medical Chirurgical Review* for 1857. In review 111, page 34, it is stated that the gradual poisoning of dogs with small doses of the Nitrate of

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Uranium invariably caused the urine of the animals thus poisoned to become sugary. It occurred to me that this Nitrate of Uranium might prove a valuable homœopathic remedy in the treatment of diabetes in the human subject. Accordingly I had it prepared in trituration, from the first to the third, and, although I have had as yet but few opportunities of administering it in cases of diabetes-mellitus. I feel warranted, from its satisfactory effect in those few cases, in recommending those who have patients suffering from this disease, to make a trial of this remedy. Doses of two or three grains of the third trituration, administered morning and night, will in a short time reduce the quantity of urine passed, to nearly a normal standard, and after a continued use the proportion of sugar is materially lessened. I have also employed it with the greatest success in cases of acute and chronic diuresis in children and grown people. It is peculiarly successful where the urine, from time to time, assumes an acrid, irritating nature. From the experience which I have thus far had with the Nitrate of Uranium, I am fully persuaded that it merits a careful and scientific proving, and any contribution toward such a proving, by those who feel inclined to test the remedy, will, without doubt, be gratefully welcomed by the profession."

Dr. Bradford is deserving of credit for thus seizing upon the pathogenetic fact developed by Uranium poisoning, and testing and proving the value of the homœopathic law, by submitting it to the ordeal of clinical experiment. It is thus that an acute mind may seize upon a single symptom of a new and unproven remedy, and from it deduce valuable therapeutic results.

The Nitrate of Uranium employed in the following cases, was procured through Halsey and King, of the Chicago pharmacy, and was prepared, as they informed me, by a talented and scientific German chemist.

Case 1.—The patient was an old gentleman, aged about sixty-five. I had treated him occasionally for three years for a form of diabetes, which I had every reason to believe was a real case of glycosuria. Although, owing to a want of the necessary facilities for a correct examination of the urine, I could not say positively whether sugar appeared habitually in

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the discharges. (Let me here add that it is utterly impossible for a country practitioner—by this term I mean a physician in our towns and villages—to get the time to make those analyses of morbid discharges, so necessary to a perfectly correct diagnosis of disease. Such examinations would necessarily involve him in an expense for the procurement of apparatus, which could not well be borne. In these cases of diabetes which I shall report, although I may have been satisfied from my own tests of the correctness of my diagnosis, such tests might not stand the tests of severe analytical chemistry.)

The patient was of corpulent habit, not addicted to the use of ardent spirits, and a temperate eater. The disease has been alternately relieved and aggravated during the six years of its existence. Under my treatment he had been relieved at times by Cantharides, Cannabis, Tereb., Merc.-sol., Phos.-ac., and Arsenicum. His symptoms, at the time of the trial of the Nitrate of Uranium, were much the same as during the last few years, only much aggravated in every respect, and was as follows: Constantly increasing debility and emaciation; a dropsical condition of the legs; great pain and weariness in the lower extremities, accompanied by a distressing sensation of crawling or formication under the skin, as of thousands of worms. (This sensation I have often noticed as preceding or accompanying the access of dropsy of the legs or abdomen.) Clammy state of the mouth and tongue; the tongue coated with white fur; at the same time a sensation of dryness of the mouth and fauces, with excessive and uncontrollable thirst. Appetite variable—at times wanting, at times excessive. Dispeptic symptoms prominent; such as sour eructations, burning and cramps in the stomach, and sensations of extreme faintness at the pit of the stomach. Bowels constipated, fæces pale, odorless, and dry. Almost constant desire to urinate, and voids large quantities at every emission; he states that he has voided as high as sixteen pints in one day and night. If he tries to retain the urine, severe pain in the bladder comes on. The urine is acrid and excoriating, has a sweetish odor, and he says a sweetish taste. His perspiration and breath has the same sickly sweet odor. Skin dry and harsh most of the time, although he perspires when sleeping or on unusual exercise. Pulse small and 90.

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He was given Merc.-sol., 2, and Ars.-alb., 3, each thrice a day. These remedies had alleviated similar symptoms a few months before, but did not seem at this time to be of any benefit, except to diminish somewhat the extreme thirst.

After waiting one day, during which he had no medicine, he was given powders of Nitrate of Uranium, 1st dec., one grain each, to be taken three times a day. The effect of the remedy was prompt and decisive. The first night he had only to get up twelve times instead of twenty, as usual, and the urine was much less in quantity. The next day the urgency to void urine was diminished, and the next night he had to urinate but six times. Under its continued use all the symptoms became much ameliorated, until he informed me that the amount of urine voided was not much above normal, and his strength and health were much improved. He took the remedy about three weeks, decreasing the dose at the rate of one powder a day, during the time, so that the last week he took only one daily. Under the use of Phos.-ac. and Helonin, 2, his health improved for several months, when he had another attack of a similar nature, which, however, gave way under the use of the same remedy for a week. Since that time he has had occasional attacks more or less severe, which are always relieved by the Uranium. At his advanced age, it is to be doubted whether a cure can be effected, but the marked beneficial effects of this remedy demonstrate its great utility as a palliative agent in such cases. I have tried very many medicines in similar cases but have never met with one, which manifested such happy effects.

Case 2.—Was a son of the above, a strong and apparently healthy man of about forty. He first noticed a frequent and profuse urination about six months previously. This trouble gradually increased; about three months ago he began to be troubled with nocturnal urging to urinate, obliging him to get up several times after retiring. His present symptoms are: A growing debility; a good deal of weakness in the lower extremities and back; considerable pain in the region of the kidneys; after a day's work the legs ache so that he cannot get to sleep until after midnight. Mouth dry, saliva tenacious, tongue coated white, good appetite, but his food causes much

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distress in the stomach. A constant sensation of faintness in the region of the stomach, even after a full meal; bowels constipated; urine profuse, frequent, and accompanied by burning and scalding; milky at times, at other times of a straw color, and fœtid; thinks he voids nearly ten pints in twenty-four hours. He is dispirited, discouraged; has lost his usual ambition for labor, and is inclined to be morose.

For a week he took Canth., 3, and Merc.-sol., 3, with no particular benefit, except to somewhat lessen the *ardor urinæ*. I then put ten grains of Nitrate of Uranium in half an ounce of distilled water, and ordered him to take ten drops four times a day.

The second night after commencing the remedy he was obliged to get up to urinate but once, and during the day the urine was much less in quantity. Improvement progressed steadily for a week, at which time the secretion had become nearly normal, and his general health was much improved. For the debility and some genital weakness I gave Phos.-ac., 1, six drops three times a day, and six pellets of Nux, 3, at night, and continued the Uranium twice a day. At the expiration of three weeks he reported himself well, as well as he had been for many years.

Next to the Nitrate of Uranium, Phosphoric-acid is the most important remedy in cases of diabetes. Not so much because of any specific relation which it bears to the essential nature and causes of the malady, but for its renovating and recuperative powers, in restoring nervous energy to the enfeebled organism. It is eminently *the* remedy, when, from loss of fluids, the solids of the body become wasted and nervous prostration supervenes. In such cases it must however be given in appreciable doses, because, *first*, It is given for conditions which simulate its secondary effects; and, *second*, Because it is not so much for its dynamic, as its *nutritive* powers, in restoring the lost Phosphorus, which has escaped from the system.

Case 3.—A somewhat intemperate man, about forty-five years of age, a cooper by trade, had been afflicted with symptoms of diabetes for several months. He complained of increasing debility; sweats easily and during sleep; constant pain in the lumbar region, soreness in the region of the kid-

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neys; severe aching, drawing weary pains in the legs in the after part of the day; they are so weak and heavy that he can hardly walk in the evening. (This distressing aching and weakness of the lower limbs seems to be decidedly pathognomonic of diabetes. It has been present in every case which has come under my observation.) Urination profuse, and sometimes painful; frequent, every hour or two; sometimes pale, often milky, with strong ammoniacal odor. His sleep was broken by the frequent calls to urinate. He states that he is almost completely *impotent*, and that the sexual power which was strong before the diabetic symptoms appeared, is constantly decreasing. A cold perspiration collects on the penis and scrotum, both of which are relaxed and cold. He feels feverish in the afternoon, has great thirst, canine hunger from a gnawing and faintness in the stomach, abdomen feels bloated; and he is constipated. Some of the symptoms were relieved by the use of Cannabis, Coladium, and Merc.-sol., but the diabetes and other most prominent symptoms remained the same. He was then put upon Nitrate of Uranium, second decimal trituration, three times a day. Improvement commenced immediately and continued until the urine became nearly normal in quantity and the symptoms in general were much ameliorated. One dose of the remedy, every evening, was ordered, and he was given Phos.-ac., 1st dec. dil., ten drops every six hours. Under its use the general and local debility was in time removed.

Case 4.—A delicate nervous female, subject to attacks of neuralgia and hysteria, was much troubled with sudden attacks of *diuresis*, accompanied by much prostration, followed in a day or two by an opposite state marked by some fever, much thirst, dryness of the mouth, headache, and *scanty, high-colored* urine. This was undoubtedly a case of *diabetes-insipidus*, (might it not be called *nervous diabetes?*) I had treated her with Digitalis, Pulsatilla, Gelseminum, Ignatia, and Belladonna, all of which are homœopathically indicated, but failed to afford more than palliative relief; they did not prevent the reactive symptoms from appearing. This patient called me in one day, and wished a prescription for one of her attacks, which she knew was about to set in, from certain premonitory

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symptoms. Being desirous of testing the Nitrate of Uranium in cases differing from true diabetes, I gave her six powders of the second, one to be taken every four hours. The diuresis was much less than was anticipated, and was *not* followed by the usual feverish reaction.

By this it would seem that the remedy was homœopathic not only to glycosuria, but to other forms of diabetes. It may prove useful in the *azoturia* of Willis, characterized by an excess of *urea*, although Colchicum, Verat.-virid., Digitalis, and perhaps Gelseminum are more homœopathic. In the *anureous diuresis* or anazoturia of Willis, it will undoubtedly prove valuable. Case 2, may have been of that variety. In *albuminous diuresis* it may prove of some benefit, in connection with Canth., Digit., or Merc.-cor. It may prove useful in *chylo*-serous urine—a curious and rare affection, of which I have seen *one* case, and cured it with Phosphoric-acid, 1, in a few weeks, after a useless allopathic treatment of months.

ARTICLE XXVI.—*Moonshine versus Rationalism.* By C. PEARSON, M.D., of Mount Pleasant, Iowa.

As much has recently been said by writers in our medical journals on the subject of "Dose," and the "Law of Selecting the Proper Quantity," "Rationalism," "Progressive Homœopathy," "Fossilism," "Moonshine," &c., in medicine, it might be well for practitioners to give a reason for the hope that is within them.

Descartes, though differing but little in his teachings from Plato, might well be styled, from the age in which he lived, the father of *rationalism.*

He was born in Hague, in the year of 1596, and some of his premises were very similar to those assumed by our modern rationalists, for he affirmed that, "to attain the truth it is necessary to free ourselves from all the opinions we have previously acquired; and reconstruct anew from the foundation the whole system of knowledge."

I have in my possession a work, entitled the "London Dispensatory," by Dr. Salmon, published in the year 1677, some

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eighty years after the birth of Descartes, or about the time his doctrines were becoming popular in Europe; and, from language contained in the preface, there can be little doubt but that the writer adhered to the rational philosophy; for he says: "If what we here present the world with be kindly accepted, we may be encouraged hereafter to present to the public view a rational method of preparing of medicaments grounded upon truth and sensible demonstration, [query? does this mean sensible doses?] wherein the excellency of that our hypothesis shall plainly appear."

But he continues: "There are some half-witted animals abroad, who envying our reputation, would persuade the world that all our works are only collections out of others, but these idle drones are beholden to us for our labor and pains herein, and ought rather to give us thanks for our care and trouble than to carp against us for that, which their crazy pates can neither mend nor imitate. All the hurt we have done them, is, to gather much into little and to save them the charge of buying, and the labor of reading (if they have learned enough to read), the many and vast volumes of the ancients; thereby giving them more time to spend in their cups, and greater leisure to fortify their empty noddles against the prevailing forces of sloth and ignorance."

From this we may infer that the doctor was not only a rationalist, but a physician of the progressive school, a real benefactor, disposed to condense everything in "our literature" and make it practical; and, as the prescriptions of a medical reformer should certainly be entitled to respect, we will quote from page 194 the following formula, which he calls "Tincture or Extract of Mummy."

"Take the carcase of a young man (some say red haired) not dying of a disease, but killed; let it lie twenty-four hours in clear water in the air, cut the flesh in pieces, to which add powder of myrrh and a little aloes; imbibe it twenty-four hours in the spirit of wine and turpentine; take it out, hang it up twelve hours; imbibe it again twenty-four hours in fresh spirits, then hang up the pieces in a dry air, and a shady place, so will they dry and not stink. This is a counterpoison, prevents the plague, and resists all manner of infec-

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tion, being taken only to ℈j, and cures being taken to ʒj or ʒiß."

Again on page 265 we find for "falling sickness," "fainting," "giddiness," "ague," "sciatica," and all manner of diseases, the following remedies recommended: "Cases of silk worms," "swallow's nests," "inner skin of a hen's gizzard," "fasting spittle," "cob-webs," "moss off dead men's skulls," &c., &c.

But on page 206 we find mention made of the following wonderful properties of the black cat.

"The head burnt to ashes, and they thrice a day blown into the eyes, are a remedy for all diseases of the eyes. The liver burnt to ashes and drunk helps the stone. The brain is poisonous, causeth madness, vertigo, stupidity, and loss of memory, obstructing the passage of the animal spirits; yet Schroder saith, That some eat them. The *dung* with mustard and vinegar cures the gout and falling off of the hair. Sextus saith: Hung about the neck with an owl's claw as an amulet, it cures quartans. The gall in a sponge pessary with Coloquintida-water extracts the dead child. The skin worn upon the stomach takes away the pain thereof and warms it, so also in the joints. Three or four drops of blood taken from the vein under the tail of a boar cat being drunk in water or wine cures the epilepsy; and the blood of the ear cures the shingles."

Here then we have what nearly two hundred years ago was considered a rational prescription for epilepsy. A century later we find counter-irritants, blood-letting, valerian, turpentine, calomel, &c., in "sensible doses," thought to be more appropriate. Now (1861) we find Dr. Max Maresk, an allopathic physician of an establishment for the insane at Vienna, has published in the *L'Union Medical* a report of his treatment of epileptic patients, an extract from which has recently appeared in the *New-Orleans Med. and Surg. Journal* as well as in other allopathic medical journals throughout this country. His prescription is *Atropine in solution of one grain in five hundred drops of rectified alcohol; from five to ten drops of this constituting a dose*, which is to be administered *once daily* in the morning. He says, "*coffee, tea, and chocolate interfere with the action of Atropine.*" It is continued from

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sixty to ninety days, and then resumed after an interval of from thirty to forty-five days.

This treatment, he affirms, was successful in three out of eight cases in effecting a complete cure, and that the other five were notably ameliorated. This looks like progress in the right direction; what has effected this change in the last century, or how much credit is due to homœopathy, we will not pretend to say; but we do affirm that no sensible physician will deny that the best practice is to prescribe "the least doses of medicine that experience proves to be efficiently curative." And further, that if we tread but one step backward in that obscure path leading from the mists and fogs with which medicine has been surrounded in the past, we approach that much nearer "rationalism," *alias* "sensible doses," "petrifaction," "fogyism," &c., &c.

For cholera and cholera-morbus, Hahnemann recommended Camphor, Cuprum, Veratrum, &c., and that too in very small doses. But now we are advised by homœopathic? writers to give *Alcohol*, "if we would save our patients, in sensible doses," "doses which the most reliable of the dominant school have found most safe and reliable." We are told it is the analogue of China, Ammonium-carb., Camphor, &c., and gravely asked, "who would like to trust to the 30th or even the 6th attenuation of these remedies in bad cases."

Now, let us hear what experience has to say on this subject.

On the 19th July, 1860, Mr. H., aged sixty-eight years, a blacksmith by trade, owing to the intense heat of the day added to that of his forge, after having drank large quantities of iced water, was taken at four o'clock in the morning with violent pain in the stomach and bowels, vomiting and purging, with cramps in the extremities, &c. I was sent for one hour later, but being unable at the time to see the patient, I sent him Camph., 1, and Verat., 6, directing a powder of each to be given in alternation every ten minutes, until there was an improvement.

In about an hour later I was again summoned in great haste with word that the patient was dying. I saw him in a few minutes and found him speechless and pulseless; the surface of the body, extremities, and even the breath cold. The

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cramps in the calves, feet, and hands still returned at times with frightful severity; the stools were passed involuntarily; the under jaw had fallen; the eyes were partly closed; the pupil presented a dull inanimate appearance, and the head rolled on the pillow like that of a dead man.

Now, what was to be done? "Give the first trituration of *Arsen*, one powder every fifteen minutes?" Send for a jug of whiskey, and "give such doses as the most rational of the dominant school have found to be the most safe and reliable?" "So that we may not, as in old times, approach the sick-bed with fear and trembling, and, above all, doubt." "And that we may have something that we can take hold of, see, and feel; not as some would have us treat diseases with vapor for hours, days, and months." "That is giving nothing, and giving that nothing thrice, four times a day, and twice a year." Or shall we resort to "moonshine?" "Nothing-and-never-giving-doses?" There was no time for delay, and I immediately prepared five drops of the thirtieth attenuation of Cuprum-metallicum in a tumbler one-third full of water, and poured two teaspoonfuls of the solution into the mouth of the patient, and assisted it in running down his throat by elevating his lower jaw—directing brisk friction to be made with the hands on the surface of the body and extremities. In five minutes the dose was repeated, and again in ten minutes more; by which time the cramps returned at longer intervals, and with less severity. The prescription was continued in this way for thirty minutes, by which time the pulse at the wrist was perceptible, and the patient announced in a whisper that he felt better. The same treatment was persevered in for another hour, when the extremities were warmer, the cramps and evacuations diminishing, the pulse had increased in volume, and the whole aspect of the patient changed for the better. I now directed the feet and hands to be wrapped in dry warm flannel, the Cuprum to be repeated every hour, and a powder of the thirtieth of Veratrum-alb. to be given between each dose. There was a gradual improvement in all the symptoms, and in three hours more the remedies were given at longer intervals.

In twelve hours from the time the Cupr. was first given, all

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the more violent symptoms had entirely ceased—the patient only complaining of great soreness and prostration. A powder of Arsen., 30, was now given every two hours, and this, together with an occasional dose of Sulphur, 30, was all the medicine required to effect a cure in a few days.

Again we are told by a *homœopathist?!* that he has "devised a plan for making our treatment of intermittent fever more thoroughly homœopathic." This news should be gratefully received by physicians every where, and of the West in particular; but here is a specimen-brick from the superstructure:

"Sulphate of Quinine . . . 10 grains.
Ipecacuanha . . . . . 5 "

Divide into five equal parts. Begin six hours before the expected paroxysm, and give one part every hour." Or again:

"Sulphate of Quinine . . . 10 grains.
Calomel . . . . . 5 "

To be divided and given in the same way."

Is this *rational progressive homœopathy?* While we are willing to admit that "a rose by any other name would smell as sweetly," we should not forget that *mongrelism* by any other name smells just as badly. We would not proscribe the opinions of any man, but we do protest against calling this any kind of homœopathy, unless it be *regressive* homœopathy; for it is certainly an enormous stride backward, and how long would it take us to travel in the same direction before we would again be prescribing "swallow's nests," or the "moss off dead men's skulls?" Is it not virtually a drop of blood from under the tail of the same old *boar cat?* But then we are told ague cannot be controlled by anything else than Quinine in some form or other. Here again the treatment of the following case is proof to the contrary.

Mrs. A., aged thirty-five years, tall and thin, subject to chills and fever, and living by the side of a mill-dam in a miasmatic district, was taken at three o'clock in the afternoon of the 25th of May, 1861, with a hard chill, which lasted over an hour; then fever and perspiration followed, leaving her in the morning quite weak and exhausted, at which time her

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husband called for medicine. I prescribed Puls. and Ipec., 12, one drop to a powder, to be taken alternately every two hours. On the 28th she sent me word, that the chill came on full two hours earlier, and with increased severity—lasting two hours, with thirst, vomiting, &c.—though it was thought the fever and perspiration were not so great. This anticipating tendency of the paroxysm after a prescription has been taken may generally be considered as strongly indicating that the remedy was well selected, but the attenuation too low. I accordingly prescribed the same medicines, prepared and given in the same way as before, but at the thirtieth attenuation. On the following day there was no chill, and very little fever or perspiration. The same medicine was continued for three or four days, and to the time of writing, July 5th, there has been no appearance of the disease returning.

For chronic indolent ulcers, we are assured by some, that one of the best remedies is *Licopersicum-esculentum*, or Tomato, applied externally. A case of this kind came to my notice about a year ago.

Mrs. M. C., aged thirty-eight, scrofulous diathesis, discovered a small red pimple on the anterior portion of the ankle-joint, which she believed at the time to have been caused by the prick of a briar from a rose-bush. But it continued to become more inflamed and painful, until a flat open ulcer was formed, which could not be healed by any external application whatever; in fact, she assured me that everything she put on it only made it worse. She had exhausted the knowledge of all the old ladies, which, to say the least, is generally very prolific. Then she had tried homœopathic treatment for three months, had used externally Arnica, Thuja, Calendula, the Tomato, and almost everything else that any one could suggest. The sore did not appear to be deep, or larger than a dime, though the inflammation extended over the size of a dollar. There was not much discharge from, or much swelling of the part, although it was intensely sore and painful, so much so that she had not been able to walk for over two months.

I was kindly informed by a homœopathist, that he could make a *salve* that would *heal it up* in a short time; but

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having little or no confidence in external applications, except for mechanical injuries, I immediately prescribed Arsenicum, 30, one powder every *three days*, and a powder of Sac.-lact. every three hours during the day. The part was kept moist by the application of compresses of warm water only. In nine days, or by the time the third powder of medicine was to be taken, the sore had healed fully one-half; and in less than twenty days from the time the first powder was given, it was entirely well, and the patient wore a shoe, and walked as well as ever.

But six doses of medicine were given in all, and the cure was prompt and permanent. But, say the objectors, this was no evidence that your prescription effected the cure; she had taken so much medicine that this was only a healthy reaction from the previous treatment. If this was the only case of a similar character that could be cited, more attention might be paid to the objection; but when it is only one of a number of cases, to which we might refer, when in fact it is our uniform way of treating indolent ulcers of long standing, and when we consider that the reasoning is only that of the allopath in reference to all homœopathic medication after his own drugging had failed, any further effort to convince might be considered superfluous.

But farther, in vertigo we are counselled to give ten-drop doses of *Aconite-rad.*, or *fifteen*-drop doses of the tincture of Agaricus. But how much better is this than Hahnemann's direction to give Aurum-mett. for the following symptoms: "Vertigo when stooping as if the person turned in a circle, the symptoms going off when raising the head; when standing, vertigo which forces him to sit down; when walking in the open air, vertigo as if he were drunk, and would fall to one side," (Hahnemann's "Chronic Diseases," Vol. II., page 185). Perhaps no better description than this could be given of a case which recently came under my observation. The patient was a male, aged fifty years, thin, spare, and dyspeptic, and a most inveterate tobacco-chewer. So troublesome had this vertigo become that he was unable to attend to any kind of business whatever, and his friends often found him, when attempting to walk in the open air, lying on his back,

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unable to rise without assistance. I directed him to leave off his tobacco immediately, and prescribed Aurum, 30, two powders every day for one week; then Sulph., 30, for two days, and then again Aurum as before. In three or four weeks he was entirely well, and remained so until several months afterwards, when he removed from the state.

I would not have any one believe from this report of cases, that the thirtieth attenuation alone of all medicines should be prescribed for all diseases; though for my own part, in my daily practice from year to year, I give it twice for once that I use any other, or all other attenuations put together; still, I think that Aconite, and perhaps a very few other medicines may be more generally beneficial from the first to the third dilution than any higher preparation of them; but the two hundredth of such remedies as Arsen., Sulph., Iodine, Calc.-carb., Puls., &c., may often be given with advantage; in fact, for children during dentition, with fever, diarrhœa, &c., this attenuation will often succeed where the lower preparations of the same medicine would have little or no effect.

The use of coffee should always be prohibited during treatment, though we are told by a *homœopathic?!* writer, that the Hahnemann code of dietetics is a "man of straw, and has in the main been abandoned by those who were once its warmest friends." His reasons for this, however, are certainly very conclusive, for he says: "Every reasonable mind must protest against the wholesale proscription of a beverage so long considered desirable by the entire world, wherever it is known." That "the United States expends yearly for coffee alone over fifteen millions of dollars, and our consumption of it amounts to about two hundred and twenty millions of pounds per annum." "Despite the clamor of reformers, who, overlooking the benefits of its moderate use, see far beyond only the effect of its abuse, coffee has for three centuries steadily maintained its place as an indispensable article of diet." And then again, he thinks "the simple cup which he is in the habit of sipping each morning with his breakfast does not deserve the invectives hurled against the article by Hahnemann and others, and that so far from prohibiting its use from his patients, he is careful to recommend it."

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Here we have the old argument of the dram-drinker in favor of his cups, and of the allopath in favor of his purging, pukeing practice. It has stood the test for three hundred years, and must not therefore be abandoned. Still, it will not do to say that this is not "progressive homœopathy," or that there is anything "foggyish" about it. It shows the glorious privilege of not being confined to any books, principles, or opinions, and this indeed is something, whether our patients gain or lose by the operation.

Whither then are we drifting? Towards the perfection of medicine as a science, or backwards towards the sloughs and uncertainties of allopathy? Let us reflect. Crude doses of "Calomel," "Ipecac.," "Quinine," and "Nux," "with a blister applied to the back of the neck, and Quinine and Morphine to the blistered surface," for chills and fever. Biniodide of "Mercury and Iodine for diphtheria;" "fifteen-drop doses of Agaricus tincture for vertigo;" then with a jug of "whiskey for cholera-morbus," a flask of "rum and syrup for asthma," a bottle of "Turpentine for typhoid and infantile remittent fevers," together with plenty of "brandy and beef-tea," and a coffee-pot well filled, we are to sally forth to meet our patients according to the modern programme of "progressive homœopathy." We ask again, in the name of reason, whither are we bound?

Now we care as little as any living man for creeds, either medical or ecclesiastical; in everything we desire the truth, and the most direct way to find and retain it. We have even no objections to physicians giving drugs to patients who are willing to take them. But is this the better and more successful way to treat the sick? Our experience answers most emphatically in the negative, and we hazard nothing in saying that every practitioner who, in the treatment of nervous diseases, adheres to attenuations above the sixth is more successful than any other one is or can be. And we do protest in the name of homœopathy against the advice and prescriptions of those who not only call themselves reformatory as physicians, but as homœopathists, while at the same time these prescriptions would do no injustice to the pages of an allopathic journal of

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a quarter of a century ago. We are opposed to *secession*, but must forever believe that our worst enemies, when we have any, are those of our own household.

ARTICLE XXVII.—*Concussion of the Brain.* By C. M. SAMSON, M.D., of Hudson, New-York.

THE following case in the practice of Dr. Wm. H. Hanford, of Williamsburgh, N.-Y., in which I was called by the Dr. as counsel, may be of some interest to a portion of the readers of this JOURNAL.

C. B., aged ten, a boy of cachectic habit, and an only child, whilst playing on the evening of the 5th of January, jumped backwards into a recess in the lower hall of his parents' house, against what he supposed to be the cellar-door, but which being open, he fell headlong down the cellar-steps, a distance of seven feet, striking the floor of the cellar, and was taken up insensible. The insensibility continued about four hours after the accident, when he commenced vomiting; after which partial consciousness returned, and he recognized his relations although still dull and stupid. By the fall, the cranium, in the region of the occipito-biparietal-suture, was indented over a space measuring about five inches in circumference and about one inch in depth at its centre, but at about ten o'clock the depression was reduced one-half. The pulse immediately after the accident (half past five o'clock) was about 40, and very soft; but at ten o'clock had increased to about 65; the countenance being pale. ℞. Arn. and Bell. alternately.

January 6, A.M.—Cheeks flushed, skin hot and dry, and pulse 120. ℞. Acon. and Arn. At two o'clock, P.M., the pulse was reduced to about 80. At three o'clock, P.M., a very severe frontal headache commenced, causing him to clasp the head tightly with his hands, and beg for cold water applications to relieve it; and accordingly cold water was applied freely by cloths frequently changed, which seemed to give relief, and towards midnight the headache gradually ceased, and the pulse was still further reduced to about 60; the surface being

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cool, and the patient generally dull and aroused with some difficulty. ℞. Bell. and Arn.

January 7, A.M.—No headache; pupils dilated; pulse remaining at about 60 until the following Thursday (10th), when it went up to 75. *Evening.*—The feet were rigidly arched; to meet which symptom, Nux-vom. was administered in alternation with Bell.

January 8.—Patient remained in the same condition.

January 9, P.M.—A very severe frontal headache commenced, seated more particularly in the eyes, and of so violent a character (as his friends expressed it) as to make him "crazy," causing him to jump up out of the bed on the floor, holding his head with both hands. This was controlled in half an hour by two doses of Glonoine, 1, two drops in half a tumbler of cold water, a teaspoonful at a dose; after which Bell. and Nux-vom. were resumed.

January 10.—Remained in very much the same condition, and said that he "saw everything in the room *doubled*—two objects instead of one," which diplopia remained several days. In the afternoon the headache returned as on the previous day, but was confined to the region of the left eye, and was again rapidly controlled by Glonoine, and did not again recur. Pulse to-day had increased to about 75, but towards midnight ran down again to about 65.

January 11.—Pulse still remained about 65 in the morning, but the patient not having received any nourishment since the accident, strong beaf-tea was ordered, about an ounce every three hours; which increased the pulse to about 75 again. To-day he complained of great pain along the region of the spine, which was controlled (apparently) by Rhus; Bell., being still continued in alternation.

After this date no symptoms of special interest occurred; the quantity of beef-tea was increased gradually every day, and the patient progressed slowly, and in about three weeks after the accident was convalescent; no symptoms of the accident remaining.

The points of interest seem to be these: How can we have so deep and decided a depression of the skull in a child ten years of age without fracture? (Quere—"Hickory-stick frac-

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ture?") It is difficult to believe that we could have so favorable a termination to so severe a case, if fracture existed, although it is possible. There could be no doubt in our minds as to its being an actual depression, as it was so difficult to believe even when seen, that special examination was made in reference to our being deceived by tumefaction of the scalp, but none existed to any appreciable amount. We have never seen anything like it in surgery, although every practitioner knows that in obstetrics it is not an uncommon thing to have the skull pressed into very extraordinary shapes, and the brain, in order to resume its shape, has replaced the bones in their proper position and shape.

Practically, we have another interesting fact, that the severe "pain in the eyes and in the front of the head, causing the patient to clasp the forehead tightly, and which was sufficient to drive him almost crazy"—was promptly relieved by Glonoine; and the disposition to tetanus seemed to be controlled by Nux-vom., 1.

ARTICLE XXVIII.—*Is there any Law or Order Governing Disease?* By Prof. JOHN T. TEMPLE, M. D., of St. Louis, Mo.

THIS is a question which often forces itself upon my consideration in witnessing the various phases of disease which appear in the same affection. Take, for instance, intermittent fever, dysentery, scarlatina.

Are we not justifiable in the conclusion that nature in all of her grand operations, as well as in all her minutiæ, observes order in obedience to fixed law? It is universally admitted that there is a law of health, and that the human organism, acting in conformity to that law, will be kept in a state of harmonious action, corresponding to the demands of vitality. It is also an admitted fact that the laws of nature are fixed and immutable. Are the forces which produce disease natural forces? And if natural forces, are they not subject to natural law, and subject to order, as perfectly as the forces of health? We find that health-disturbing forces are distributed throughout the three kingdoms of nature, and in every instance that

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this force is a part (inherent) of the particular plant, mineral or animal, to which it is attached. And we also know that all of these kingdoms, and every member of each, are the products of physical law. These facts being admitted, are we not forced to the conclusion that, as the pathogenetic action of drugs resemble in their effects those produced by the disease forces, that therefore they (the disease forces) must be controlled by physical laws, and conform to the great law of nature—order? Then, why is it that we do not find uniformity of action, regularity, order, in disease?

These remarks have been suggested by a very interesting and singular case of dysentery—singular only on account of its periodicity. The case occurred in a family of high standing in our city. The lady, about forty-five years old, of amiable disposition, cheerful temper, and ordinary health, has at various periods for fourteen years been under my charge, for various attacks, but none of violence, except the dysentery. This disease she has had for *nine years*, returning regularly on the fourth day of July. She is regular and prudent in her diet and her life. The disease always yields beautifully to remedies indicated, which have generally been Aconite, Nux, and Merc.-corrosive. It may be said that periodicity is a law of nature;—we know that the planets have their periods of revolution; that plants have their periods of germination, development, and decay; in fact, that all organic and inorganic matter has this great law written upon every atom of their being. But the question is, has disease, dysentery for example, the law of periodicity? Is there any law regulating scarlatina or intermittent fever?

Will some brother please enlighten me on this subject?

Article XXIX.—*Health and Disease.* By Charles F. Taylor, M. D., of New-York.

The professional mind of all schools seems to be more or less practically possessed with the idea that disease is an *entity*, and is to be exorcised by boluses or globules, potions or potencies, as though it were a distinct and independent existence.

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Practically this idea seems to be the main-spring of the modes of the different schools of medicine. The truths of physiology and the conditions called pathological are all equally well understood by educated physicians; but still it seems to be the most difficult thing in the world—so easily are habits formed in ignorance perpetuated even under the light of greater knowledge—to remember what we know when we come to the practical business of medical treatment. Medical practice, at the present day, is no more what it should be, in order to correspond to the lights of science we have to guide us, than for Liebig or Dumas to forget the laws of chemistry already discovered, and retiring to some dark cave, hung about with pictures of imps and dragons, should, with jugglery and incantations, belabor the "elements" for the production of the philosopher's stone, or the elixir of life, in the vain endeavor to educe chemical laws which themselves have a hundred times proved, cannot exist.

"Physiology," according to Webster, "is the science of the functions of all the different parts or organs of animals, or plants, or, in other words, the offices which they perform in the economy of the individual."

And health is "that state of an animal or living body in which all the parts are sound, well-organized and disposed, and in which they all perform freely their natural functions."

And, according to the same eminent authority, disease is pronounced to be "any deviation from health in function or structure;" "any state of a living body in which the natural functions of the organs are interrupted or disturbed, either by defective or preternatural action."

The essence of disease, then, does not seem to be so difficult to comprehend after all. If the above definitions be true, pathology is simply one of the phases or manifestations of physiology; differing from health in the ratio of the conditions causing this particular physiological manifestation. Pathology, then, is but one branch of physiology, and is the proper out-marking of physiological laws under peculiar circumstances. When we examine a diseased condition, we encounter no new laws, but simply a special manifestation of old ones. These are facts which are so apt to be forgotten that it may do

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us good to run a parallel between these two points—health and disease—and endeavor to see still more clearly by what and by how much they are separated.

Suppose an acorn be planted in a fertile valley in a temperate zone with all the conditions necessary for the growth of an oak. A healthy and perfect oak will be produced. Rearing its head high in the air and striking its roots deep in the earth, the spread of its branches, the character of its foliage, the appearance of its trunk will be a type of its species, and will proclaim to the naturalist, wherever he may see it, the latitude and longitude, the elevation and climate and soil where it grew. The conditions surrounding it have been made a part of its organism. In other words, the determining causes of its physiological manifestation have made these manifestations to be in the direction which we call health.

But suppose we plant another acorn on the mountain top, where the soil is thin and sterile, the winds chilly and tempestuous, and the climate severe; at one season the soil is parched with drouth, at another deluged with rain, and steeped in moisture. Here the conditions may be just sufficiently within the limits to make the physiological phenomena of germination and growth possible. But the oak-tree will be stinted, and gnarled, and twisted, and decaying at its core, and will prematurely die! Here the physiological manifestations have been in the direction which we call disease. The determining causes have been the same in kind as in the first case, that is, the light, and air, and heat, and moisture, &c., were alike required in both cases; but these causes, differing in quality and degree, the physiological manifestation of tree-growth differed also in the same ratio in quality and degree. But whatever the quality of growth,—whether the perfect oak of the valley or the gnarled and imperfect specimen on the mountain-top, both were alike the result of the same physiological laws. And in all the gradations, from the most perfect to the feeblest manifestation of vegetative life, no new laws have been introduced, and no new capacities discovered.

This is made still more clear when we consider what is to be done to the sickly tree, in the illustration, in order to make it flourish like the one in health; that is, to cure the disease.

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Do we add anything to it, or take anything from it that is not necessary to the one in health? No. We seek for nothing new, but we simply alter the conditions under which its physiological life was exhibited. Using the same kinds of vital stimuli, the light, and heat, and moisture, &c., they are so arranged that the physiological manifestations produced thereby result in health instead of disease. Remove the influences of the mountain location—that is, transplant the acorn or the young oak to the fertile valley and the disease is *cured.*

The husbandman is the scientific physician, for his constant study and aim is to surround all physiological activities, animal or vegetable, with such conditions as must favor complete development or health. Using always the same materials, he seeks by endless modification of their relations to insure the completest physiological harmony.

Health and disease, then, are not positive but relative terms. The line that separates them is wholly imaginary; we cannot tell where the one begins or the other ends. We only know the results of imperfect or improper physiological action; but that action is still physiological.

Such being the relations of health and disease, any practices that proceed essentially as though disease were a separate and independent quality which is to be charmed away by a witch's broth made from

> "Eye of newt and toe of frog,
> Wool of bat and tongue of dog, &c."

is certainly very far behind the light of modern science.

Let us pay a little more attention to special hygiene, seeking for those conditions under which physiological manifestation take place most perfectly under varying circumstances, and we shall be surprised to find how little else there is to do.

ARTICLE XXX.—*Inhalations of Iodine and Bromine in Croup.* By E. H. DRAKE, M. D., of Detroit, Mich.

HAVING used the above medicines in the treatment of croup for the last two years, with a far more decided and uniform success than I ever experienced in the use of any other reme-

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dies, I have thought that it might be of some use to call the attention of the profession to the subject. Should others find the prompt and decided success, and that uniformity in their use that I have, I am certain that the "little folks" will be much benefitted, and the physician relieved of much anxiety and uncertainty. I have used them in both the inflammatory and membranous forms of the disease. I at first used the Iodine; but during the last six months have more frequently used the Bromine. It is also proper for me to mention that their use has not been confined to children, but has been found equally beneficial in laryngitis and tracheitis in adults, as also in acute and chronic inflammation of the mucous membrane of the nose and frontal sinuses. Many cases of chronic catarrh have yielded to the vapor of Iodine, that had resisted, and for a long time, other treatment. I do not say that all cases of chronic catarrh will yield to Iodine, but all in which I have used it as yet have done so. With me these "old cases of catarrh" have heretofore rarely been benefitted by treatment, and so far as I know, my want of success is not an isolated one. Perhaps I cannot better illustrate my subject than by giving in detail my treatment of a few cases.

April 26, 1860.—Was called to see Mr. T.'s child—a little fellow about seven years old. Found him suffering much with croup, and had done so for the last twenty-four hours; had given Act. and Spong. without benefit. Pulse 100, not much heat of skin, cough very croupy (is the best I can say). But from its peculiar suppressed character, I suspected membranous formation, the more so as he had hypertrophied tonsils, from which he had suffered much. On examining the throat I found my suspicions confirmed; there was quite an extensive formation on each tonsil. Prescribed Tart.-emet., 2, and Kali-bichr., 2, in solution, to be taken alternately every hour; apply water to throat externally, as hot as can be borne.

April 27.—Patient no better; slept but little, and not more than twenty minutes at a time. Omit the Tart.-emet., and give Spong. with Kali-bichr.

April 28.—Patient much the same. The exudation in the throat greater, and the mucous membrane of the nose inflamed. Give Hepar instead of Spong.

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April 29.—Much the same,—breathing rather more difficult; capillary congestion perceptible in the lividity of the extremities and face. Ordered four drops of Tinct. Iodine, put into half a teacupful of boiling water, and to inhale the vapor as long as any rises, to be repeated every three hours. Kalibich. every hour between.

April 30.—Seems better:—breathing much relieved; slept much more; each time after the inhalation would sleep quietly for half an hour. Continue treatment.

May 1.—Much improved:—cough loose, less frequent, and has quite lost its croupy character.

Under this treatment the patient rapidly recovered. The Iodine has been used in several similar cases since, and always with decided benefit. A case of acute laryngitis yielded promptly to its use, after Aconite, Hepar, Spong., and Phos. had been given with but little relief for some thirty-six hours. This case was characterized by the following symptoms: Pulse moderately full, strong, 120; much tenderness on pressure over the larynx; entire loss of voice—an effort to speak causes much pain; inability to lie down, as also to sleep, on account of the dyspnœa. The Iodine inhalation was very grateful, and gave rapid relief, so that in twelve hours after commencing its use the patient (an adult) could lie down and sleep quite comfortably; and in forty-eight hours all the alarming and distressing symptoms had disappeared—recovery rapidly ensuing. The two cases just cited are fair samples of twelve treated in like manner.

Chronic catarrh of long standing has not I think in a single instance, failed to yield to the Iodine vapor, when used for a sufficient period of time—say three or four weeks—and once or twice daily—sniffing it for about five minutes at a time.

But the most decided and satisfactory results have been experienced from inhalations of Bromine in croup, and also in the cynancha laryngea of adults. My manner of using it is to take a dram vial about half full of pure water, put in about four or five drops of Bromine—a part only of which will be dissolved, while the residue will fall to the bottom, and be taken up as fast as that already held in solution passes off by its exceeding volatility. Thus the solution may be kept of

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uniform strength for twenty-four or thirty-six hours. The vial is then held to the *mouth* of the patient, so that the medicine will be inhaled through the mouth, which has seemed to answer better than when inhaled through the nose. The first few inspirations will cause some resistance on the part of small children, on account of the unpleasant sensation it produces in the throat; but by letting them take two or three, and waiting a short time, a minute or so, before renewing it, this is easily overcome. Most patients will take it while sleeping. Care should be taken to keep the mouth of the vial well closed with the finger or cork when the patient is not inhaling.

I will give two or three cases by way of illustration.

January 12th, 1861, 8 A. M.—Was called to see Mr. S.'s child, aged eighteen months. Has been suffering with croup for twenty-four hours; has taken Aconite, Spong., and Hepar without benefit. Pulse 120; skin not very hot, except at night; much restlessness during the night, with almost constant cough, and very hoarse and dry. Cold water was freely applied to the neck all night. Gave Act., 1, and Spong., 1, every hour alternately.—Nine, P. M. Not much improvement. Mother discouraged. Take Bromine inhalation once in three hours, till it excites pretty severe coughing (an effect that often follows). Act., 1, every hour between.

Jan. 13th, 9, A. M.—Little patient running around the room; "has not coughed much since four in the morning, when I gave her a good dose of that medicine." Breathing perfectly free. Continue treatment.

Jan. 14th.—Patient had a good night—slept well, "scarcely coughed all night." Seems quite well.

The next case I shall relate was one of most perfect severity. An older sister had died two years before with membranous croup, which increased the anxiety in the present case.

February 14th, 1861.—Was called in great haste at eleven o'clock at night, to see Mr. S.'s child, aged about twenty months. Found the family much excited; thought the child could not live till I arrived. "Had coughed croupy during the day and evening." Given Spong. and Hepar; but about ten o'clock got suddenly worse. Had one severe struggle for breath, in which it did seem as though he must die. Little

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patient is struggling much for breath; pulse frequent and hard; much heat of surface; cough very dry, sighing, and suffocating. Gave immediately Bromine by inhalation. The little fellow did not like it much at first; resisted for a short time, so that he had to be held; but after a few inspirations became more quiet. During some ten or fifteen minutes probably thirty inhalations were made, with the open vial close to his mouth, with the lips separated, during which time the breathing had become very manifestly relieved, when he vomited a large quantity of mucus, very much resembling the white of an egg; after which he went readily to sleep, breathing nearly as free as any child. I remained about half an hour, during which time he did not cough once. Left him still sleeping easily. This was one of the happiest moments of my life. Where one short hour before the most intense anxiety and fear were depicted on every face, and spoke in every act, appealing and hoping for help, now all was hope and joy; and the expression of gratitude in that mother's face, and in the tone of her "good night, doctor," was ample compensation for many a weary day of toil, vexation, and care. Patient to take an inhalation every three hours during the night, each one composed of twenty or thirty inspirations; if they excite a severe fit of coughing or vomiting a less number; and Act., 1, four drops in half a glass of water, a teaspoonful every hour between the inhalations.

Feb. 15th, 10, A. M.—Patient much better. Had a comfortable night; but little cough and no difficulty of breathing; cough slightly croupy; much less febrile excitement. Continue treatment. Did not visit the patient again; but learned that his convalescence was rapid.

March 17th, 1861.—Called hurriedly up about one o'clock at night. Found Mr. P. at my door, breathless and excited. Child had croup; thought he could not live unless relief could be obtained soon. Hurried to his residence. Found a little boy, about two years old, suffering with much dyspnœa and febrile excitement; had been coughing croupy during the day previous. Had taken Spong. and Tart.-emet. Some months previous had an attack of croup not near as severe as this, which yielded to Tart.-emet. after Act., Spong., and

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Hepar had been used for thirty-six hours without benefit. The parents lost a child some four or five years ago with croup, under homœopathic treatment, which at present recurs vividly to their excited minds, serving much to increase their fears. The case was well calculated to excite alarm. I immediately gave the Bromine inhalation. The little fellow resisted for a short time, so as to oblige us to confine his hands, and hold his head; but after taking it at intervals for some five or ten minutes (I am not exact as to time being governed entirely by the effects) he vomited a large quantity of glairy mucus, resembling albumen; then went to sleep in a few minutes; breathing much easier. I remained about half an hour after, during which time he slept quietly; breathing much easier, so much so that all anxiety was removed. Take the inhalations every three hours, till about fifteen or twenty inspirations are taken; if cough is excited much by them, take a less number.

March 18th, 8, A. M.—Little patient much better:—slept well all night; coughed but little; breathing free; not much febrile excitement. Continue treatment.

March 19th.—Directed student to call. Says the child had a good night, and, to use the father's words, "is well to-day." I have treated some more than twenty cases with the Bromine, and all with similar results. Should it prove as successful in other hands, one of the most frightful diseases of childhood will be robbed of more than half its terrors. This is a succinct statement of a few facts;—should you deem them worthy of a place in your Journal, they are at your disposal.

Article XXXI.—*A Clinical Lecture.* Delivered during the Summer Course on Clinical Medicine for 1861, in the Hahnemann Medical College, Chicago, Ill. By R. Ludlam, M. D.

Gentlemen:—Among all the various diseases referable to some perversion of the nervous functions perhaps none are more interesting than such as are characterized by a defect or loss of motive power, technically called *acinesia;* and such affections are not unfrequently met with. As a mere matter of curiosity, independently of philanthropic considerations,

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one is prompted on meeting with an example of this class of infirmities, to inquire into its nature and causes, as well of the means which promise the most for its relief.

I have frequently spoken to you of the medulla spinalis as the executor of the will, which is enthroned in the encephalon. Now the nerves arising from this cord, as it is termed, are distributed both to the voluntary and the involuntary muscles, whether of the neck, the trunk, or the extremities, as well as to the integument of about nine-tenths of the whole body. You are aware that each of the thirty pairs of spinal nerves arises by two roots, an anterior and a posterior one, and that the function of these two sets of nervous filaments differ materially—the one being *motor*, the other *sensory*. According to Sir Charles Bell and other eminent authorities, the anterior spinal filaments are such as supply a stimulus to and control the muscular movements, whether under the charge of violation or not; while those which are posterior in origin are designed to regulate the sensibility of the surfaces to which they are supplied. Each variety of these nerves arises by a root from a corresponding portion of the medulla, styled its anterior and posterior columns.

In contradiction to the generally received doctrine, that the two sets of columns are the sources of or preside over the censory-motor functions, Dr. Brown-Sequard has demonstrated this to be absolutely impossible, insisting upon it, that sensitive as well as motor impressions run to and from the brain through the central or gray matter of the cord.

If you remember that the motor nerves are distributed to the muscles under control of the will, as well as to others, and that the former derive their stimulus from that source, you will readily anticipate that the current of influence, which is to excite muscular contraction in them, must set from the brain downwards, along the spinal cord, and so outwards with the course of the nervous trunks. And this is true; while the converse prevails with the sensatorial department of this system. A sensory nerve is designed to carry impressions from without inwards—from the surface to the centre of the system; the one is *efferent*, the other *afferent*. In other words, like the circulatory channels for the blood-current, the arteries

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and the veins, the one conveys the tide of nerve influence from, and the other towards the central and controlling organ. The fibres of the nervous trunks of each of these two varieties of nerves are believed to pass along the length of the spinal cord, and thus to communicate directly with the brain; at least this is the doctrine in general acceptance among the older physiologists.

When you reflect that each nerve is a compound of tendrils or filaments which are enclosed in a sheath of neurillemma, and that every one of these filaments is a *bona-fide* nerve, capable of conveying impressions, whether motor or sensatorial, by and for itself, and independently of all others, and that these microscopical nerves in great numbers are believed to communicate directly with the brain, through both the anterior and posterior columns of the medulla, or it may be through the central gray neurine only, you will be competent to estimate the importance of their function and the interest which their physiology and pathology have always excited in the minds of medical men.

I have offered these preparatory remarks to the appearance of a little patient before you, whose case is a very interesting one, in order that we might examine it the more intelligently, and, as a consequence, be enabled to prescribe for it the more skillfully and successfully.

Case 1. *Paraplegia in a Child three years of age.*— Nelly B., aged three years, is a healthy-looking and interesting child, who has had the misfortune to experience a loss of power in the lower limbs. The brief history of her case, as related to me by her mother, is as follows: She was healthy in every regard from her birth until she became six months old. At that period she was seized with what appears to have been an attack of infantile remittent fever, which ran a course of some two or three weeks. Toward the close of this illness she had two convulsions, which came upon her suddenly and without premonition, were very general in character, and not more severe than many or perhaps most children are liable to have in the early months. After these spasms her mother reports a rapid convalescence from the fever, and that she soon became quite well again, with only

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this single exception, that she could not voluntarily use her lower extremities. You see them hanging quite powerless. This paralysis is therefore of two and a half years' duration. The limbs are well developed, the joints perfect. Her general health is most excellent; and her mental organization, for one of such a tender age, is complete in every respect. She is indeed a very interesting child. In so far as we can ascertain there is no hereditary predisposition in her case to any form of paralysis.

Here, gentlemen, we are possessed of an excellent opportunity to study the pathology of the spinal system; and you will bear with me if I dwell at some length upon the case before you.

It is not impossible that the first patient brought to you for relief, after you shall have assumed the duties and responsibilities of the medical practitioner, will be one of this sort. Permit me therefore to indicate the more important features of the disease, which is symbolized in the person of this little child. Paraplegia is an affection characterized by a paralysis or loss of motive power in the lower half of the body. This defect may be partial or complete, and may involve a paralysis of the nerves of sensation, as well as of motion. The loss of sensatorial power in a surface is termed anæsthesia—a disorder which may be either local or general, but which is a less constant symptom in paraplegia than is the palsy of the voluntary muscles. Cases of this kind frequently occur in which the functional sensibility of the integument is neither blunted nor lost, nor in any wise disordered by the abnormal state of the muscular structures. Indeed, under certain circumstances the sensational nerves of a paraplegic patient seem morbidly susceptible to the application of irritants—giving rise, by reflex action upon the spinal cord, to involuntary jerkings and contortions of the limbs, resembling in appearance an attack of chorea Sancti Viti. In some rare examples, and from similar causes, either the flexor or extensor muscles are more or less permanently contracted, giving the limb a stiff and unnatural position and appearance. Such a train of symptoms would complicate the case, and render the diagnosis very obscure. Fortunately they are more curious than fre-

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quent. It is evident that there is a paralysis of the voluntary muscles in this patient's lower extremities. In regard to the nervous mechanism these limbs are as virtually separated from her body as if the professor of surgery had but just performed an amputation of them.

Let us inquire whether the sensory filaments, which should carry impressions, painful or pleasant, from the surface to the sensorium, are also palsied. We desire to know if the functions of cutaneous sensibility are in any wise impaired. If they are, we shall find that a smart pinch, or the prick of a pin, will not cause the little one to flinch or to cry. In applying this test I shall however exercise the precaution not to let her know of my intentions, or she might possibly imagine herself hurt, although incapable of feeling in either limb. This class of patients has such an insuperable dread of injury, that one must be on the look-out not to be deceived by them in the symptoms elicited on examination. There,—you see the result. It is manifest that here is no paralysis of the nerves of sensation. Her skin is as sensitive as that of either of the other children awaiting treatment in the next room. Here is no anæsthesia, general or local. This illustrates the importance of a correct physiological knowledge of the spinal system of nerves, and more especially of their origin and function as designed to preside over sensational and volitional power.

Dr. Gull* has drawn an important diagnostic distinction from the relative degree of paralysis of these two sets of nerves. In paraplegia, he says, which is dependent upon lesion of the cord, there is usually greater loss of motion than of sensation: whilst in the palsy which is due to encephalic disorder, affections of the sensibility, more or less complete, are found to constitute the prominent symptoms. A curious fact and one which characterizes a majority of cases of paraplegia, is that, although the muscles refuse to obey the call of the will, it is yet possible to excite them into involuntary contractions by tickling the sole of the foot. Thus, we have somewhere read of a paraplegic patient whose leg would invo-

* Gulstonian Lectures on the Nervous System. "Medical Times," 1849, No. 495.

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luntarily fly up from the scraper whenever he would scrape his shoes at the door.

Let us see if the same phenomenon may be produced in our patient, and if so, we may pause to explain its source and significance. Upon titillating the sole of her bare foot, you will observe some slight evidences of muscular contraction. The afferent, or sensory nerves convey the impressions produced by the irritant to the gray matter of the spinal cord, whence, instead of communicating through the cells of the latter with the brain, they make the circuit through this gray neurine to the efferent, or motor filaments, and a motive current is begotten which results in automatic contractions of the muscles of the limb. This is what is termed *reflex* action—the completion of the arc through the spinal cord, below and independently of the brain. From this there results what Marshall Hall styles an *eccentric* disturbance of nervous influence, and which is identical in kind with what takes place in chorea, where, for the reason that a link is lost in the chain of nervous sympathies, the power of volition to control the animal movements is either temporarily suspended or entirely lost, and the limbs are left to perform the most grotesque and unnatural movements.

The causes of this disease are numerous. Among the more frequent are various lesions of the spinal cord, as a thickening of its theca, or sheath, myelitis, concussion, a rapid cooling of the limbs, dropsy of the cord, and tumors or carious vertebræ, which press upon it and thus intercept its free circulation of nerve-force to and from the brain. Emotional causes as fear, grief, over-anxiety or mental labor, &c., may frequently produce it. Some authorities teach that certain disorders of digestion, as worms, and other irritating influences applied to the alimentary mucous membrane, are capable of originating this species of paralysis. These argue that the central nerves are connected with the ganglionic system, and thus the morbid influence is propagated at once to the sensori-volitional function of the spinal nerves, and this particular form of palsy is the result. Occasionally, but less often, the disorder has a cerebral origin. West thinks the commencement of a paraplegia in young children is seldom idiopathic, but will most fre-

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quently result as symptomatic upon a disturbance of the brain which is more or less severe, but which in the majority of cases, is only slight in degree. This early affection of the brain in paraplegia is not unfrequently ushered in by convulsions, of which a single one may serve to inaugurate the attack.

How to detect the precise seat of the lesion is the question next to be answered. Mr. Copeland recommended, many years since, to pass a sponge which had been dipped in water as hot as could be borne, down the whole length of the spine, when the existence of any irritation confined to a particular spot would be shown by the patient's expressing a sense of pain, and wincing as the sponge passes over that region. Another method, applicable especially to older subjects than this one, is to press carefully upon the spinous processes of all the vertebræ in regular order until you have found the defective one, or are otherwise satisfied by the actions of the patient that you have rightly located the seat of the disorder.

Now by laying this child upon its stomach thus, we have an opportunity to examine the spine throughout its length. It is not requisite that I should press very hard upon the spinous processes in order to elicit symptoms indicative of some real affection of the vertebræ, if there be any present, which are sufficient to account for this Acinesia in the lower extremities. You will witness that my finger has touched upon the affected spot at the fourth lumbar vertebra. Here is a slight lateral curvature, in which the spinal column inclines somewhat to the left, but no marked deformity of any single vertebræ. When I press upon it even as he lies, you will observe that both limbs move slightly—the right one the more. This substantiates an item of diagnosis which it is very important to determine. Dr. Roth lays down his rule in the diagnosis of these affections, that in paraplegia resulting from paralysis of the spinal marrow, when the spine is supported, as in a lying position, the legs can be moved. If the palsy proceeds from the brain this movement of the extremities cannot be effected.

It is always important in examples of paraplegia to make inquiries concerning the bladder and rectum, in order to ascertain if their functions have been in any manner interrupted.

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Paralysis of the sphincters vesicæ and ani is not an unfrequent accompaniment of palsy of the lower extremities. "Madam, does your child pass its water naturally?" Yes, sir!" "It never runs away from her without her knowing it—involuntarily?" "No, sir!" "Are her bowels regular, and does she have any trouble with her stools?" "She sometimes has a little diarrhœa, sir; but her movements are like those of my other children." "That will answer, my good woman, I am glad for your sake that it is so."

Before proceeding to the treatment there is an item worthy of remark in connection with the present case. Some of you at least are familiar with the fact, that a loss of power in a limb is very apt to be followed by an atrophy or withering of tissue in that particular member. Here nutrition suffers, for the reason that the conditions upon which the structural metamorphosis should be carried on are not complied with. It is not that the limb is removed from the necessity of a proper alimentation,—not that the plasma of the blood is deficient in nutritive materials, for other parts and organs of the body do not suffer in this regard,—but that the quota of nerve-force, which is designed to regulate and control the movements of animal, as well as of organic life, has been intercepted. For the same reason the temperature of a palsied limb will be found below the healthy standard. And thus it is that these abnormal influences act and react to the detriment of the local health. For want of nervous influence the circulation is retarded;—where the blood moves sluggishly we shall have a deficient animal temperature, and when this latter is below 98° F., the function of nutrition cannot be maintained. This child's extremities are well developed in every respect. The rotundity and plumpness of the muscles, and the size of the bones is sufficient evidence that the disease is not congenital, and also that the function of nutrition in these textures has not been materially impaired. Here is no such atrophy from a mal-assimilation of food, as is seen in examples of this kind.

Treatment.—If we bear in mind the considerations, physiological and pathological, which have just been offered, there will be little need or danger of confusion as respects the course of treatment proper to be adopted in the case before us. If

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the paraplegia were dependent upon cerebral or spinal hæmorrhage, Trousseau would recommend the expectant method, and homœopathically, under these circumstances, we might resort to Acon., Bell., Opium, or Gelseminum. If dependent upon myelitis, *Belladonna*, *Zincum-met.* If resulting from concussion, *Hypericum-perf.*, *Arnica.* If attributable to sudden cooling of the limbs, or the effects of cold applied in any manner, *Mercurius-corr.*, *Rhus-tox.*, *Cocculus*, *Dulcamara.* If from dropsy of the cord, *Helleborus-nig.*, *Cuprum-met.*, *Zincum-met.*, *Apis-mell.* If from tumors, or carious vertebræ, mechanical or surgical means, with Calcarea-carb. internally. If from emotional causes, &c., *Ignatia*, *Opium*, *and proper hygienic measures.* If from alimentary irritation, *Arsenicum-alb.*, *Veratrum-alb.*, *Plumbum*, *Nux-vomica*, *Cina*, or *Santonine.*

From more specific indications, however, I have settled upon *Nux-vomica* as the proper remedy to be chosen under the present circumstances. If we compare the physiological symptoms of this drug with the pathological tokens of disease presented, we shall find a similarity which in some respects is really remarkable. With her scrofulous diathesis, and the spinal tenderness, I would recommend that she take *Calcarea-carb.*, along with the former remedy. Let her have one dose of Calc.-c., 3, each morning, and one of Nux-v., 3, at noon and at night. She should also be allowed plenty of fresh air, and a nourishing diet.

Case 2. *Otalgia*, *Otitis*, *Otorrhœa.*—Miss V——s, a Swede, aged eighteen, presents herself to the clinique for advice, concerning an affection of the auricular organs. Her symptoms are as follows: Both the ears commenced paining her about seven months since. This pain or otalgia is at times accompanied by a tension or fullness of the organ, with a sensation as of bursting outwards, besides a thickness of hearing, which at these periods causes her to be more or less deaf. Says, that when she lies down the pillow feels hard to the head; nevertheless she sleeps pretty well at night. There is a very slight tenderness to the touch behind the external ear, and over the mastoid portion of the temporal bone, and I observe one or two minute pustules scattered here and there about the orifice

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of the external meatus. With the aforesaid paroxysms of acute suffering the ears suppurate, and finally discharge spontaneously, thus affording her the most marked relief. Her hearing is always improved by the otorrhœal flow. Her health otherwise is unimpaired—menstruation regular, digestion perfect, pulse and respiration quite normal. She was not ill when this disorder was established; or, in other words, it appears to be an idiopathic affection. Has never had any of the eruptive fevers.

Otitis, or inflammation of the mucous membrane of the ear, may be deep-seated or superficial, acute or chronic. In young children it is apt to be of a scrofulous character, and for this reason is a more troublesome disease with them than in the person of adults. Scrofulous otitis indeed is one of the more common infirmities of childhood, and is usually confined to one ear, although it may affect both. Whether occurring in children or adults, this peculiar form of the disease is characterized more particularly—I might almost say pathognomonically—by evidences of inflammatory action in the mastoid cells of the temporal bone. The mastoid process is tender upon pressure, while the skin covering it is reddened, slightly tumefied, and may reveal a fluctuation, indicative of suppuration beneath it. Other portions of this and neighboring bones are liable to become involved, and we may as a consequence sometimes find small fragments of carious bone, mixed along with the discharge from the external meatus. The chief danger in such cases results from the possibility that these abnormal processes may advance to the internal ear—destroying its delicate ossicula through the petrous portion of the temporal bone, and finally encroach upon the brain. In the present example the inflammation has passed into a chronic form. An acute phlegmasiæ of seven months' duration is an impossibility. For this reason there is little evidence of constitutional sympathy with the diseased membrane. The general system is endowed with a wonderful faculty of accommodation, and yields to local embarrassment, which in certain particulars may become natural to it. Here we discover no other accompaniments of the disorder, excepting such as are purely local, and for the relief of which nature has established

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a critical routine, which is merely palliative, not curative. There is no fever, no digestive, respiratory, circulatory, cutaneous, or catamenial disorder; but simply a local inflammation, accompanied by a purulent discharge from the external orifice in each ear. And, since the affection, so far as can be known, is not a sequel of any eruptive disease, neither complicated in a marked degree with a scrofulous cachexiæ, we may pass to its

Treatment.—We shall find the *Mercurius-vivus* is excellently adapted to meet the more prominent indications which are presented. I recommend it in the sixth decimal attenuation, to be repeated thrice daily.

The therapeutical value of this remedy in this connection is so well established that it is unnecessary to do more than simply call your attention to it. It covers the symptoms alone, and it were superfluous therefore to alternate it with Bell. or Puls., or some other remedy designed to cover some particular indication—as, for example, to quiet the pain. Mercurius will effect all this, and relieve the suffering most radically. There is no question but we shall witness the happiest results from its employment. Besides this internal or constitutional means I would recommend to syringe the ears well, both morning and evening, with warm suds from castile soap. This latter is one of the most grateful and salutary washes for inflamed mucous surfaces at the internal outlets of the body, and, we apprehend, may be productive of great good in the present case. "Let us see you here again, my good woman, and we will try to make you quite well. Come to the Clinique one week from to-day." "Yes, sir, I will come!" "Good afternoon!"

Case 3. *Tabes Mesenterica.*—We are now, gentlemen, about to examine a case which is of no ordinary interest. The question which occurs to my own mind, in introducing it to your notice, does not concern what I shall say; but rather what I must withhold, since the hour set apart to this lecture is so limited in duration. The patient is a little child of seven months. Its mother informs me that it has been ill for a little more than six weeks. You will remark there are four teeth already presented—two in the superior, and two in the inferior

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maxilla—and I find that others are advancing through the gums. The child has been reared artificially—a fact I would have you remember, for the reason that the mother's milk was not sufficient for its wants, either in quantity or quality. Its customary diet therefore has been cow's milk. Three months ago the mother removed hither from a neighboring city (St. Louis), and at that time was obliged to use the milk from another cow, since which change the infant has never enjoyed its usual health. Its appetite for food appears natural—is not greedy, nor capricious. He is fond of cold water, and will even relish a bit of ice held in his mouth. The stomach appears normal, at least it is never very irritable, since he always retains his food, and has not perhaps vomited so much as children of his age are prone to do. His bowels, however, are considerably disordered:—at times he will have a diarrhœa with thin, greenish, watery dejections, of which as many as a dozen will be passed in a day; again his bowels are bound, and one stool in twenty-four or thirty hours will afford the only evidence of alimentary disorder. The stools vary thus in character—being sometimes copious, undigested, frequent, green, and watery, and at other times scanty in amount, few in number, and very offensive, or even chalky and chylous. The abdomen is but slightly tympanitic, and no enlargement of the mesenteric glands is distinguishable by the most careful examination through its parietes. The child, as you will perceive, is very much emaciated, indeed it is little more than a skeleton, and hardly that. The mother says it was formerly plump and rosy, although never a large child. Its face is thin and haggard, and wears an expression which is altogether peculiar to such cases—one which, having once seen, you will never forget. The anxious, haggard, imploring look, with the prominent eye-balls, which glare upon you as if appealing for aid, is something quite peculiar to this disease among young children. One almost never sees them looking thus under any other circumstances. The extremities, upper and lower, are inclined to be cold, and the skin and complexion wears a bluish cast. The child is fretful, very capricious in its moods, peevish and irritable—demanding all its mother's attention during both day and night. It has cried

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so much that it has become quite hoarse. The urinary function is not disordered. Mrs. M——, the parent, reports having lost one child already from "consumption of the bowels," which, she says, was taken ill in very much the same manner as this one.

It would be simply a neglect of duty were I to fail to call your attention in the present connection to the physiological function of the mesenteric glands. It is a fundamental condition of life, that the supply and appropriation of nutritious materials be properly adjusted to the needs of the organism. And these needs are more numerous and urgent than one would at first suppose. Indeed, to go back of what we have already said, the very condition of life is death—a detritus or wearing away of its mechanism. Every single act, whether organic or animal, aye, and every thought, involves a waste of elements, which have once entered into the intimate anatomy of one or another of the bodily tissues. To meet this loss—to adjust the supply to the demand, to maintain the proper equilibrium between these two processes—is the whole design of nutrition, in the fullest and freëst sense of the term. The lacteals in the villi of the intestines represent the commencement of the lymphatic system. Their first office is to absorb by endosmose, from the digestive mucous membrane, the materials designed for the growth and nourishment of the different bodily textures. Their ultimate purpose is to metamorphose albumen or albuminose into this fibrin. This is a gradual step. The lacteals convey the proteinaceous elements of the food from the bowel to the mesenteric glands. Before leaving these glands, *en route* for the circulation proper, they have been transformed into albumen again, and by the time the mass has reached the receptaculum chyli, the albumen is undergoing a change into fibrin. And this last-named transformation is the first act of vitality in the fluids. If therefore the function of the mesenteric glands be so important, if upon the proper performance of that function the first of those vital acts which are to transmute the aliment absorbed into an available contribution to the growth and sustenance of the tissues is found to depend, we may reasonably anticipate that serious consequences to the health and welfare of the organism

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would certainly result from its interruption. And this we find to be the case. The essential pathology of the tabes mesenterica consists in a perversion of this function, whereby the food taken is not properly changed, nor properly assimilated to suit and supply the histogenetic wants of the economy; hence the emaciation, or wasting away of the structures. This is a very vulnerable point of attack, and one in which the simplest lesion may beget the most serious consequences.

The mesenteric glands, like other glands of the absorbent system. are liable to scrofulous and tuberculous degeneration. If we except those of the neck, the former are the most frequent seat of scrofulous disease. Inflammation of the mesenteric glands may result from enteritis. Indeed there is known to be so close a sympathy between the intestinal mucous membrane and the mesentery, that an exanthematous or ulcerated state of the former will certainly be accompanied by marked evidence of a kindred disorder in the mesenteric glands. This fact it is worth your while to remember, as it may account for the very considerable emaciation sometimes attendant upon muco-enteritis. Now, whether the glands in question be simply inflamed, and so disordered because of a derangement of their own nutrition, or whether they are ill because of a scrofulous or tuberculous deposition in them, you will readily understand how it is that such serious detriment to the nutritive functions is certain to result. It matters not how nourishing the aliment taken, nor how well the stomach performs its work of breaking down and dissolving it, in order that the thirsty lacteals may drink it in as a contribution towards "repairs." If, for any reason, the metamorphose which the mesenteric glands is to effect be not accomplished, the organism at large is as sure to suffer the consequences as though the heart should consent to carry on the systemic circulation of the blood, but would have nothing to do with that from its right side to the pulmonary mucous membrane and back again. Unless the first step in the vital process of transforming the nutritive fluid brought by the lacteals to these glands be taken, we cannot expect that subsequent advances in respect to its organization shall go on properly.

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Treatment. *Calcarea-carbonica.*—As the result of abundant experience with this remedy, I am inclined to esteem it as of more value in the treatment of tabes-mesenterica than any other single agent in the materia medica. Certain it is that, in my private practice in this city, I should be very greatly at loss were I obliged to treat such a patient as the one before you without it.

Suppose we compare some of its symptoms with those presented by this case. Calc.-carb. is "*especially useful to the young organism;* it corresponds more than any other remedy, to diseases of the reproductive system, which are the basis of all the diseases inherent in the first age of man; it may therefore be used with especial benefit in all scrofulous diseases, or in the diseases of new-born children." It is also indicated for a whining mood, with peevishness; in difficult and tedious dentition, as well as in disorders of the alimentary mucous membrane arising from improper ingesta. You are, perhaps, aware, that it has a kind of traditional reputation as of great value in dentition, since it is supposed to be capable of shortening that process, and hastening the teeth through the gums. For most disturbances of the alimentary function arising from this source, and especially if they have become chronic in nature, the Calc.-carb. is an invaluable remedy.

The characteristic stools which indicate the Calc.-carb. are furnished by this case. Undigested stool which is rather loose. Whitish stool. Alternations of diarrhœa with a slight constipation for a day or two. Chronic disposition to looseness of the bowels and diarrhœa; diarrhœa of phthisical patients, and of scrofulous children during dentition. But, we shall find it is adapted to the atrophy of tissue which is so prominent a symptom of the disease. We read: "Calcarea is especially useful in *scrofulosis* with the following symptoms: Incipient indolence and apathy of scrofulous children, who were formerly healthy and vigorous, and now become suddenly unable to walk, and show a distended abdomen, pale and cachectic complexion, bloated face, &c.; finally, in atrophia miseraica, when there is complete emaciation, the patient appearing like a mere skeleton with an old-looking wrinkled countenance. The peculiar cough, which is almost constant,

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short and hacking, recurring in single paroxysms, as well as the leaden hue of the cutaneous surfaces, and the habitual coolness of the extremities, also indicate the aforesaid remedy. We, therefore, recommend the Calcarea-carbonica, in the third decimal trituration, to be repeated once in three hours. Hartmann never employs the Calcarea lower than the thirtieth attenuation, and some of my own professional friends report the most satisfactory results from it in that potency. Others prefer the sixth, while yet others would go still higher than Hartmann. I shall leave the matter of potency to your own judgment and experience, and dismiss the subject, for the present, with declaring my preference for the Calcarea in the lower triturations, for the simple reason of the uniform success which has followed its employment in that particular form and preparation.

One very important part of our prescription remains to be made. I have told you of the change of diet to which this little fellow was subjected by the exodus of the family from St. Louis to Chicago. From the consequences which followed this changing of one cow's milk for that of another, we are led to infer that, for some reason, that which this patient has lately been taking has not agreed with him, and may have been a chief source of the difficulty.

An atrophy of the tissues may as readily, and indeed will as certainly result from food of an improper quality, as from a deficient supply of aliment.

This child may be as literally starving while its stomach is filled to repletion at every meal with the cow's milk, as though it had scarce anything at all offered it upon which to subsist. There is no rule without its numerous exceptions regulating the choice of other than the mother's milk for the sustenance of the young child. When, therefore, this child was thriving upon the product of the first cow, it was wrong to change it for that of another. The way to keep such little fellows in any sort of health, while rearing them artificially, is to be thankful if you have found a diet which appears to suit the wants and capacity of the organism, and to adhere to it until there are some very positive indications that a change is desirable.

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There are so many sources of mischief in feeding an infant the cow's milk, that one needs to be constantly on the alert lest fatal consequences should follow from these means alone. Thus, the milk of two or more cows may be mixed together, making a variable diet which would be almost certain to beget trouble. Or the milk may be taken from the animal at different periods of the day, or sometimes after it has undergone violent exercise or exposure. Age also will modify the product. It may be true that the disparity in age of the two creatures from which this child has been fed will account for some of these cachectic phenomena. Or the food itself upon which the animal lives, its habits of life, whether it be confined from the fields and incarcerated in the stall away from the sunlight, or allowed to browse upon good clover in the open air, will have considerable effect. Or the two quadrupeds may have been of different colors! You are, perhaps, familiar with the maxim that a red cow will always yield the best milk! It would be of very little service to give this child the most appropriate medicine, unless at the same time we are careful to regulate its diet also. It needs a good nourishing pabulum, and one that can be readily assimilated into the bodily textures. "It will be necessary for you, madam, to stop feeding your child with the cow's milk, and to give it instead some pap made of water, with finely-pulverized biscuit. Do you get some good Boston crackers from Mr. K.'s bakery, roll them to a fine powder, and mix with water until about as thick as a thin gruel, and sweeten then with *sugar of milk* —not common sugar—and feed this to the child until we see it here again."

The saccharum lactis, gentlemen, is sometimes an excellent article of diet in the digestive disorders of infancy. It appears capable of stimulating the liver to increased efficiency, and thus at one and the same time of aiding digestion, by a more copious supply of bile to the intestinal mass, and calorification also, through an increased production of the glycogenic hydrocarbons. It should be given very freely with the food, in order to produce these physiological effects.

Case 4. *Chronic Aphonia, with Scrofulous Enlargement of the Cervical Glands.*—Mrs. H., aged twenty-five, a Swede,

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is afflicted with a hoarseness which has become chronic. She comes to the Clinique for relief from this difficulty, and as some of her symptoms will be best revealed by a few questions, I shall catechise her before you. "Madam, when were you taken ill?" "A little more than four months ago, sir!" "What was the first sign of anything wrong in your health?" "I had a swelling, sir, which came here upon my neck!" "Let me look at that swelling, please;—did it ever grow very large?" "Yes, sir, it grew very fast, and became almost as big as a child's fist!" "Did it ever discharge anything?" "No, sir?" "Are there other swellings about the neck?" "Oh yes, sir! here, upon the left side of my neck there have been a great many lumps since the first one came over my throat!" "Were you hoarse before that swelling appeared?" "No, sir: not until about three weeks after it first came!" "Did the throat pain you about the time the hoarseness began?" "Yes, sir: I had sharp pains in my throat just under the lump!" "Did they disappear when you first lost your voice, or do they still continue?" "I have sometimes a sharp pain there; but it is not very often now!" "Did the hoarseness come upon you suddenly, and without warning?" "It did, sir, one day when I was talking as usual, it came all at once, and I could scarcely speak at all after that!" "Do you ever lose your voice entirely, so that it is impossible for you to speak at all?" "Sometimes it is almost, but not quite gone, sir!" "Is the hoarseness worse in damp weather?" "Always, sir!" "That will do, my good woman, I shall not oblige you to answer any more questions at this time."

In addition to these symptoms, gentlemen, Mrs. H. complains of a difficulty of deglutition, especially when taking drinks, whether they are warm or cold. It pains her to swallow anything, however, although she is not obliged to forego solid food entirely. The effort to swallow provokes a severe paroxysm of coughing and choking, which occasions her the greatest possible suffering. She also coughs badly, and is much oppressed for breath upon assuming the horizontal posture. The dysphagia came on at the same period with the aphonia. Her appetite—*id est*, her desire for a good and substantial aliment—is unimpaired, and her general health toler-

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ably good. The principal swelling of which she has spoken is located just below the *pomum adami*, on the neck in the median line, and, according to her story, is much smaller than it once was. Indeed it has subsided into a little hard elevation, of a purplish hue, with a very small orifice, and more nearly resembles in appearance a cicatrix from a burn than anything beside. This little orifice we are told has discharged within a few days, a thin, watery fluid, in amount perhaps a teaspoonful. The enlargement of the glands upon the left side of the neck is quite marked, although they also are less prominent than they have hitherto been. This subsidence of the swelling is doubtless attributable to the topical employment of the Tincture of Iodine, which, we are told, was resorted to by the advice of another physician. We infer that it must have been the Iodine which was thus applied, for the reason of its frequent use in this manner as a discutient, and because the patient says it was something in the shape of a lotion, which occasioned an orange-yellow or brownish discoloration of the skin.

Aphonia is merely a symptomatic, never an idiopathic affection. Like a cough, a diarrhœa, or a dropsy, it is never to be looked upon as a disease *per se*. Nor is it a symptom peculiar to any one single disorder: thus, we have frequently had occasion in this Clinique to recognize it as an incidental symptom of advanced phthisis. In some cases it is a premonitory sign of apoplexy, its existence assuring the practitioner as confidently as if his eye were upon the parts, that the medulla oblongata and the cerebro-spinal organs about the base of the brain, where the vocal nerves have their origin, are already congested; or, it may succeed this disorder, because of pressure upon these parts, and a subsequent arrest of communication between the brain and those bodily members to which the nerves are distributed. In such an example the aphonia would be of *centric* origin—that is to say, attributable to a source of irritation which is directly applied to the nervous centre. Another variety of aphonia, of nervous origin, is frequently met with in females of an hysterical temperament. This is one of the most obstinate, but least dangerous forms of the disorder. Aphonia may also arise from

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some local obstruction or lesion of the larynx, the fauces, the trachea, or the glottis. I have examined the parts carefully in the case before us, but can detect nothing which leads me to diagnose the difficulty as attributable to any such cause.

An occasional source of Aphonia is found to consist in the evil consequences of repelled eruptions. When driven from the surface, in peculiar habits of body, the irritation is prone to settle upon and to induce disease in the vocal organs. The case before us, I apprehend, is chargeable to the sudden resolution of the large-sized scrofulous swelling, situated in the immediate vicinity of the larynx. The iodine was doubtless designed to stimulate the lymphatics to remove the tumor, and this they have done; but as a consequence we find its location changed from an outer to an inner surface, from a position in which, although it might not improve her personal appearance, it could nevertheless occasion but little inconvenience, to one out of sight, but in which it would be certain to give rise to considerable difficulty. I do not mention this fact, gentlemen, as in any wise reflecting upon the physician who has preceded me, and who doubtless prescribed for this patient in good faith, but simply to illustrate the fact that aphonia may arise from various causes, natural and artificial, and that you will have need to take all these into account in selecting a proper treatment for it.

But, you may inquire, how is it possible to explain the dysphagia? Let me illustrate. In case of a foreign body lodged in the larynx or trachea, the afferent, or sensory nerves convey an impression to the spinal centre, at the base of the brain in notification of the accident. This impression, or sensation as it becomes, is returned by the efferent, or motor current to the organ, and a muscular dysphagia, concussion or cough, designed to dislodge it, is the almost immediate result. A tumor in the pharynx or neighboring parts, which should press upon the larynx, would be certain to produce symptoms of inability to swallow, with aphonia, &c.

Now, the metastasis of which we have spoken may beget such a morbid irritability of the larynx that the mere effect of deglutition shall produce precisely the same effect, through reflex action, as if some obstruction really existed in the upper

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part of the pharynx itself. If we suppose this patient's larynx to be in that morbid condition, as an indirect result of the scrofulous inflammations, we can readily comprehend that she would be likely to suffer with every attempt at the deglutition, it may be either of fluids or of solids, or perhaps of both. A peculiar feature of this case, and one which corroborates our hypothesis, is, that immediately after sleeping, and before she shall attempt to speak, she can drink with impunity; but at no other time is she exempt from suffering upon attempting to swallow liquids.

TREATMENT.—Four days since my brother, Dr. E. M. P. Ludlam, prescribed *Silicea*, 3d dec. trituration, for this patient. She reports herself as somewhat improved by its use. This remedy is well adapted to the relief of the inturvescence of the glands of the neck, and consequently also to sequelæ, growing out of their sudden translation to an internal surface or organ. The only change which I would recommend is to give *Phosphorus*, 3, in alternation with Silicea. Let her take a single dose of Silicea every morning, and one of Phosphorus, 3, at noon, and another at evening—one dose of the former, and two of the latter daily. The success attending the employment of Phosphorus in aphonia is most conspicuous. It appears especially indicated also in a cough, which occurs while eating or drinking, or when sitting or lying down.

Reviews and Bibliographical Notices.

1. *Uterine Diseases, and their Treatment.* By J. DAVIES, M. D., of Chicago, Ill.

ELATED with success and animated with the genius of Hahnemann, the homœopathist of an earlier day marched with the semblance of triumph across the threshold of the sick and the dying, flinging his golden censors, filled with infinitesimals, for the restoration of health and mitigation of the maladies, which long had defied the inhuman and poisonous experiments of the sons of Galen. None among the suffering of earth had received more barbarous treatment and had been subject to unpleasanter methods of investigation of her diseases than woman. It was therefore natural, that she should welcome the physician who expressed disgust and opposition to the old mode of diagnosis and therapeutics. Taking Croseiro as his model, the homœopath then professed unlimited faith in a law of cure which had

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but just been announced, and all that he required to know of a case were the mere symptoms, in order to prescribe accurately according to "*Similia Similibus*," &c. Presuming that his acceptance of the law implied a therapeutics of subjective symptoms, he advocated this method of diagnosis of disease, and especially of those pertaining to the uterus. Consequently he did not always succeed in the treatment of uterine diseases, which had their origin and pathology in something more than subjective signs.

MEANS OF DIAGNOSIS.

The Speculum.—The symptomatologist repudiates the idea that this instrument is to be most relied upon in the examination of uterine troubles, and asserts that constitutional symptoms alone are to be our guide in arriving at a correct diagnosis of diseases peculiar to females, whether of an organic or functional nature, whilst the more scientific accoucheur affirms that in the majority of uterine cases it is to be considered of incalculable value. Another class, more sanctimonious than the rest, object to it upon religious grounds; for further particulars, see Meigs' work on "Diseases of the Os and Cervix." There is no doubt that it has its uses and abuses; but in the hands of a gentleman and duly qualified obstetrician it aids more than any other means in communicating at once the actual condition of the parts diseased. Much has been said of the different forms of metroscopes, and their points of superiority contrasted by eminent accoucheurs; some recommending the bivalved, the quadravalved, or cylindrical, according to the peculiar preferences of each writer upon the subject. For all practical purposes the cylindrical or bivalved speculum is the most useful, and, if made of ivory instead of glass, is less liable to accident.

The Position.—The best adapted position is that of placing the patient upon her back, with the head and shoulders somewhat lower than the rest of the body, drawing forward the hips to the edge of the bed, and flexing the thighs upon the abdomen—separate the limbs. Then, with a sheet thrown over the body, carefully conceal her person, and introduce under the covering the speculum, well lubricated. With the two first fingers of the left hand separate the labia majora, and further proceed to introduce the speculum by a forward and backward movement at first; then with a downward and backward movement, until the cervix (which is usually inclined towards the rectum) is engaged within the orifice of the instrument. Dr. Bedford recommends the room to be darkened, and a lighted lamp to be used. Dr. Meigs thinks that a chromatized light, emanating from the internal glazed surface of the speculum ordinarily used, is apt to mislead the eye in detecting the true color. The light of the sun undoubtedly is preferable to artificial light in such examinations, and in practice does away with the forbidding sensations that a darkened room and flaming light are disposed to create in the minds of patients and friends. A suitable forceps is now to be used, to apply some soft material to the diseased surface—such as sponge or lint. The offensive exudation being detached, an injection of castile soap and water cleanses the parts, and now the pathological condition of the os and cervix uteri is distinctly recognized. There is but litt e difficulty remaining to diagnose and prescribe appropriate remedial measures in non-specific disease.

The Touch.—This is another, and sometimes the only mode that should be resorted to in examinations of the diseased os-uteri; for what therapeutic benefit would result from a speculum examination in carcinomatous disease of this organ? None whatever;—whilst in induration or congestion, or deep ulceration, we can readily detect disease and sequelæ

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displacements, and the pain that is felt when cancer or other malignant form of suffering is located there. To the accoucheur the "*tactus eruditus*" is as serviceable as the sense of touch to the artist. If highly cultivated it will amply repay him, and spare the patient much suffering. It might be truly stated, that unless it is cultivated, it will be better to abstain from examinations per vaginum altogether.

The Character of the Discharge—Pathologically considered, as well as relatively, it is a symptom of exceeding value, and decides the nature and seat of the disease, and to the allopathist dictates the routine use of injections, astringents, escharotics, and probably depletion; whilst to the homœopathists it propounds the question: Are there any remedies which, if administered to the healthy female organism, will produce a similar morbid pathology of the os and cervix-uteri to that which gives rise to this follicular discharge? Its chemical constituents, odor, and quality refer us to its specific or non-specific origin. If it be thick, cream-colored, and fœtid, mixed or unmixed with blood, copious and constant in staining the linen, structural disease might be inferred. Leucorrhœa having these characteristic signs is albuminous and alkaline in reaction; flowing as it does from the inflamed and over-excited glands within the cervix, it differs materially from that which proceeds from the mucous membrane of the vagina, which is acid in reaction, thin, and white in color—possessing no fetid odor.

Microscoposy has done much to extend our knowledge of the peculiar constituents of the several discharges from the genito-urinary organs, and it is to Dr. Tyler Smith and his assistants that we are more especially indebted for the minute examinations of the mucous membranes of the vagina and cervical neck. They report that the mucous membrane of the vagina and cervical neck, although lined with pavement epithelium scales, have few if any mucous follicles, and that there are more mucous follicles scattered over the surface of the mucous membrane of the cervical canal than was formerly supposed, notwithstanding it is covered with cylindrical epithelium scales. This follicular structure is beautifully illustrated by Dr. Tyler Smith; and a valuable addition is made to our obstetrical knowledge in his anatomical description of this follicular structure, which, previous to his investigation, was quite a desideratum. The chemico-physiological character of the discharge was first prominently brought before the profession by M. Donné and Dr. Whitehead, and stated to be of a ropy, mucous secretion, alkaline, and remaining transparent in the cervical canal; and on passing out through the vagina it mingles with the acid secretion of this canal, its albumen readily coagulates, and is changed into a white, creamy fluid.

After having investigated leucorrhœa by the microscope, and chemically tested it, in order to further our knowledge of its qualities, and confirm our diagnosis of its pathology, we are still in doubt as to its cause. Whether it is a physiological or vital, a local or constitutional cause? Whether it is the cause of lesions or the effect of lesions, and consequently a disease itself, or a symptom of chronic or acute inflammation? The old doctrine of pathology of uterine discharges was that of attributing every discharge from the genito-urinary organs, of whatever character, purulent or bloody, to a mere reflex action of constitutional states of the body, ignoring entirely local diseases of these parts. The new doctrine, as expounded by Dr. Tyler Smith, is, that in maintaining the important part played by the cervical secretions in inducing morbid conditions of the os-uteri, he does not wish to be understood as saying that they are the only causes of these conditions. What he brings forward as a new theory is, that in the majority of cases in which leucorrhœa is present, in combination with non-malignant

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disease of the os and cervix, the morbidly active condition of the cervical glands is the *primary* and *essential disorder*. A still newer and more rational view of the primary and essential disorder is that expressed by Dr. James Henry Bennett, which is that the existence of inflammation is necessary to produce morbid secretion, and endow it with acrid irritating properties, as in nasal secretions, fluxes, and leucorrhœa. To the candid patient student of this vexed question there can be no doubt that this discharge is nothing in itself but a symptom of change of structure on hypersecretion of the cervical glands, a product of inflammation of the os or cervix uteri, induced by mechanical or congestive states peculiar to women at the menstrual periods, and during coitus, pregnancy, and parturition, as well as from eruptive diseases and congenital idiosyncrasies.

In the *physique* of those patients suffering with deep ulceration of the os and cervix uteri there are observed unmistakeable signs of organic disease. The countenance is pale and care-worn, the lips almost bloodless, and the eyes languid and expressionless; there is a flabby condition of the muscular tissue, and an impoverished state of the blood-vessels; pain is often complained of in the back, down the thighs, or in the temples or occiput, accompanied with a sense of lassitude and indifference to life. The anæmic condition of the system is marked in the expression of countenance, which is dejected and feeble; in the state of the nervous system, which is imperfectly nourished and supplied; in the peculiar languid gait which characterizes such patients—moving along as though they took but little interest in the things around them; and in the voice, which betrays a timid, frequently an hysterical tone. The reverse of this portrait can scarcely be conceived by one who has not formerly known them, when youth and health bloomed on their cheeks, sparkled with animation that was indicative of normal tonicity, and bounded with a circulation rich in vital power. Now we have the shrivelled skin, the dissatisfied expression of countenance, the weariness and languor, that is truly significant of uterine ulceration, which sooner or later will sap the very foundations of domestic happiness and private life.

Scrofulous ulceration affecting the os-uteri, arising as it does from a scrofulous habit of body, differs somewhat from the other forms of ulceration of this part, to be described hereafter. It has a distinct pathology, and requires a special class of remedies. When examined with the speculum there is observed on the os-uteri externum, more conspicious on the posterior surface, a patch of softer granulations, paler and more inveterate in character than those arising from other dyscrasies. The follicular structure is more or less completely destroyed; the os-tincæ presents a pale red color, copiously exuding an ichorous, offensive discharge. The granulations assume in many instances the shape of aphthæ, herpes, or eczematous forms, and the tissue involved, possessing the lowest grade of vitality, does not appear to be very sensitive to the touch. From its inveterate character, its offensive albuminous discharge, and the peculiar form it presents, it has been classified by some accoucheurs among the specific forms of ulceration affecting these parts; but, as it is not produced by any infection or specific virus directly in contact with the healthful organism, and chemically altering the normal constituents of the circulation, as is the case with mercury or syphilis, it cannot with scientific propriety be thus named or treated.

Treatment.—The leading obstetricians of the dominant practice merely allude to this form of ulceration as being different from other forms of disease affecting the uterus, but amenable to the same general remedies employed in the treatment of these complaints—such as blood-letting, purgatives, rest, baths, Argentum-nit., Potassa-fusa, and Potassa cum calce,

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together with Proto-iod., Merc., Iron, and tonics, &c., &c. This generalizing, empirical method is of course characteristic of the school, and concedes a meagreness of therapeutics in this class of diseases truly significant. In reference to this last remedy, Potassa cum calce, which is a purely local remedy, it was employed first by M. Gendrin, in La Pitié, Paris, and afterwards brought more distinctly before the profession by Dr. Bennett, of London, as a specific application in ulceration of the os and cervix uteri, arising from scrofula, cachexy, or syphilis, where the ulceration was of a deep and inveterate character, similar to what we are now reviewing. It bid fair to immortalize M. Gendrin and Bennett, as the hypophosphates were to immortalize Dr. Churchill; but alas for specific empiricism, it has lost its charm and its sting too—experience having testified that in scrofulous ulceration of the uterus it is a doubtful and worthless remedy.

Dr. West, recently deceased, contended that constitutional treatment alone was all that was requisite in this form of disease. Notwithstanding he was boldly contradicted, he advocated this mode of treatment on the day of his death in contradistinction to the the theories of the most popular writers upon this subject.

By Bennett, these local remedies are described as vitality-modifying-agents, the *modus operandi* of which is to substitute healthy, reparative manageable inflammation for that in existence, which is unhealthy, destructive, and unmanageable. This mode of expressing the *rationale* of these remedies coincides with the views entertained by some practitioners in our own school of medicine who use these escharotics for destroying morbid structure according to the law "*Similia Similibus Curantur.*" Take for example, Dr. Marcy's exposition of the *modus operandi* of this treatment of ulceration of the os and cervix. On page 94 of the N. A. J. Hom., for Aug., 1856, he states that "Reasoning from analogy, it might be inferred that remedial-vitality-modifying-agents should also be conveyed, either through the circulation or directly to diseased parts, in order that impressions may be produced which will result in health. If it be the object so to modify the vitality of morbidly affected tissues by specific drugs, as to arrest morbid degenerations, and substitute in their place healthy medicinal actions, it can be a matter of little importance whether we bring them in contact with disordered parts through the stomach, endemically, through the veins, or by direct applications. It is manifestly the office of the homœopathic physician to operate directly upon parts diseased, and so to alter the vital conditions of such parts, that the *vis medicatrix naturæ*, which is the actual curer of all maladies, may be able to accomplish the requisite curative reactions. In diseases the recuperative forces of the organism struggle to restore the impaired vitality, by causing, in affected localities, increased determination of blood, increased heat, increased sensitiveness, in a word, *inflammations*. If the morbid influence be slight, nature alone removes the difficulty; but when the acting cause is more serious, the disease makes progress, destructive lesions occur, and the patient steadily sinks, notwithstanding the kindly efforts of the *vis-vitæ*, unless a drug impression is made which changes the morbid to a *healthy* action. This is our platform. This is our interpretation of the ideas of Hahnemann, both with regard to the essential nature of disease and a curative law.

"In *all* cases, therefore, of ulceration of the os and cervix-uteri, which resist treatment by internal remedies and the other means which have been enumerated, we are in the habit of cauterizing the ulcers with the Nitrate of Silver. These applications we repeat every four, six, or eight days according to circumstances, until the ulcers assume a healthy appearance, and the healing process becomes satisfactory. Nor is it in ulcerations alone

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that Nitrate of Silver applications are homœopathic, for abrasions, with destruction of the epithelium, and granulations of the uterine *os* and *cervix* may be *produced* by applications of the solid nitrate in health, as well as *cured* by similar applications when they exist as morbid phenomena."

Dr. Madden pursues the same train of argument in favor of the use of caustics and quotes from the *Austrian Journal* to prove the homœopathicity of these agents by stating that, if a patient of irritable habit, in whom there is great sensibility of the nervous system, submits to applications of Nitrate of Silver, it will produce sudden enlargement and induration of the cervix. Professor Simpson's experiments with this substance, in a pulverized form, demonstrate likewise that it sympathetically affects the ovary while acting upon the uterus locally—which phenomena occurred in a young girl upon whom he experimented to restore the menses—who died a few days afterwards from other causes. Upon autopsical examination, a graffian vesicle had been developed and ruptured, in a similar manner to that which occurs at the regular period.

Taking the evidence of the most distinguished professor of obstetrics in the dominant school of medicine, and the experience of one of our most practical accoucheurs (Dr. Madden), together with the philosophical deductions of one of our ablest and most lucid writers and thinkers (Dr. Marcy) upon this subject, as well as every-day observation and practice, we cannot but concur with these facts although it might seem difficult to elaborate from any caustic agent a scientific pathogenesis to aid us in recording the details of any one of these agents. That they are specifics in surgery, when applied locally, there can be no doubt, and to be *sure* of this is the most practical reason why we should use them, hence, in the treatment of scrofulous ulceration of the uterus it is well, occasionally, to make use of the solid Nitrate of Silver, or other caustics, to the diseased surface in order to stimulate the vital forces to recuperative action. Scanzonni's method of treatment, particularly his recommendation of injections of Castile soap and water previous to drying well the surface and applying the Nitrate, should be especially remembered. The routine system of merely detaching the secretions and then applying the caustic is not sufficient. The part should be well and carefully cleansed before using it.

Another remedy to be applied locally in this form is Iodine. Ten drops of the tincture to half an ounce of water, applied with a camel's-hair pencil, about every five days, proves equally as specific in this form of scrofulous ulceration as it does when used internally. The nature of this ulceration being of a chronic, indolent type, judicious hygienic measures are to be attended to strictly. A plentiful supply of pure air, wholesome food, such as well-baked bread, properly cooked animal food, the pure juices of meat, fresh butter, new milk, and eggs. Water to be the only beverage at dinner, allowing the patient to use chocolate for breakfast or supper. Hip-baths, and vaginal injections of cold water, once a day, with a gentle shower-bath, three times a week, taking care that moderate exercise is resorted to after bathing and every day when it is favorable weather. The best stimulants and tonics in this, as well as in the cachectic form, are baths, pure air, exercise, and wholesome food. This is to be part of the constitutional treatment. Internal remedies are to be the other.

It is only by recognizing the antipsoric theory of Hahnemann that we can prescribe successfully in these cases. This theory is confirmed by allopathic experience and practice, by the most strenuous opponents of specifics, as proof of which we refer you to the remedies they employ in these cases,—viz., the Salts of Silver, Potash, Iodine, Iron, Sulphur, Lime, Charcoal, and others, which have an especial affinity for diseased struc-

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tures caused by this dyscrasia. Let any one read Hahnemann's "Chronic Diseases," or his "Materia Medica Pura," and they will readily perceive that his provings of these agents correspond to the symptoms peculiar to scrofulous patients suffering from disease of the uterus or any other part of the body, and that from these remedies we might logically anticipate the most favorable curative results.

It would be impossible, with our limited knowledge of drugs adapted to the scrofulous diathesis, to say which of all the specifics enumerated by Hahnemann is to be most relied upon in cases of uterine scrofula. Still we can with propriety select the following as corresponding most nearly to the phenomena of disease as it develops in this habit of body—viz.: Calc., Iodine, Conium, Kali-hydriodicum, Kali-carb., Sulphur, Proto-iod., Mercury, Sarsaparilla, Sepia, &c. These might be deemed specifics, if any remedies are in this dyscrasia. They produce a marked curative effect when administered for the train of symptoms that disease of the os and cervix uteri manifests constitutionally.

The Cachectic Ulceration of the Uterus.—This diseased condition of the os and cervix differs somewhat from the former. The scrofulous is marked by tubercular deposit in the glandular system, and requires less active local treatment, and more persistent constitutional treatment. The cachectic is indicative of mercurial or syphilitic taint, or a combination of both, and requires a less active medication and greater perseverance in hygienic measures. This form corresponds to Dr. Leadam's second type, which is described as extending over the os, confined to one side, and passing within the cervix, which has become patulous; the lips of the os are the seat of inflammation, which is rendered tumid, everted, and tender on pressure. The follicles are hypertrophied and filled with muco-purulent matter. Sometimes the ulcers extend into the uterus itself. If the speculum is used there will be observed clustering upon one lip—generally the posterior—small ulcers, having the appearance of being pricked with a pin. These assume a phagedenic form, and in spreading over the lip, destroy it. They are said to be of a malignant type. That appearance of ulceration which most distinctly characterizes the cachectic, is when the os uteri is fissured, or affected with rhagades. The part is tender, raw, and irregular, looking, when it is seen through the speculum, as though the epithelium had been torn off without any further loss of substance—presenting a redder hue than the surrounding membrane.

TREATMENT.—Locally a similar course of treatment to the scrofulous is employed. Castile soap and water to cleanse and stimulate to healthful action, with the use of Nit.-arg. applications about every five days. Constitutionally, Nit.-acid, Hepar-sulph., Aurum-muriaticum, Lycopodium, Thuja, Carb.-animal., China, Cicuta, Helonin, Ferrum, and Iodide of Potassium will be found the most homœopathic to the anæmic condition associated with this form of uterine disease. *Adjuvants:* The shower-bath two or three times a week, and an occasional sitz-bath. The diet should consist of a liberal supply of milk, eggs, beef, wine, and bread, also a due amount of vegetables in season. Lemon-juice is the most preferable beverage to allay the thirst occasioned by the loss of nervous force and animal heat. As before stated, exercise in the open air, accompanied by enlivening society and pure morals, has a very salutary effect upon the debilitated constitution.

In either of the forms of ulceration above named it is very essential that sexual intercourse be prohibited to a very great extent, and if practicable, altogether, while the patient is under treatment.

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2. *Consanguinity: A Treatise on the Physical, Intellectual, and Moral Degenerations of the Human Race, and upon the Causes which Produce these Morbid Varieties.* By Dr. Morel, First Physician to the Asylum for Lunatics at Saint Jean, Dept. of the "Seine Inferieure." Paris, pp. 700.

3. *The Sources of Health and Disease in Communities; Or, Elementary Views of Hygiene, illustrating its Importance to Legislators, Heads of Families, &c.* By Henry Belinaye, Esq., &c. Boston, pp. 160.

4. *On the Transmission from Parent to Offspring of Some Forms of Disease, and of Morbid Taints and Tendencies.* By James Whitehead, M. D., &c. London. 8vo., pp. 432. 1857.

5. *The Races of Man: A Fragment.* By Robert Knox, M. D., Lecturer on Anatomy, &c. London, 1850. pp. 479.

"Were there no changes in the environment," says Herbert Spencer, "but such as the organism had adapted changes to meet, and were it never to fail in the efficiency with which it met them, there would be eternal existence and universal knowledge. Death by natural decay occurs because in old age the relation between the integrating and disintegrating processes going on in the organism gradually falls out of correspondence with the relation between oxygen and food in the environment, and eventually the disintegrating process gets so far in advance that the organism becomes unfit to act. Death from disease arises either *when the organism is congenitally defective in its power to balance the ordinary external actions by the ordinary internal actions*, or when there has taken place some unusual *external* action, to which there was no answering *internal* action. Death from accident implies some neighboring mechanical changes, whose antecedents are either unobserved from lack of attention, or are so intricate in their dependencies that their consequences can not be foreseen. In each of these cases the relations in the organism fail in their adjustment to the relations in the environment. Manifestly, if to every outer co-existence and sequence by which it was ever in any degree affected, the organism presented an answering process or act, the simultaneous changes would be indefinitely numerous and complex, and the successive ones endless; the correspondence would be the greatest conceivable, and the life the highest conceivable, both in degree and length."—"Principles of Psychology," London, 1855, pp. 383.

The lesson which the inhabitants of our unhappy planet have been studying for a few thousand years has been resolved into a close inspection of the phenomena presented by the functions of the living organism, in a struggle with the agencies which are perpetually toiling to bring about death and putrefaction. Among these phenomena a conspicuous place seems now to be due to those which are with scientific certainty traced to original inherited predisposition to disease, which "arises when *the organism is congenitally defective in its power to balance the ordinary external*

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actions by the ordinary internal actions." In concentrating our vision upon this branch of scientific research we at once find that it immediately ramifies into a wide range of subjects, many of which are deliberately discussed by the authors referred to at the head of this article. At present we restrict our attention to some striking results of modern investigation on the single topic of

Consanguinity: Its Degenerating Influence on the Health and Happiness of the Human Race.

The influence of marriage between near relatives has long been known to produce a lowering effect on human health. By the law of Moses marriages between relations were forbidden as far as the third degree. In Sparta and Athens marriages between relations of the second degree were at an early period permitted by law. But Socrates, reasoning on physiological grounds, raised his voice against a practice which he believed to be prejudicial to the healthy propagation of the race. The Roman laws prohibited marriages between all relations to the third degree; and even, though less determinedly, between those of the fourth degree. Saint Augustine, Gregory the Great, and the Council of Trent also interdicted marraiges between relations of the second degree. In protestant countries the marriage of relations beyond the second degree is in general not forbidden. In countries in which facility of union between near relatives exists, the opportunity to observe the effects of this kind of marriages is sufficiently extensive.—*L'Union Medicale*, 1856.

The usual effects of the marriage of near relatives are thus enumerated by Dr Rilliet, of Geneva ("On Diseases of Children," and in a paper addressed to the Academy):—1. Absence of conception. 2. Delay of conception. 3. Imperfect conception (abortions). 4. Incomplete products of conception (monstrosities). 5. Children with imperfect physical and moral constitution. 6. Children especially liable to diseases of the nervous system, in the following order of frequency: Epilepsy, imbecility or idiocy, deaf-dumbness, paralysis, various cerebral disorders. 7. Children, which, if they live beyond early infancy, as less able than others to resist disease and death. The health of the family of the married persons and of these individuals themselves exercises a certain influence on the degree and kind of depression of the vital force in their children. It is probable that all the deviations from the laws just laid down are due to the health of the predecessors, as well as to the dynamic conditions in which the relatives are at the time of procreation. Thus it is incontestible,—1. That all the children in a family *may* escape the effect of consanguinity; but this is rare. 2. That in one family some may be attacked. Thus they are not *all* epileptic, deaf and dumb, paralytic, or scrofulous; but they are dangerously influenced. For example, there may be observed in one family an epileptic, an imbecile, a child only physically and morally retarded, and another who will sink rapidly under a disease which any other child would have resisted. In another family there will be two idiots or imbeciles, and two healthy children. In a third there will be one child with congenital paralysis, and several only scrofulous, &c. If certain families appear entirely to escape the action of consanguinity, it is to be feared that its direful effects will be manifested in succeeding generations, ending in the annihilation of the family. (Rilliet, *Brit. & For. Med. Chir. Rev.*, Oct., 1856.)

It has been remarked that the union of individuals of different races improves the strength and vigor of their posterity, and "intermarriage between near relatives tends to degeneracy, physical as well as moral.

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Some tribes still inhabit the earth among whom this practice prevails; 'but sterility and dwarfish growth of children are common among them.' Similar results are noticed in catholic countries where dispensations are granted for marriages within the degrees prescribed by the Hebrew law-giver. In ancient history, as in the age of the Ptolemies, the same things are observed. In modern Europe, towards the latter days of the Feudal System, a class of barons would only marry amongst their own kindred; as a consequence 'sterility struck them.' In the earlier periods of nobility accessions were constantly being made to that rank by intermarriages with bold soldiers." More recently, by their exclusive intermarriages within a narrow circle, a large proportion of the distinguished families have ceased to exist. (Bellinaye, "On the Sources of Health and Disease.")

A chief justice of England has declared that "the history of families and the entailments of property are, like man himself, perishable and fleeting;" and that the great names of Mowbray and Mortimer, have disappeared from history. And "where," he inquires, "is one that is more than all and greater than all—where is Plantagenet? They are are all entombed in the urns and sepulchres of mortality." (Sir W. Jones' "Reports," 101, Charles I.)

"We might now point," says Bellinaye, "to the present aristocracy of some parts of Europe, among whom this exclusive pride and constant marriage of caste have degenerated their race from one of the finest in Europe to one of the most puny in size and intellect. We might fairly ascribe to the same cause the imbecibility which has been so fatal to some former dynasties. Certainly, if the laws of nations, in consecrating the great and useful principle of legitimacy, had prohibited the alliance of marriage of princes in any near degree of relationship to each other, they would have infused into it a principle of self-preservation. Now differences of religion and political tenets often confine royal marriages within a destructive sphere."

Gragnier has explained how it is that some children escape and others are afflicted; and Dr. Wm. Bird Powell has published in England views of high interest in his "Studies of Temperaments." Giron de Buzarignes has made very numerous experiments upon animals. Dr. Lucas* cites a number of instances of the pernicious effects of consanguinity among the wild beasts enclosed in parks, in most of our domestic species, from the horse to the pigeon. Agronomists and physiologists alike—Princeps, John Sebright, Sinclair, Giron, De Houdeville, &c., all agree that inbreeding succeeds badly, and that, if persisted in, species, race, health, *fecundity*, *viability*, all are extinguished. Under this system, to which Blackwell gave a short-lived fame, the races thus created disappeared almost as soon as formed. Thus was lost one of the oldest studs of horses that England possessed, and magnificent races of other animals. History attests the same results among mankind. Aristocrasies reduced to intermarriage, are extinguished, as Niebuhr demonstrates, in the same manner as the breeds of inferior animals, and after passing through the sad degrees of inferiority, madness, dementia, and imbecibility. Esquirol, Spurzheim, Ellis, &c, adduce consanguinity as the reason why insanity is so frequent and hereditary among the great families of the English, French, and Spanish nobility.† Deaf muteness in humbler families seems to own the same origin.

In a note read at the Academy by M. le Dr. Ménière,‡ upon the ætiology

* "De L'Hérédite," Vol. II., p. 905.

† Paybonnieux and Joupet.

‡ Physician in chief to the great asylum and school of deaf mutes in Paris

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of *congenital deaf-muteness*, we remark the following passages: Among the causes of *deaf-muteness* one which plays an important part is marriage between relatives—the *consanguinity of the two parents.* The church had so well understood the inconveniences attaching to unions of this kind, that in the interest of the human species, she long refused her consecration to marriages contracted between blood relations of any degree whatever. She has relaxed this wise and severe rule, now that she is obliged to ratify what the state and civil law permit." The author regrets the consequences of this license, because he finds in it the chief cause of the deterioration of races; whereas crossing is the first condition of improvement, not only in the species, but for families and individuals. Marriages between blood-relatives are never met with more frequently than in localities where the deaf and dumb are born in greatest numbers. It is in the midst of isolated populations, where for a long time families have been allied, as in the Canton of Berne, for example, that the degradation of the human species is observed in all its ugliness—the bastardy, not of individuals, but of the race; there reign cretinism, idiocy, deaf-muteness from birth.—*Gaz. Heb.*, May 2, 1856.

A few facts from history will be sufficient to answer the aristocratic boast that the common extinction of noble families is to be attributed to the unusual number of deaths in battle in the service of their country. In 1583 the council of Berne accorded rights of *bourgeoisie* to 387 families. It was a fatal gift. Within two centuries 279 of those families died out. Of 34 marriages 28 were between cousins of the first degree, and 6 between cousins of the second degree. Of the 34 instances 7 were without children. The other 27 marriages produced 191 children; of the whole number died shortly after birth 58, of which phthisis destroyed 15, water on the brain 1, convulsions 8. Of the remaining 133 children, that advanced to adult age, there were habitually sickly, unsound constitution, 32; deformed or afflicted by more or less grave constitutional diseases, 47; of these last 23 were scrofulous, 4 epileptic, 2 of unsound mind, 2 mutes, 2 idiots, 2 deformed, 5 affected with albinism, 6 with weak eyes, and 1 with chorea. Of 9 no account was obtained. Only one-fifth of the whole 191 children are described as apparently healthy and sound. How many of these were truly so? The seeds of hereditary constitutional diseases are slow to germinate. Some are only developed to the extent observed in men of "cramped energies, limited power of endurance, special points of weakness, and compelled observances of self denial." Recent researches have brought to light a vast population of afflicted people of Britain, suffering from idiocy, paralysis, epilepsy, rachitis, and scrofula, and these people live to leave behind them "a population" which, like that seen by Dante in the "Inferno," "bewails its birth, its existence, and its offspring."

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6. *Annual Address.* Delivered before the Illinois State Homœopathic Association, 1861. By L. Pratt, M. D.; *and Valedictory of* J. T. Shirley, retiring President.

The above address, by one of the most talented members of the homœopathic profession in the West, is far better than the majority of medical annual addresses. Besides its terse Saxon style, the tone of the address is such as we might expect from a self-sacrificing, humane physician, who works and studies not for *self* only, but for the good of humanity.

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In the valedictory Dr. Shirley gives in language, which we here quote, a brief history of the Association:

"But five and a half years ago this Association was organized in Peoria; although our number in attendance has been comparatively small, chiefly because members could not leave their practice (which is peculiar) in the care of other physicians. Yet our Association has ever manifested a talent and zeal, which has commended it to others of our brethren, both at home and abroad. In England, in Germany, in France, and some of the chief cities of the fatherlands, our Association in Illinois is known and honored. With little exception our annual meetings have been pleasant and profitable; and now, while retrospecting the past, and seeing the present, we may hope for nothing less than a bright and successful future."

It is to be hoped that every state, county, and city homœopathic association may enjoy the same favorable prospects. We should exert ourselves to keep up these local organizations. They are productive, if properly managed, of very great benefit to the physician, and especially for the young and inexperienced, who may learn much from older members.

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7. *On Æsculus Hippocastanum.* By H. M. Paine, M. D.

This is a reprint in pamphlet form of the proving of that remedy, which appeared in the North American Journal for August, 1861.

We have never used this variety of Æsculus, but for many years have prescribed its analogue, the Æsculus glabra (Ohioensis) with excellent results in many diseases, particularly affections of the liver, stomach, vertigo, hæmorrhoids, and for some typhoid symptoms.

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8. *Address on the Past and Present Condition of Homœopathy, and the Duties of its Practitioners.* By Wm. H. Watson, M. D.

This admirable address was delivered at the late meeting of the New-York State Homœopathic Medical Society. It embraces important statistical information, not readily accessible, and collated with remarkable care; also a brief outline of the origin and present position of homœopathy. It is published in pamphlet form, on good paper, with good type, by our good printer, Henry Ludwig; and is admirably adapted for general perusal, and should be placed in the hands of both friends and enemies of our system. No better document could be distributed among the people.

We are informed that it can be procured at $3. per 100, of H. M. Paine, Clinton, Oneida Co., N.-Y. Hale.

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General Chronicle of Medical Science.

From l'Art Medicale.

The *Medical Gazette of Lyons* asks of us an explanation;—we willingly give it, and particularly because the honorable *Lyonnaise Journal*, in accordance with a system of tactics (whose loyalty, if not whose object, escapes us), generally neglects to accord the facility of response to its adversaries To this custom we do not subscribe; and, as is well known, the *l'Art Medicale* never refuses its hospitable pages even to the detractions of its adversaries. We give below the complaint made against us in the *Medical Gazette of Lyons*, of the 16th of October last:

"*A simple Question to Homœopaths.*—We profess to know the respect due to all mysteries, and are not desirous to enter the lists in the desperate contest sustained by homœopathy in its natural alliance with popular stupidity, against common sense and true medicine. We ask, however, for an explanation. The disciples of Hahnemann persist in denouncing the takers of observations. Indeed, in order that there may be no doubt upon this point, the *l'Art Medicale* has recently, in the beautifully scientific style that is so peculiarly its own, denominated as 'the most hypocritical and vilest of cabals that of the observationists.' But, recrimination apart, how must we understand these gentlemen? If they be upholders of the system of observation, is it wise in them to bring to light so much bitterness? Do they chance to know of any other mode of acquiring medical knowledge than that by observation? Are they possessed of any other plan of utilizing the fruits of experience, and of transmitting them to posterity, other than the taking of observations?"

The editor of the *Gazette* commences by recourse to an unnecessary subterfuge. He well knows that we are not what he understands by homœopaths, and he affects towards us this ambiguous qualification. He perfectly understands that we have never ignored any of the legitimate truths of science, and that upon our banner is inscribed "progress." He is not ignorant of the fact that we see in the works of Hahnemann not a general doctrine of medicine, not a reform applicable to all therapeia, but simply one of the formulas of symptomatic medicine, which at the same time imposes upon us the duty of establishing the value, and obstinately defending the truth of the formula so insolently denied by the scèpticism, ignorance, and willful misrepresentation of the professional sluggards of the day. M. Diday, I repeat, knows all this well. What then is to be thought of his assiduity in ringing the changes upon his readers at our expense—of his uncivil interrogations, and his attempt to shut us out from the field of science, and take away our title of physician? The *Medical Gazette of Lyons* is guilty of a manifest equivocation when it pretends to class us among the opponents of observation, because forsooth our unwillingness to partake of his infatuation for the *observationists*. This last word, 'tis true, is not in the dictionary of the Academy, but we hasten to say that it does not emanate from us. For a half

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century it has been consecrated by a man of recognized authority; and we may be permitted to express surprise that the writings of this distinguished physician are not better known, at least at Lyons;—we allude to Dr. Prunelle, who in 1816 warred against the sect of observationists, whom he resisted as the offshoot of the perverted taste and bad philosophy of the day. Since his time this leprosy has infested the field of observation. But this is not all:—if the neologism of Prunelle has a sufficiently ancient date and sufficient patronage, it also eminently possesses perspicuity, and leaves no pretext in the least for confusion. There is no one so ignorant of the conventionalities of language as not to perceive at once the difference between the terms observationist and observer; and since the *Gazette* is pleased to ignore it, we would say to M. Diday, in his unwillingness to recognize the distinction between observationism and observation:

> To the semblance of the truth you homage render,
> Of its feeble nothingness the staunch defender;
> Sincerity with artifice prone to commingle,
> With honesty, its counterfeit presentment, jingle,
> The shadow for the substance blindly follow,
> And to the purer coin, prefer the spurious and hollow.

Observation is undoubtedly the soul of medicine; but by the side of those who pursue it noiselessly and advantageously, and of whom it may be said, "no cabal have they to serve, no intrigue to pursue." There is a sect of false observers who hasten to climb the shortest ladder to credit and profitable dignities. These are the hypocrites that the *l'Art Medicale* purposes to unmask; so much the worse for the simpletons who expose themselves by their own grimaces, and who are offended at our searching sincerity. It shall not be our fault if they mistake our language. Respect for all generous convictions, liberty for all scientific discussions,—such is our wish. But a legitimate defence against fomenters of intrigues and cabals,—such is our right. This sect who ruthlessly appropriate the title of observers, and with it all the avenues of science, for the purpose of proscribing at their leisure the truths which they fear, will finally be convinced of their own insufficiency and deceit. What have they not done against the pyretological doctrines of Broussais, against the medical reform of Hahnemann, against the doctrines which it is the mission of l'Art Medicale to proclaim. Every time an opportunity has offered to put to the proof this boasted talent for observation, and to decide by patient and laborious investigation any controverted question in the great book of nature, these self-satisfied intriguants answer only by persecution and abuse,—veritable scourges of the science, whose cause they would end in compromising, if it remained in their hands, and who have many times betrayed under pretext of it. We sincerely hope that hereafter M. Diday will deign to comprehend that our supreme contempt for these tricksters and charlatans—in a word, for these observasionists—is readily reconciled with the sincere esteem in which we hold obser-

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vation and its faithful chroniclers. One more word; the Gazette speaks of the desperate contest which homœopathy sustains with *true medicine*. What is *true medicine?* Is it the medicine of M. Diday? Is it the medicine of Piorry or Bouillaud? Is it the iatrochemistry of M. Poggiale, or the broth-meat of M. Trousseau? Is it not rather the medicine of which, at the last academic discussion, Prof. Malgaigne said that it was "A mass of the contradictory theories of all times?" Alas! the Gazette would do well in the cause of *true medicine* to partake of the modesty of its humble sister the Medical Review of Paris. "What are we," cries the latest Girour, "that we should sit in critical judgment upon what should be? Where is our criterion for truth in error? Where is our doctrine, our school, our faculty, our science—in a word, to judge of what that should be which is called medicine?" Here is the true truth at last!—Be not so boastful of your treasure, M. Diday:—

> If you 'd have a market for your treasure,
> Be sure you make it cheap,
> Or else you 'll fail to catch the public pleasure.
>
> JULES DAVASSE.

PRACTICAL REMARKS, BY DR. GROSS, OF PRUSSIA.

(From Altschul's *Prager Monatschrift.*)

Mrs. Ludwig, mother of three children, suffered since three days with toothache on the right side, up to the temple, aggravated by lying on the affected side, by cold applications, sometimes ameliorated by cold drinks; in the beginning some difficulty of swallowing. Puls., 200, produced amendment with copious mucous secretion from the right nostril and windpipe. But our patient suffered also with prolapsus uteri, aggravated by bending down and especially in going upstairs. She menstruates freely, and when taking a cold bath; when they are done, her courses reappear. She got Rhus, 200, and in three weeks she was perfectly restored.

Relationships of remedies are useful as landmarks for such cases where clinical experience is wanting. Thus Cannabis might be useful in erethysmus cordis, where Bellad., and Opium are indicated.

A causal nexus between Bright's disease and organic disease of the heart is interesting to us, inasmuch as the same remedies cover both diseases. Ars., Aur., Cannab., Colch., Kali., Nitr-ac., Zinc., Phosph., Arg.-nitr., and perhaps Calc.

In ophthalmia intermittens, usually caused by neuralgia ciliaris, Ars., Bell., China, Coloc., and perhaps Ipec. are useful.

In little children the quantity of fat under the chin is in a direct ratio to the future development and strength of the muscles (similar to the effects of Ars.). In the advanced age of manhood the development of fat and muscles is in inverted ratio (similar to the effects of Ferrum.)

To beer-drinkers, who wish to abstain from that beverage, Arsen. must be a very good remedy.

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Partial Deafness. From Dr. Dobbelaere, of Bruges.

(From *L'Homœopathe Belge*, 1860.)

A young man of eighteen years, suffered with partial deafness, with running from and buzzing in the ears. A sea-voyage aggravated the malady. Difficulty of speech and stammering was present, and tonsils and the whole buccal cavity covered with mucous secretion. Merc-sol. A few days afterwards the secretion from the ears diminished and became more fluid. He could hear the tick of a watch at a distance of three inches.

A month after, local faradization was applied, and unexpectedly the left ear, where he was formerly perfectly deaf, got better now at once, so that he could clearly hear the tick at a distance of four inches. For a whole month now faradization and the internal use of *Staphysag.* was continued. The ringing diminished steadily; the running ceased by degrees; and the distance in hearing increased; from his ear runs a black thick cerumen—a clear curative indication. Our patient was perfectly restored to health and hearing.

Rheumatism. By Dr. Low of Zaluz.

J. H., aged fifty, middle stature, apoplectic habit, greatly inclined to Rheuma, cought cold in consequence of a thorough wetting. Strong fever with heavy chills, followed by heat and great thirst then tearing pains in left upper arm, seated in the axle-joint, and radiating from there over the shoulder-blade towards the spinal column. Pulse small, but very quick—140 to 155; stupefaction and perfect immobility; face purple; position on back only possible. Acon., 20, in water, a spoonful every half hour.

Next morning the same status with severe pain in the regio cordis. Auscultation gave strong friction sound, percussion dull, anxiety, short respiration, strong palpitation of the heart, pulse rapid, cough dry; the case therefore worse, and yet only Aconite could help. Patient received two drops of Acon., 2d dil., in a teaspoonful of water, one every half hour. Towards evening amelioration; during the night some sleep with drenching perspiration. Morning, Acon. every four hours, and in forty-eight hours all pains and other symptoms were gone, except some stitching tearing, for which he took Bry., 24, in six spoonfuls of water, a dose every six hours. This finished the cure.

Remarks upon Pseudo-Membranous Ophthalmia. By Bouisson.

During an epidemic of diphtheritic affections in the year 1858 the author met with three well-marked instances of this disease. In two the inflammation was confined to the margin of the lids, and particularly the angles of the eye; in the third the ocular diphtheria was general,—vision lost from the beginning of the malady, and the young

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subject succumbed with symptoms of complex eruptive fever, coinciding with the ocular affection. M. Courty likewise observed many cases of this kind during the same epidemic; the commencement of the disease was marked by a very intense and general conjunctivitis, with acute pain, periorbital irradiations, redness of the lids, with violet border, thick mucous or muco-purulent secretion, tumefaction of the lids, presenting a characteristic redness, and sometimes giving rise in children to acute ectropion. The false membrane is sometimes whitish, cheesy, and decomposed into grumous spots, more or less isolated, but meeting particularly at the angles of the eye, readily reforming themselves, and not producing general opacity of the cornea; sometimes they resemble the plastic depositions of croup and of diphtheritic angina. This layer of grayish and fibrinous aspect, more or less dry upon its outer aspect, sometimes presents a certain adhesiveness; but most generally it is soft and infiltrated with pus, or liquid mucus, and at other times irregular and villous, it is occasionally very adherent and difficult to detach, and again may be removed by entire layers. The artificial detachment of the false membrane is very painful and occasions a slight discharge of blood; the subjacent conjunctival surface is rough and unequal, the cornea of a grayish yellow. After this operation the patient experiences some relief, but another plastic layer is soon reproduced, until the general and local morbid predisposition is removed, or the cornea becomes ulcerated, softened, and the eye voids its contents, vision is almost irrevocably lost, particularly in adults; when the affection is intense, and when the eye is not evacuated, there are formed staphyloma, secondary granulations, oculo-palpebral adhesions, corneal opacity, &c. &c.

Acyclia, Irideremia, and Congenital Hemiphakia. By Von Ammon.

Congenital acyclia was observed by the author in an old élève of the institute for the young blind at Dresden; the ciliary ligament was completely wanting, the choroid terminated immediately in the iris, Schlemm's canal did not exist. The sclerotic was thin, the cornea small and flattened, the posterior face of the corpus vitreosum and retina presented numerous folds and the central artery of the retina was obliterated, the globe of the eye had however the volume of the adult globe. Complete irideremia is rare. M. Van Ammon publishes two cases in which there was entire absence of the iris; in the first, that of a fœtus of seven months, born dead, the iris and ciliary ligament were wanting; the ciliary border of the choroid was applied to the union of the cornea and sclerotic. The second instance was observed in a calf nearly at term, the iris was wanting, but there existed a rudimentary ciliary ligament; the lens was applied to the cornea, and the ciliary processes slightly developed; congenital her-

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niphakia, is a species of cataract which the author found in the eyes of a calf and a sheep, the posterior disc of the lens alone existed—this was an arrest of development dating from the earliest period of fœtal life. J. A. C.

Hemeralopia Consequent upon Scurvy. By Rizet.

In an excellent memoir upon the remote results of scurvy, the author, (a distinguished surgeon in the French army,) devotes the following lines to the etiology of this strange affection. "A few navy surgeons have already indicated this disease as preceding or accompanying scurvy, but no one has, as I am aware, yet described it as resulting more or less, or remotely from this epidemic. Upon reference to my notes, I found that hemeralopia was frequent among the men of the first and second battallions of the Third Zouaves; then but four months after our return from the Crimea, we campaigned in the mountains of Babords (Kalylie) in July and August, 1856.—Every day one or two cases of hemeralopia presented themselves at our visit; not one of them belonged to the third battallion, which was composed of soldiers who had never quitted the African soil. Here we cannot ascribe the cause to heat; for it had exercised its influence upon the whole column of the expedition, composed not only of Zouaves, but of several regiments coming from France. Again in this country there was no inconvenience felt from the elevation of the temperature—for it was only where we descended upon the plains that we were at all incommoded by that. Nor could it be owing to reflection from burning sand, for at this period of the year the mountains are covered with the most luxuriant vegetation, and with fruits and flowers in abundance. At Compeigne (December, '56.) three hemeralopic cases demanded our care; all were old Crimeans belonging to the Fourth African Chasseurs; and at this time two of them had upon their lower extremities visible traces of scorbutic ecchymoses. At the camp at Chalons (September, 1857) the same hemeralopia exhibited itself in the soldiers of the Infantry of the guard, composed of men coming from the Crimean regiments. We observed eleven cases among the sappers of the line, nine of whom had had scurvy. Three new cases appeared among the Chasseurs of the guard,—not one in all the rest of the Cavalry; our medical associates, who had not, like ourselves, followed the thread of the disease, attributed it to the unhealthy nature of the campaign; this we cannot admit after having pursued its general manifestations from its inception to its extinction. Since the end of the campaign (Oct. 18, 1857) we have seen no more hemeralopia in the regiment; now eighteen months since the epidemic declared itself by this symptom.

J. A. C.

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Intermittent Conjunctivitis. By Marinetti.

(From *Gaz. Degli Ospid di Genova, Feb.*, 1860.

A Professor of the University of Génes was suddenly seized about the middle of June, 1855, with sharp pain in the right eye; next day conjunctiva, red and swollen, oculo-palpebral injection, increased for three days; then began to decline, and in the seventh day was at an end, except slight redness of the palpebral conjunction. During three successive years, the patient had similar attacks of the same duration, and recurring periodically every fifteen days. Disease passed from one eye to the other, and resisted all remedies, local and general. M. Marinetti advised sea-bathing, country air, sulphur-water, exercise, &c.; simple astringents made the foundation of the local cure, the effect of which was slow, but decisive. J. A. C.

Syphilitic Paralysis of the common Oculo-Motor Nerve.

In the *Moniteur des Hospitaux*, of September, 1858, we find reports of two cases of this affection cured by *Mercurius Hydriodicum*, after a treatment of five weeks.

The Pathological Anatomy of Cataract. By Dr. Fœrster.

The dissection of seventy-two eyes affected with commencing cataract, and taken from individuals of from fifty-four to eighty-seven years, has enabled me to prove that so-called senile cataract rarely begins at the centre of the lens, and more rarely still in the most superficial cortical layers; its habitual seat is the crystalline layer that immediately covers the lens proper. In order to make apparent the origin of the obscurity, the lens should be placed in a medium whose index of refraction differs less than that of atmospheric air, from the index of refraction of the lenticular substance. I have constantly employed the vitreous body, and I keep the lens plunged in the hyaline substance between plates of glass united by gum-lac. Some lenses presented a central opacity in the form of a wounded disc, of brownish-yellow, whose semi-diameter nearly equalled the half of the radius of the lens; this disc encroached closely upon the transparent crystalline substance, and its color was deeper at the centre than upon the borders, its dimensions were inferior to those of the lens; it was formed of two layers—the one external, thinner and lighter in color, enveloped the thick and more opaque central body, the internal layer of the central cataract is thicker in its equatorial region, and scattered over with small white spots, which give it a nebulous appearance. In one of the eyes I found a hyaloid membrane of new formation between the capsule and corpus vitreosum, in the hyaloid fossa. The development of senile cataract occurs, according to my observations,

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in the following manner: the lens at first undergoes a yellowish transformation, perfectly transparent, and which encroaches upon the transparent cortical layers. The demarcation of these two tints is generally more marked at the inferior lenticular region; at the same time that the difference of coloration appears, the substance of the lens becomes obscured. The commencing opacity is always situated at the surface of the lens; it begins at two sides of its equator, and is developed at the expense of the cortical substance. It affects four principal forms: *First*, Simple striæ, short and narrow, of whitish color, and radiating around the lenticular equator; they look brown under the microscope; sometimes they form multiple columns. *Second.* White and thin nebulæ, remaining isolated, or extending and uniting with one and the other face of the equatorial region; they appear granular and brownish to the microscope. This form presents also the transition from the preceding. *Third.* Of white striæ, which groove the lenticular meridian, like the striæ of umbelliferous fruits; they are thicker at the equatorial region, and unite at the poles of the lens. Their dimensions are very variable. *Fourth.* Opacities which we have above described, coming from the nebulosities whose contour is undefined; they form a girdle which envelops the equatorial region of the lens. Under the microscope they appear composed of minute drops disposed in many layers. The opacities of striated form, of which we have spoken, continue to be developed; they approach nearer and nearer the surface of the lens, and end by affecting the superficies of the lens. The nebulæ are developed by extending more and more towards the poles of the lens, and their opacity augments. The development of the great meridional striæ is especially rapid, and speedily invades the whole cortical substance. The lens loses its transparence only when the cortical cataract is already advanced; its opacity is nearly always diffused, and without definite form. In a few cases only have I met simple striæ, and very fine, which corresponded in their direction to the crystalline fibres; once only were there two extensive clariform opacities, invading several layers of the lenticular tissue. Finally, when the whole periphery of the lens is enveloped in opacity, a new opacity develops itself in the external cortical layer, so that the intermediate cortical layer remains transparent for a longer period. This is seen in examining cataracts in the living eye. The type forms which we have described, present numerous variations in particular cases. Von Ammon has indicated opacities in the form of nebulæ, under the name of arcus senilis of the crystalline capsule. Stellweg thinks this a mere cadaveric phenomenon;—senile observations of the lens are very frequent. In thirty bodies of subjects, aged from fifty-four to eighty-seven years, they were wanting in only eight; in twenty instances they affected both eyes. J. A. C.

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EXOPHTHALMIA, WITH HYPERTROPHY OF THE THYROID BODY, AND ORGANIC DISEASE OF THE HEART, COMMUNICATED BY DR. PRAEL.

Exophthalmia is not rare in conditions of this kind. The example cited by Dr. Prael merits attention, however, as regards the course pursued by the affection. A man of dark-brown complexion, blue eyes, aged fifty, married, without children and domestic, was attacked in his twentieth year with palpitation. During convalescence from a mucous fever, a remarkable projection of the right eye supervened, accompanied with increased cardiac palpitation, and development of the thyroid body. The exophthalmia did not remain always the same,—it appeared to be regulated by the state of the general health. In December, 1849, the patient became thin; he frequently complained of rheumatic pains in the eye and cheek; he was attacked intermediately with bronchial catarrh, during the course of which the right eye was more prominent than ever; the left also became so prominent that it could not be closed. Three weeks before death the cornea of the right eye became infiltrated in consequence of a bleeding which the patient had insisted upon, contrary to the advice of his physician;—instead of becoming ulcerated and perforated, the infiltrated cornea became horny and dry; this phenomena was accompanied by a caseiform conjunctival secretion, of a grayish-yellow color;—the same phenomena occurred to the left eye. The patient lost his sight completely several hours before death.

Autopsy.—Hypertrophy of the thyroid body, extending into the thoracic cavity; its right lobe enveloped the trachea, and presented a cartilaginous degeneration; cornea broad, particularly in the left lower region. Hypertrophy of the left portion of the heart; transformation of the bicuspid valve into a resisting ring of atheromatous degeneration. The aorta considerably contracted from its origin to its descending portion, from the same atheromatous deposition. The interior of the eyes presented no alterations,—their volume was diminished, and the cornea and sclerotica were horny and dry. Brain softened in many places,—its development below the natural standard.

In a note annexed to the above case the author mentions nine cases of exophthalmia:—vision was disordered in the beginning in only one case; the disease attacked both eyes in some of them; again the right alone—but never the left alone. In two cases there was no affection of the heart; no goitre, but well-marked anæmia. Hypertrophy of the thyroid existed in all others; and in four of them was complicated with organic disease of the heart. One alone was a male. In all these cases there was manifest hydrohemia, coming from different causes; hence the disease may be denominated anæmic ophthalmia. J. A. C.

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MATERIA MEDICA.

Pathogenetic Characteristics of Drugs.

By J. S. Douglass, M. D.

Indian Hemp.

Fragmentary Notes.—*Its Anæsthetic Properties.*—The name haschisch, by which the active resin of the Hemp is generally known to us, is the Moorish word for plant. Thus the hemp would be *the plant—par eminence*, as among the people of Paraguay, the male is *yerba*. Herodotus tells us that the Scythians, who made garments from the fibre of the *Χαννάβις*, cast its seed on hot stones, and used their aromatic vapor as a bath, the enjoyment of which drew from them cries of exultation.* Hemp in the Arabic tongue is Kinnub, whence the Dutch Kinnub or Hinnup; the German Hanf comes between this and *Canape* in the orthography of the middle ages. The Arabs also call the Hemp by epithets appreciative of its psychial virtues—such as the grass of faqueers, the leaf of illusion; for them too, as for the Indian, it is the "increaser of pleasure," the "cementer of friendship," the "laughter mover," also the causer of a reeling gait, for so it acts on some people. In the "Kon-Kin-I-Tong," a compilation of ancient and modern medicines, published in China at the beginning of the sixteenth century, M. S. Julien finds the following passage:

"If the complaint is situated in parts upon which the needle, the moxa, or liquid medicaments cannot produce any action—for instance, in the bone, stomach, or intestines—there may be given to the patient a preparation of *Ma-yo*, and in a very short time he becomes so insensible that he seems intoxicated, or deprived of life. Then, according as the case may be, the operations are performed of amputations, &c., and the cause of the malady is removed. After some days the patient is restored to health, without having felt during the operation the least pain."

This is the same use to which Mr. O'Shaughnessy has learned to apply the Churrus of Hindostan. Mr. Urquhart, in that most charming and instructive book of travel, "The Pillars of Hercules," has the following notice of Hemp:

"Its proper name in Morocco is Shazar. I was led to take an interest in the plant from the following circumstance: A lady, suffering from spasms arising from an affection of the spine, had obtained some years ago a small portion of the Hemp resin. When all other narcotics had failed, it afforded her almost miraculous relief. The Hemp of England had been tried in vain."

At Tangier I observed a diminutive pipe, about the size of a thimble. I asked what kind of tobacco they were smoking; I was answered, *kef* (literally enjoyment); it was the haschisch. It is also taken inwardly; either the leaves are swallowed with water after being crushed, or it is prepared and boiled with sugar, or honey and butter, like horehound—a great variety of seeds and spices entering

* Melpomene, LXXIV.

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into its composition, which varies accordingly in its effects; and this affection is called the majoun. There are several other plants employed in Morocco for producing similar effects. Among these are the surnag, which I found at Medea, and of which Marmol speaks, Vol. III., p. 4. It grows in the Atlas; also the nuts of a species of the Palma Christi, mixed with food by the natives, and whose effects last but a few hours. It is said to be used to make people speak the truth, and to discover their inward thoughts. They profess to be able to prepare the majoun, so that it may serve a man instead of clothing, for the resistance of cold. Mr. Urquhart engaged the three most noted confectioners at Rabat to try their skill against each other in preparing the majoun, which he then tried on himself and others. The first time I took it was, says he, about seven in the morning, and about in an hour and a half afterward I perceived a heaviness of the head, wandering of the mind, and apprehension that I was going to faint. I thence passed into a state of half trance, from which I awoke suddenly and much refreshed. The impression was that of wandering out of myself: I had two beings, and there were two distinct, yet concurrent trains of ideas. Images came floating before me;—not the figures of a dream, but those that seem to play before the eye when it is closed; and with those figures were strangely mixed the sounds of a guitar that was being played in the adjoining room; the sounds seemed to cluster in and pass away with the figures on the retina. The music of the wretched performance was heavenly, and seemed to proceed from a full orchestra, and to be reverberated through long halls of mountains. These figures and sounds were again connected with metaphysical reflections, which also, like the sounds, clustered themselves into trains of thought, which seemed to take form before my eyes, and weave themselves with the colors and sounds. I was following a train of reasoning; new points would occur, and concurrently there was a figure before me throwing out corresponding shoots, like a zinc tree;' and then, as the moving figures reappeared, or as the sounds caught my ear, the other classes of figures came out distinctly, and danced through each other. The reasonings were long and elaborate, and though the impression of having gone through them remains, every effort has been in vain to recall them. The following scene was described by me, and taken down at the time:—A general commanding an army, and, doubting whether he should engage the enemy, consulted the oracle. The oracle answered: "Go with the fortune of Cæsar." He gave battle, and was beaten. His king ordered his head to be cut off; but the general accused the oracle. The king cried; "The oracle is not in fault: it did not tell you that you were Cæsar. You were twice a fool to mistake its meaning, and your own worth." The general answered, "Then is the fault his who sent a fool to command his armies." "Nay," answered the king, "thou shalt not twist one phrase to thy benefit, and another to my loss." This scene seemed to pass before me, and in the region of Carthage, which was all fami-

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liar, though I had never been there. The general was an Abyssinian; the king a white man with a black beard.—The next time I tried it the only effect was to make me lose a night's rest (taken toward evening). The first time (taken in the morning) it had given me a double portion of sleep;—on both occasions it enormously increased my appetite. It was followed by no depression. The first time I took it at half past four, and after that a liquor glass of caraway spirits, to hasten the effect. An hour afterwards, walking on the terrace, I began to experience the effects. I did not feel cold, while those who were walking with me, and wrapped in mantles, were complaining of it.* Then came an unsteadiness of gait; not that of one who fears to fall, but of one who tries to keep down,—for I felt as if there were springs in my knees, and was reminded of the story of the man with the mechanical leg, that walked away with him. I sat down to dinner at half past six o'clock. There was a glass between me and the rest of the company, and an inch or two interposed between me and whatever I touched. What I ate and how much did not matter: the food flowed like a river through me. There was a wind going by, blowing over the table and carrying away the sounds, and I saw the words tumbling over one another over the falls. *There was a dryness of the mouth, which was not thirst.* The dryness radiated from the back of the throat, opposite the nape of the neck. It was a patch of dark blue color; the food, as it reached this point, pouring down and taking the color of the patch. I was under the impression that I described all this at the time, but was told that I would not say anything about myself, or describe what I experienced. I should have been relieved if some one present had been under the same influence. The bursts of laughter to which I gave rise were not at all pleasing, except when they were excited by any observation I made which was not connected with myself. I never lost the consciousness of what was going on:—there were always present the real objects, as well as the imaginative ones; but at times I began to doubt which was which, and then I floated in strange uncertainty. It came by fits, at, as I thought, hours of intervals, when only minutes could have elapsed.

Ignatia.

Sensation as if a nail were pressed into the brain (clavus). Nux is said to cure this symptom, though it is not recorded as an effect of Nux. Headache as if something hard were pressed upon the surface of the brain, recurring in paroxysms. Pressure in the temples, sometimes with deep sleep. (Gels. produces a very similar effect). Headache as if the temples would be pressed out. When lying in bed on the side, furious headache as if pressing through the temples, *relieved by lying on the back.* Aching in one half of the head, when

* The calorific action is in great measure dependent on the distribution of the vital forces by exercise.

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walking in the open air, increased by talking and reflecting. Talking aloud excites a headache as if the head would burst, going off entirely when reading to himself or writing. Pain in the outer part of the head, which is painful on feeling it.

Stinging in the throat between the acts of deglutition. Sensation in swallowing as if one swallowed over a lump, causing a crackling noise.

When going to sleep, jerks through the whole body, or in a single limb, or a single muscle. (See Ipec. and Argent.)

Simple pains caused by Ignat. are apt to become excessive by contact. The symptoms generally are increased by coffee, tobacco, brandy, or noise.

Ipecacuanha.

Despising every thing, and requiring others to despise every thing. Is awkward and stumbles against every thing. Is full of desires, but knows not what he desires.—The child screams and howls violently, and without interruption; thrusts his fist into his mouth, the face being pale and the body somewhat cool.

Headache as if the brain and skull were bruised, penetrating through all the bones of the skull down to the root of the tongue, with nausea. During deglutition taste in the throat as of rancid oil.

Sensation as if the stomach were hanging down relaxed, with loss of appetite.

Griping pinching in the abdomen as if one were grasping with the hands, in such a manner as if every finger were spread out, and a sharp impression were made into the intestines with every finger (see Bell.); the pain is alleviated by rest, but excited to the highest pitch by motion.

Fermented diarrhœic stools. Stool covered with red, bloody mucus.

Suffocative cough,—the child becoming quite stiff and blue in the face. Convulsive evening cough.—Expectoration having a repulsive metallic taste. Cough exciting an inclination to vomit, without nausea.

Spasmodic asthma, with violent contraction of the throat and chest, and a peculiar kind of panting sound. Contractions of the chest, with short, panting breathing; she had to gasp for air at an open window, with pale face, scarcely perceptible pulse, and danger of suffocation. (Compare Sulph. Lob. Cic. Ratan, &c.)

Sleep with the eyes half open. When she is about to fall asleep, she has shocks in all the limbs. (See Arg. Ignat.)

The body of the child is stretched stiff. Rigid stretching of the whole body, followed by spasmodic jerking of the arms towards each other.

Iodine.

Excessive anxiety after having performed some manual labor, going off when sitting. Excessive kind of impatience,—she is running.

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about all the time, and never sits down or sleeps at night. (See Aur. Sulph. and Sulph.-ac.)

Dilatation of the pupil, with constant motion of the eye-balls. Sight looks dimmer, and more distant. The glands on the inside of the cheeks are intensely painful, as though he had sharp vinegar in the mouth. Ulceration in the mouth,—redness, distension of the gums, which stand off from the teeth, with slight bleeding, and small ash-colored, painful ulcers, with profuse fetid ptyalism.

Tormenting constriction of the throat, greatly impeding deglutition. Pain in the œsophagus, increased by pressure. Inflammation and ulcers of the œsophagus.

Copious discharge from the bowels of a watery, foamish, whitish mucus.

Dark, yellow-green urine (yellow-green, Bovista.) Tension and swelling of the neck before the menses.—Increase of the mammæ, and decrease of the goitre. Great decrease and dwindling of the mammæ.

Blue red, furunculous nodosities in the skin of both mammæ, of the size of a hazle-nut, with dry, black points at the tips.

Subsultus tendinum of the feet. Acrid sweat of the feet, corroding the skin.

Extremely troublesome pulsations in all the large arterial trunks. General emaciation, sometimes sudden and extreme.

Kali-Bichromicum.

Ulcerations with indurated edges, and smarting pain on the mucous surface of both lips.

Stinging and pricking pains in the tongue. See Arum.) Tongue thickly coated with a brown patch on the surface, and the papillæ long. Tongue smooth, red, and cracked, in dysentery. Excavated cicatrix on the roof of the mouth, from which a slough, separated seven months ago;—no pain until the separation of the slough; the sore took six months to heal.

The uvula and tonsils became red, swelled, and painful, and finally ulcerated, and were suspected by a surgeon to be syphilitic. Long continued erythematous blush of the fauces and soft palate, varying in hue from a dark to a bright red, occasionally of a copper color.

Periodic constipation every six months. A dysenteric attack lasting three weeks. Frequent and bloody motions, with gnawing pain at the navel, followed by ineffectual straining; tongue smooth, red, and cracked.

Cough with transparent, dirty, slate-colored sputa. Loud wheezing cough for five minutes at a time, with retching and expectoration of tough mucus, so viscid that it can be drawn in strings down to the feet. Dyspnœa and dry cough for six weeks, followed by expectoration of dark gray mucus, of the consistence of white of egg, with soreness aud oppression of chest.

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Pain in the back, striking through the sternum, with cough and expectoration of tough black mucus.

Solid eruption, like measles, over the whole body. Eruptions on the face, and over the whole body, like small-pox, which die away without bursting. Eruption over the whole body of pustules, the size of peas, with a small, black slough in the centre, on an inflamed base. Eruption on the legs and thighs of reddish, hard knots, from the size of a pin's head to that of a split pea, with a depressed, dark scurf in the centre, with an inflamed base.

Boil-like elevation, which turned into a large ulcer with dark centre and overhanging edges. Redness, swelling, and itching in a spot on the wrist; then great pain; after some time, matter formed and broke the skin, and continued to ooze out for two or three months, then healed, leaving a cicatrix depressed as if scooped out. Itching of the fore-arms and hands, then intolerable pain and formation of numerous ulcers, from which above a dozen nearly solid masses of matter fell on striking the arm firmly, leaving the ulcers clean, dry cavities, which slowly filled up and healed. In the seat of a scratch exposed to the chromic solution, swelling and irregular ulcers covered with a scab, painful on pressure, dry,—this continued for months, and a hard knot, moveable, is felt under the skin with an ulcerated spot like a corn; this gradually hardens and is covered with a white skin, and remains so for months. After redness and swelling of the finger, with some throbbing pain, an ulcer formed over the joint of the fore-finger, with white, overhanging edges, and dark, gangrenous central point; the skin and cellular tissue moveable as if separated from their attachments. The ulcers caused by this potent drug vary in size from that of a pea to that of a half-dollar; they are generally dry, of an oval form, with overhanging edges, inflamed, bright red areola, hardened base, moveable on the subjacent tissues, with a blackish spot in the centre. Sores in parts exposed to the solution, which pierced deeper and deeper with extending laterally, till they sometimes made their way through the hand or arm altogether. Hands completely covered with depressed cicatrices which look as if they had been pinched out with a wadding-cutter.

The gastric pains are relieved after eating, and the rheumatic pains re-appear. When the gastric symptoms reach to any height the rheumatic pains subside.

Pathological Anatomy.—The air-passages were constantly lined with a thick, ropy, muco-purulent fluid when death was delayed beyond several days. In some instances the trachea was lined with a complete false membrane. The epiglottis, rima glottidis, trachea, and bronchia were at different times all deeply injected.

In this connection it may be well to place together the other drugs analogous in their action upon the respiratory mucous membrane, especially the production of false membrane.

In Bromine we find violent inflammation of the larynx and trachea, with exudation of coagulable lymph which obstructs, almost entirely,

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the air-passages, (in a pigeon.). In the pathological anatomy of ammonium-caust., we find: considerable redness of the Schneiderian membrane, which is covered with an albuminous membrane. The posterior surface of the epiglottis and the entrance of the rima glottidis are very red and covered with a pseudo-membrane. Considerable redness of the whole trachea and bronchia, covered, here and there, with membranous layers. In sulphuric-acid we have: Mucous membrane of the trachea and bronchial tubes much inflamed. Epiglottis covered with a thick layer of false membranes of a deep scarlet-red color, intensely inflamed, but not corroded. Ulceration of the larynx and trachea.

Beyond these I do not find any unequivocal production of false membrane in the air-passages, in the pathogenesis of any other drugs. Teste indeed says that Ipecac. and all its analogues in his grouping—viz: Puls., Nux, Ars., Chel., Ied., Cham., Phos., Felix, Tart., Sil., Dulc., Bry., Spong., Zinc., Ignat., Bell., and Ant.—are capable of producing, each in its own degree, not only the general symptoms of croup, but even the pseudo-membranous exudation, which constitutes the pathognomonic sign of croup. He thinks he has seen Ipec. remove inflammation attended with this exudation. But we are not aware on what authority the production of the false membrane by these several drugs is predicated.

Santonine.

From *l'Art Medicale*, by Dr. F. Gabalda.

Santonine is a crystallizable, fusible, volatile substance, separable from the terminal flowers of the artemesia-santonica (cina, *semen-contra*). It was discovered in 1830, by M. Kahler, of Dusseldorf, in the oily residue of the etherial extract of the *semen-contra*. It seems to be the active principle of the cynanthereæ, of which the terminal forms the medicine known under the name of *semen-contra*, or at least it possesses the same vermifuge properties. The Santonine has a savor decidedly bitter, but which is not perceived until after it has been kept in the mouth for some moments, which is doubtless due to its slight degree of solubility. This circumstance is favorable to the therapeutic use of Santonine, and has given it preference over the semen-contra itself, of which the taste, highly unpleasant, renders its employment very difficult in the ordinary allopathic doses. The medicinal activity of the Santonine has been doubted. I attribute to it however the phenomena developed in the following case, where it was given in the usual dose.

The child F. B., aged four and a half years, had been affected for several days with light febrile paroxysms; it complained at the same time of colics, which lasted only a few moments. It had sunken eyes, with pallor around the nose and lips,—symptoms suggesting a verminose affection; and dragees of Santonine were administered by advice of a physician. No effect was observed after the first dose,

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administered in the evening. Another was given at eight the next morning. About two hours after the child complained, refused food, and asked to go to bed. Its skin was soon burning; it was very restless, with convulsive movements of the limbs and facial muscles, and frequent calls to urinate. Towards eleven I was called in, and found violent fever, with great frequency of pulse and dry burning heat of the skin; face puffy; eyes glowing; look fixed; convulsive movements of the muscles of the face, and particularly of the lips and eye-lids, succeeding at very close intervals; some convulsive movements of the limbs, seldomer than those of the face; great agitation; wandering delirium. From time to time the child slept a few moments without the preceding phenomena disappearing; then he would wake up suddenly, expressing an urgent desire to urinate,—a few drops only were voided each time. I also noted in the short intervals of somnolence that the teeth were ground together, and the eye-lids kept half open. I prescribed a potion of Aconite, 6, in water, a spoonful every half hour.

At three o'clock I saw the child again. The scene was changed, for it was sunk in a comatose sleep. The agitation and all accompanying symptoms had gradually diminished, and within the past hour, had been replaced by the most complete calm, and by a sleep so deep as to alarm the parents as much as the first symptoms had done. The fever had sensibly diminished, and this re-assured me. I consequently recommended them quietly to await the child's natural wakening. This took place about five, P. M., and was followed by a notable depression. When I saw the child again at seven, there was very little febrile tendency, and the skin was moist. There was no more restlessness, no spasms, delirium, nor frequent micturition. The child was gay and asked to eat. A few moments before my arrival it had a normal stool, and presented no trace of worms. After taking a little broth, it went to sleep again, had a good night, and from that time had no symptoms, such as had characterized its previous indisposition. Those which had led to the administration of the Santonine likewise disappeared, but without the child's having passed any worms. The symptoms precited may all have been observed, although isolatedly, as consequent on the irritation of worms; we do not from this cause alone find them grouped as in the case before us. Moreover nothing similar occurred here, either before or after the period during which the Santonine may be presumed to have acted. The development of the group of symptoms commences two hours after exhibition of the second dose; it gradually increases, then diminishes in intensity, and finally ceases, not to reappear,—the cause which had produced it having exhausted its action, and not having been renewed. These symptoms belong to the pathogenesis of Cina, as Hahnemann has traced it in his Materia Medica—viz.: "Heat and flushed or puffy face, bluish pallor around the nose and mouth, agitation, delirium, wakefulness, and insurmountable somnolence in succession; epileptiform convulsions, palpitations of the eye-brows,

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dysphagia, partial spasmodic movements of the limbs, and cramps; dilatations of the pupils, and troubles of sight; frequent desire to urinate," &c., &c. This analogy shows that Cina or the Semencontra is not merely a vermifuge, but that it exerts also a homœopathic action against the morbid state which results from the presence of worms; and it is daily observed to dissipate the symptoms for which it was exhibited, either in massive doses or infinitesimals, without having determined the expulsion of any worms.

Certain singular phenomena have been observed after the administration of Santonine. In the session of the Academie des Sciences, August 9th, 1855, Mr. Flourens called attention to some observations of Mr. Martini's, concerning the influence of Santonine upon the sight. Those who made use of it saw all objects *green* after the lapse of a few minutes. This effect lasted all day with some persons: with others, it disappeared during five or six minutes, then returned. Mr. Martini, rejecting the hypothesis of a transient coloration of the blood-serum, advances that of a molecular action on the retina, by which the tension and vibratory reaction of its nervous molecules are changed under the impression of the luminous rays.

Dr. Leroy (D'Etiolles) in the session of Aug. 23, mentions that Santonine colors the urine green. Mr. Mialhe, in the session of September 6th, 1858, says that for two years past he has remarked the changes of color in the urine after taking Santonine, and that alkalies cause in it a characteristic deep orange-red reaction. When Santonine is treated with certain oxydating agents, especially with boiling nitric acid, it yields a product which gives to water a greenish yellow color, analogous to that which urine assumes after the exhibition of Santonine, and which, like this, gives the deep orange-red reaction to alkalies. Mr. Mialhe concludes that Santonine undergoes oxydation in the blood, like other organic substances, and thus yields a new product, which, penetrating the colorless humors of the eye, determines the phenomena of coloration. The eye thus affected usually sees objects greenish yellow, at other times in complementary colors, which is to be attributed to a consecutive nervous sensation. No one has ascertained, however, that the humors of the eye are really colored at all by the action of Santonine.

Action of the Extract of Nux-Vomica and its Analogues on the Animal Economy, by MM. Martin-Magron and Buisson.

[Condensed from M. Brown-Sequard's *Journal de la Physiologie, &c.*]

Recapitulation of Experiments.

Magendie (what he says of the Upas is applicable to Nux-vomica):

1. Eight drops of upas, diluted with water, were injected into the pleura of a strong dog; immediately we forced a stem of whalebone along the entire length of the vertebral canal. By a fortunate chance, the whole of the spinal marrow followed the whalebone when we

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withdrew it from the vertebral canal. The animal was thus pithed. No sign of contraction was manifested, although the circulation was still very sensible ten minutes after the destruction of the cord.

2. Injecting upas, as before, into the peritoneum of another dog, we awaited the production of tetanus. When it was very decided, we forced our whalebone from the first vertebra of the neck down the canal, gradually. When it reached the dorsal region, the tetanus had ceased in the anterior limbs, while it was still very manifest in the posterior; from the latter it disappeared only when the whalebone had reached the caudal extremity of the vertebral canal. These two experiments demonstrate the intervention of the cord in the production of convulsions.

3. Eight drops of Upas, diluted as before, was injected into the cervical portion of the vertebral canal. Almost immediately an extremely intense tetanic rigidity seized upon the anterior limbs, and persisted more than six minutes, with surprising reduplications of energy. During all this time the hinder-paws remained flexible and seemed to be in no respect influenced by the Upas, until towards the end of the sixth minute, when they began to contract and participated in the general stiffness. By the tenth minute, rigidity had ceased in the fore-limbs, while still very perceptible in the hind-limbs for a little while longer.

4. After enervating a powerful water-spaniel, we made a transverse section of the vertebral canal and the spinal cord towards the lumbar region. We injected six drops of Upas into the lumbo-sacral part of the canal; in consequence the hind-limbs became stiff, and they alone during ten minutes presented the effects of the action of Upas. Towards the eleventh minute, some contractions were observed in the fore-limbs, but not very decided.

5. In another experiment—having first injected the Upas into the lumbar part of the vertebral canal—the tetanus of the hind-limbs followed; the fore-limbs remaining unaffected. After some minutes, the Upas was injected upon the cervical region of the cord, and the pectoral limbs were immediately contracted. These experiments have been successfully repeated by Müller, Segalas, and a great many other physiologists, who agreed with Magendie in considering that they proved the direct action of Upas upon the nervous centre. The first modification which this conclusion underwent was by the following experiment of Stannius, published in the "Archives of Müller," in 1837.

6. Stannius divided in the abdominal region the whole spinal cord of a frog, cutting all the posterior roots of that part of the cord which lay back of the section, and after this operation, poisoning the animal with Strychnine. No convulsion was then produced in the posterior half. Stannius concluded that not the cord directly, but the nerves of sensation were acted upon by Strichnine. This conclusion was, ten years after, adopted by M. Cl. Bernard, who sustained it by the following experiments.

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7. Laying bare the spinal cord in its whole extent upon a large frog; I divided upon the right side all the posterior roots of the spinal nerves (sensory roots), leaving intact the anterior roots (motor roots). Then I poisoned the frog with the alcoholic extract of Nux-vomica, introduced into the muscular flesh of the leg. How great was my surprise on observing, twenty minutes after, the left side violently convulsed while the right side remained flaccid and motionless!

8. In a second experiment, differing from the first only by omitting the precited section of the posterior roots, the whole body of the animal became convulsed after fifteen minutes.

9. In a third experiment, varied only by the section of the posterior roots on the left side, the limbs of the same side became flaccid and motionless, while those of the opposite side were agitated with violent convulsions. These experiments have been repeated by me a great number of times. The conclusions to which they lead are: First, Strychnine acts *primarily upon the peripheric extremities of the nerves of sensibility. These nerves* next transport their excitement to the posterior column of the spinal cord, which in its turn, reacts upon the motor nerves to determine convulsions. Second, In this relation, Strychnine only exaggerates the *reflex movements* of the spinal cord. Third, In *cutting the nerves of sensibility*, as they enter the cord, the action of Strychnine on the nerves of motion is prevented. By the same operation, the accomplishment of the reflex movements is also prevented. This idea, as we see, is identical with the precited view of Stannius, except that whereas Stannius seems to have supposed that section of the posterior roots prevented the poisoning of the cord by Strychnine, M. Cl. Bernard teaches, that, if before administering Strychnine, all the posterior roots of the spinal nerves be cut, which it is easy to do upon frogs, *the poisoning will still take place*, but without presenting any convulsions, for Mr. Bernard distinguishes in the poisoning by Strychnine two periods, the first, of excitement and convulsion; the second, of paralysis; and only the second exists when the posterior roots are cut.

10. If, instead of cutting them all, three, two, or even one be left intact, convulsions are produced, as when they are all intact, and the tetanus is general. *This fact shows that the irritative lesion, as by Strychnine, of one posterior root is transmitted through the cord to all the other roots; thus the poisoning which acts upon the peripheric portion of the sensitive system, having once reached the cord, is transmitted to all the motor roots.* These views, first presented to the Société Philomatique, on June 26, 1847, were resumed by M. Cl. Bernard as above cited, in his "Leçons sur les effets des Substances toxiques et médicamenteuses," in 1856, page 388. They are resumed page 386 in the phrases:

"Strychnine produces convulsions by exaggerating the sensibility of certain parts.

"Strychnine acts specially upon the sensory nerves, the functions of which it over-excites; and page 359:

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"The cord is a sort of common reservoir, in which the sensory nerves are lost and blended. Thus the impression made upon them is generalized in the cord, and tends to spread to all the motor nerves." P. 388.

M. Bernard seems to have left out of view the experiments and critical conclusions of Van Deen, who, in 1839, repeated the experiments of Stannius, and who found that:

11. "Although neither touch nor other modes of irritation provoke tetanoid phenomena in the hind legs of a frog, when Strychnine has been applied after section of the spinal cord in the region of the third vertebra, and removal of all the posterior roots of the nerves below this section; yet when the animal is seized with the hand, slightly shaken, thrown upon the ground, or in any other way impressed with shock or commotion, the purely *tetanic* movements will be seen very distinctly in the said hind legs.

12. "Moreover, I have even cut in a frog all the posterior roots, comprising the nerves of the hind legs from the region of the third vertebra; then I have cut the body in two at the point where I had commenced the division of the posterior roots, and I have applied a little Strychnine to the transverse cut of the spinal cord of the posterior half of the frog. This done, I have left it in repose for some moments, after which, upon receiving a commotion, it continued to manifest *tetanic* movements."

From the numerous experiments, of which this is one example, Van Deen concluded against receiving the interpretation of Stannius, seeing that tetanic convulsions did occur even after the section of the posterior roots. He confirmed the general doctrine of Majendie as to direct action of the poison upon the spinal centre, leaving it for other experiments to complete the analysis of its modus operandi.

13. Van Deen proceeded to open the belly of a frog in its lower part, to detach all the intestines from the inguinal region, to destroy all the blood-vessels, and leave in sight only the bones, muscles, and nerves of the uninjured hind legs. He opened the vertebral canal in front, in the region of the third vertebra, so that the anterior columns could be severed completely, and next he carefully destroyed all the blood-vessels communicating between the anterior and posterior parts of the body, whether within the vertebral cavity or outside of it, in the muscles, &c., so that absolutely nothing was left to unite the fore and hind quarters of the body, except the posterior columns of the cord and their vertebral case. This preparation completed, he placed in the frog's mouth one or two drops of a concentrated solution of *Acetate of Strychnine*. In a few minutes he observed tetanus in the fore-quarters, and up to, not below the section of the anterior columns of the cord. When, after the subsidence of these tetanic cramps, the hind feet were touched, ever so gently, *reflex* motions occurred in the hind parts, and *tetanus* in the fore parts. If the fore-feet, or any other parts in front of the section, were irritated in any manner, there was *tetanus* in this part, but no movement in the hind limbs.

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Physiology of the Spinal Cord by Van Deen. P. 53.)—It is probable that only a weak dose of Strychnine was here employed, for Van Deen cites other cases in which, after a *complete* section of the cord, the poison, given in considerable doses, had transuded from the part in relation with the circulation, to that from which the blood was cut off. [The experiments of which the foregoing is an example, modify the doctrine of M. Cl. Bernard concerning the "generalization of sensorial excitement through the cord, in which the posterior roots lose themselves," but we observe that, while the hind-quarters isolated, except through the posterior columns of the cord, manifest no tetanic excitement, yet their impressibility to ordinary stimuli is increased and their reflex movements more easily manifested.]

This distinction between actual excitement and increased excitability was developed by Marshall Hall, before the Academy of Sciences, on June 14, 1847, in his comparative analysis of the actions of Strychnine and of electricity. He showed that while electricity *excites* the whole nervous system; Strychnine is limited to *augmenting the excitability of the cord*, not dispensing with the necessity of another and distinct excitant in order to the production of tetanus.

14. His mode of avoiding the contact of secondary excitants was to remove the peripheric expansion of the sensorial nervous system by flaying the fore or hind-quarters, alternately, after having severed the spinal axis below the occiput. When this was done, the flayed limbs, previously tetanized, became suddenly limber and could not again be excited even by pinching the origin of their incident excito-motor nerves at the same time with their flesh, yet any peripheric excitement of the parts not flayed, was instantly shared and manifested by rigidity in the flayed parts.

15. Marshall Hall showed moreover that, if after the administration of Strychnine in poisonous doses, every source of excitement were removed from frogs, no convulsions took place, and if the dose were not excessive, the animal would, after a time, resume its normal state. But the conclusions drawn from the flaying of certain parts of the body are invalidated to a certain extent by the counter-experiments of Dr. F. Bonnefin* who showed

16. That, if the frog were vigorous and the skin removed gently, so as not to twitch and lacerate the nervous fibrils, tetanus would occur energetically upon exciting the denuded parts. M. Brown-Sequard communicated to the Society of Biology, Aug. 25, 1849, the following experiments and conclusions.

17. If the aorta be tied a little above its terminal bifurcation in a frog, so that the hind limbs shall receive no more blood, and the animal then be poisoned with Strychnine by the mouth, the ordinary signs of this poisoning quickly occur in the fore limbs.

* A distinguished pupil of M. Brown-Sequard. See his "Inaugural Thesis," Aug. 29, 1851.

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18. If, on the contrary, before poisoning a frog, its spine be divided at the origin of the nerves of the fore-legs, and all the arterial branches, from the aorta to the rachis, be also divided, no signs of poisoning supervene in the hind limbs, while they manifest the usual reflex actions during half an hour or more in the summer time, and about two hours in the winter season. In the first experiment the sensorial periphery of the hind limbs receives no Strychnine, while the cord does receive it, we see the production of tetanic phenomena in the hind limbs. In the second experiment, the portion of the cord severed from the brain, receives no Strychnine, while the sensorial periphery of the hind limbs does receive it, and yet no tetanic phenomena are manifested. Wherefore, M. B. Sequard concludes, in contradiction with the views of M. Cl. Bernard, precited, that the primary action of Strychnine is upon the spinal cord and not upon the sensory nerves. M. F. Bonnefin remarks in his *Thesis* precited, that the absence of convulsions in an animal poisoned by Strychnine, after the section of the posterior roots, is just as well explained upon the hypothesis that the poison augments the *excitability* of the cord, as upon that of its action upon the sensorial periphery. In completing the physiological history of this subject, it must suffice to mention, *First*, A work of M. Kœlliker, in "Virchow's Archives;" cited in the Gaz. Méd., Jan. 16, 1858, in which he states his conclusions that the nerves of sensation experience no alteration, and that tetanus is due, on the one side to excitants of the sensory nerves, on the other to excitements of the spinal cord proceeding from the brain. The views of Mr. Harley concerning the intermediary action of the blood upon the cord have been discussed in our first memoir. In our own experiments, which follow, we have sought the definitive solution of two points in the problem before us: *First*, Whether convulsions can be produced without the poison being placed in relation with the extremities; *Second*, Whether the poison can be placed in relation with the extremities without causing convulsions. In the fourth precited experiment of M. Cl. Bernard, No. 10 of the Series, the whole sensorial periphery of the fore-part of the body was placed in relation with the poison, and that part of the cord which holds under its dependence the hind limbs, communicates freely with that part which received the poisoned nerves.

19. We have repeated this experiment with the following modification: We have laid bare the lower part of the cord up to two millimetres above the origin of the lumbar nerves; there we divided it transversely, and then passed a sharp blade along the sides of the cord from the origin of the nerves in question up to the level of the section, so as to destroy all the roots existing in this part. We afterwards tied the aorta at four millimetres above its bifurcation. At noon, we injected into the fore-leg and digestive tube of the frog a concentrated solution of the extract of Nux-vomica. Eight minutes after, there were slight convulsions in the fore part of the body, while reflex movements in the hind parts were a little exaggerated. At the

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fifteenth minute the fore-limbs became tetanized; at the thirtieth minute pinching determines a strong convulsion in the hind limbs; and at the thirty-fifth minute they are tetanized. After leaving the animal until 3, P.M., slight convulsions were still occasioned by pinching the hind limbs.

20. In a second modification of this experiment we ligatured not only the aorta, but the whole trunk, with the exception of the lumbar nerves, and we have obtained the same result. If to these and other analogous experiments, we add those of Van Deen, who has produced tetanus by applying the solution of Strychnine upon the surface of the cord, besides those adduced in our first memoir, in which we saw tetanus produced after the application of Nux-vomica to spinal cords, deprived not only of circulation but even of blood; it will hardly be possible to question the primary action of Strychnine upon the spinal centre, and still less possible to admit with Mr. Bernard, that "*its toxic action is exerted upon the peripheric parts of the nervous system and not upon the central parts.*" As it might still, however, remain an open question, whether in the cases reported, the poison might not have acted upon the nerves of the vessels of the cord; we shall show Strychnine placed in relation with the nervous extremities of all the hind part of the body, without producing any convulsive movement. We believe M. B. Sequard to have been the first who conceived the suppression of the circulation in the posterior part of the cord while permitting the blood to penetrate into the hind limbs.

21. After having cut the cord at the origin of the nerves of the fore-limbs, and also cut all the arteries which proceed from the aorta to the cord, he has seen no convulsions in the hind limbs, after poisoning a frog with Strychnine. In our own numerous repetitions of this experiment, we have seen, although seldom, when the poison had been given in large doses, and when the frog was kept a long time under observation, tetanus produced. We have also sometimes found the circulation of the limbs interrupted and the aorta flattened. Recalling the observation of Van Deen, who has seen the poison pass by imbibition from the anterior to the posterior part of the cord, separated by a simple section; we have inclined to attribute to this cause the convulsions occurring in some of our experiments. In order to avoid this source of uncertainty, we have made on the sides of the vertebral column and outside of the sacro-lumbar mass, an incision, extending from the junction of the upper limb with the trunk to that of the lower limbs. At the point corresponding with the upper extremity of this incision, a very strong thread is passed between the aorta and the vertebral column; its two ends are drawn over the animals back, and, by means of a very tightly pulled knot, the cord and its enclosing walls were divided together. The part thus separated from the fore-quarters, being slightly raised, we tied in three bundles the vessels, which from the aorta repair to the spinal canal; then we cut these vessels between the ligature and the inferior face of the vertebræ. Thus we got at the issue of the lumbar-nerves; we passed

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between these and the pelvis one of the blades of a very sharp pair of scissors and cut the bones; thus we obtained a trunk of cord completely separated from the fore-quarters, and holding to the hind quarters only by the lumbar nerves. We carefully tore away all the vessels interposed between these nerves; then we suspended the separated trunk so that it could not touch in any manner the trunk of the animal. We placed the left hind limb under the microscope, and found its circulation very active. At 4.56, P.M., the reflex movements of the hind limbs were well preserved. A solution of the extract of Nux-vom. was injected into the right fore-limb. At 4.59, P.M., the circulation goes on very well; the respiration is very frequent. At 5, P.M., convulsions, then tetanus in the fore-limbs, nothing in the hind limbs; during the tetanus no change in the circulation. At 5.9, P.M., tetanus of the fore-limbs only. Pinching determined a slight trembling in the hind limbs. On flinging down the cork on which the animal is resting, tetanic convulsions of the fore-quarters are reproduced; the hind limbs bend. At 5.20, P.M., the circulation being still very good, there were neither tetanus in the fore-quarters nor reflex movements of the hind limbs.

23. In another experiment, after the tetanus and reflex movements had ceased, we injected Strychnine into the trunk of the cord, and fifteen minutes afterwards, pinching of the hind limbs caused in them tetanic convulsions. It is generally believed that, *in consequence of the excitements which produce convulsions*, the cord is exhausted and thus loses its excitability. The two following experiments of Marshall Hall favor this view.

24. He poisoned two frogs with Strychnine, divided their spinal cord near the occiput, and placed one of them in cool water, protected from all excitement, in a pure and cool air; the next day the animal was all alive, and still affected with (the author certainly meant to have said susceptible of) tetanus. The other frog was, after the division of the spine, continually excited by passing a silver stilet over its cutaneous surface; in two minutes it became very feeble, and in five minutes it was absolutely dead.

25. M. Pélikan has seen frogs poisoned by Nux-vomica, and left to themselves, live more than fifteen days, and during all this time fall into the tetanic state under the influence of external excitement. Our own experiments confirm those of Marshall Hall and of Pélikan—the former succeeds better in summer, the latter in winter. The exhaustion occasioned by the convulsion of Strychnine seems analogous to that produced by electricity, but we reserve for a future discussion the influence of the former on the respiration and upon the motor nerves. Does Strychnine compromise the properties of the cord otherwise than by the exhaustion resulting from convulsions? M. B. Sequard has seen with us in summer frogs poisoned with Nux-vomica die without convulsions, or in consequence of very feeble convulsive movements. Did these animals die through the spinal cord or through the action of the poison on the nerves? We shall treat this question

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in discussing the action of Nux-vomica on the peripheric system. Concerning the action of Strychnine upon the intellectual faculties, Majendie observes page 6, of the precited memoir, that *during all the while that the tetanus lasted, the dog preserved a perfect integrity in the action of the senses and of the brain.* The poison had been placed under the skin in this case; but in another, when the solution of Upas was injected into the carotid, the animal experienced those symptoms which always supervened when an irritant liquid is carried directly to the brain; the intellectual functions were suddenly perverted; the head was placed between the fore-paws; the animal rolled himself into a ball; it is impossible to conceive an overthrow more sudden, more general and complete of all the acts of life."—Magendie, Mem. cit., p. 13. After the thirty-eighth experiment, cited in his Memoir of 1847, Marshall Hall says: "The tetanoid state produced by Strychnine seems to be limited to the spinal system; the brain, the ganglionic system was not compromised.

M.M. Trousseau and Pidoux, in the first volume of their "Treatise on Therapeutics," p. 711, remark of the poisoning by Strychnine, that amidst the convulsions, the *intellect is not disturbed a single moment;* there are only the sensations of ringing, of sparks or flashes, of being dazzled, and a nervous excitement, analogous to hysteria." Frogs left to themselves, after having been poisoned, are remarked very rarely to execute voluntary movements. Marshall Hall thinks, this is because they fear to provoke the tetanus.

Mr. Kœlliker thinks, that the brain can excite the cord to produce convulsions; we incline rather to the opinion that the convulsions, consequent upon cerebral action, are secondary, and depend upon the frictions of the skin against the parts which support the body during voluntary movements. This is still, however, an open question.

Fragmentary Provings of the Ailanthus.

By Henry Minton, M.D.

From the flowers—gathered just before maturity—the leaves, bark, and woody Ailanthus—I procured a tincture by the ordinary method of maceration. I first took it myself in drop doses, every hour for twelve hours, when the confusion and pain in the head became so severe that I was forced to discontinue it for a time. Of this first trial I made no notes.

The following week I again took two drops every two hours for two days, and noted down only the distinct and decided symptoms produced, some of which continued five or six days after discontinuing the drug. I then gave it to two young men,—they each made but one trial. And their reports I have given in their own language:

May 2d, 1860, at 8¼, A. M.,—I took two drops of the tinct. of Ailanthus. In twenty minutes afterwards was attacked with slight headache, accompanied with nausea and giddiness.

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May 2d.—Severe darting pain through the temples, and back part of the head, with confusion of ideas. This symptom appeared in half an hour after taking the Ail. At 10¼, A. M., took two more drops of the *tinct.*

May 3d.—Thick heavy feeling in the head, figures and letters look blurred; confusion of intellect. At this time I was engaged in making out some accounts. And I found it almost impossible to add up a column correctly—having to go over it several times before getting it correct. 12½ P. M., repeated the dose.

May 4th.—Had no appetite for dinner, everything tasting flat and insipid.

May 5th.—Pain with constriction or tightness of the chest—in twenty minutes.

May 6th.—Irritability of the throat with hawking up of mucous,—in two hours. 2¼, P. M.,—took two more drops.

May 7th.—Numbness of the left arm, and a sensation as though the fingers were asleep—after half an hour.—4¼, P. M.,—took two more drops of the tinct.

May 8th.—Oppression of breathing, after half an hour, 6¼, took two more drops of the tinct.

May 9th.—Soreness of the internal chest with pain and aching in the lungs, after half an hour. 8¼,—repeated the dose.

May 10th.—Soreness and pain in the lungs increased, severe pains in the head with chills followed by flushes of heat. 10¼ P. M.,—took two more drops.

May 11th.—Sleep disturbed and unrefreshing; tingling sensation of the left arm and hand on waking, with dull head-ache, no appetite for breakfast, tongue coated, and pasty taste in the mouth.

May 11th.—8, A. M.,—took two drops of the tincture.

May 12th.—Headache immediately set in with same confusion of intellect. 10 A. M.,—took two more drops.

May 13th.—Nausea and sickness at the stomach, with sour eructations, in half an hour. 12 M.,—took two more drops. Loathing of food.

May 14th.—Soreness of the glands of the neck with pain under the left shoulder-blade. 2 P. M.,—took two more drops.

May 15th.—Constant sharp pain through the small of the back and hips. 4 P. M.,—repeated the dose.

May 16th.—Pain in the back, head, neck and numbness still continues. 6 P. M.,—took two more drops of the tinct.

May 17th.—Numbness of the left leg with tingling, pricking pain in the foot and toes.

After discontinuing the drug the head, throat, and chest symptoms lasted for about twenty-four hours, when they gradually died away. The numbness of arm and legs, with pain in the shoulder, back, and hips, lasted four or five days.

The second prover, a young man, twenty-eight years of age, sanguine temperament,—reports as follows:

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June 6th, 1860. 5, P. M.—Took three drops of the Ailanthus tinct. In the course of half an hour felt a fullness, and somewhat of an intoxicated sensation of the brain, also a fullness in the throat, just above the sternum, and a desire to hawk up something. At 8¼, P. M. I took five drops of the tinct. in solution. In fifteen minutes felt the above head symptoms return.

June 12th, 8½ A. M.—Took three drops of the tinct. In half an hour felt a fullness and burning in the brain; sneezed and experienced a sensation of cold about the eyes, and a gnawing in the chest. At 9¼, took three more drops. In two hours after experienced a dull heavy head-ache, with heavy feeling in the sternal region. Between one and two a heavy frontal head-ache came on, with drowsiness; went to sleep and slept two hours. Severe pain through the temples on waking. Am subject to sick head-ache which came on and annoyed me all the afternoon and evening, with frequent eructations. There is a general feeling of fullness in the system, much soreness, irritability and prickling or tingling sensation in the skin. Heavy sleep during the night.

The third report,—if report it can be called, was made by a young man, twenty-one years of age, decidedly nervous temperament, and came to me in the following form:

NEW-YORK, July 24th, 1860.

MY DEAR DOCTOR:—Your vial of liquid with its directions was duly received. As you directed, I took one drop every hour until I had taken eight doses, and that without feeling the least unpleasant symptom, if I except a slight headache, which I did then, and do still attribute to over-exertion. Thinking perhaps homœopathic medicine would not affect a robust man like me in perfect health, and as you yourself said in your note that it would not hurt me even if I should take the whole contents of the vial, I concluded to try a larger dose, and so took, I should think, about a teaspoonful. Well, in about half an hour or less, I began to feel queer, and somewhat frightened;—a sensation of giddiness, with nausea and sickness at the stomach, came over me; cold perspiration stood out upon the skin; my fingers, in fact, my whole body began to tingle and prick; my limbs felt as though they were asleep; the figures upon the ledger began to dance up and down the columns like so many little devils; my head grew giddy. I staggered back and fell into my chair, almost unconscious. My assistant saw that something was the matter, and ran with a tumbler about half full of Bourbon, which he poured down my throat, and which I can assure you was all that saved my life; for I soon began to vomit and purge, and a sicker man than I was for about two hours you never saw, I guess. I am now, two days after the experiment, as well as common, with the exception of some headache, and a sort of a numbness of the left arm. Of what use you can make of my "*proving*," I cannot tell; but for my own part, I have come to the following conclusion: *First*, never to take *one spoonful* of an unknown substance when you are directed to take *one drop*. *Second*, that Bourbon whiskey is a good antidote for your "what is it?!" Respectfully declining to become a further martyr to your glorious calling, I remain,

Yours truly, J. C. L.

In a letter which I received last June from Dr. Williamson, of Philadelphia, he makes mention of three cases of poisoning in little boys, from smoking the stems of the Ailanthus, like segars. The symptoms from which they suffered were: "giddiness, nausea, with retching

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and some vomiting, frequent watery dejections from the bowels, which are expelled with great force, burning in the stomach and bowels, colicky and griping pains in the bowels. The giddiness and nausea lasted off and on for two or three days.

GRINDELIA, OR DONIA, AS AN ANTIDOTE FOR RHUS POISONING.

Rhus diversiloba is described by the botanists as nearly glabrous; stem scarcely climbing, with short leafy branches, leaves three to five foliate; leaflets very obtuse; in the pistillate plant slightly, in the staminate rather deeply pinnately lobed: lobes very obtuse, the incisions acute; panicles axillary, racemose; drupes sub-globose. Found in Oregon (Eaton, N. Am. Bot., 392], also in California, in woods and thickets, and on dry hill-sides. Dr. Canfield, of California, in the *Monterey Pacific Sentinel*, says: "This poison is the cause of a vast deal of misery and suffering in California; and there is scarcely ever a time in any little town or neighborhood where there are not one or more persons suffering from a cutaneous disease, which is caused by contact with the plant, or approach to it." He supposes there are in that state constantly from five hundred to one thousand persons afflicted with this disease. "To the suffering and annoyance it causes must be added the loss of much valuable time. This species of Rhus is usually a small shrub; but the trunk often attains the diameter of six inches, and the whole plant climbs over some large tree for support."

Of the remedies mentioned by Dr. Canfield for this species of cutaneous poisoning the principal are: Warm solution of sugar of lead, water of Ammonia, warm vinegar and water, warm decoction of the leaves of *Rhamnus oleiflious*, all of which, externally applied, may sometimes be successful. But the only remedy that has been *invariably* successful as an antidote to this poison is the *Grindelia hirsuta*. This plant belongs to the class syngenesia, order polygamia superflua, described by Eaton under the name of *Donia squarrosa*, and grows plentifully on the prairies of Northern Indiana, Michigan, and Illinois, as well as in California. *Generic Character:*—Involucre hemispherical, imbricate squarrose, glutinous; ray florets thirty or more (yellow); receptacle naked, deep pitted; egret consists of three or four caducous, somewhat chaffy bristles. The donia squarrosa has a yellow flower, appearing in August, it is perennial, herbaceous; leaves clasping, serrate; scales of the involucre filiform at the apex; squarrose revolute; whole plant viscous; height, three to four feet. The flower resembles that of a small sunflower,—they are "bright yellow in heads, one to two inches in diameter. Before flowering the unexpanded heads or buds secrete a quantity of resinous matter, white and sticky, like balsam; this is finally, after the flower expands, distributed over the petals, &c., or the flower, like varnish." The whole plant is resinous and viscid.

This remedy was formerly used by the Indians of California as a remedy for the poisoning of the skin caused by *rhus diversiloba*

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Dr. Canfield says he learned its curative powers from a lady who "was poisoned in early youth by the poison oak, and there resulted a cutaneous affection similar to 'salt rheum'—fiery, burning, insupportable,—that would not yield to remedies, or the skill of good physicians. She underwent cauterization and blistering; she took Mercury and other powerful remedies, Iodine, Sarsaparilla—all to no purpose. Her hands were covered with deep ulcers, and her wrists and arms with an eruption that tormented her day and night. Nothing relieved her." After her marriage she became the mother of healthy children. By this time it was suspected that the disease, instead of being "salt rheum," was only the effect of the poison oak; and she was induced to try the Grindelia, or Donia, above described. "A very few applications were sufficient to heal up the ulcers, and cure her entirely." Several years have now elapsed, and she has never been troubled with any subsequent cutaneous affection. "It is said, that when Fremont was here with his soldiers, they encamped on the flat below the town of Monterey, among the poison oak, and many of his men were badly poisoned. The trouble in many cases did not yield to the prescriptions of the physicians, and it was relieved only by using this remedy."

Mode of Using Grindelia for Rhus Poisoning.—"Bruise the fresh herb, and apply it over the parts affected, or boil it in a covered vessel, making a strong decoction of the fresh or dried herb, with which to wash the poisoned surfaces. Its remedial properties appear to be contained chiefly in the resin or balsam-like juice of the plant, which is particularly abundant on the surface. One application is sometimes sufficient for a cure; but, if the disease has been of long duration, several days will elapse before relief is obtained."

Miscellaneous Items.

Hahnemann Academy of Medicine.

DIPHTHERIA. BY DR. M. FRELIGH.

At a late meeting of this society Dr. Freligh said he would like to call the attention of the gentlemen present to the peculiarities (almost the distinctive characteristics) of diphtheria, and its close resemblance to the "membranous angina" or "diphtheritis" of the English, French, and American authors, more particularly to that form which is described in Wood's "Practice of Medicine;" and also to suggest those remedies the pathogenetic and curative action of which are almost a simile with the characteristics of the disease.

The disease commences with more or less lassitude; sometimes with shivering chills, some swelling, redness, and soreness of the fauces, swelling and induration of the cervical glands, and not unfrequently of the submaxillary and the parotids, with stiffness of the muscles of the neck. In a few hours after the appearance of the above symptoms (and sometimes commencing with them), the diphtheritic exudation commences, which at first exhibits small, irregular, circumscribed, whitish, yellowish-white, buffy, or ash-colored patches, with inflamed margins, on

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a portion of the fauces. The patches in many instances closely resemble ulcerations, or superficial sloughs, for which, in the language of Wood, they have not been unfrequently mistaken; but microscopic observations have shown that they consist of a concrete exudation, similar to the false membrane in croup, and that the surface beneath them in many instances does not undergo any material change, or loss of substance. In severe cases the diphtheritic exudation spreads rapidly, so that in a short time from its first appearance, it will cover the entire fauces, and even extend to the larynx, trachea, throughout the ramifications of the bronchia, and to the anterior and posterior nares, attended with loss of voice, great oppression of the chest, and difficult deglutition. During the progress of the disease the secretions of the mouth become vitiated, and the breath exceedingly offensive, and a fetid, gluey, corrosive discharge from the nostrils.

The febrile symptoms, if marked together with the degree of suffering, are materially augmented in the afternoon and evening. There is marked prostration from the commencement of the attack, and a constant disposition to sinking.

The etiology of diphtheria is veiled in as much obscurity and, as indefinitely understood, as in the homogeneous combination of general causes in the production of specific contagion. Its chief anatomical character is the false membrane—diphtheritic or lymphatic exudation, deposition of coagulated lymph, or "exudation of concrete pus from a suppuration of the sub-mucous cellular tissue, not necessarily involving the fibrous," or, as Jolly asserts (in the "Dictionary of Medicine and Surgery"), a deposition of colorless fibrin—the result of a hæmorrhagic inflammation, occupying sometimes the nasal fossa, the velum palati, tonsils, pharynx and œsophagus, larynx, trachea, and even the divisions of the bronchia. M. Guersent says that he has seen it extend to the frontal sinuses, and M. Bretonneau once saw it on the concha of the ear. But generally its range is more circumscribed, covering the palate, tonsils, and sometimes extending to the pharynx, epiglottis, and rima-glottidis, and to the anterior and posterior nares; swelling and induration of the cervical glands, frequently the submaxillary and the parotids—the swelling and induration of the latter putting on the appearance of specific parotitis; stiffness, soreness, and contraction of the muscles of the neck. Its physiology is presented in part by the symptoms, as they are manifested by the progress of the disease.

If we compare a description of the disease as it is prevailing in the city and its vicinity at the present time, with that described by Merriman, Hall, Bell, Underwood, M. Guersent, Bretonneau, Jolly, and Wood, under the different titles of "membranous angina," "angina membranacea," diphtheritis, membranous croup, secondary croup, malignant sore throat, putrid sore throat, ulcerated sore throat, canker sore throat, together with a description of the epidemic which prevailed during the winter months successively of the years from 1813 to 1816 inclusive, affecting the old and young alike, and its fatality, also in many instances its seeming connection with, or at least its frequent occurrence secondary to scarlatina, we will observe, if not an identity, a very striking similitude at least, and will be lead to consider diphtheria in a different aspect than that new and rare disease which it has been represented to be by many. Then its distinctive characteristics, as set forth, are swelling and induration of the cervical glands, sometimes of the submaxillary and the parotids, rigidity of the muscles of the neck. The peculiar diphtherite exudation, covering a part, or the entire surface of the fauces; vitiated secretion of the mouth, with foul breath; offensive fetid discharge from the nostrils (sometimes sanious and corrosive); rancedo amounting in some instances to complete aphonia; great oppression of the chest; difficult deglutition: pulse quick, full, and, tremulous; restlessness; aggravation of the symptoms in the evening, toward night, and marked prostration.

Permit me now to refer to the pathogenetic, curative, and toxicological properties of Antimony, Tartariatum, Mercurius-solubilis, and the local use of Argentum-nitratum, as embracing the similimum. And add that I have treated a great many cases since its first appearance among us. I have recently treated six cases of a severe and aggravated character: one, a man, naturally robust, aged twenty-four; another, aged forty-seven, of nervo-bilious temperament; a youth of sixteen,

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of lymphatic temperament, the son of one of our hotel proprietors; two ladies, severally aged twenty-seven and sixty-eight; and a child aged two years, all of whom had the characteristics above-named, and all recovered under the use of the above-named remedies; and I will here remark that they have constituted my principal treatment in these cases from the first, and I have had no reason as yet to abandon their use.

Dr. Barlow expressed himself pleased with the views expressed by Dr. Freligh, and he referred to cases where the diphtherite formation appeared on mucous surfaces remote from the air-passages; and cited one case, that he has now under treatment, that has well-defined diphtheritic exudation, covering the conjunctiva of both eyes.

On motion the Academy adjourned.

J. B. PETHERBRIDGE, *Secretary pro tem.*

Chronic Angina Tonsillaris.

[From a Report by DR. KAFKA, of a Discussion in the German Central Verein.]

THE second subject of debate was the chronic form of angina tonsillaris, connected with hoarseness, as frequently observed in singers. Elwert, sen., Elb, and Kirsch detailed their practical experience on it—saying that Bell. and Merc. was most beneficial in painful swallowing and painful glandular swellings; Lach. and Apis in even erythematous appearance of the mucous membrane of the fauces; Baryt.-carb., Iod., and Calc.-iodata in chronic induration and enlargement of the tonsils; Phos., Hep, and Sulph. in dryness of the throat and difficult secretion of phlegm. Kafka affirmed that chronic *tonsillitis* is seldom complicated with hoarseness, or rather the latter is mostly either a sequel of a follicular catarrh of the fauces, where its mucous membrane appears more or less hyperæmic, and where we find on the back wall of the fauces the follicular cursæ erected, dark-red, of the size about of a barley corn; or as a sequel of a croupous process on the tonsils and fauces, where we find yellow or grey points of different sizes on the tonsils and velum palati, looking like foul ulcers; or as a sequel of a diphtheritic process, where the tonsils, the arcus faucium, uvula, and the back wall are covered with a greyish, shining membrane, similar to a spider-web, rendering speaking and swallowing difficult; or as a sequel of a simple chronic catarrh of the fauces or larynx, where we observe only hyperæmia of the mucous membrane, with a morbid secretion of mucus; or as a sequel of a morbid formation of vesicles in the fauces, where we find the velum, uvula, tonsils, and hard gum covered with vesicles of the size of a papaver seed, and the mucous membrane, lying between it, looking speckled—a circumstance frequently observed with singers; or a sequel of hypertrophy of the tonsils, compressing the uvula, and diminishing the space by their size and thickness, and thus giving to the voice a nasal twang. Also dyscratic processes, especially syphilis and tuberculosis, are often the cause of chronic hoarseness; and there is also a nervous affection of the voice (nervous hoarseness), caused by spinal irritation.

Kafka names the following remedies: In chronic tonsillitis, with painfulness of the tonsils, difficulty of swallowing, hyperæmia of the mucous membrane, and prevailing sensation of dryness: Bellad., Merc., Apis, Laches. In indurated painless tonsils: Calc, Staph, Nitr.-ac, Phosph., Silic. In follicular catarrh he recommends, as the most sovereign remedy, Plumb.-acet. internally, third dilution, morning and evening; externally as a gargle, one grain to one ounce aq. dist. The external application is necessary, as the internal use alone is not sufficient to dislodge the tough phlegm, accumulating there in consequence of the inflammation of the mucous follicles, and thus diminishing greatly the power of the voice. Some physicians recommended Arg.-nitr., which remedy Kafka not only regards as useless, but also as dangerous. In the croupous form Kafka names: Merc., Hep., Iod., Sulph. In angina diphtheritica: Ars., Hep., Lach, Phosph, Spong. Clotar Müller and others have seen the Kal.-bichrom. beneficial in this

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form of hoarseness. In a difficult case of angina diphtheritica Kafka saw quick curative effects from luke-warm inhalations of the vapor of Phosphorus, in a tumbler filled with hot water, twenty drops of the dilution of Phosphorus, wherefrom the patient inhaled the steam through paper. Strong irritation and cough followed, ejecting the loosened pseudo-membrane. Inhalations of Iodine correspond also to these cases. In simple catarrh of the larynx or fauces: Dulc., Hep., Phosph., Puls., Sulph. In morbid formation of vesicles in the fauces, Clematis will render good service. In hypertrophy of the tonsils: Baryt.-carb.; other physicians named Calc.-iodat.; others Silic;—a cure was also reported from Sepia. Syphilitic hoarseness requires a thorough homœopathic mercurial or iodine cure; where those remedies were used already, Nitr.-ac. or Sassap. are indicated. Tuberculous hoarseness is mostly incurable, being caused by granular depositions in the larynx, or by tuberculous ulcers in the same organ. Ol.-jecor., Calc., Sulph., Phosph., Sil may be tried.

Count Cavour and Allopathic Medicine.

The foreign medical journals of all schools have paid their respects to memory of the great statesman of Italy, who recently closed his earthly life under the soothing ministrations of the bloody lancets of Italian physicians. The best view of the subject is presented by the *Monthly Homœopathic Review*, (London, July, 1861.) After referring to the ancient Roman Camillus "who recovered the standards of Rome from a foreign foe," the *Review* says: "The far greater Camillus, who has just departed this life, did this and much more. He claimed Italy for the Italians; he has made them a compact nation: he gave them national unity during his life, and he has bequeathed to them as a posthumous gift the completion of that unity in the recovery of Rome and Venetia. He attended to political economy, to silkworms, to drainage, to sub-soiling, to manufactures, to railways, to affairs of state, to his grand conception of United Italy; but he paid no attention to the reform in medicine. The strong man little thought he was to be cut down in his prime by the miserable, despicable, homicidal practice of Italian physicians to extinguish their patients *à la Sangrado*—a practice so capitally described in *Gil Blas*. But the sangradonians extinguished him—put out his glorious life contemptibly, contemptously, no doubt honestly, according to their miserable notions. This brutal, stupid, bloody Sangradoism has happily gone out of England. That it has so gone out is not due to certain climacteric changes in the constitutions of human beings, but is due to the benign and pervading influence of homœopathy. The sanguinary practice was in full force

"In our hot youth, when George the Fourth was king."

"The queen's father was largely and repeatedly bled, and died; George the king was also largely bled, but he took stimulants and recovered; Lord Byron was bled for Missolonghi fever, after he had been some time ill of it, and died. The improved sanitary condition of cities and towns, better food, better clothing, and the better understanding of physiology, and, above all, the doctrine and practice of Hahnemann, have nearly altogether banished the *lancet* from the field, though the fierce journal that so unscrupulously assails homœopathists, still retains its original name, taken from that deadly little instrument. But life may be taken by other violent means,—large doses of drugs, and over-medication generally, and the practice of poisoning the life-blood of young children with mercurial preparations, are still too much in fashion." But neither British nor American orthodox medicine is so far behind the times as that of Italy. One letter says: "Count Cavour died this morning. On Wednesday last (May 30) he received some despatches from Paris about

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the Roman question, which preyed heavily upon his mind and excited him beyond measure. He drove from Parliament at three o'clock straight to his country-seat at Leri, took a long walk across the dewy meadows, and caught cold. He returned on Thursday, the blood rushing strongly to his head. The physicians, believing that it was an incipient attack of apoplexy, bled him, and within three days repeated the bleeding five times on account of the congestion. On Monday it was found to be a *typhoid fever*, or, according to others, *febris tertiana intermittens, perniciosa.* He became yesterday delirious and died at seven this morning."

The correspondent of the *London Medical Times* says: "There never was a clearer case of a man murdered by his medical attendants. Within a very short period of four or more days they attempted to cure the Count of four or five different complaints.—Congestion of the brain, typhus fever, intermittent pernicious fever, brain fever, dropsy, and lastly gout; and for all these diseases they could think of nothing but their own sovereign remedy—the *lancet.*"

"From the official reports we may learn that Count Cavour's disease was attributed to "intense occupation, want of bodily exercise, and either too strong an appetite, or else excessive indulgence in the pleasures of his well-appointed table. Periodical bleeding has become with him, as with too many of his countrymen, a matter of necessity."

"The disease presenting an intermittent character is continually fluctuating in its degree of severity from its commencement, May 30th, to June 3, when the Count is reported to be "recovering," being "bled this evening for the sixth time. His physicians declare his illness to be a very mild form of typhus fever, without any very alarming symptoms." (The letter speaks of "cold shivering fits and slight delirium."

"June 4.—At two this morning an attack of fever, which was preceded by a fit of shivering. At noon all these symptoms had disappeared.

"June 5.—The fever continues." At 8. 30, P. M. the physicians declared they had "hopes that their patient would pass a more quiet night."

"June 6.—Count Cavour died at seven this morning."

Calcarea-Muriatica in the Treatment of Boils and Carbuncles.

Dr. Kallenbach, sen., of Utrecht, gives in the *Neue Zeitschrift für Homöopathishe Klinik*, May, 1861, his experience with this remedy, which, he says, was recommended by Rademacher in 1832. Dr. Kallenbach says, that he had been for near twenty years afflicted with boils every three or four years, which, under the use of "Arnica, Hepar, and poultices," tormented him "ten or fourteen days before the so-called core" could be extracted. On a late occasion "a boil, the size of an apple, formed in the perinæum, and after eight days," in spite of the usual remedies, he was confined to bed, and unable to move. "The formation of matter (my age being sixty-five) went on slowly, and the fluctuations were barely perceptible, so that, from past experience, I counted on another eight days' delay. Then came into my memory Rademacher's recommendation, and I began to apply a solution of Muriate of Lime, two drachms to three ounces of water. The same night was quiet and almost free from pain, whilst the two preceding ones had been so disturbed that scarce a quarter of an hour's sleep could be got at a time for pain. In twelve hours the boil opened of itself, and discharged about one-third of its volume of thin bloody pus. Under the continuance of the same application the opening closed in a few hours, and the remainder of the swelling was dispersed by resolution in a

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few days, instead of passing into suppuration." On a subsequent occasion, a new boil began to form in the same spot; in eight days it had reached the size of a walnut and began to be painful. "Without waiting for the commencement of suppuration I rubbed in the above watery solution of Calc.-mur., several times in the day, and applied the compresses wet with it at night." The result was "that by forty-eight hours the swelling began to subside, and in eight days disappeared without a trace." Other cases are reported in which this treatment was equally successful.

Natural History of the Crotalus Horridus, or Rattle-Snake.

The CROTALUS (so called from the Greek *krotalon*—"a bell, rattle, or cymbal,") is a genus of serpents peculiar to America.

Description.—The head is broad, triangular, and generally flat in its entire extent; the eyes are very brilliant, and provided with a nictitating membrane; in some species of serpents the secretions of the lachrymal glands flow into the mouth as a saliva, and the animal sheds no tears. The mouth is very large; the tongue forked at the extremity; the body is robust, elongated, cylindrical, covered above with carinated scales; the tail is short, thick, cylindrical, terminating in the singular little bells which constitute the chief characteristic of this genus. These bells are described by Dr. Godman as truncated, quadrangular pyramids, received within each-other in such a manner that only a third part of each is visible—the tip of every bone running within two of the bones below it. Thus they are united by a kind of ball and socket joint, moving with a rattling sound whenever the animal raises its tail. The number of rattles increases with age, an additional one appearing for each year, and being formed with the new skin, which supplies the old one thrown off at the preceding autumnal equinox. The noise they make when taken has been compared to that made by rumpled parchment, or that made by rubbing two goose quills smartly together.

Secondary Character of the Genus.—"No *sternum*, nor vestige of shoulder; no third eyelid nor tympanum; jaw so arranged as to permit a wide opening of the mouth; the two branches are not soldered, and can separate laterally; the tympanal bone to which they are attached is itself suspended to another bone articulated to the cranium; the two upper maxillary bones preserve also their mobility; besides the teeth of the jaws there is a double range in the palatine arches."—Good's "Animalium."

Specific Character of the Crotalus Horridus, or North American Banded Rattle-snake.—"A *gland* placed under the eye secretes a poison, and discharges it by a canal whose extremity opens into a duct or gutter, channelled in certain teeth of the upper jaw, called *moveable fangs*. The animal at will can conceal them in a fold of the gum; besides these, there are in the upper jaw two ranges of palatine teeth. Rattles at the extremity of the tail, as many as seven or eight, rarely ten. A small rounded pit behind each nostril."—GOOD.

The large rattle-snake of the United States is generally from four to six feet in length; and, where they have opportunity to grow to their full size, are as large as a man's leg. Bartram says, he has seen them as large as a man's thigh. Those we have seen are of a yellowish-brown color, and marked, (as described by Dr. Good,) throughout the whole length with transverse and irregular patches or bands of deep brown. "The rattle is placed with the broad part, perpendicular to the body, and not horizontal; and the first joint is fastened to the last vertebræ of the tail by the means of a thick muscle under it, as well as by the membranes which unite it to the

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skin; all the remaining bones are so many extraneous bodies, perfectly unconnected with the tail by any other means than their curious insertion into each other."

The rattle-snake, like some other belligerent beings of a higher order, often gives threats and warnings when he does not intend to strike; but the warning is seldom regarded with indifference. Though the serpent only bites when provoked, and for the purpose of killing his prey for food, he never *strikes* till he is *sure of his mark;* and the woodsman, who hears the dreaded alarm-bell, holds his breath in consternation, as he does when he hears the "scalp halloo," or sees the flash of an enemy's rifle.

The *moveable fangs* "constitute the most terrible weapons of attack met with in the animal creation. The poison-teeth are two in number, one fixed to each superior maxillary bone; when not in use, they are laid flat upon the roof of the mouth, and covered by a kind of sheath formed by the mucous membrane of the palate; but when the animal is irritated, or about to strike its prey, they are plucked up from their concealment by muscles inserted into the upper maxillary bone, and stand out like two long lancets attached to the upper jaw. Each fang is traversed by a canal, *not excavated in* the substance of the tooth, but formed by *bending the tooth upon itself,* so as to enclose a narrow channel, through which the poison flows. The canal so formed opens towards the base of the tooth by a large triangular orifice; but at the opposite extremity it terminates near the point of the fang by a narrow longitudinal fissure. The gland in which the poison is elaborated occupies the greater part of the temporal fossa, and is enclosed in a white and tendinous capsule; the substance of the organ is spongy and composed of cells, communicating with its excretory duct, by which the venom is conveyed to the opening at the base of the fang. The poison-gland is covered by a strong process of the temporal muscle, which is attached to a thin aponeurotic line. The greater portion of the fibres of this muscle take their origin from the capsule of the secreting apparatus, which they partially envelop, and then, winding round all the posterior part of the gland, and passing behind the commissure of the lips, the lower part of the muscle is firmly implanted into the lower jaw, far anterior to the angle of the mouth. The process of the temporal muscle, which thus surrounds the gland, is very thick and strong, so that it is easy to imagine with what force the poison will by this mechanism be injected into the wounds inflicted by the fangs—seeing that the same muscles which close the jaw at the same time compress the bag of venom with proportionate energy. Behind the large poison-fang in use, the capsule that encloses it generally contains the germs of several others, ready to supply its place, should the former be broken off; and in the event of such an accident, one of these supplementary teeth soon becomes consolidated with the superior maxilla, and adapted in all respects to take upon itself the terrible office of its predecessor."—Good, "Crotalus Horridus," p. 4.

Nostalgia—Home-sickness.

There are certain races and tribes of men in whom seems inherent strong desires of alternately going away from home and then returning to it; this latter yearning to return to their native land proceeds so far and becomes so intense that nosologists have considered it as a special form of disease, to which they have given the name *nostalgia.* The inhabitants of moun-

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tainous countries have presented the world with the most striking examples of nostalgia. Thus:

> "The intrepid Swiss who guards a foreign shore,
> Condemned to climb his native cliffs no more,"

Remembers in a distant land the happy home of his childhood among the valleys of the Alps, and desires to return to live and die there. His mind dwells upon it with an increasing intensity till it becomes a deep-seated and inveterate disease—the "maladie de pays"—and he refuses to be comforted, as the captive Jews at Babylon "hung their harps upon the willows" and refused to sing the songs of Zion in a strange land, though that land was more beautiful than their own. The nostalgic patient "nurses his misery, augments it till it destroys his nightly repose and his daily peace, and ultimately devours, with more or less rapidity, his vital organs."

The origin of this peculiar longing of the natives of hilly countries to return to their native highlands, has been sought for in the native beauty of the scenery in which their early years were passed, "in the peculiar sense of freedom or liberty, and the feelings of exhilaration which the pure, bright, and cool atmosphere of highland countries induces, compared with the depressing effects of the lower lands. When the Scottish Highlander, far from his mountain home, hears a single strain of the Slogan, or the Swiss soldier the "Ranz des Vaches," the memories of the mist-covered cliffs, on which he was once happy, he is seized with an inexpressible desire, amounting almost to madness, to be once again and immediately at home. And the Swiss soldier, when far from the scenes of his childhood and his native cliffs,

> "Perchance he hears those airs, those sweetly wild,
> Which on those cliffs his youthful hours beguiled,
> Melts at the long lost scenes that round him rise,
> And sinks a martyr to repentant sighs."

Syphilis.

This disease was unknown to the Greek and Roman physicians, as no allusion is made to it by any of their medical authors, historians, or poets. All the modern authors who first described it, (collected by Luisinus, Astrue, and Girtanner) in the latter years of the fifteenth century, comment upon it as "morbus novus," "morbus gnotus." Peter Pinctor traces the origin of the disease to the time of the conjunction of Mars, Venus, Jupiter, and Mercury, A.D. 1483, at which time he thinks this disease must have originated; but Fulgosi dates it at October 1492; Sanchez and Hensler in 1493. Others contended that it originated in Hispaniola. It is certain, however, that it was first distinctly recognized, says Dr. Simpson, of Edinburgh, during the invasion of Italy by the victorious army of Charles VIII., of France, and it first broke out extensively at Naples, when the French took possession of that city in the spring of 1495. This army carried the disease with them to France, Switzerland, Germany, Flanders, &c. In 1497 it had reached Aberdeen, in Scotland. Six months later the new disease was made the subject of municipal regulation in Edinburgh. Infected persons were banished from the town to the sands of Leith "there to remain till God shall provide for their health." Those who took upon them the cure of the infected were banished with their patients, and if either should return to the city in violation of the edict, they were to be burned on the cheek with a branding iron. James IV., who was then king of Scotland, was much engaged in experimental researches after the philosopher's

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stone, or the "quinta essentia," and was withal learned in the arts of medicine and surgery. In his practice of surgery he was more liberal than any philanthropist of our noble profession of these days. He not only bled his patients for nothing, but gave them eighteen shillings Scotch into the bargain. The record shows that his operations were not always successful. One woman with cataract was left entirely blind, for which a partial atonement was made by the usual eighteen shillings Scotch.

The experience of this king in the treatment of this disease is not recorded, but the sums of money given by him to patients affected with it are regularly set down to his credit.

Wm. Dunbar, the Scottish poet to the royal household, who preceded Burns by nearly three centuries, employed his genius in commemorating the coming in of the new plague. Gunbrecht and Brandt wrote in 1496, that the disease had already invaded France, Germany, and Britain. In 1502 the privy expense book of Elizabeth of York, Queen of Henry VII, shows that the benevolent lady paid a surgeon, for curing a certain mendicant of the French malady, the sum of twenty shillings.

Professor Simpson, from a historical review of the earliest notices of syphilis on record, arrives at the following pathological opinion:

I. "That syphilis was a species of disease new to Europe, when it first excited the attention of physicians and historians in the last years of the fifteenth century.

II. "That it is a species of disease distinct and different alike, *first*, From gonorrhœa; and, *second*, From Greek leprosy (with both of which diseases it has been occasionally confounded); for both of these maladies existed and were abundantly recognized in Britain long before the date of the introduction of syphilis.

III. "When the disease first broke out, it was regarded by physicians and the public as communicable, and constantly communicated from the infected to the healthy, by the employment of the clothes, vessels, baths, &c., used by those suffering with it, and by the slightest contact, or even breathing the same air with them. One of the gravest charges against Cardinal Wolsey, when he was arraigned before the House of Lords, in 1529, was, as given in the indictment: that 'the same Lord Cardinal, knowing himself to have the foul and contagious disease of the great pox broken out upon him in divers places of his body, came daily to Your Grace (the king), rowning in your ear, and blowing upon your most noble grace, with his perillous and infective breath, to the marvellous danger of your highness, if God, of his infinite goodness, had not better provided for your highness,'" &c., &c.

For many years after its outbreak sexual intercourse does not appear to have been suspected as the mode of its propagation; the primary affections of the several organs were not noticed as constant symptoms. Their attention was chiefly directed to the secondary symptoms, such as: The hideous eruptions on the skin, the ulcers of the throat, the exostoses, and nocturnal pains in the bones, &c. The rapidity with which it spread over Europe, led men to suppose that it travelled as an epidemic without waiting for the slow process of communication by contact. It was on the fourth of December, 1494, that the army of Charles VIII. entered Rome; they reached Naples on February 21, 1495, and evacuated the city on May 20. On the 24th, the Spanish general Cordova landed in Sicily. The battle of Fuornovo was fought on July 5. King Ferdinand returned to Naples the next day. The last remnant of the French army returned to France about the end of the following year. Within less than two years the Aberdeen edict was issued (April 23, 1497) only forty-eight days after

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that of Paris, which was dated March 6. The disease soon swept off vast numbers of the dissolute princes and dignitaries of all countries. The emperor Charles V., Pope Alexander VI., kings and cardinals, princes and bishops, peers and priests, are recorded among its victims. Indeed, the manners of the dignitaries of every nominally christian country were so much worse than the masses were able to believe, that they stealthily transmitted this most loathesome of all diseases so rapidly from one city to another, that the malady itself was at first taken for a pestilential epidemic.—(*Lancet*, Feb., 1861, p. 170–172.)

Glaucoma.

Treatment.—This disease, previously regarded as incurable, has been treated with success by Von Græfe by the operation of *iridectotomy*. J. W. Hulke, assistant surgeon to the London Ophthalmic Hospital, &c., has reported two cases thus treated. It is claimed that "the hardness of the eye-ball, the peculiar progressive contraction of the field of vision, the paralysed dilated pupil, the intense throbbing pain, the excavation of the optic nerve entrance, and the pulsation of the retinal vessels," are consequences of "excessive tension of the eye-ball, produced by a super-abundance of fluid within it, which is probably exuded from the choroidal vessels and distends the vitreous humor." The eye being an organized living tissue, having a locular or cellular arrangement, the distention of its loculi with a dense fluid, as serum, would give the whole tissue an unnatural rigidity and stiffness. The fluidity of the organ, which occurs later in the disease, depends upon the breaking up of its dissepiments, when it shares the atrophy which finally involves all the ocular structures." Von Græfe long ago demonstrated a flattening of the cornea in this disease, "by comparing the size of the image which the flame of a candle forms upon the glaucomatous cornea with that which it forms upon the healthy cornea of the other eye;" it is "immediately apparent that the the glaucomatous cornea furnishes the larger image, proving that its outline has a larger (flatter) curve."

"The excavation of the optic nerve entrance" is explained in the Jacksonian prize-essay on 'Diseases of the Retina,'" Dec. 1860.—("Archiv für Ophthalmologie.") It is there shown, "the optic nerve entrance constitutes the weakest, the most yielding point in the fundus, where the first visible effects of excessive pressure would naturally be expected."—*Medical Times and Gazette*, Sept. 1, 1860.

Uræmia.—Uræmic Poisoning.

In Nov., 1860, Dr. Richardson read a paper on this subject before the Medical Society of London, in which the following points of interest are presented:

Diagnosis.—The pupil is usually fixed in uræmia, and, in most cases, is dilated, though in one case it has been seen contracted to a pin's point. Frerichs has said that there is evidence of excess of ammonia in the breath during the acute attack, but this is not universal; for, in persons suffering from kidney disease, and in whom uræmia is a probable occurrence, the breath at the best of times is charged with ammonia to an extent greater than is normal. In these cases the lung is supplemental to the kidney, each organ trying to eliminate all it can of the accumulating poison. If such a patient takes congestion of the lung, the elimination from the lung is

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suspended, and then the uræmic symptoms advance. In some examples the suspension of the secretion from the kidneys is sudden, and uræmia suddenly follows; and the breath becomes suddenly ammoniacal. Another characteristic of the coma from uræmic poisoning, as distinguished from that by poisonous doses of narcotics, is that the patient under the former will often rally and regain all his consciousness for a time, sinking again into forgetfulness, and even dying unconscious in the end. The poison may not be simply *urea;* it may be some combination of ammonia into which carbon enters, as the carbonate.

In a forensic aspect the study of uræmia is important. There have been cases, where death has been supposed to occur from very small doses of Opium or other narcotic. In such cases the cause of death may have been uræmic poisoning, and the supposed idiosyncrasies that were supposed to consist in extreme susceptibility to the deleterious action of Opium was intimately connected with renal disease.

Concussion of the Brain.

PATHOLOGY.—In concussion of the brain, as soon as the blow which strikes the skull has caused the symptoms of concussion, the physical disturbance of the brain, whatever it may be, has been produced, and the continuance of the symptoms must depend on the continuance of the structural or molecular disturbance. But the actual condition of the brain is not known, and has received no explanation. The symptoms may last from some days to as many weeks. The pathological condition of the brain, in a state of concussion, has been little understood. It can hardly be, that a long continuance of the usual symptoms of concussion can be caused by any temporary disturbance of the vascular system of the brain. It is more probable that they "depend upon something more intimately associated with the structure of the brain itself. The most appropriate physiological term for concussion of the brain is, perhaps, 'collapse' or 'shock;'" and "that the function of the part is rendered very imperfect, is evinced by the insensibility of the bruised skin and its coldness or diminished temperature." (HILTON.)

TREATMENT.—As in external bruises and shocks to parts of the surface, we rely chiefly on *rest* giving the best opportunity for the favorable employment of nature's own efforts, the same means are our best reliance in concussions of the brain. "Give the brain absolute rest; rely on nature's reaction," only aiding it by such homœopathic remedies as have been proved to have power to aid the reactive powers of nature. One system, long ago tried, consisted in depletion, which has been now fully abandoned; another, equally bad, more recently in fashion, consists in "hurrying on reaction by excessive stimulation with brandy or Ammonia." The brain which has been violently shocked by concussion, is "defective, if not in structure, certainly its vital endowments, and is, therefore, unequal to its ordinary duties. It recovers itself slowly; it then soon becomes fatigued from use; overstimulation leads to inflammation. The brain requires absolute *rest*, absence of occupation, for its complete recovery; as external parts that have suffered from severe contusion, and have apparently recovered from the immediate effect, if too early or too much used, will become painful and assume a chronic inflammatory condition, resulting in local thickening or ulceration, so that the brain, though it may not manifest its disturbance by pain, is still more liable to go into some more serious condition of disease from excitement, stimulation, or want of due rest.

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Many of the chronic affections of the brain we meet with in practice, are the result of concussion, perhaps trifling, a transient *shake* of the brain, slight or severe blows, or a fall upon the head. The *immediate* effects of the shock having passed off quickly, may have almost been forgotten. A sudden bound or recoil of the brain may instantly follow railway collision; and may produce only a temporary confusion of thought, to be remembered for a short time only. But we often hear of sudden deaths following at a long interval after a concussion of the brain. We may then consider that the brain that has been subjected to concussion or bruising, is not necessarily accompanied by laceration of the brain or extravasation of blood, but as having suffered molecular disturbance in its exquisitely delicate structure, this structure having a function belonging to it, which requires molecular perfection to enable its fine endowments to be made manifest. Now, since we know that other parts of coarser texture require weeks, or even months, of rest after injuries, before their functions can be fully performed, we must not deny to the delicate texture of the brain a period of *rest* as long or longer before we again impose upon it the performance of its ordinary functions. Rest is the chief nurse employed by nature in restoring to health the body after injuries.—*Hilton, Lectures on Pain.* 1860.

Concussion of the Spinal Marrow.

A common case is thus described:—A gentleman falls, without violence, with his back upon the hard ground or soft turf. There is no mental confusion, no cerebral disturbance—he feels a transient, peculiar sensation, called pins and needles, in his hands and feet; he gets up, walks or rides home, feels little or no inconvenience, makes arrangements for the morrow; but in the morning is unable to get up, because he says, he is in pain all over; he feels sore and stiff, just as if he had been bruised, making it painful for him to move his limbs.

Now, what is the pathology of this case? It is possible that the spinal marrow, obeying the law of gravitation, may, as the body falls, precipitate itself in that direction—may fall backwards towards the arches of the vertebræ, and be itself concussed in this way; or the little filaments of the sensitive and motor nerves, which are delicately attached to the spinal marrow, may for the moment be put in a state of extreme tension; because, as they pass through the inter-vertebral foramina, they are fixed there by the dura mater, and if the spinal marrow be dragged from them, the intermediate parts must necessarily be put upon the stretch, producing at the same time the "pins and needles sensation." This patient has not caught cold, has no rheumatism; nor has he been bruised, or received any blow where the pain is felt. The stiffness he feels is not the result of *local injury*. The sensitiveness of the surface, which creates pain on being touched, and the stiffness which he experienced are the result of some structural disturbance of the motor, as well as of the sensitive nerves, or of some mischief in the interior of the spinal marrow; but the precise nature of this mischief is not always ascertainable. When the spinal marrow has been impaired by a blow, or direct force, or by a shake, or by a to-and-fro movement, as occurs in railway collisions, the spinal marrow is protected by the long and substantial textures around it; but there is still some immediate deterioration of function, and this is to be attributed to the *shock;* and the appropriate treatment will be directed according to this idea:

The first point in the treatment is the enforcement of *perfect rest*. It *has* been supposed that the best way to get rid of the effects of a concussion of

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the brain or spinal marrow is "to walk it off." A gentleman at Epsom, had a fall upon his back from the giving away of a scaffold. When he fell, he experienced the sensation of pins and needles in his legs. He was a most energetic man, he immediately set off and ran six miles, as he said he had been before told to do. In a short time he began to have spinal marrow symptoms, which resulted in complete paraplegia, which was never cured. If he had given nature a fair opportunity by immediate and complete rest, he would no doubt have recovered. The opposite course, exercise immediately after the shock to the spinal marrow, leads to inflammation and softening of the spinal marrow, which remains incurable.

Soldiers who have suffered some spinal concussion, and have continued active exercise, without necessary rest, have experienced, on resuming ordinary duties, some little difficulty in walking. In a few days, or a week or two, the legs become feeble; there is a little jumping of the legs at night on going to sleep, some sense of coldness in the limbs, slight dullness of sensation on the surface of one or both limbs. Perhaps he is taught to be a malingerer, and is ordered by the surgeon to increase his exercise; this adds to the exhaustion of the spinal marrow, and the plan, if persevered in, leads to paraplegia, which might have been avoided by continued rest for a sufficient length of time. Some patients only recover from spinal injuries after many months, or a year or two of perfect rest. In other cases the recovery is rendered incomplete by persistent loss of sensation, or wasting of some part; and this persistent loss is supposed to be connected with some distinct defect of structure in some minute filaments, either of the spinal marrow or the nerves themselves.—*Ib.*

Scrofulous Inflammation of the Synovial Membrane of the Joints.

In joints we meet only with different examples of the connective tissues,—bone, cartilage, synovial, areolar, and fibrous tissues. A connective tissue may be said to consist of "a number of cells still retaining their nuclei, round each, or each group of which, a quantity of tissue material is collected; the quality of the tissue is derived from the consistence and constitution of the inter-cellular substance. Thus the cells of cartilage, bone, fibrous, and areolar tissue, have probably the same proteine contents, but are surrounded, the one by chondrine in a solid form, the other by lamellated bone material, the third by gelatine in a fibrillated arrangement, and so on. The function of these tissues is not vital, but mechanical; the inter-cellular substance, therefore, whereon the function depends, has no vital constitution, but each district or band is dependent upon its own cell for its support. The nutrition of these tissues is kept up by the selecting and organizing quality, their repair by more abundant multiplication, their absorption by excessive generation of the cells. Thus it is that the connecting tissues are capable of repair by like material through fresh formation of cells, which, by the law of organic descent, develop similar tissues. The means of this repair are the simplest form of the inflammatory process, as we see in the union of a wound by the second intention."—Barwell. *A scrofulous synovitis* is, in its first characterestics, not essentially distinct from another slow inflammation of that tissue,—but the difference lies in the indisposition to

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further development. If there have been a breach of tissue from a wound, the gap must be filled up by cell-generation, which in such a case is called granulation. As long as the patient remains in a good state of health, the older cells—that is, those of the deeper layers of this formation—assume the fusiform shape, and become gradually changed into the fibrous material, which forms the scar; but, when the health begins to flag, the granulations do not change in that manner, but the cells remain, generally round, increased unduly, and form those large flabby exuberant growths, which require repression, caustic, or other means to stimulate them to healthy action, and to keep down their generative tendency.

On this principle we distinguish between the healthy and strumous synovitis. In the former the membrane and sub-synovial areolar tissue generate cells, which if the constitution be good, form new fibrous tissue, causing some thickening, and only to slight degree interfering with the action of the joint. In the latter cells also are generated; but, instead of making fibrous tissue, they remain in the form of spongy granulation tissue, and produce that class of disease which Sir B. Brodie has named "Morbid change of structure of the synovial membrane."—Dr. Barwell, *Lancet*, 1860, p. 208.

TREATMENT.—We have treated several cases of this disease, in some of which we tried some of the usual local measures, long ago recommended. More recently we have relied on homœopathic treatment alone; the following is our latest experience:

An engineer, of middle age, scrofulous constitution, subject to hæmorrhage from the lungs, bleeding hæmorrhoids, scrofulous swelling and suppuration of the glands in various parts of the body, and a constant sufferer from the effects of several full mercurializations in the course of his life, presented *scrofulous synovitis* of the knee-joint in the month of July, 1861. The inflammation was excited by a fall from a high bench, during which the patient attempted to save himself by lighting on his feet; but, on striking the floor, the left foot struck upon a block of wood, and the shock given by the weight of the body produced a sub-luxation of the knee. Inflammation immediately commenced in the synovial membrane of the joint, but it was of a scrofulous character; and, though painful and much swollen, there was no redness or heat of the skin. The patella was elevated by a dropsical effusion beneath it, which felt like a bag of cold water, filling and distending the cavity of the joint to a large size.

The treatment consisted only of the local application of Arnica, largely diluted, and the internal use of Arnica, third dilution, for a few days. In three or four hours the pain had chiefly ceased, when the limb was at rest. But circumstances did not permit the continuance of rest, and inflammation was necessarily renewed on every effort to use the limb. The patient, however, gradually commenced standing on it, then walking; and in two or three weeks, he was again engaged in managing the steam engine, running up and down stairs, and taking long walks, as before the injury. The inflammation of the synovial membrane has only gradually subsided, and the tumefaction seemed to be removed under the persistent use of Kali-hydriodicum, third trituration.

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In all cases in which serious disease originates in trifling injuries we rely upon constitutional treatment to correct the general condition. A common error in the treatment of psoric, as well as scrofulous affections, consists in giving the *proper* remedy in *improper* doses. Neither Iodine, nor the Iodide of Potassium are specifics in *any* dose for *scrofulosis;* but they are both capable of aggravating it, and, in an attenuated form, they are highly important remedies.

Diabetes Mellitus, complicated with Piarrhœmia, or Fatty Substance in the Blood.

Dr. Coote of the Middlesex Hospital, London, on reporting one case and reviewing the authorities on this disease, concludes:—1. That piarrhœmia consists in an excess of saponifiable fat in the blood, not in the mere liberation of fat in its combinations. 2. The excess of fat in the blood may be the result: *a.* of the excessive ingestion of fat (as in piarrhœmia during digestion); or, *b.* of the diminished elimination of the same (as in hybernation and pulmonary diseases). It is not quite clear to which of these categories alcoholism belongs. It is *conceivable* that its elements may be *directly* converted into fat by deoxydation; but it seems more probable that the conversion is effected *indirectly*—the hydro-carbon of the alcohol attracting to itself the free oxygen, which would otherwise have been employed in the combination of the fats of the food, and so permitting the accumulation of the latter in the blood. 3. Fat, if directly ingested, may enter the blood with the chyle through the thoracic duct; but it is clear from the present case that it may also be elaborated in, and absorbed directly from the liver. 4. Piarrhœmia is not a *result* of diabetes mellitus, for either may exist without the other; both seem to be the consequences of the same derangement of the functions of the liver, which over-loads the blood sometimes with excess of sugar alone, sometimes an excess of sugar and fat combined. Why the liver should deal so differently in different cases, with hydro-carbons submitted to its influence, it is hard to say. It seems not improbable that sugar alone is elaborated in the first instance, and that the excess of fat is the result of de-oxidation of this substance; for the conversion of sugar into fatty substances is not only capable of being effected experimentally (as in the production of butyric acid by fermentation of sugar under the influence of caseine), but has been shown to take place in the animal economy, in the formation of wax by bees fed only on sugar (Miller's "Chemistry," Vol. III., p. 738). 5. The pathology of blood, milky from molecular albumen, must be considered as still almost wholly negative. "It is probably never an independent affection; but neither is it a mere accidental consequence of piarrhœmia. Its apparent relation to albuminuria seems to point to some organic change in the constitution of the plasma of the blood itself.—*London Lancet*, Nov., 1860, p. 411.

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Tetanus.

PATHOLOGY.—No pathological changes have been noticed in the brain or spinal cord which can be said to be the cause or consequence of the disease. It has been called "functional disease of the spinal cord" for want of a better name. In *traumatic* tetanus the minute nervous twigs have been discovered diseased at the seat of the wound. Mr. Erichsen (On Tetanus, *Lancet*, Vol. I., 1859, p. 355) says: "There is in traumatic tetanus always a certain condition of the nervous system to be met with, if carefully looked for—namely, an unhealthy state of the nervous branch, or twig, running from the wound. This twig will be found implicated in some way—congested, inflamed, infiltrated; its neurilemma thickened, softened, and discolored, often for a considerable distance from the wound. I have never failed to find this when it has been carefully looked for." In one instance (which is quite common) a cutaneous branch was found lying bare, and inflamed in the bottom of the issue-wound. The issue commences in a minute nervous twig, and by reflex action those powerful changes are effected which characterize the disease.

TREATMENT.—*Woorara* has lately been brought into notice as a remedy for tetanus. Mr. Lloyd, of St. Bartholomew's Hospital, tried it in the case of a boy, aged ten years, attacked with trismus seven days after inflammation of the left great toe from a contusion. The genuine Woorara was introduced hypodermically every fifteen or twenty minutes,—beginning with one-twentieth of a grain, and gradually increasing the dose, until a grain had been injected two or three times, to six grains in all. Though the spasms were diminished, and the boy able to swallow, and the spasms did not come on after drinking; but he suffered so much from the puncturing of the skin that the treatment was discontinued, and the boy died the next day.

Among the remedies to which the cure of individual cases have been attributed are: Tobacco, Nicotine, Aconite, Atropine, Belladonna, Conium, Henbane, Cannabis-indica, Opium, Camphor, and stimulants. Dr. Williams gives a case cured by means of 110 bottles of port wine in forty-two days. Mr. Ilott cured a case with two gallons of brandy in eight days. Mr. Simon cured a case at St. Thomas' Hospital in 1858 with *Nicotine*. Patients have been cured by division of the trunk of the affected nerve high up in the limb, so as to get beyond the sphere of local irritation. This is not always practicable, and, when tried, has sometimes failed, (Mr. Ferguson, of King's College Hospital, *Lancet*, Nov., 1860, p. 412).

Aconite.—A case at the Middlesex Hospital recovered under the care of Mr. De Morgan, treated with *Aconite*. A boy, aged fifteen, trod on a rusty nail, which pierced the thin shoe, and penetrated the ball of the foot. The nail was extracted; the wound bled but little, and healed in a few days. On the seventh day stiffness commenced in the neck and lower jaw. He entered the hospital on the seventeenth day with well-marked rigidity of the muscles of the neck and jaws; abdominal muscles tense; pain in the back and neck; sleepless for two nights; bowels natural; perspiring, pulse 80, moderately full. A hard cicatrix in the sole of the foot was excised. Strychnine in doses of one-tenth, and then of one-twentieth of a

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grain was tried; but the spasms increased. There were twitchings in the thighs, great difficulty of respiration, finally severe episthotonos. On the twenty-first day of the case tincture of Aconite was given, five minims every two hours; then eight minims. This continued seven days; dose then every four hours: and next day every six hours. The diet throughout was the most nourishing that could be taken—strong beef-tea, brandy, &c.; occasional turpentine injections. The symptoms began to diminish in severity immediately after the Aconite was given, and progressed gradually, though slowly. First the general spasms and epithotonos ceased, then the convulsive twitchings of the extremities lasted for two or three days longer. By the thirty-second day he could sit at the table, and separate his teeth half an inch; ate and slept well; expression of the face almost natural. Fifty-third day,—can walk about; some stiffness still of the muscles of the jaws.—*Lancet*, Nov., 1860, p. 414.

Mr. Abernathy, having seen a man at St. Bartholomew's Hospital recover under active purging with Calomel and Jalap, from tetanus that followed a wound in the hand, from that time forward recommended in his lectures active purging with Calomel and Jalap in all cases of tetanus. But among all the cases that have since been treated in this manner it is hardly possible to refer to another successful case. And there is not at present any one agent that commands general respect among physicians,—sedatives, anti-spasmodics, counter-irritants are nearly given up as useless; amputation of the affected limb, though in an occasional case it seems to be successful, has much more generally failed. Great expectations were excited on the discovery of Chloroform, and temporary benefit has often appeared to accompany its use. It does often "allay the spasm and concomitant pain, lower the pulse to nearly its natural standard, restore the normal respiration, and recall the ordinary expression to the distorted features." Even this much is something in disease of such frightful appearance and suffering; but, "while it thus draws a temporary mask over the symptoms, it allows the under current to flow with an insidious but certain force till it reaches its crisis in death." Mr. Skey, of St. Bartholomew's Hospital, reports a case in which Chloroform reduced the pulse of 130, and the accompanying rapid breathing, and the spasmodic condition of the muscles, "to the standard of health for a period of some eighteen hours, with the single interval of about half an hour, during which time the agent was suspended, when all the symptoms instantly returned." Such cases show something of the nature of the disease, but present nothing hopeful in its treatment.

Epilepsy.

Treatment.—All efforts to remove this disease by reducing or "lowering measures" have failed, and modern researches have only shown that "the great desideratum in every convulsive affection is a more vigorous circulation and a purer blood, and that the remedies to be sought after will be those which bring about these changes."

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Diet.—The stomach should not be overloaded; but it can never be allowed in confirmed epileptics to be entirely empty, without some risk of an attack. As a rule also stimulants of some kind are in many cases serviceable. Claret is perhaps the best of the wines, though sherry may often answer; strong wines or ales. Coffee seems better than tea,—it is better taken early in the day.

The bowels should be kept in proper condition, but only by use of appropriate homœopathic remedies,—never by use of purgatives, which greatly debilitate the spinal centres. Exercise of the right kind is beneficial; but it should never be carried far, as an approach to fatigue immediately brings on an attack. Epileptics require much rest. A review of the medical treatment will be given in the next number.

Hæmorrhoids.

TREATMENT.—*First*, consider the nature of the psoric or "miasmatic infection," which may have originated the disease—as herpes, scrofula, sycosis, syphilis, &c. *Second*, the local symptoms of the individual case. *Third*, the functional lesions which follow in its train.

All remedies that have hitherto cured this disease are also capable of causing it. Dr. Gillett, in reviewing them, says of

Sulphur.—It corresponds with most of the symptoms of the disease:—fullness and tearing in the rectum; burning, stinging, &c., in the anus; prolapsus ani; hæmorrhoids, both blind and bleeding; constipation, diarrhœa.—*Revue Hom. du Midi*, 1849.

Calcarea-Carbonica.—Hæmorrhoids which bleed profusely, are protruded in knobs, and become painful in walking, relieved by sitting down; protrusion and forming a bunch externally, on evacuating the bowels; constipation; disposition to determination to the head, when the hæmorrhoidal flow of blood is arrested; hæmorrhage in females having menses too early and too profuse.

Kali-Carbonicum.—Constipation, owing to inactivity of the rectum; passage of the fæces difficult, owing to their bulk; the knobs bleed and swell during a stool, or when the urine is passed.

Acid Muriatic.—Prolapsus recti when urinating; swollen, blue, protuberant knobs, very painful to the touch.

Phosphorus.—Hæmorrhoids appear simultaneously with chronic relaxation of the abdomen, in which the sphincter ani is relaxed; the stools mucous, liquid, and passed involuntarily.

Acid Nitric.—Old hæmorrhoids, particularly after the abuse of Mercury, with remains of condyloma and syphilis.

Thuja.—Excrescences on the skin, or sycotic affection, remaining after the local symptoms have disappeared spontaneously, or been driven away by local means. *Characteristic Symptoms.*—Feeling of pressure on the hæmorrhoids, with compression; swollen knobs, which protrude much; tenesmus; itching, burning in the anus.

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Carbo-Veg.—Constant bleeding at every stool, with burning and itching in the anus; great swelling of the tumors, and lancinating pains in the thighs.

Causticum.—Constipation, with effectual efforts of defecation, when the knobs impede the passage of the fæces; the pains are aggravated by walking, and especially by mental labor.

Graphites.—Feeling of weight in the abdomen; chronic constipation, with hardness in the region of the liver; hard knotty stool, with discharge of mucus and blood; pains in the hæmorrhoidal knobs; prolapsus recti, without straining, as if the sphincter were paralyzed; watery leucorrhœa at the time of menstruation.

Sepia: Its Sphere of Action.—It operates especially on the portal system, by retarding the circulation, and causing an over-loading of the vascular system with venous blood—a plethora venosa and a state of depression.—Meyer.

Sepia.—Contracting pains in the rectum, running along the perinæum, with exudation of fluid from the anus; prolapsus recti at stool, with induration of the knobs.—Gillet. Acting primarily on the splanchnic nervous system, it induces an overloaded condition of the portal system of vessels. The blood corpuscles lose the power of separation, and, becoming reddened by oxygen, its quantity is increased and deteriorated in quality by the useless and effete corpuscles that remain behind; it becomes blackish red, like venous blood, or metallic.—Meyer, *Homöop. Viert., &c.*

Arsenicum.—Burning pains in the knobs at night; diarrhœa and bleeding, attended with violent burning.

Gout. By Mr. Canton, of the Charing Cross Hospital.

Pathology.—Concerning the nature of the calcareous degeneration in the arteries of gouty subjects, Dr. Garrot says ("On the Nature and Treatment of Gout," London, 1859, p. 246): "I have carefully examined those found on the valves of the heart, and the atheroma from the aorta of several gouty patients, having extensive chalk stones, but have always failed to discover the least trace of uric acid; but the tabular crystals of cholesterine were often present in such matter." He remarks (page 510): "To consider the calcareous deposits as a proof of gouty inflammation, is altogether an error; for I have shown that in gouty subjects, with concretions of urate of soda in nearly all the joints, the deposits from the aorta were of a different character—consisting either of phosphate or carbonate of lime, or of cholesterine and fatty matter."

Calcareous degeneration of the arteries has long ago been observed. Mr. H. Watson ("Medical Commentaries," Vol. 1. 1782.) found, in the body of extremely gouty subjects, the thoracic aorta healthy; but this vessel in the abdomen was ossified from the diaphragm to the iliacs. Morgagni (Vol. II., p. 619.) gives the case of Cardinal Cornelli, who died in his sixty-fourth year from metastasis of gout to the heart. He was exceedingly corpulent. After death, the gall-bladder was found to contain a calculus; the right kidney contained eleven calculi, most of them of considerable magnitude. The cartilages of the trachea were hard; the aorta was somewhat dilated in the thorax, and in its course through the thorax and abdomen some ossification had taken place. Dr. Saunders, (*Edinburg Medical and Surgical Journal,*

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Vol. XXX., p. 267.) describes the case of a baronet, who died in his sixty-fifth year, and who been "the subject of severe paroxysms of gout and solities for many years." The coronary arteries of the heart were completely ossified, and the inner surface of the aorta also exhibited ossific formations in different stages. Dr. Cheyne says of one gouty subject, aged sixty years, that "the aorta was studded with steatomatous and earthy concretions." The post-mortem examination of George IV., King of England, whose habits of life, frequent attacks of gout, great corpulence, during the latter years of his reign were matters of notoriety, revealed the effects of gout on an extensive scale. It was found that the "three semilunar valves at the beginning of the aorta were ossified throughout their substance, and the inner coat of that blood-vessel presented an irregular surface and was in many parts ossified!" Signed,—Henry Halford, Mathew John Tierney, Astley Paston Cooper, B. C. Brodie,—The *Times*, July 2d 1830.

Causes.—"Health and long life are usually blessings of the poor, not of the rich; and the fruits of temperance, rather than of luxury and excess. And, indeed, if a rich man does not in many things, live like a poor one, he will certainly be the worse for his riches; if he does not use exercise, which is the only voluntary labor; if he does not restrain appetite by choice, as the other does by necessity; if he does not practice sometimes even abstinence and fasting, which is the last extreme of want and poverty; if his cares and his troubles increase with his riches, or his passions with his pleasures, he will certainly impair in health, whilst he improves his fortunes, and lose more than he gains by the bargain; since health is the best of all human possessions, and without which the rest are not relished or kindly enjoyed."—Sir Wm. Temple's "Works," London, 1770, Vol. III., p. 278.

Meeting of the Central Society of the Homœopathic Physicians of Germany, on the 9th and 10th of August, 1861, at Leipzig.

The meeting began under the presidency of Clotar Müller. There are about 190 members. The society possesses a capital of 6800 Prussian dollars. On the second day—Clotar Müller again in the chair—Mayer related the splendid cure of a lupus on the lower eyelid by Apis, 6. A few months afterwards lupus showed itself again on the ala nasi, but Apis was now of no avail. Kirsch remarked, that Apis is not indicated in lupus; but Apis stands in a closer relation to the eyelid, than to the nose. A free discussion on dysentery followed. Forster praised Mercurius. Sorge finds Corros. curative only in those cases of inflammatory dysentery, where the swollen gut can be felt through the integuments, and with severe pains. Patzak gives in the beginning Dulcamara and Rhus, alternately. Schweikert, in prevailing symptoms of the rectum, Aloes. Kafka remarks, that Aloes might readily cure a proctitis, but in the inflammatory state of the whole colon, Aconite is indicated at the beginning, then Mercurius, and, when ulcers form, Sulph. and Hepar-sulph. Patzak mentioned also Bellad., in the inflammatory stage, and Kirsch Acid.-nit. and Veratr., according to different epidemics. This genus epidemicus was also mentioned by several others, especially Lorbacher, who found Apis effective, when Merc. entirely failed, several years ago. Meyer mentions Colocynth indicated in severe colicky pains, with little pressing on the rectum. Sorge agrees to it, mentioning the quick cure of such a case, characterized by continued desire for Coffee. In light cases of a catarrhal dysenteric epidemic of 1860, he used Cantharis

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effectually. Trinks praises Merc.-sol. in the inflammatory stage of dysentery, but finds Corrosivus injurious; Colocynth has colicky pains with great tenesmus; in later stages Nitri-acidum is suitable; Hepar-sulph. and Ars. in ulcerations; Colchicum is no real dysenteric remedy; Arsenic, in burning pains with great collapsus and emaciation. An old chronic case, originally from East India, and not cured in England, was ameliorated by Corrosivus, but perfectly cured by Nitric-acid.—BORCHERS.

Freitag related the results of a poisoning case by Nitric-acid, and Clotar Müller found it very interesting in this case, that the mouth and pharynx showed very little erosions, the ileum perfectly healthy, and only in the colon was a state perfectly resembling dysentery.

Trinks spoke very interestingly on scorbutus. The plastic exudations, giving a board-like hardness and the bleeding only from ulcers are to him essential differential symptoms from morbus maculosis Werlhofii. Two cases were cured by Merc. Kafka relates a stubborn case cured by an electuarium of Carbo ligni tiliæ. Forster cures all his cases in the Gœrlitz jail quickly and safely with hot baths. Schneider mentioned two interesting cases—one of an indurated ovary, cured by Conium, 6, and a sudden perfect loss of vision, without any pain whatever cured radically by Belladonna.

The usual dinner and mutual exchange of photographs closed this pleasant meeting, to meet next year at Nürnberg, with Dr. Grauvogl in the chair.—*Hirschel's Zeitschrift.* W. SORGE.

Pathology of Scorbutus—Scurvy. By DR. STEPHEN R. WARD, of the Dreadnought (Seaman's) Hospital.

Although this disease has been considered as almost annihilated from modern naval service, under exceptional circumstances it occasionally occurs again, as it has in some of the recent polar expeditions. Sir L. McClintock gives a melancholy narrative of the sufferings of Lieut. Hobson, of the expedition in search of Sir John Franklin. Scurvy is still common in the merchant service, though the mortality is not now generally great. In 1859, of 172,506 seamen, who sailed from England, there were only 37 deaths from scurvy.

DIAGNOSIS.—To the practical eye the external aspect frequently reveals at once the internal derangement. There is soon a "smooth or contracted brow, the passive or acting nostril, the parted or compressed lips, the dull or brilliant eye, the many shades of color, the expression derived from mental action, intermingled with that resulting from perverted organic function." As in consumption the brilliant eye, and pale or hectic flushed face alone might reveal the story of fatal disease; in Bright's disease the puffed, waxy aspect of the victim are strongly characteristic; in pneumonia the general capillary injection of the face is almost a sufficient diagnostic; amenorrhœa revealed in the chlorotic aspect; the sufferer from ague betrays the locality of his residence by the sallow anæmic complexion and wearied look. Scurvy has also its peculiar characteristics;—the face of the patient reveals deficiency, as well as depravity of blood; it is sallow, dingy, earthy, and sometimes appears dirty; the conjunctiva is clear and transparent; the eye unusually bright, with dilated pupil, and bloodless lips; the countenance is generally passive and devoid of expression, though in severe cases expressing a sense of dread. In some cases the gums are so much enlarged that there is a visible projection of one or both cheeks. The smell of the breath is highly offensive—peculiar to this disease, but nearly resembling the smell of animal substances in a state of putrefaction. The sloughing state of the gums, when present, scarcely aggravates the offensive smell. The margins of the gums

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are spongy, forming a hypertrophied mass, projecting between the teeth, and much inclined to bleed; their color varies from deep red to a livid blue or black, which contrasts strongly with the pale anæmic appearance of the lips, tongue, and inside of the cheeks; the teeth are often loosened by ulceration and even sloughing of the gums; the tongue usually presents a clean surface. The patient is generally found lying on his back, his head rather depressed, as in that position the weakened heart can best do its work; the bed-clothes are sometimes elevated by the raised contracted knee. The surface of the body gives evidences of the damaged condition of blood in the exudation of its constituents—the blood discs, the fibrin, and more rarely the serum. The colored corpuscles are extravasated in the form of small hæmorrhagic, purpuric spots, from a small point to a large pea, of a vivid claret color, or larger bruise-like stains, commonly found on the lower extremities, of a size from that of a crown-piece to that of the length of a whole limb, and commencing around cicatrices of old wounds. Effusions of fibrin take place on different parts, especially on the lower extremities—the fibrin being poured out beneath the skin, or between the tendons and bones of the knee or ankle-joints, and fixes them as in a splint; when in the popliteal space the effusion produces the characteristic contraction of the knee-joint; beneath the skin or around the muscles it makes the fleshy portion of the thigh or leg indurated, and it resists pressure as bone; on the surface of the tibia, or of other bones beneath the skin, the effusion gives rise to node-like swellings, which are often tender, and resemble those of syphilis, except in their not being accompanied with exacerbation of the pain at night. The skin is firmly adherent to the effused fibrin, cannot be pinched up, and is generally of a brownish hue, and every part in which the fibrin is effused is painful and tender. In some cases there occur passive hæmorrhages from the nose, the mouth, or intestines—seldom, if ever, from the lungs, stomach, or bladder.

A tendency to fatal syncope is a very striking feature of scurvy. Scorbutic patients, not particularly reduced in strength or emaciated, may, on a sudden over-exertion—as on rising to the erect position suddenly—sometimes fall down in a swoon, from which they do not recover. In one instance, on board the Dreadnought, says Dr. Ward, a man in the prime of life, in fair condition of flesh and apparent strength, "had been chatting in a loud and cheerful tone of voice, when, on suddenly rising from bed to the night stool, he fell down in a state of syncope; and before the medical attendent could reach him, he was dead."

General Symptoms.—The appetite in cases of scurvy is usually good; alvine evacuations healthy in general, though in some cases there is diarrhœa. The stomach had not been found to present any material departure from a state of health, either in specific gravity, alkalinity, acidity, or freedom from albumen. The patient is liable to be sleepless at night, but has but little disturbance of intellect. In bad cases the pulse becomes very rapid, even as high as 130 or 140 per minute. There is some heat of skin, with febrile excitement and free perspirations at night—a constitutional condition approaching to that of hectic,—and these symptoms usually indicate fibrinous effusion. In milder cases a dry and harsh skin has been given as a characteristic; emaciation not generally great, even in extreme cases.

Prognosis.—Of the cases under good medical treatment not more than one in a hundred die.

Pathology.—The blood of scorbutic patients is deficient in red corpuscles, and superabounds in fibrin. The former has been found to be reduced to forty-eight parts in a thousand, and the latter increased to three times its normal quantity. A microscopical examination shows some of the blood ' ' hrivelled or ellipsoidal in appearance." In a case already

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mentioned, of sudden and fatal syncope; the heart was found very pale and flabby; lungs healthy; some effusion of serum into the pleura, no traces of inflammation; abdominal viscera deficient in blood; corresponding to external bruises of the tibiæ, and on the inner sides of the calves, there was extensive extravasation of blood into the subcutaneous cellular tissue. Other subjects exhibit extreme anæmia and prostration, projecting ulcerated gums, ecchymosis on the surface of dependent parts, &c. In another case Mr. Bask, of the Dreadnought, found the belly of the gastrocnemius muscle enveloped in a sheath of fibrin, a third of an inch thick, distinctly vascular—showing the texture to be a product of modified nutrition, becoming organized. Dr. Budd examined a scorbutic node on the tibia: "On cutting down over the tibia, he found under the fascia a small layer of coagulated blood, but no sensible extravasation of the size, and no injection of the clot. On cutting deeper the periosteum was found separated from the bone for the length of six or seven inches by solid fibrinous effusion, or clot of chocolate color, and a line or two in thickness. On the periosteal and osteal surfaces of this clot there was a slight extravasation of the size, but the clot itself was beautifully injected." The periosteum was itself thickened and infiltrated with blood, and when gently stripped from the clot, many vessels in form of threads were seen to pass from one to the other, some of them filled with size; some vessels were also seen filled with size coming from the clot and entering the bone. Dr. Budd found also ecchymosis in the peritoneum, and in the mucous and muscular coats of the intestinal canal. Dissection reveals little after death that was not equally manifest during life.

Medical Colleges.

The homœopathic medical colleges have resumed their annual labors; and we shall be able in a future number to present interesting summaries of the results of the session's operations in the different schools of the East, as well as the West. We have secured the co-operation of able editorial collaborators in each of the medical colleges, as well as in the principal American cities and villages.

Note to the Article on Uranium.

NOTE.—Since writing the article "On Nitrate of Uranium in Diabetes," (see page 274 of this present Number of the JOURNAL) the following, relative to the use of Nitrate of Uranium, has been communicated to me by Dr. A. E. Small, of Chicago:

"I have used the Nitrate of Uranium in one case of diabetes mellitus with the following result. At the time I administered the remedy the young man was passing twenty pints of urine every twenty-four hours. The remedy was given in the third attenuation, morning and evening. And in the course of ten days under its use, the quantity of the secretion diminished very greatly, and ultimately to two and a half pints in twenty-four hours, in which state the patient was blessed with a rapid recuperation for a time; but subsequently he suffered a relapse, and very soon after died. I have used the remedy in several cases of *enuresis* with decided good effect."

I have now under treatment two cases of diabetes, in which this remedy is the only one used. One patient is taking the second trituration, the other the sixth dilution;—both are steadily improving. The urinary secretion lessens every day, and the general health improves in direct ratio.

October 10, 1861. HALE.

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Original and Translated Papers.

ARTICLE XXXII.—*Introductory Lecture to the Gentlemen of the Homœopathic Medical School of New-York.* By Prof. WM. E. PAYNE, M.D., of Bath, Me.

As introductory to the course of studies upon which you are about to enter, we propose to speak to you of MAN, *and his relations with external nature.* This subject we regard as highly appropriate to the occasion, for man is to be, henceforth, your study. You are to view him, not only as an independent being, made up of certain complex organs and tissues, subject to certain well-established laws, but you are to study him in his manifold and varied relations with the external world, both as to its elements, and the laws by which these elements are controlled. The extent and thoroughness of your knowledge of man—of his organic structure, and the physiological, the functional life pertaining thereto—of his capabilities and his needs, will constitute the evidence, not only of your worthiness to enter the profession, but also of your ability to discharge the responsible duties which it is your avowed purpose to assume.

At the threshold of your investigation, it is meet that you become impressed with the importance and magnitude of your

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subject,—that you perceive, at the very outset, that nothing short of the entire consecration of your *best*, aye, the *whole* energies of your life, to study and observation, can qualify you for the important duties which the healing art imposes. If you come to your studies with a just comprehension of their nature and extent, you will be the better able to judge whether you are equal to the task of mastering them: there will be a stronger probability of your seeing that studious habits, steadiness of purpose, and unwavering perseverance are indispensable to your success; and that without these, no position can be gained in the profession, which a laudable ambition would prompt you to desire.

The study of none of the natural sciences can so enlarge and elevate the mind as the study of medicine, even when viewed in its ordinary aspect; for there is no science which embraces so wide a range; and none, in its practical bearings, which involves so much of human happiness or misery, but its influence, in this respect, is immeasurably increased when we see that its range is limited only by the limits of science itself.

It shall be our aim, in the present address, to present this subject in as clear and comprehensible a light as the limited time allotted to a night lecture will permit. We hope, at least, to be able to point out some general landmarks which may serve you as guides in the long scientific journey which you are about to undertake.

But before proceeding to the discussion of our main subject, we wish to say a few words illustrative of the distinguishing characteristics of truth. We wish to show you, what now, may not be sufficiently apparent, from the fact that your attention may not have been drawn to the subject, that what is truth to one class of the perceptive faculties, is not truth to another: that is, what is truth to the outward sensuous faculties, is not truth to the higher rational perceptions of the mind; and, conversely, what is truth to the reasoning faculties, is not truth to the senses of the body. Thus, the child and those in whom the scientific and rational faculties are not developed, have no other idea than that the sun rises in the east, gradually ascends to the zenith, and then as gradually

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descends towards the west, and there disappears, to appear again in the east on the following morning. Here, the judgment is based upon the *appearance* presented to the eye; and, according to the sense of sight it is true, but not true according to the teachings of science. The fallacious teachings of the sight in this case can be corrected only by a development and training of the scientific and rational faculties, sufficient to grasp those astronomical laws which separate the *real* motions of the earth from the *apparent* motions of the planets. It appears also that sight goes out from the eye, and takes cognizance of the objects by which we are surrounded; but the laws of *optics* show us that this is not only not the fact, but that the truth lies in an opposite direction. As light falls upon an object—a tree, for example—a portion of it is thrown back; and this reflected light, which is in the exact form of the tree, falls upon the *retina* of the eye—forming there an image of the tree in the same way that an image is formed in the focus of a *camera obscura*, in the process of photographing. Here we are taught by science that the object comes to the eye in reflected light, and not that sight goes out from the eye, as the appearance indicates.

Again, it appears that color is an inherent property of matter; but science demonstrates beyond a doubt, that all bodies, as to inherent color, are the same. The objects of the natural world take their color from the light of the sun, and the difference in color results from the difference in the capacity of the various objects of nature to reflect or absorb the light as it falls upon them. The *ruby*, for example, from a peculiar arrangement of its elementary atoms, absorbs all the *prismatic* rays of light, except the red; these are thrown off or reflected in every direction—forming a red sphere around the stone through which it is seen, and thus the stone appears to be red. Another body is so constructed as to *absorb* all the light that falls upon it, and such a body is seen to be black; still another *reflects* all, and such a body is seen to be white. Color, then, according to the testimony of science, depends upon the elementary arrangement of bodies, and is not a property inherent in the bodies themselves, as sight teaches.

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That which the sense of touch teaches respecting the properties of heat and cold, is just the opposite of that which we obtain through the teachings of science. Go into a room, place your hand upon the objects therein contained, and to the touch there will appear to be a great difference in temperature. Put your hand upon the carpet, and then upon the marble slab, and the sense of touch will tell you that the marble is much colder than the carpet;—but science will tell you that there is no difference. The *apparent* difference depends upon the *real* difference in the capacity of the two bodies to abstract or conduct heat from the hand. The marble, being a good conductor, abstracts heat from the hand with greater rapidity than the vital forces can apply it; therefore the hand feels cold, in consequence of the sudden and great loss of heat which the marble has taken away; but the carpet, being a non- or poor conductor, does not take heat from the hand so rapidly as the marble, and therefore the hand is warmer when in contact with the carpet, simply because it retains more of its vital heat. The apparent difference, then, in the temperature of bodies immersed in the same atmosphere, is owing to their inherent relative power to abstract heat from the animal organism.

All bodies appear to possess weight, from a property inherent in the bodies themselves; but science teaches us that this is not so,—that weight depends upon the force of attraction, or that power by which all bodies are drawn towards the centre of the earth, in obedienee to the law of gravitation. The difference of weight, therefore, of different bodies is determined by the degree of attractive force exerted upon each. For example, the attractive power of the earth is greater upon a piece of lead than upon a piece of cork of the same dimensions; and the difference of degree of this attractive force of the earth makes the apparent difference in the weight of the two bodies. That the weight of bodies is determiued by attraction of gravitation is proved by the simple experiment of dropping a ball into a hollow magnet; the ball will descend to the centre of the magnet, and there remain suspended by this unseen force, moving neither upwards or downwards, until you present a common magnet to one end or the other

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of the tube, when the ball will move immediately towards the magnet—showing that the body will move in the direction of the attractive force, whether it be upwards or downwards.

It appears that hearing goes out from the ear, and takes cognizance of sound at a distance; but the science of *acoustics* shows us that this is not the real truth. Sound is brought to the ear from the place whence it emanates, by wavy vibrations of the atmosphere, which strike upon the *tympanum;* and through the medium of the *auditory nerve*, by which this membrane is supplied, we become conscious of the sound.

The moon appears to shine by her own light; but, according to the best evidences of science, the moon is not a luminous body, but is composed of minerals and earths, water and vegetation; she has her own atmospheres and ethers, and is warmed and lighted by the same sun that gives us light and heat; and the brilliant light by which she illuminates our earth in the night is light from the sun, which she reflects just as light is thrown back from all other bodies.

It appears also that the earth is an extended plain, bounded on its outermost edge by the blue firmament; and moreover, that it is immovably fixed in the centre of the universe; but science shows us that the earth, so far from being an extended plain, is an immense globe, susceptible of accurate weight and measurement; and, instead of remaining quiescent, as the appearance indicates, it is subject to a two-fold motion—whirling upon its own axis at the rate of more than eleven thousand miles every hour, while at the same time it is borne along its own orbit around the sun, at the rate of nearly seventy thousand miles in the same period of time. Every individual in this room has been carried through space, along the earth's orbit, more than eleven hundred miles within the last moment of time. But, notwithstanding this immense speed, neither the sight, the hearing, or the touch can perceive that the earth has moved the breadth of a single hair.

We have dwelt thus lengthily upon this distinction; for in every department of nature which admits of human investigation, and into which you may hereafter enter in the pursuit of your profession, you will find, that whatever appears to the external bodily senses, to be true of her operations, science

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and philosophy present in almost an opposite light. An example or two will show you its bearing upon your studies. If the flushed cheek, the heightened temperature of the body, the throbbing headache, the accelerated pulse, the general lassitude, and aching limbs, which sometimes result from violent and long-continued exercise, or nervous excitement, were judged of simply by the evidences of sight and touch, they would be regarded as indicating a febrile condition of the system, demanding prompt remedial measures; and were your predilection allopathic, you doubtless would be prompted to abstract blood, to ward off the threatened danger. But under the exercise of your rational and scientific faculties, you would be led to adopt a course of treatment, even under the homœopathic law, differing essentially from that which you would pursue if the case had its origin in sudden atmospheric changes, or some other exciting cause.

Again, suppose yourself summoned to a patient whom you find in an unconscious state, with respiration slow, heavy, snoring, and irregular; face purplish red, hot, puffed, and bathed in perspiration; pulse full, strong, and slow; pupils dilated or contracted, and insensible to light. Now, such a combination of symptoms would at once suggest to your mind a case of apoplexy; and yet a similar combination would result from a massive dose of opium. Here your rational and scientific faculties alone could enable you to comprehend the true character of your case; and while, in the one condition, your rationality would suggest an antidote to opium, and your scientific knowledge direct you to the true remedy in accordance therewith, in the other your rational and scientific knowledge would suggest the necessity for, and lead you to means to overcome congestion of the brain.

These simple illustrations will lead you to see that the distinction becomes practical, and hence of the utmost importance. You will find it eminently so in all the practical details of your profession. But these two classes of truth, though apparently contradictory, are nevertheless complements of each other. The bodily faculties must be trained and brought into constant requisition in all your investigations of scientific subjects; but a judgment should not be

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formed, except under the sanction of the higher intellectual, rational, and scientific faculties of the mind. The above distinction is nearly sufficient for all the purposes of science; but there is still another step in the progress to which we may be permitted to allude in passing, as it sustains an inseparable relation with the subject of our discourse.

After we have acquired all the truths of science, other truths will open upon us, to which science cannot ascend, and over which it has no control. In the examples above adduced it is true, according to the senses of the body, that light goes *out* from the eye, and hearing *from* the ear; but science tells us that sight is *in* the eye, and hearing *in* the ear. But when the body dies, we see that science has not told us the real truth;—the body has no power to move, the eye to see, the ear to hear, the tongue to taste, the nose to smell, nor the fingers to feel, except from the presence and activity of the indwelling spirit; for when the spirit is departed, the body is an inert and perfectly unconscious mass, without the power of exhibiting one of the above-mentioned faculties. We thus come to see, by observing a different class of phenomena, that the faculties which we had hitherto regarded as belonging to the body, are but functions, attributes, powers, and faculties of the indwelling spirit. We come to see that the various organs of the human body are but instruments of the mind—they are the mediums and implements through and by which the indwelling spirit communicates with the outward world, and performs its allotted and appropriate work. The eyes are the windows through which the inquiring spirit looks out upon the operations of nature; they are both a telescope and microscope, are of the most exquisite workmanship, and admirably adapted to all the uses for which they are designed. The ear is the hearing-trumpet through which the spirit listens to the music of nature—the cheerful household voices of friendship and affection; it is, in short, the medium through and by which the spirit gives audience to the persons, and the circumstances of the outward world. Again, the legs are the organs of locomotion, which the spirit uses in nature to change its relations with the objects of the external world—to bear it on its mission of mercy or vengeance, its pleasure and its

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profit; or to exhibit its swiftness, its loveliness, and its pride. The knees are the instrumentalities by which the reverent spirit kneels in adoration to its Divine Lord and Master. The arms and the hands are the more important instruments of the spirit;—by them it wields the pen and the sword; it deals mercy or destruction, and carries happiness or misery in its pathway. The purpose, the will, and the strength of the inner man are put forth in them, whether the work be for good or for evil. In short, the organs of the human body constitute the means by which the soul gains knowledge of the properties, qualities, and uses of the objects of nature; they are the instruments by which nature is made subservient to the behests of man.

Having said thus much of the distinctive characteristics of truth, we come to consider our main proposition, which may be thus briefly stated:—MAN, *as to the composition of his physical organism, is the sum of all the elements of matter, and all the laws by which these elements are controlled;* or, to state it in another form, not an element has yet been discovered in nature that is not found in the human body; neither is any law known to science but is found to be operative in carrying on and adjusting the vital processes of this wonderful piece of mechanism. We shall proceed to prove the first part of our proposition by the recovered facts of chemical analyses; and the second part by showing you, in a general way, how the laws of nature—that is, of science—are repeated in the human organism. But, before proceeding to the illustration, we wish to say a few words as to the powers of chemistry, and the extent to which its operations have been carried.

The science of chemistry is the just explorer of nature. It is the key by which her inmost recesses are unlocked. There is not an earthy or mineral formation of our globe that could not be resolved by the expansive power of heat, and the operation of chemical laws, first into a fluid, then into a gaseous condition, and, by a reverse process, returned to its original earthy or mineral form. Were it possible for man to conduct the experiment on so comprehensive a scale, it is a legitimate inference at least, from facts already observed, that he could, by the above-mentioned agents convert our whole globe into

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a gaseous condition, similar to that in which it is supposed by geologists to have originally existed, and return it, through the same successive steps, to its present earthy and mineral condition. Chemical researches have discovered the remarkable fact that there is an identity of the elementary principles of bodies where not the slightest resemblance can be detected by any sense of the body. For example, the oil of turpentine, the essence of lemon, the oil of balsam, copaiba, rosemary, and juniper, with many others, differing widely from each other in odor, color, specific gravity, boiling point, and in their medicinal effects, are found to be identical in composition; they are found to be composed of the same elements, *carbon* and *hydrogen*, in the same proportions. The crystallized part of the oil of roses, so delicious in fragrance, and a solid at ordinary temperature, is composed of the same elements as the gas with which our streets are lighted. The diamond and common charcoal are nearly identical in principle. The above are but a very few of the many examples furnished by chemical researches, where bodies, differing widely in their external characteristics, are shown to be identical in elementary principles. Chemistry points out also the physical relation between the animal and vegetable worlds, and between the vegetable and mineral worlds—showing us the exact character and nature of the elements of which each is composed. It has extensively explored and analyzed the various organs and parts of the human body, the bodies and organs of many of the lower orders of animals, as well as a very large number of vegetable and mineral formations; and the result is, the elementary principles of each are shown to be *identical*—not *similar*, but precisely alike in all their physical qualities and characteristics. We shall adduce, therefore, the testimony of organic chemistry, in proof that the elementary constituents of the human body are identical with the elements of the natural world. As illustrative examples, we shall give you first, a brief analysis of some of the organs and tissues of the human body, showing you of what they are composed, according to the best evidences of chemistry; and then proceed to give you the elementary constituents of some of the organs and tissues of the lower orders of animals, descending from thence into the vegetable, and lastly into the mineral kingdom.

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First then, of the human blood. All physiologists agree in acknowledging the blood to be the life of the body. Every atom of food and nutriment, of whatever form, whether received into the body by way of the stomach, or through the lungs by the respiratory process, or by absorption through the lymphatic vessels of the skin, is received, first of all, into the blood. It is thence carried along the blood-vessels and capillaries to every part and organ of the body—giving up its nutritive and sustaining properties to this organ; and that every organ and part receiving just the kind and amount necessary to sustain them. The blood thus becomes the storehouse, the seminary, the parent and nourisher of all parts of the body, both solid and fluid; for all the elements of which the solids are composed had a prior existence in the blood. If, then, all the solid parts of the body are derived from the blood, it is a legitimate inference that no element exists in the solids which may not be found in the blood. But on this point we are not left to inference, as we shall presently show you. Healthy blood, it is ascertained beyond question, contains about eighty per cent. of water—that is, a mass of blood weighing one hundred pounds contains eighty pounds of water. A human body weighing one hundred and forty-four pounds contains in a state of health about eighteen pounds of blood. According to the above estimate, fourteen of the eighteen pounds consist of pure water, while the four remaining pounds consist of other materials. Now the water of the blood is known to be composed of *oxygen* and *hydrogen* in the proportions of *one* to *two*, and the remaining compound materials, according to the investigations of Liebig and others, consist of *carbon*, *hydrogen*, *nitrogen*, and *oxygen*: that is, after the water was removed, the remaining part was found to consist of *carbon*, 51, *hydrogen*, 7, *nitrogen*, 15, and *oxygen*, 21 parts in the one hundred; while only four parts remained, which have not yet been resolved into their ultimate elements. Whether this very small fraction, when successfully analyzed, will prove to be identical with the above-named gases, remains to be seen. Should this not prove to be the case, this much is certain, they are just such elements as are found in almost every object of nature.

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The blood has two leading compound constituents, called *albumen* and *fibrin*, which enter largely into the solid parts of the body; and these two constituents are composed of the same gases of which the whole mass of the blood is composed, viz., *carbon*, *hydrogen*, *nitrogen*, and *oxygen*. We find then that the blood mainly consists of four elements; and these elements variously combined, form all the compound materials of which the solid parts of the body are composed. Let us illustrate by a few examples. But we will here state, before proceeding further, that, in giving the proportions of the several elements entering into the composition of bodies, we shall use round numbers, omitting fractions, for the sake of brevity. Human flesh, the muscular part, consists of *carbon*, 51 parts; *hydrogen*, 7; *nitrogen*, 15; and *oxygen*, 15—the same elements of which the blood is composed, and in the same proportions. Human flesh, including all the tissues, consists of *carbon*, 43; *hydrogen*, 6; and *nitrogen*, and *oxygen*, 44. The skin is composed of *carbon*, 51; *hydrogen*, 6; *nitrogen*, 17; and *oxygen*, 24. Hair of the head is composed of *carbon*, 50; *hydrogen*, 6; *nitrogen*, 17; and *oxygen*, 24. Human fat consists of *carbon*, 79; *hydrogen*, 11; and *oxygen*, 9. The most delicate structure of the eye, and the hand, horny appendages of the fingers and toes, called nails, do not differ in the smallest particular as to the identity of their elementary principles. Moreover, in this respect, disease makes no change. The water that accumulates in dropsical affections, and the pus drawn from an abscess, are both composed of the same elements, viz., *carbon*, *hydrogen*, *nitrogen*, and *oxygen*. Illustrative examples might be multiplied almost to an indefinite extent; but our object is, simply, to convey the idea, without wearying the patience. Suffice it therefore, to say, we may pass over the whole body, in both health and disease, and we shall find that all the organs, parts, and tissues, however diverse in form, aspect, and uses, are composed of the same elementary principles.

We find the same order, the same harmony, the same uniformity and identity of elementary principles in the animal organizations of a lower order. Thus, the muscular fibres of the ox are composed of *carbon*, 51; *hydrogen*, 7; *nitrogen*, 15;

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and *oxygen*, 21. Here we find the same elements which we find in the blood, and the muscular part of the human body, and in the same proportions. Venison consists of *carbon*, 52; *hydrogen*, 7; *nitrogen*, 15; *oxygen*, 22. The fat of pork and mutton, as well as human fat, are each composed of *carbon*, 79; *hydrogen*, 11; and *oxygen*, 9. There you will observe that *nitrogen* is absent. And you will further observe a great variation in the relative proportion of other elements. Tendon of the calf's foot consists of *carbon*, 50; *hydrogen*, 7; *nitrogen*, 18; *oxygen*, 23. Feathers, including the quill, are composed of *carbon*, 52; *hydrogen*, 7; *nitrogen*, 17; and *oxygen*, 21. Milk, of *carbon*, 54; *hydrogen*, 7; *nitrogen*, 15; and *oxygen*, about 18. Horn consists of *carbon*, *hydrogen*, *nitrogen*, and *oxygen*, and in nearly the same proportions that we find in the hair and quill. Bees wax is composed of *carbon*, 81; *hydrogen*, 12; and *oxygen*, 5.

If we now step down into the vegetable kingdom, we shall find the same elements lying at the foundation of all vegetable organizations. In cane sugar we find *carbon*, 42; *hydrogen*, 6; and *oxygen*, 51; *nitrogen* is absent. Starch contains *carbon*, 44; *hydrogen*, 6; and *oxygen*, 48;—here also *nitrogen* is absent. In beans we have *carbon*, 38; *hydrogen*, 5; *oxygen*, and *nitrogen*, 38. Peas consist of *carbon*, 35; *hydrogen*, 5; and *nitrogen* and *oxygen*, 39. Potatoes of *carbon*, 44; *hydrogen*, 5; and *nitrogen* and *oxygen*, 45. Oats of *carbon*, 50; *hydrogen*, 6; *oxygen*, 36; *nitrogen*, 2. Hay of *carbon*, 45; *hydrogen*, 5; *oxygen*, 38; and *nitrogen*, 1. We might run through the whole catalogue of vegetable productions upon which men and animals subsist, and we should arrive at similar results. But this identity of the elementary principles of the vegetable kingdom is not confined to articles of food. We find it in all medicinal substances, both those of a mild and those of the most deadly character. Morphia consists of *carbon*, 72; *hydrogen*, 6; *nitrogen*, 4; and *oxygen*, 16. Quinine of *carbon*, 72; *hydrogen*, 7; *nitrogen*, 8; and *oxygen*, 8. Oxalic acid of *carbon*, 26; *hydrogen*, 2; and *oxygen*, 70. Alcohol is the result of the union of *carbon*, 24; *hydrogen*, 6; and *oxygen*, 16. Atmospheric air is composed of 20 parts of *oxygen* and 80 parts of *nitrogen*; and water of *oxygen* and *hydrogen*, in the proportions of 1 to 2.

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In relation to the mineral kingdom, without going into the minutiæ of analytical investigations, we will merely state that every kind of rock in the crust of the earth consists of *oxygen* combined with other gases. In view of this identity of the elementary constituents of matter, the question very naturally arises: what makes the difference in form, color, density, weight, smell, functions, and uses of the great variety of objects of which the natural world is composed? It is difficult to conceive that bodies differing so widely in their external appearance, and in their sensible and chemical qualities and relations, as we see to be the case with the multitudinous objects of nature, can be identical in the elementary principles of which they are constituted. And yet the truth, like all other truths, is very plain, and easily comprehensible. The difference in any given case may depend upon one of three distinct conditions: first, upon the absence of one or more elements, as in the following examples: the potato is constituted of four elements—*carbon*, *hydrogen*, *nitrogen*, and *oxygen*; while cane sugar is composed of three—*carbon*, *hydrogen*, and *oxygen*; and water of only two—*oxygen* and *hydrogen*. Or, second, it may be owing to the difference in the relative proportion of the elements which enter into their composition, as in the following examples: in beef we find 13 parts more of *carbon* than we find in beans, 2 more of *hydrogen*, and 2 less of *nitrogen* and *oxygen*. Or, third, the difference may depend upon the arrangement of the atoms of which each body is composed, as in the following cases: cyanic acid is crystalline in its character, soluble in water, and forms salts with metallic oxides; hydrated cyanic acid is volatile, highly irritating, and instantly decomposes when brought in contact with water; cyamelide in its appearance is very much like porcelain, and is insoluble in water. Now, these three substances, so different in their physical aspect and qualities, by the employment of heat alone can be converted and re-converted into each other without addition and without subtraction. The diamond and common charcoal are nearly identical in principle—both composed of *carbon*—and yet how widely different in their external aspect, and in their physical qualities. These differences are the result of the peculiar arrangement of atoms of which each is

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composed. So surely is the slightest deviation in the physical character of bodies the result of variation in the number or arrangement of their constituent elements, that we see it exhibited in instances of apparently so trifling a character as the color of the hair. Thus, brown hair has one part *more* of *carbon* than black, and one *less* of *oxygen*, while the other elements remain the same. Other shades are the result of a similar variation. Thus, the results of long, patient, and laborious scientific researches enable us to infer, with almost absolute certainty, that the human body is the sum of all the elements of the natural world. The vegetable kingdom is the great laboratory, the great work-shop in which the chief elements are prepared, out of which the human body is constructed.

Man, though standing at the head of creation, and possessing in his corporeal, his bodily organization, all the elements of which the natural world is composed, and possessing organs more intricate in their structure, and far more delicate than those of any other organized body, yet he has not the power, he has not the capacity to prepare, to compound any of the elements out of which his body is constructed. These elements are all prepared, combined, and arranged, ready for use, in the vegetable kingdom. This seems to be the legitimate work, the highest office of vegetable life. In the vegetable kingdom, *carbon*, *hydrogen*, *nitrogen*, and *oxygen* are compounded into *fibrin*, *albumen*, *caseine*, *gluten*, *gelatine*, ready for the formation, growth, and sustentation of the body; and the physiological, the vitalizing processes of the human body consist in taking these elements and constructing them into organs for the uses of the mind. All the operations, all the efforts put forth in nature, tend towards the development and support of the human body. In the mineral kingdom lie all the elements of the natural world in an inert and quiescent form. The first move towards the humanizing process is the breaking up, the tearing asunder of the mineral formations; indeed we might say, this is the first step towards the formation of the human body. The disintegration of the rocks is accomplished by the atmosphere, aided by storms and changes of temperature. These agents are constantly at work, fretting and wearing away the rocks, and reducing them to the condition of dust.

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In the course of time this dust assumes the form of grain and various other nutritive substances, fitted for the support of animal life; they are then taken into the stomach, and by the process of digestion and assimilation, formed into blood; they thus become flesh and bones, and return day by day through the various outlets of the body, to the forms they originally possessed; but to go again through the same unbroken and perpetual round. The vitalizing process thus begins in the mineral world, and ascends step by step through the vegetable and animal worlds—attaining to a greater degree of perfection in each of its stages, till, at last, it culminates in the human body.

We have thus, gentlemen, endeavored to show you briefly what the constituent elements of the human body are, according to the most reliable testimony of science; and that, in all probability, they include all the elements of the natural world. We come now to consider the laws of matter as related to the human organism, in both health and disease. And, first, of the great law of *attraction*. This law, which governs the motions of the planets and their relations with each other, governs also, we have every reason to believe, the relation and movement of every particle of matter. The grand display of worlds, wheeling in the immensity of space with mathematical precision, is the result of the operation of the same law that governs the weight and velocity of the air, the tidal movements of the ocean, the gathering mists, the fleecy clouds, the Falls of Niagara, the formation and descent of the rain-drop, the transmission of light, heat, and sound; and we find the same law operative in the formation and growth of both animals and plants, in mineral crystallizations, and in all chemical actions and combinations. As each plant in our solar system is a centre of gravity, exciting an attractive force upon all the elements of matter that come within its sphere, so each organ of the body is a centre of gravity, exciting an attractive influence on all the elements of matter adapted to its life and uses. Every atom that enters the body, destined either to preserve it, add to its growth, or to restore it health when sick, becomes the subject of the law of universal gravitation; or, rather, the laws of attraction and repulsion; or better,

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perhaps, the centripetal and centrifugal forces of nature. The blood, laden with nutritive elements, is carried by the propulsive force of the heart and arteries to the threshold of the organs which it is destined to supply, and here the jurisdiction of the heart ceases, but only as the attractive or propulsive power of the organ begins. The proffered elements are drawn in, arranged and disposed, according to the necessities and requirements of the organ; or repelled and sent onward to those organs, for the uses of which they are better adapted. The sap of trees and the juices of plants circulate and are distributed by the same attractive and repulsive forces—being drawn to those parts to which they are suited, and sent away from those to which they are not. Attraction is the general law of organization, in both the passive and active, or the dead and living universe. Here, then, we see that attraction, instead of being an abstract formula, becomes a palpable, a living force.

If we enter the domain of the sciences, we find that the laws of mechanics are fully and perfectly represented in the muscular and bony structure of the human frame. Not a movement can be made, either voluntary or involuntary, without bringing into action the principles of the *lever*, the *pulley*, or the *inclined plane*. When the skillful pianist performs an intricate piece of music, what a wonderful instrument is put in motion in the human hand. The laws of mechanics are here displayed in the most ample and exact manner; and the rapid succession of these mechanical movements are not only in themselves wonderful, but the wonder is trebly increased when we see that they are made in such a manner as to become expressive of the deepest emotions of the soul.

The laws of *optics* are all represented in the eye, which is the most perfect optical instrument ever invented. It is composed of the finest materials, arranged in the best possible manner for the purposes intended. It has a double convex glass, called *crystalline lens*, perfect in structure, and set with a precision far surpassing human skill. It has humors of different densities, and various translucent membranes, all of which are exactly adjusted, and co-operate to transmit, refract, and regulate the pencils of light, which bear the images of

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objects to the eye, so that they may touch the exact points, and there present to the mind pictures of the outward world in all their beauty and sublimity; and thus excite and preserve in us an enduring interest in universal nature. The laws of sound are all represented in the ear, which is a complete acoustic instrument, being trumpet shaped without, for the purpose of collecting sounds, and having within a vibrating tympanum, chambers, and winding passages, in fact, all the means of reverberation and modulation to which sound is subject.

We might go on and analyze organ after organ, as to their capacities, powers and uses, and we should find that the laws by which they are all governed and controlled, co-ordinate with the laws of nature. In the science and art of healing, the indispensable agency of these laws becomes still more obvious, especially to the student of medicine.

Next in importance to a sound mind, is a sound and healthy body. But the mind cannot be developed in all its parts and capacities, unless the body be in a healthy and sound condition. However much knowledge may be stored in the memory, it does not in reality become a part of the mind till it is reduced to practice. In order, therefore, that the body may be able to perform the behests of the mind to the fullest extent, it must be in a healthy condition. The science of medicine is the highest and most comprehensive of all the sciences, because it has direct reference to the restoration of man from a diseased condition to a state of health—thus enabling him to enjoy the greatest degree of physical comfort, while at the same time he may be enabled thereby to perform the greatest amount of uses to his fellow men.

That the science of medicine embraces and includes all the sciences, may be illustrated by one or two examples, so far, at least, as to make the inference probable. The science of singing, for example, is eminently mechanical in all its requirements and performances. The principles of the *inclined plane*, the laws that govern the movements of the *lever*, the *pulley*, &c., are indispensable in the treatment of human casualities; and no manipulation can be performed without bringing into requisition some one or more of the laws which underlie the mechanical arts.

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In disease man reaches downward into the three kingdoms of nature for the means of relief from his sufferings, as he reaches thitherward in health for the elements by which his body is nourished and sustained. The animal, vegetable, and mineral worlds are his *materia medica*, and to become acquainted with its mysteries, he must acquire a knowledge of the laws of botany and mineralogy, as well as a more or less extensive knowledge of the animal world, before he can command their sanitary powers. And by a knowledge of the laws of chemistry—such as the laws of *attraction* and *repulsion*, *decomposition* and *combination*, *elective* or *chemical affinity*, &c.,—he is enabled to test the quality of these agents, ascertain their relations with each other, and avoid serious consequences that might otherwise arise from their indiscriminate employment. To obtain a minute and practical knowledge of the diseases of internal organs, such as the heart and lungs, the understanding of the laws of *acoustics* and *harmonics* are equally indispensable. By a practical application of the laws of *acoustics*, the sounds produced in the lungs by breathing, the resounding voice, and the rhythmical motions of the heart are collected and conveyed to the ear; and by the science of *harmonics* we are enabled to distinguish their differences, and measure their proportions in both health and disease. The laws by which the operation of heat and moisture are governed, called in technical language *thermotics* and *atmology*, are indispensable in regulating the temperature of the body in tempering the atmosphere to the sensitive and diseased lung; and by their aid we are enabled to protect the body from direct—and violent reactive influences, and thus abridge diseases that might otherwise prove long and painful. Without a knowledge of the laws of *optics*, many diseases which are now inspected with great minuteness could not be known; neither could light be tempered to the diseased eye, nor could those congenital defects of vision, which defy the power of drugs, receive that aid now rendered with such signal benefit. The laws of *hydrostatics* enable us to determine the presence, as well as the relative amount of fluid accumulated in certain cavities of the body, as the result of disease, thereby affording indispensable aid in determining the medical treatment neces-

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sary in specific cases. By understanding the power of *magnetism*, *electricity*, and *galvanism*, and the laws and appliances by which they are controlled, these sciences become indispensable agents in removing diseases, which could not be reached by any other means.

We may thus see that the human body reaches downward through the realms of beasts and fishes, herbs and stones; or rather the three kingdoms of nature, in the performance of their legitimate uses, make their way towards man, and at length centre in him. But the animal, vegetable, and mineral worlds, together with the arts and sciences, have yet another and typical connection with man, of which it may prove not uninteresting to give an example or two. A distinguished German naturalist (Oken) affirms, that the animal kingdom is simply the body of man disintegrated—that all animals represent the organs of man in living forms; or, in other words, the bodies of animals are but the organs of man, endowed with, and living as it were an independent life. This idea is, to say the least, forcibly expressive of the intimate relationship that the animal world sustains to the human organism; and though we may not be prepared to accept it, in its most literal significance, yet, when we view the animal forms as to their natures and instincts, which is true science, the likeness at once becomes obvious. *The nature and eccentricities of man are clearly typified by the nature and instincts of the animal world. Thus we find on the poorer side of humanity, the ferocity of the tiger, the cunning of the fox, the pride of the peacock, and the stubbornness of the ass; while his better nature is as obviously typified by the innocence of the lamb, the gentleness of the dove, and the heroism of the lion. Moreover, when humanity is degraded by a life of sensualism, when the man falls below the dignity of true manhood, animality receives him with open arms. This very life, when not restrained by fear, or influenced by some selfish consideration, is but an exhibition of beastly propensities; and as he descends

* For some of the ideas contained in a few of the following illustrations we wish to acknowledge our indebtedness to the curious work of our learned colleague, Mr. J. J. G. Wilkinson, of London, entitled, "The Human Body and its Connection with Man."

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the declivity to moral death, he runs through the whole scale of perverse animal instincts, till at last he crawls away like the serpent, into clefts and chasms, or becomes inhuman, like the toad, in the rocks of a thousand years. And too, many of the higher order of animals live in close proximity to man, sharing his earthly lot, and at the same time reflect his moral nature, whether it be honest or cunning, gentle or ferocious. Thus, in the instinctive animal natures, man may see himself as in a minor.

The vegetable kingdom also exhibits man in a similar way. The plants, in their natural relationship, assume orders, classes, species, and families, just as in human relationships. But we find a more intimate connection with man in these cases. They are ever at work, ministering to our necessities and desires; they furnish materials for our covering, and prepare the elements of our bodies; they cherish, nourish, and sustain us when well, and afford us medicine when sick. It may be said also, that they are related to us anatomically:—they have sap like blood, and vessels to convey it—they have leaves like lungs, by which they respire; they have roots like stomachs, which take in and digest the food by which we are nourished and sustained; they have skin, and they have limbs; they are male and female—having, like man, fecundating powers, by which they produce seeds and progeny, and thus perpetuate their kind. And, as the domesticated animals stand at the head of the animal kingdom, so the more useful plants occupy the first rank in the vegetable kingdom, and, standing at the head of a series, and in near proximity to man, they form a group of which man is the centre.

Again, there is humanity in the mineral kingdom, because it is included in the scheme of order, and supports the vegetable kingdom, which grows up to the animal kingdom, and thus reaches to man. But each kingdom has its own individual approach to man. The animal makes its way thither by a scale of likening forms and functions; while the vegetable, on the other hand, is like man in being of use, and whether its use be that of food or clothing for the body, or as a symbol of the mind, the progress of all things, as it makes its way upward to the human form. Support, however, is the great hu-

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man property of the mineral kingdom, standing as it does, under all things, and bearing their burthen. It not only supports the trunks of trees, and food of animals and men, but it supports the vegetable process in the one case, and the animal life in the other. Its rocks are the foundation of our houses, and its stones make our palaces and prisons. It supports the mind, also, as well as the body. We gather from it our ideas of resistance, hardness, permanence, steadiness, and much else that gives strength to our intellectual and moral natures.

The arts too have humanity for their aim. The highest subjects of poetry, painting and sculpture, are human actions and passions. Poetry embodies the passions and makes them men, women, and children. The painter, in the exercise of his art, without theory and without apology, embodies the passions in personal forms. If he delineates love, it is by a beaming countenance, by clasping hands, by open arms, by flushing cheeks, by a bending and inclining form. And the sculptor, in representing duty, chisels the white marble into a cheerful severity of brow, a steadfastness of limb, and form unwavering, as if fixed in the poles of the heavens—duty is delineated in every outline and attitude.

But art extends below the regions of poetry, painting and sculpture, in its humanitary mission. It delves into the bowels of the earth, mustering the treasures therein concealed, into the more immediate service of man. The precious ores are made to subserve the interests of man in never-ending variety. As the established medium of exchange, they minister to man's necessities; and by them he gratifies his desires, both hallowed and unhallowed. In the useful and ornamental arts, they are equally subservient to his bidding. Its iron and copper, by the manipulations of art, are fashioned into stalwart engines and rails, over which the iron horse speeds in obedience to the will of man; ships which constitute navies and carry on the commerce of the world; bridges stretching from shore to shore and from mountain to mountain; implements of husbandry and war, and electric nerves, along which, from man to man and from nation to nation, flash thoughts pregnant with human passions.

If man is co-ordinate with the world, its atoms, its sciences,

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and its arts, he is also co-ordinate with its changes. If he is subject to day and night, day and night are written upon all his members; his life attenuates between labor and repose, in infancy, in vigorous manhood, and decrepit age; his aims and desires have their morning, their noon, their meditative evening, and night of cessation and repose. If he is to pass through the seasons, his body also has its spring-time, its summer, its autumn, and its winter. If he is to be subject to revolutions in his social state, his mind and his body are still at home, for they themselves are nothing but revolutions. And if he is to die, his whole life on earth is but a succession of births, deaths, and revivifications. His body dies and is revived, atom by atom, day by day, hour by hour, minute by minute, and he heedlessly lets go his breath after every inspiration—not doubting that the outward and inward powers will co-operate to revive him from the fast embrace of his mimic death. His beat too is a perpetual prophecy of his marvellous change; for in every two beats—that is every time it opens to receive the blood, and shuts to force it out, which occupies something less than a second of time—the heart runs through an entire life, and establishes relationships with both the outward and inward worlds, more numerous and far more perfect than is established by the individual man in the life-time of three score years and ten; it then expires, but is instantly revived—thus working on in restless alternations, the fated well-spring of human life.

Such, gentlemen, are a few of the evidences which point out the intimate relationship of the physical man with the physical universe. Man then may be said truly to be the crowning object, the central work of creation; for there is no object in nature but man, to which all else can minister. He is, in the broadest significance of the word, a *microcosm*; though dependent, as to the formation and support of his material organism, upon the elements of the natural world, and the laws by which these elements are governed, yet he has all the elements and all the laws of the world within himself. He has his own light and his own heat, and the laws by which they are governed; he has his own imponderables, his own atmospheric elements, his own fluids, and his

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own solids, and the laws by which all these are governed. He has, moreover, his own organic chemistry, which prepares, selects, disposes, and arranges the elements necessary to form and sustain his physical organism; and the organs of the body are themselves the workmen, appliances, and laboratories by which, and in which this work of forming organs is performed. Man is, in fact, a little world within himself; and yet he could not endure for a single moment but from the world without; the world without looks *towards* him, and centres *in* him. He is completely altered to the universe, and, what is most wonderful, his body is so constructed and arranged as to bring the indwelling spirit into contact with the world in all its parts, functions, and phases; it is, as said the Psalmist and the Apostle, the temple of the living God, and the dwelling-place of the Most High; it is the land of hope, and the arena of miracles and providences; there is nothing within the scope of human possibilities that it cannot do, and nothing that cannot be done in it.

Such, gentlemen, is the wonderful being on the study of whom you are about to enter. You are to acquire a knowledge of the mechanism of his body, the composition, structure, relation, and uses of all his organs and parts; and you are to acquire a knowledge of him when under the influence of disease, and also of the best method of relieving him from physical suffering, and of restoring him to health and usefulness. And the different departments of science, which go to make up the one great science of healing, you have come here to study. You expect to be led into the mysteries of physical man, in both health and disease; we trust you will not be disappointed.

The science of anatomy lies at the foundation of the physical man. You can learn but little of the functions of life till you have first learned something of the instruments by which life is carried on. You will come to the chair of anatomy for this knowledge. There you will have spread before you the bony structure—the hardest and most durable part—the very framework that gives to the body stability and general form. The composition of the bones will be explained—their structure, shape, relative position, and general uses. You will be shown

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how they are connected together, and the admirable adaptation and mutual connection of the various parts of which the bony skeleton consists, to subserve the purposes intended. The muscular system will be exhibited to you in all its parts. You will see their structure, their position, and uses, and how admirably they are adapted for the performance of the innumerable motions of which the human body is susceptible. The mechanism of the respiratory system, the organs of the circulation, including the heart, arteries, veins, and capillaries, by which the circulation of the blood is carried on, the organs concerned in digestion and assimilation, the organs which constitute the secretory, excretory, and reproductive systems, together with the structure of the nervous system, including the brain and spinal cord, which gives to the muscles the power of contracting, the lungs of breathing, the heart of propelling the blood, the glands of secreting, the eye of sight, the ear of hearing, the skin of feeling, &c.; all these, and much more you will have explained to you from the chair of anatomy. And while this unfolding of the mechanism of the human body is going forward, you will be inducted, by the chair of physiology, into the mysterious operations of the vital process. Here you will learn how the intricate functions of the human organism are carried on; how the organs of the body grow and are nourished; how the food, from a crude state, goes through the process of digestion; how the nutritive part is separated from the excrementitious, is sucked up by the lacteal vessels, and makes its way through the *thoracic duct* into the blood, and as it commingles with this fluid, and is transported hither and thither in the sound of the circulation; how it is attracted to this organ and that, and becomes a part of the organic texture; how the worn out elements are eliminated, or sent out of the system as no longer useful to the integrity of the organism; how respiration is carried on; how the wonderful propagation of the species is accomplished; and, above all, how the marvellous functions of the nervous system operate to control the whole.

From the chair of chemistry you will acquire a knowledge of the elements of matter, and the laws by which they are governed. You will learn how to separate, and combine and

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recombine elements in such a way as to change their whole physical and medicinal properties; and much more that is indispensable to your success in the healing art.

The chair of *midwifery* will unfold to you the secrets of the generation of the human body. It will conduct you through the marvellous processes, the various evolutions through which the human being passes, from the moment of conception till it is ushered into the world, a fully formed and independent being, endowed with all the physiological functions of animal life. It will show you how to conduct the delicate, painful, and often difficult processes of labor to a successful issue, and how to minister to the necessities of the new-born child, and the comfort and restoration of the mother.

From the chair of surgery you will learn how to meet the casualties incident to the human body. You will not only learn how to perform all the operations usually performed by cutting instruments, the various duties required, on the part of the surgeon, in setting fractured bones, reducing dislocations, the application of bandages, and all the other manipulations of practical surgery, but the use of such medicinal means of cure as surgical operations demand will be accurately and minutely set before you by the incumbent of this chair.

From the chair of *materia medica* you will get a knowledge of the power of medicines. Their classification, their pathogenetic or disease-begetting power, their characteristics, their relation with diseases,—in short, you will be taught the language of drugs, which is no other than the symptoms which these mysterious agents are capable of producing in the healthy organism, and which will give you an intelligible and practical insight of their capability of curing diseases in accordance with the great law of cure, a knowledge of which will be made known to you from another chair.

You will be brought also, from time to time, to the chair of clinical medicine, where you will have an opportunity of witnessing the workings of disease in its stronghold. You will witness the examination of patients by all the accredited methods of the present advanced state of the art. You will see disease traced from its inception, through its various changes, up to the time when called upon to meet with the

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best resources of our art. You will witness the manner of obtaining, classifying, and recording symptoms, and learn the medicine prescribed, and the reason of its choice. You will have also an opportunity of making a practical application of the knowledge you have acquired, by examining cases of disease, and selecting the remedy therefor.

And lastly, you will come to the chair of the principles and practice of medicine, where it will be the endeavor to teach you, more fully than comes within the province of any other chair, medicine, both as a science and as an art. This is the central department, in which the teachings of every other culminate. Anatomy, physiology, and pathology are the foundation stones of the edifice, while therapeutics constitute the superstructure. But pathology, or the changes produced in the organism by the operation of disease,—and semeiology, or that branch which treats of symptoms, the only true expression of those changes, are so intimately connected with therapeutics, that they, of necessity, belong to the province of the same chair. Hence, from this chair you will obtain a knowledge of the principles of pathology, and the symptoms by which alone particular diseased conditions of the organism can be accurately known. The symptoms characteristic of special diseases will be set forth and explained in the most intelligible and comprehensive way; and the treatment pointed out in accordance with the great law of cure, which is the distinguishing feature of this school. And here let me remark, that in no other school than the homœopathic can you learn anything of the law of cure. You may, in the schools of this city and elsewhere, obtain as thorough a knowledge of anatomy, physiology, pathology, surgery, chemistry, and midwifery, but you cannot get a knowledge of the law of cure; nor of the homœopathic materia medica—the only instrument by which this law can be made available in the cure of diseases. Here these two great crowning departments of the science of medicine are ignored without trial, and with the utmost contempt. Moreover, in most of the allopathic schools, whenever a student is known to have a predilection for homœopathy, however extensive his knowledge of all the subsidiary and collateral departments, including the routine prac-

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tice of legitimate medicine, so-called, he is denied the right of a diploma, and in many instances the common civilities of professional life. This bigotry and intolerance have compelled us to establish colleges, where these great truths may be not only taught and learned, but where, under sanction of the civil law, you can be accredited, and go forth the peer, to say the least, of your professional brethren of the allopathic schools. The establishment of this school, then, is the result, rather of the pressing demands of the sick, and the advancement of general intelligence, than of a selfish and vain-glorious ambition.

Thus, gentlemen, we have endeavored to impress you with the magnitude of the work upon which you are about to enter. In passing through your *curriculum*, you will see more and more clearly, as you advance, the necessity of cultivating an intimate acquaintance with all the laws of nature; or, in other words, all the natural sciences; for you will be constantly reminded of their inseparable connection with the great science of healing.

In welcoming you, gentlemen, to the privileges of this institution, in the name of the faculty, I would invite you to come, not only in the utmost freedom, but in an inquiring and teachable spirit. The professors, one and all, will meet you cordially, and extend to you on all occasions a helping hand, and conduct you, if you coöperate with their endeavors, over the field which they themselves have trod; they will endeavor to instruct, not only the external senses of the body, but also the scientific and rational faculties of the mind; they will show you how, in the great art and science of healing, you are to reason from effects to their causes; they will show you how to connect the external phenomena of the disease with their internal, secret causes; and how to apply your means of relief in accordance with the great law of cure;—in short, they will deal with you as rational men—as honest and earnest seekers after truth; and they demand in return, diligence and earnestness of purpose,—that you show, by your lives, your worthiness to enter the great *arena*, equipped and sandalled for the race,—that you are mindful of the mighty responsibility you are assuming,—that you start with the determination to make the profession the purpose of your lives, and that you will

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consecrate your labors to this end. With this purpose on the part of both teacher and pupil, there is nothing to prevent you, gentlemen, from becoming ornaments to the profession, and blessings to your fellow-men.

ARTICLE XXXIII.—*Bright's Disease of the Kidney.* By E. E. MARCY, M. D., of New-York.

SYNONYMS.—*Albuminuria.—Acute desquamative nephritis* (Johnson).—*Renal cachexia* (Wood).—*Albuminous nephritis.*—*Granular degeneration of the kidneys.—Fatty degeneration of the kidneys.—Uræmia.*

IN 1837 the attention of the medical public was first seriously directed to this malady by Dr. Bright, of London. Although a few previous writers had vaguely alluded to the disease, and thrown out some hints with regard to its probable nature, yet to Dr. Bright belongs the credit of having first presented to the profession a systematic and moderately accurate description of the symptomatic and pathological phenomena of the disease. We adhere to the term "Bright's disease" to designate the malady, because not one of the other names applied to it conveys a just impression of its actual nature. The prime cause, the ultimate essence of the malady is not located in the kidneys, but in the blood itself, in the form of retained effete matter from diseases, from the presence of noxious drugs, from checked perspiration, &c. So long as these poisons remain in the blood, its normal condition is disturbed, and the entire organism suffers. Nature, always kindly in her instincts, always on the *qui vive* to sustain the integrity of the delicate organization over which she has been placed in charge by the Great Architect, strives to eliminate all disturbing agents through one or more of the natural emunctories of the body; and she always selects the most appropriate channels to throw off each deleterious substance. As examples we cite the following:

When the poison of variola has infected the blood, the skin is selected as the eliminator, and the energies of the system are concentrated to throw out upon this part, suppurating pustules loaded with the escaping poison of small-pox. The

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copious discharges from the pocks usually suffice to relieve the blood of its morbid constituent, and thus enable the system to return to a normal state. But in some instances the pustules fail to perform their full duties as eliminators, the kidneys are called into requisition as auxilliaries, and, as a consequence, renal inflammation is sometimes the result.

In the case of scarlatina poison, the most important eliminators are the skin and the mucous membrane of the throat and intestinal canal. When the poison is intense, and the natural recuperative forces are feeble, these parts fail to perform their offices efficiently, and an extra amount of labor devolves upon the kidneys. During the passage of this poison through the *tubuli uriniferi*, an inflammatory congestion is produced, which prevents the Malphighian corpuscles and the epithelial cells of the tubes from separating from the blood normal urine, and permits the passage of albumen, fibrin, and other abnormal constituents.

In measles, erysipelas, and other cutaneous disorders similar conditions not unfrequently obtain. So likewise in many other conditions of the system; in scrofula, psora, constitutional syphilis, the presence in the blood of poisonous substances, like mercury, phosphorus, turpentine, copaiba, and other drugs, retained perspiration from the action of cold, &c., the kidneys may become inflamed in their efforts to eliminate these noxious influences. During this process of elimination, if the poison is directed towards the skin, eruptions and cutaneous inflammations of various kinds may result; if it is attracted to the bowels a diarrhœa will occur; if to the liver, hepatic inflammation will ensue; if it passes out of the blood through the kidneys, we shall have the usual phenomena of acute desquamative nephritis, with a rapid production and detachment of the epithelial cells of the convoluted tubes, inflammation of the Malphighian bodies, exudation of serum, fibrin, &c.

When renal inflammation results from any of the causes cited, it can only be regarded as an effect of the action of the passing irritant. To this effect medical men at present direct their chief attention, almost regardless of the more deep-seated and vital derangements which originate the complaint. In a

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therapeutical point of view the distinction we have described is important in guiding the medical man to a more comprehensive and efficient mode of treatment.

Bright's disease may originate from other causes than those enumerated. In our own practice we have on several occasions met with both acute and chronic forms of the malady, which were clearly traceable to irritable bladder, and other chronic affections of this organ. In several of these instances incontinence of urine (especially nocturnal) had existed for many years previously to the renal attacks. It is highly probable that long-continued sympathetic irritation of the kidneys from urethral strictures, cystic calculi, and other causes of a similar character, may eventually give rise to the complaint under certain circumstances. In a monograph recently published in Paris, entitled "La Fievre Jaune de La Nonvelle-Orleans," by our friend A. J. F. Cartier, M. D., it is stated that albumen is often found in the urines of yellow-fever patients, during the second and third stages of the malady. Dr. Cartier has personally verified this statement in several instances. Does not this fact go far to prove that the immediate cause of yellow fever is a *blood-poison*, introduced from without, the tendency of which is to produce a rapid decomposition of the blood, with consequent functional derangement of nearly all the organs, and finally exudation of serum into the stomach, black vomit, general prostration and death, unless the poison be eliminated during the first stage of the malady, through the pores, the kidneys, and other emunctories? A confirmation of this view consists in the fact, that when the cutaneous, renal and hepatic secretions are kept in uniform and steady action from the outset of the disease, recovery invariably results.

Albuminous urine has often been detected in cases of cholera asphyxia, and in ship, hospital and other typhoid fevers. In these examples, as in the cutaneous maladies enumerated, the blood is contaminated with specific morbid poisons, and during the reaction of the vital force to eliminate them, the kidneys become inflamed.

One of the most common and characteristic phenomena connected with Bright's disease consists in the presence of

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albumen in the urine; and from this circumstance it has received, from Martin Solon, the appellation of *albuminuria*. A symptom no less common, consists in the retention of urea in the blood; from which fact other writers have employed the word *uræmia* to designate the malady. Others still regard the complaint as dependent not only upon a depraved condition of the blood, but of the entire organism; and, in accordance with this view, Professor Wood, of Philadelphia, has presented us with the term *renal cachexia*, to express the disease as a unit. Another constant phenomenon connected with the disorder is a more or less rapid production and detachment of the epithelial cells of the *tubuli uriniferi;* in consequence of which Dr. Johnson has named it *desquamative nephritis*. From the uniform presence of albumen in the urine Rayer employs the term *albuminous nephritis*. One form of the disease superinduces granular formations in the kidneys, from which the designation *granular degeneration of the kidneys* is derived by Dr. Christison. Another variety appears to be connected with fatty depositions, another with waxy deposites, and these circumstances have given rise to the terms *fatty* and *waxy degenerations of the kidneys*.

When we reflect that the kidneys are affected only *secondarily*, and that all of the conditions we have cited are only isolated symptoms of quite different primary and deep-seated causes, we shall perceive that not one of the terms which have hitherto been employed to express the malady as a unit is strictly appropriate. For this reason, and until a more just and comprehensive appellation shall be devised, we shall still adhere to the original designation of *Bright's disease*.

A majority of authors have made a general division of the malady into the *acute* and *chronic* forms. This general arrangement we shall adopt in the present article, although we agree with Valleix "that it is impossible to say, precisely, what are the symptoms which correspond particularly to the three *forms* admitted by Bright, or to the *three degrees* of Christison, or to the *five varieties* of Martin Solon, or rather all of the symptoms of the malady corresponding indifferently to these forms, to these degrees, to these varieties." A single division has a real importance in pathology, like that which has been estab-

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lished by M. Rayer. This author has described an *acute* and a *chronic* albuminous nephritis. The first corresponds to the two first of the six anatomical forms admitted by M. Rayer, and the second to the four last.—*Guide du Medicin Practicien*, par F. S. P. Valleix, p. 100.

ACUTE FORM.

Acute desquamative nephritis is the appellation given to this affection by Dr. George Johnson of London. The convoluted tubules which compose the cortical portion of the kidneys are primarily and chiefly involved in this form of the disease, although the Malphighian corpuscles and the entire gland ultimately become congested and somewhat enlarged. The most notable results of this inflammatory congestion are: albuminous urine, retention of urea in the blood, and dropsical effusions.

Symptoms of the Disease.—Rigors or chilliness, followed by febrile reaction; hot and dry skin, rapid and full pulse, thirst, dryness of the mouth and throat; pain in the region of the kidneys, often extending to the groins, thighs, penis, and testicles, and tenderness of the kidneys on pressure; irritation at the neck of the bladder, and sometimes at the extremity of the urethra, giving rise to frequent desire to urinate, especially during the night; scanty, red, or smoky urine; loss of appetite, nausea, and sometimes vomiting, with other symptoms of gastric disturbance; dull or acute pains in the head and limbs; restlessness and lassitude. These phenomena are speedily succeeded by puffiness of the eye-lids and face, œdematous swellings of the body and limbs, and dropsical effusions into the serous cavities, more or less extensive.

The pleura is exceedingly prone to become involved in the morbid action and to throw into its cavity undue quantities of serum, in consequence of which we often observe distressing paroxysms of rapid and difficult respiration, and palpitation of the heart from the slightest exertion. In all forms of the complaint these paroxysms are quite apt to recur at regular periods—usually every evening and night, and to continue for several hours with distressing severity.

Urine—Much diminished in quantity and sometimes almost

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entirely suppressed, usually red, from admixture with blood, or cloudy and turbid, of a specific gravity from 1,016 to 1,025. If the urine be placed in a watch-glass and slowly heated by a spirit lamp to the boiling point, an albuminous precipitate will be discovered; or, if a few drops of nitric-acid be carefully added to a small quantity of urine, the albuminous cloud appears and is soon precipitated. When both of these tests develop the precipitate, we may safely count on the presence of albumen in the urine.

Under the microscope, the urinary sediment reveals coagulated fibrin, "epithelial casts," epithelial cells, blood globules, and fibrinous casts from the inflamed urinary tubes. After the disease has continued for two or three weeks, Dr. Johnson has sometimes observed oil-globules in the epithelial cells and on the surface of the epithelial casts. These appearances do not appear to be connected with fatty degeneration of the kidneys, and is deemed amenable to remedial measures, provided the oil-globules are in small quantities compared with the epithelial casts. Johnson asserts that this condition is far more common in adults than in children. Not unfrequently uric-acid crystals are observed in these urinary sediments, but they do not occur with sufficient uniformity to be regarded as peculiar to the disease.

The above symptoms, if promptly met with suitable remedies, may terminate in complete resolution and a restoration of the organs to a normal condition, or they may partially subside into a sub-acute inflammatory condition, which may eventuate in one of the chronic forms of the malady; or, if the acute symptoms continue to progress unchecked until a certain amount of urea has accumulated in the blood, chronic poisoning will ensue, and drowsiness, headache, general failure of mental and physical power, stupor, and convulsions will terminate life.

Morbid Anatomy.—If a section of the kidney be made, it will be found somewhat enlarged, heavier than natural, soft, congested, and bloody. The cortical portion is infiltrated with a dark, turbid fluid, and the blood vessels are distended with a still darker fluid. Other dark spots from ecchymoses are observed in the tissue of the gland.—Rokitansky. The corti-

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cal substance is usually thickened to the amount of half an inch.—Rayer. The pyramids are also involved and their blood vessels are distended with dark blood. The natural dark-red color of the healthy organ is changed to a still deeper hue, and is dotted throughout its substance with the congested and dark Malphighian bodies. The convoluted tubuli are distended with detached epithelial cells, and are abnormally opaque. The fascia propria and the mucous membrane of the calices and pelvis are thickened, and their vessels injected with a brownish-red blood.

Causes.—By far the most frequent direct cause of the affection consists in the passage through the Malphighian corpuscles and the secreting tubes of the cortex, of effete and excrementitious matters derived from the blood. In the present state of knowledge it is impossible to determine the number of diseases which are caused or are connected with deterioration or contamination of the blood, and which give rise secondarily to renal affections during the efforts of the recuperative forces to eliminate them through the urinary organs. It is highly probable, however, that many more maladies than have hitherto been enumerated may safely be added to the list.

Retained effete matters from checked perspiration, whether arising from exposure to cold or from other causes, is a common cause of acute nephritis.

A less frequent, but by no means an uncommon cause of the disease, may be found in the elimination from the blood of poisonous drugs which have been administered by old-school physicians. Nearly all the resinous diuretics, like Copaibæ, Turpentine, and Cubebs, as well as most other diuretics, like Nitrate and Hydriodate of Potassæ, Digitalis, Apocynum-cannabinum, Petroleum, Cantharides, and the like, are capable of producing so much irritation in their passage through the secretory tubes of the kidneys, even in small quantities, as to produce albuminous urine. A similar effect has been observed from the elimination of Mercury, Arsenic, and other mineral substances from the blood. The abuse of alcoholic liquors, particularly those which are adulterated, is mentioned as a cause of the disorder.

Long-continued inflammation of the neck of the bladder, from

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stricture, enlarged prostate, calculi, &c., occasionally tend to develop albuminous nephritis from sympathetic irritation. Several cases of this description have fallen under our own observation.

Mechanical injuries over the renal region may superinduce this variety of nephritis in scrofulous, syphilitic, gouty, and other subjects predisposed to the complaint.

Prognosis.—In forming an opinion respecting the probable result of acute albuminous nephritis, it is necessary to regard the actual condition of the patient and the nature of the exciting cause. When it occurs in healthy persons, and is dependent on exposure to cold, or humidity, or abuse of spirituous liquors, diuretics or other drugs, or the elimination of effete matters during the later periods of mild diseases, we may generally count on a favorable issue, provided suitable remedial measures have been promptly adopted.

But when it appears as a sequence to malignant scarlatina, erysipelas, typhus, yellow fever, or cholera-asphyxia, and the system of the patient is much contaminated and reduced from previous disease, the prognosis must always be regarded as doubtful, and often positively unfavorable.

A scrofulous, psoric or gouty diathesis, constitutional syphilis, and cancerous, mercurial and arsenical cachexias are always unfavorable concomitants in this affection.

CHRONIC FORMS OF BRIGHT'S DISEASE.

Many attempts have been made to group together certain phenomena, and to classify them as characteristic indicators of the various forms of Bright's disease. Pathology, chemistry, and microscopy have all been called into requisition as aids in determining this classification, but the subject is still involved in much doubt and confusion. Many eminent continental physicians, like Frerichs and Reinhardt, regard the different forms of the disease as successive stages of one primary inflammatory congestion: the first link in the chain being *inflammatory congestion*, the second *inflammatory exudation*, and the third *absorption*. English and American writers for the most part recognize the existence of these stages, but deny that they have any necessary connection with each other. They assert that each of these forms are often

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met with as independent maladies, and without any previously existing acute disease either in the kidneys or elsewhere. This argument, however, looses its force when we reflect that acute desquamative nephritis sometimes runs its course with symptoms so mild as scarcely to attract attention. Thus a cold, with slight febrile symptoms, high-colored urine, and tenderness and pain in the lumbar region may occur repeatedly without exciting a suspicion of kidney disorder; and yet these very symptoms may be dependent on inflammatory congestion of the kidneys. It is so common a circumstance for patients to be troubled with what is vulgarly termed "crick in the back" during the existence of severe colds, that nearly all pains in this region are included under this general appellation, and are passed by unheeded. In this manner the first stage of Bright's disease often remains undiagnosed, and the more chronic stage of exudation gradually and insidiously establishes itself. How few there are who cannot recall one or more attacks of cold, with febrile reaction, scanty and red urine, nausea, and pain in the loins; and yet one of these unheeded attacks may constitute the first stage of this formidable disorder.

In several instances we have met with chronic albuminuria in individuals who were confident that they had never suffered from any affection of the kidneys; but who, after minute examination and careful reflection, have been able to call to mind previous attacks similar in character to acute desquamative nephritis. Adopting the views of Frerichs and Reinhardt, we proceed to describe—

THE SECOND STAGE OF BRIGHT'S DISEASE.

Upon the supposition that all forms of chronic Bright's disease have been preceded by one or more inflammations of the cortical substance of the kidneys, we submit the following additional remarks:

It is a well established fact that many serious chronic maladies are but sequences, more or less remote, of previous acute inflammations. Thus many cases of uterine displacements, fibrinous depositions upon the utero-genital structure, hypertrophies of mouth and neck of the uterus, and chronic ovarian

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disorders are distinctly traceable to previous inflammatory conditions of these tissues. These inflammations, either from negligence on the parts of patients, or insufficient medical treatment, are only partially subdued, and are allowed to subside into sub-acute or chronic states, and thus to remain as nuclei for the action of any future morbid exciting causes. One of the most common results of all acute inflammations is an exudation into, or upon the affected tissue, with a consequent thickening or hypertrophy. This may superinduce morbid irritations; or it may continue to exist for months or years almost unnoticed, when perhaps, some additional exciting cause will develop a new and more serious train of symptoms.

A pneumonia may run through its course and leave the patient well, with the exception of one or more points of hepatization. A future exciting cause, perhaps years afterwards, may develop in the affected parts softening and consumption. The first inflammation sows the seeds, and a later exciting cause germinates them into a fatal chronic degeneration.

So in the nephritic disorder, a primary inflammation, but partially subdued, leaves the renal tissue thickened and obstructed by an exuded foreign substance; and the organ is placed in a condition to become readily affected by any future noxious influence that may be brought to bear upon it. This renal infiltration may be gradually and imperceptibly absorbed, or it may remain stationary for a long period without producing any serious inconvenience, or a second acute inflammation may be re-established, or the future elimination of some deleterious substance from the blood through the oppressed gland may develop one of the chronic forms of renal degeneration. The kind of degeneration will be determined by the nature of the exciting cause, and the constitutional and acquired peculiarities of each case—some constitutions favoring the development of granulations, some fatty degenerations, others waxy or scrofulous degenerations, &c.

[To be continued.]

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ARTICLE XXXIV.—*Diphtheria: Its Appearance, Nature, and Treatment.* By J. P. DAKE, M.D., of Pittsburgh, Pa.

IT is not my purpose here to enter upon the history and various theories hitherto put forth, concerning this much dreaded disease; but simply to show how it has appeared under my observation and how it has resulted under my treatment. I speak of it as being much dreaded, because it has proved itself so insidious, as well as destructive, in various parts of our country. The first case of it, which came under my observation, was that of a fine little girl, four or five years of age, to whom I was called about three hours before her death. The larynx had been invaded, the old line treatment had been followed, without relief, and I was called simply to say, "nothing can be done."

A few days later a younger child, in the same family, became sick. There seemed to be ulceration of the nasal membranes, indigestion, and great general debility. As before, the old treatment had been pursued. I was called, but did not arrive till ten minutes after the little patient had ceased to breathe. Upon learning the history of the case, I pronounced it one of diphtheria, although the physicians in attendance insisted, that neither this, or the one before, could be entitled to that name. I mention these cases merely to show how insidiously the disease began its work in our community, and how readily it may escape timely recognition.

From September, when these cases occurred, up to the date of my writing (middle of April) we have had it in our city and surrounding country almost without intermission. Some of our physicians, especially those above fifty years of age, who will hardly admit the possible occurrence of any disease, not already familiar to them, contend that this affection is only the *putrid sore throat*, of which they have seen epidemics several times before. They say, we have had no diphtheria.

Be this as it may, I observe, that neither their familiarity with the disease, nor their experience in its treatment, can prevent its frequent triumphs over all their learning and skill.

That an extraordinary morbific influence has been prevailing

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in this, as in other parts of our country for some time past, no one, especially in the medical profession, can for a moment doubt. Whence it has arisen or what is its essential nature, no one has, or may be able, to discover. We recognize it only in its operations in the human system; we see it there and there alone have furnished us a field whereon to contend against its destructive power. To anticipate its coming, to prevent its attacks, by any particular measures of hygiene or medication, we cannot. For those seeking preventions, we are authorized merely to prescribe, as against all other morbific influences, an avoidance of sudden changes of temperature and of improper habits of living.

Taking the disease, then, as manifested in patients coming under my care, I have found it operating in various ways. Generally, however, I have found it assuming forms, such as already pointed out by writers, both in this country and in England. In referring to the record kept by myself and my partner, Dr. Church, I find a classification of our cases, based upon the following groups of symptoms, at once the most correct and convenient.

1. Sensation of soreness of the throat; heat and dark redness of the tonsils, uvula, or contiguous parts; and difficult deglutition, preceded by more or less chilliness, and accompanied with fever, and often with headache also.

2. In addition to the symptoms enumerated above, considerable swelling of the tonsils, submaxillary and parotid glands; nasal obstruction, or fluent coryza, with a general feeling of soreness and languor, and sometimes also stiffness of the neck.

3. Disordered stomach; loss of appetite; aphthous ulcers on the tongue, in the buccal cavity, or on the tonsils and palate; soreness and pains in the epigastrium, occasionally with diarrhœa; the pulse generally rapid and small, with moisture of the surface and general debility.

4. In addition to the symptoms in groups 1, and 2, and sometimes succeeding those of 3, white elevated spots on the tonsils, uvula, arches of the palate, or posterior wall of the pharynx, appearing like the mucus membrane, raised, thickened, hardened, and whitened, in patches varying in size from the smallest fish scale to that of a piece of white kid, sufficient

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to cover the entire throat and half the buccal cavity. These patches have a border of deep red, and, when removed, leave a raw, rough, and often bleeding surface. They sometimes form and spread very rapidly. Under successful treatment they loosen, break, and are thrown off in fragments, with a sanious and bloody discharge. The breath is very offensive; the pulse small, and generally rapid, with copious perspiration, and in the later stages, extreme debility.

5. Constant dry cough, provoked by swallowing, and worse when lying; hoarseness and rasping respiration, such as characterize membranous croup. These symptoms sometimes appear just after, or in connection with those given in groups 1, 2, 3, or 4. Cases occur in which the peculiar membrane is visible, covering the epiglottis.

In regard to these groups I may remark, that they are not, of course, complete in detail, but sufficient for our present purpose. An outline here is all our time and space allow.

I will here present a tabular view of our cases, indicating the number in each class with the results of treatment. The classes correspond to the groups as I have numbered them.

Class.	*Number of Cases.*	*Recovered.*	*Died.*
1	12	12	
2	40	40	
3	51	50	1
4	74	72	2
5	16	12	4
Total	193	185	7

Of the 193 cases treated, there were, under three years old, 33; between three and eight, 49; between eight and twenty, 46; between twenty and fifty, 57; above fifty, 8.

Of those who died one was aged thirty-eight; one was aged eight; two were aged five; three were aged about one.

Those who died were all subject to glandular enlargements, except the three youngest. They, being only about one year old, had never shown such a tendency. The oldest, who was thirty-eight, had been several times severely afflicted with quinsy. In her case, as in those of the other children, there was great enlargement of the tonsils, parotid and submaxillary glands, with excessive irritation of the nasal ducts, and extreme

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fetor of breath. The peculiar membrane, which covered the tonsils, arch of the palate, posterior wall of the pharynx, and in three cases also the epiglottis, came away in fragments, leaving a rough and bleeding surface. In but one case did I observe it to form on the same spot a second time. One patch of the membrane I was able to secure, which I have since kept in alcohol. It is nearly an inch square, of the thickness of the heaviest kid, of spongy texture, and of a yellowish white color. The under surface is rough, with elevations and depressions corresponding with the granulations of the tonsil, whence it came. Upon close examination it appears like the mucous membrane thickened by an interstitial deposit of a white cheesy substance. I am sure it left the surface of the tonsil, whence it came, completely minus a mucous membrane.

RELAPSES AND SUBSEQUENT ATTACKS.

Relapses in this disease are common, and generally found more troublesome than first attacks. The opinion entertained by some, that those having once had diphtheria are forever exempt from its attacks, is not confirmed, but rather contradicted by facts under my observation. I have known nine persons to have a second attack after an interval of several weeks. Two of the number had it in another city, came here, months afterward, and took it again. In this respect it is unlike *scarlatina*, with which it has been confounded by some practitioners.

IT IS ENDEMIC AND EPIDEMIC.

This disease must be termed an endemic, approaching an epidemic. I have observed, that its ravages have been chiefly among those subject to glandular enlargements, or to catarrhal and croupous affections. Nearly all who die with it are well known to have such predispositions. Those with a scrofulous diathesis, or syphilitic taint, have within them the most attractive soil for diphtheria. When such fall under its mysterious influence, they, above all others, are the last to escape its destructive power.

From all my observations I am satisfied, that it is not contagious—that it does not spread from one person to another;

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but that all imbibe its peculiar cause, or, if you please, *materia peccans*, from a common source. I reason out the matter thus:

1. There is a *common* cause or morbific influence, which pervades a particular part or region of country, resting equally upon all the inhabitants thereof. So far it is *epidemic*.

2. There is a peculiar state or diatheses of constitution—a condition of health—which makes some of those inhabitants more susceptible to the *common* cause, or morbific influence, than others. So far the disease is *endemic*, or peculiar to certain persons.

3. There are certain influences, such as sudden changes in the temperature or weight of the atmosphere, errors in diet, over-exertion of mind or body, which serve as *exciting* causes, which bring the *common* and *predisposing* causes more closely together, thus rendering them at once operative.

To illustrate my view, in making an effervescent draught, we place together in a vessel *soda* and *tartaric-acid*, finely pulverized and intimately mixed; yet no effervescence occurs till another and a very simple article, *water*, is added. So the *predisposing* and the *common* causes of diphtheria may dwell together in the same organism for an indefinite time, without any alteration of health; but the moment a *chill* is taken, or a disturbance of the digestive apparatus occurs, "the train is fired," and the insidious destroyer begins his march. The exciting cause, in the most cases coming under my care, has been a sudden chill. Cases of the third class, noted in the table, came more immediately from improper diet or drinking.

ITS PROGRESS.

Sometimes I have found the onset of the disease sudden, and its progress very rapid. A young lad one cold morning took a warm bath, dressed, and went to sunday school, feeling, as he said, perfectly well. While returning home, three or four hours afterward, he complained of being unusually cold, and of a slight soreness in his throat. Two hours later his mother, discovering his throat to be inflamed, and a white patch on one of the tonsils, sent for me. I found him with hot skin, rapid pulse, severe headache, nausea, highly inflamed

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tonsils and palate, and a diphtheritic patch, as large as a three cent piece, on one of the tonsils. In three days, however, his throat was perfectly clear, and he out of professional care. In most cases, however, I have found the development and progress of the disease much slower. Upon inquiry I generally learned, that the patient was not feeling well for a number of days,—that there was loss of appetite, soreness all over, and a general languor before any sore throat appeared.

Sometimes I have had to combat the disease closely for a week or ten days, unable, during that time, to determine whether the patient would ultimately recover or die.

CONCOMITANTS.

In some cases I have met with complications, rendering treatment more difficult and recovery much slower than in simple diphtheria. Some of these I will here notice.

Rash.—In three cases I found a rash or miliary eruption, preceding and accompanying the membranous development. This, however, soon disappeared without special attention, other than to prevent its sudden retrocession.

Rheumatism.—In two cases I had severe inflammatory rheumatism to deal with, which required special attention after the throat was well.

Epistaxis.—In four cases there was a copious hæmorrhage from the nose. In two it occurred in the early stages of the disease from unusual pressure of blood to the head; in the others it seemed more the result of nasal ulceration or destruction of tissue.

Strangury.—In several cases (I neglected to note the number) there was considerable strangury. I may here remark, that in many cases, where I examined the urine, there was a whitish or dark amber-colored deposit. Whether this was albuminous, or simply of a mucous character, I did not attempt to determine, inasmuch as it would make no difference in my mode of treatment. I am aware, that some English writers have put much stress upon the fact, that the urine has been found albuminous in diphtheria; and that they have employed *Cantharides* upon the theory, that the essential hold of the disease is upon the kidneys. In regard to this I can only say,

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that in my opinion, too much importance has been attached to this one symptom, inasmuch as it is common in acute inflammatory attacks of nearly all the thoracic and abdominal organs.

While it is the duty of the physician to notice, as far as possible, every symptom; and while upon the *totality* of the symptoms he must base his course of treatment in each case, no license is granted him to take within the range of his comparison, especially not to take as pathognomonic those symptoms which belong as much to a dozen other affections as the one under treatment.

SEQUELÆ.

When the characteristic membrane has disappeared, and the immediate danger is past, I have found other troubles remaining, or following after, some of which I will here name.

Cough.—In ten cases there was remaining for a number of days, a very troublesome cough, attended sometimes with hoarseness. Generally this passed away as the irritation and mucus were removed from the breathing apparatus.

Glandular Abscesses.—In two cases there was a suppuration of the parotid and submaxillary glands, requiring mechanical, as well as medicinal relief.

Otorrhœa.—In two cases there remained a purulent discharge from one ear, with hardness of hearing.

Ozæna.—In three cases there continued a very offensive, purulent discharge from the nose.

Erysipelas.—In four cases there followed, soon after the disappearance of the membrane, erysipelas of the face. In many respects diphtheria and erysipelas are similar. The one affects the mucous membrane as the other does the skin; while both prevail most in damp districts and in damp weather, both attack more readily persons of a scrofulous diathesis, and both yield to the same class of remedies.

Paralysis.—In nearly every case of the fourth class there was great weakness, and considerable difficulty in swallowing and speaking. And this difficulty was not at all proportioned to the glandular swelling; the trouble seemed more especially in the small muscles, concerned in the act of swallowing or

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speaking. In one case there was partial paralysis of the tongue and both legs. In another the left arm and leg, and left half of the body, especially of the back, were numb and comparatively powerless. Both recovered slowly but entirely.

TREATMENT.

Before diphtheria had reached our city, I had carefully read every treatise and article I could find on the subject. At the last two meetings of the American Institute it was under consideration, and I had the pleasure, especially at the last meeting of hearing the views of several of our best practitioners, both as to its nature and treatment.

Our profession, one and all, are greatly indebted to Dr. H. D. Paine, of Albany, for his early and able reports on the subject. From what I had thus learned, and from what I have since learned from my own observations and experience, I recommend the following as the best remedies for diphtheria. Before proceeding with them, however, I may remark, that I regard the second form of the disease, as already given, but a later stage of the first; while the fourth is but the severest aggravation or last stage of the second or third. It will be observed, that the remedies are arranged accordingly in my course of treatment.

Upon the appearance of symptoms like those of the first group, I prescribe as follows:—*Belladonna*, c.,* and *Capsicum-annum*, c., in alternation at intervals of two hours. If called after this form or group of symptoms has changed into the second, I prescribe *Mercurius-iodatus*, 3d trit.,† in alternation, one day with *Bell.*, and the following with *Caps.*, giving one dose of the *Merc.-iod.* to two of the other remedies, and at intervals between doses of two hours. Again, if on being called, I find the peculiar *membrane* present—the first and second stages being properly past—I prescribe *Nitric-acid*, 1,

* The sign c is used to denote *combined potency*. The combination employed by me consists of the 1st, 7th, 14th, and 31st, put together in one bottle.

† Hydrargyri iodidum rubrum, U. S. I always use medicines prepared on the decimal scale.

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six drops in four tablespoonsful of water, in alternation, as in the case of *Merc.-iod.*, with *Bell.* and *Caps.* Considerable care has to be exercised, not to injure the stomach by too strong a preparation of the Acid.

It is my rule, as the throat improves, to lessen the dose; or occasionally to substitute a dose of *Borax*, 2, in place of the Acid.

For the third or aphthous form, I prescribe *Borax*, 2d trit., in alternation with *Caps.* or *Bell.* When there is much feverishness or headache, I prefer *Bell.* with the *Borax;* when there is great burning in the mouth and throat, *Caps.* is better. If the ulcers are very persistent, or there appears anything like the elevated patches, I at once employ *Nitric-acid.*

The fifth or croupous form of diphtheria, at once the most rapid and fatal, yields best under the remedies for the fourth form, with the addition of *Bromine*, 2. I generally give this last-named remedy in alternation with *Bell.*, sometimes with *Acon.*, and occasionally with *Nitric-acid*, and at intervals of one hour. The larynx and trachea allow so little obstruction, that the membrane has to be broken away and prevented reforming in them at once, or all hope of recovery is gone. The younger the patient and the less able to make repulsory efforts, the greater the danger.

I have employed *Spongia*, *Hepar-sulphur*, *Kali-bich.*, and *Iodine* in this form of diphtheria, and so far as I could judge, without any very favorable results. In cases attended with great irritation of the nasal ducts, swelling or ulceration of their lining membrane, or copious fluent coryza, I have employed *Ammonium-causticum*, by nasal inhalation with very gratifying results. This remedy in water I have also given with benefit for the throat troubles; but have never been able to realize from it what its reported pathogenesis had led me to expect.

For the *rheumatism*, the *strangury*, the *cough*, and the *paralysis* in the cases mentioned, I sometimes had occasion to resort to *Bryonia*, *Rhus-rad.*, *Cantharides*. Generally, however, these troubles yielded to the remedies directed against the prevailing disease.

Pathogenesis of the Remedies.—I will here present the

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pathogenesis of three of the remedies, on which I place most reliance, so far as they relate to the disease under consideration.

Capsicum-Annum.—Sensation of heat; burning and soreness in the mouth and throat; and congested appearance of the mucous membrane, pain in swallowing; ptyalism; contracted feeling in the throat; heat and throbbing in the head; vertigo; epistaxis; increased rapidity of pulse; fever; nausea; strangury, &c., &c. Clinical records inform us, that this has been a very efficient remedy in *cynanche maligna* and *scarlatina anginosa;* that it promotes "the separation of the sloughs, and improves the constitutional symptoms." I regard it as more valuable than *Bell.* for inflamed throat, except where there is considerable glandular swelling; and even there its extraordinary power to control the capillary circulation, to bring excess of blood, and thence to scatter more than it has brought, will enable it to remove congestions, and to reduce swellings as promptly, if not also as effectually as *Belladonna.*

Bromine.—Soreness and smarting in the throat; ptyalism; hoarseness; rough, dry cough; sensation of contraction in the wind-pipe; fluent coryza—also nasal obstruction; epistaxis; earache; otorrhœa; swelling of the parotid glands; headache; alternate chills and heats; violent inflammation of the mucous membrane of the fauces, œsophagus, also of the larynx and trachea; these parts are coated with coagulable lymph, which obstructs almost entirely the air passages. A dingy, brownish, granular, firmly-adhering exudation over the mucous membrane of the œsophagus. Although the symptoms above given were known to indicate clearly the value of *Bromine* in *membranous croup*, no mention is made of its employment in that affection till 1847, when my friend, Dr. M. E. Payne, of Bath, reported a case, (see *American Journal of Homœopathy*, Vol. I.,) in which he had seen the happiest results from its use.

In 1852, (see *North American Homœopathic Journal*, Vol. II.) Dr. A. S. Ball, of New-York, reported two cases of *membranous croup*, in which he had employed this remedy with marked success.

I would like every reader to examine the reports of those cases, in order to observe how well the description, then

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given, suits the cases we have recently had all over the country, and which have proved so generally fatal. In 1853 (see *Philadelphia Journal of Homœopathy*, Vol. I.) cases of a similar character were reported, cured by *Bromine*, in the practice of Drs. H. C. Preston and Ira Barrows. In the same year similar testimony came to us from over the sea. Dr. Kirsch, of Wiesbaden, had succeeded in curing a hopeless case of membranous croup with *Bromine*.

Nitric Acid.—Burning of the tongue, mouth, pharynx; inflammation of the mucous membrane of those parts—ptyalism; ulcerated spots, spreading ulcers in the mouth and throat; swelling of submaxillary and parotid glands; obstructed nares; fluent coryza; epistaxis; putrid-smelling breath; urging to urinate frequently,—red and whitish deposit in urine. Hoarseness; dry, barking cough, which is worse at night. Ear-ache; hardness of hearing. Pains in various parts, like rheumatism; swelling and inflammation of face, like erysipelas. Loss of appetite; aversion to food; nausea; pain in stomach; chilliness; paleness; excessive languor; profuse sweat; extreme debility.

In the *Medical and Physical Journal*, London, 1799, Desgranges reports the case of a young man who swallowed half a wine-glass of this acid. After speaking of the immediate effects, he states, that "on the following day, there was a considerable swelling and tension in the inner part of the throat, difficulty of breathing, painful deglutition, and gangrenous spots appeared about the mouth. This was a real case of gangrenous quinsey." He also states, that about the fifth day afterward, there came out a "miliary eruption, which was accompanied with intolerable itching." We have accounts (see *Edinburg Medical and Surgical Journal*, 1820) of the employment of Nitric-acid as a substitute for fly-blisters. It was applied, after being diluted with one-third its own quantity of water. We find the observation, made by one who has given much attention to the subject, that the acid irritant would not do in place of the fly-blister, where *the effusion of serum was required.* By a reference to the descriptions given of the parts where the acid was applied, we will at once see a striking resemblance to the appearances of the mucous membrane involved in true diphtheria.

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I cannot here, even were it necessary, enlarge upon the character of this article, as a homœopathic remedy for the disease under consideration. Suffice it to say, in conclusion, that, whether we compare the particular symptoms or the *tout ensemble* of the Nitric-acid and of the diphtheritic affections, we must acknowledge the striking homœopathic relationship existing between them. I do not employ this article in obedience to the laws of chemistry. Were the only object had in view the irritation or burning of the parts inflamed, or covered by false membrane, a multitude of other equally good if not better agents might be employed. If the only or chief duty of the physician consisted in *tearing away* the patches from the throat, some ingenious scraper or more convenient caustic would serve his purpose much better than the *Nitric-acid*, or any means we have proposed. But since diphtheria is not merely a local affection, since it threatens our patient's life not only by its morbid, structural changes, but also, and more generally, by its suspension of the digestive and assimilative powers of the organism, by its seizure of every avenue through which the supports of life are brought, it becomes necessary for us to do more than to attack it at the out-posts; we have to employ forces that can follow it into every avenue, however intricate, so as from every part to call forth a reactive energy sufficient for its complete extermination. Therefore I recommend *Nitric-acid*, than which there is no remedy more capable of meeting the disease, without and within, locally and constitutionally. It not only touches the patchwork, but also follows on through every avenue, traversed by the destroyer—quickening the powers of gland, mucous membrane, and stomach, for its expulsion, the repair of tissue, and the support of life.

The pathogeneses of the other remedies which I have used, and which have been very generally employed in this disease, are too well known and remembered by the profession for repetition here.

Regimen.—In this disease I follow the same rule I do in all others of an inflammatory or febrile type. I prescribe the use of as much food, and only so much as can be properly digested and appropriated, without increasing the inflammatory

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or febrile action. It appears to me one of the grossest blunders ever made by our profession to suppose diphtheria to be an *asthenic* disease, and that it requires the stimulation and cramming of every one afflicted with it. In every genuine case, at the outset there is heat of skin, quickened pulse, and more or less local inflammation. If the physician does not discover these symptoms, it is only because the disease has passed through its earlier stages before he is called, or from his lack of discernment.

Later in the progress of the disease, when the pulse sinks, the surface becomes cool, and general debility prevails, the most casual professional observer cannot fail to discover the aversion to food, the nausea, and the epigastric tenderness and pain, which tell him unmistakably, that the digestive apparatus has given out, that it no longer converts the crude materials of aliment into chyme, and that it is able to bear only the lightest of all the articles of nutriment. If, with such information, he persists in cramming the stomach with meats, untold mischief must result, and upon his head will rest the crime at least of gross mal-practice.

As for stimulants, such as brandy and wine;—they only serve to quicken the circulation, hurry *morbid*, as well as normal processes, and thus precipitate the approaching danger. While the disease is yet in the system, in active progress, deep down beyond the superficial view, stimulants increase the safety of the patient, and favor final recovery in the same way and to the same extent, that a double pressure of steam and a redoubled velocity would increase the safety and put in sound condition, a locomotive that is defective in boiler, weak in cylinder, and loose at every joint. Worse than that,—the stimulation exhausts the limited vital powers, the steam necessary to propel the engine, without the ability to furnish more.

The business of the physician, in our opinion, is to guard against improper influences from without, while he seeks to apply his remedies in arresting the disease, or, in the language of our figure, to repair and regulate the vital machinery. When remedies have done their work, when nothing but simple debility remains, a judicious return to usual regimen is at once requisite and proper.

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Had we no means with which to reach within the organism; could we do only the things which empiricism or baseless theories suggest for diphtheria, we might be excusable for acting upon that superficial view of things, common outside the profession, which would feed inflammatory action, overburden a failing stomach, or hastily exhaust the vital powers by strong food and stimulants, in the vain expectation of keeping up a patient, borne down by a relentless and unsubdued, if not also unassailed enemy within.

ARTICLE XXXV.—*Erythema and Erysipelas following Vaccination, with supervening Diphtheria.* By J. F. MERRITT, M.D., of Staatsburg, New-York.

IT sometimes happens, that morbid phenomena, regarded as diverse or even opposite in their character present themselves, so that it is almost impossible to determine which is really the *punctum morbificum* of the disease. The observer, dimly as through a mist, perceives the relation of cause and effect, only in vague outline it is true; he may be able to classify a particular assemblage of these phenomena so as to constitute some known disease, and congratulate himself on the correctness of his diagnosis. To another class he may with equal satisfaction assign a correct name; and yet there is in his mind the latent thought, that all these phenomena, separate and classify them as he will, according to the clearest known principles of nosology, are parts of "one harmonious whole." The putting together of these fragmentary and apparently incongruous materials, and causing symmetry and order thus to spring from chaos, is the work of the *thinking* physician. These form the foundation upon which he erects a theory as a superstructure. From such sources he draws mental pabulum. He turns to the occupation as to "green pastures;" dreams too, it may be, and why not? But to the promised case.

The vaccination of a child of eighteen months was made on the 5th of April last, on the leg, (which locality, by-the-way, was selected by the mother, contrary to my inclination.) On the 15th, ten days after the insertion of the virus, it was seen,

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when everything looked favorable. The annular pustule had filled and the red areola had begun to fade. No more was seen of it until the 28th of April, when I was called in. The local symptoms were, tumefaction about the vaccination of a diameter of about two inches; the scab was of a brownish color, and presented no unusual appearance; the areola was slightly flushed. The general symptoms were, a little fever, slight, moist coating upon the tongue, through which a few, somewhat enlarged papillæ protruded. This state of things continued, alternating however, between the usual "ameliorations" and "exacerbations," and slowly intensifying up to the 1st of May, a period of three days, when the following was the state of things:

Locally, the redness and tumefaction had extended a little up the leg, nearly to the knee, but more down, involving the whole of the leg above the malleoli on the sides, creeping well down upon the anterior aspect of the foot. There was no swelling—but a redness only on the posterior aspect of the foot. At this stage the well-defined festooned edge, regarded by Velpeau as pathognomic of erysipelas was observed. Constitutional symptoms: febrile action more intense; while the brain, as if suffering from the presence of a powerful depressing poison in the blood, seemed sluggish in its operations, to judge from its manifestation through the senses.

May 3d. The eruption has extended up the thigh, across the nates posteriorly, and anteriorly across the pubes, involving the labia in the way, and down upon the other leg; the line of the eruption being bounded superiorly by the bony brim of the pelvis. Bullæ now appeared upon the surface where the inflammation seemed to run highest, viz., upon the thigh of the vaccinated leg. Well marked symptoms of diphtheria now presented themselves. The whole inside of the mouth, but more especially the roof, was observed to be covered with what seemed to be effete mucous membrane. The membrane appeared to the eye at first as if a jet of steam had been directed against it. General depression of vital power, obviously augmented; from the decided croupal symptoms present, the extension of the disease to the larynx and trachea was inferred. Eyes staring, retina almost insensible

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to light; pupils being dilated; tongue brown; patient esteemed almost *in articulo mortis.*

May 4th. No change worthy of note in the general symptoms. The eruption has extended to the trunk, posteriorly; losing, as it takes up its position here, the festooned edge; appearing now in irregularly shaped patches of a paler hue, with sound skin between. It comes more naturally now under *erythema.*

May 5th.—Eruption has crept up until it involves the neck and ears, and seems inclined to go down the arm, and follow the clavicles across to the other shoulder. General symptoms *slightly* ameliorated—a ray of hope in the dark.

May 7th.—Eruption on both arms, re-assuming the festooned edge; appearance of small *bullæ.* Except a degree of anasarca, the disease did not go below the carpus.

From this point, up to the time of the discontinuance of my visits, on the 26th of May, embracing some two weeks of convalescence, there is nothing deserving especial notice under separate dates. It may be sufficient to remark that, at the beginning of the period of convalescence, and immediately following the subsidence of the graver symptoms, both local and constitutional, was the formation of subcutaneous and glandular abscesses; first upon the external and internal maleoli of the vaccinated leg, then in the inguinal glands of that side, and finally, in both axillary glands. These varied in size from a chestnut to a crab-apple. The pus was *somewhat* sanious, but the proportion of "*creamine*" was much larger than the history of the case alone would induce one to believe.

A few facts, appearing upon a general survey of the case it may be well to note.

1. As to the character of the eruption. Upon the extremities it had all the pathognomonic appearance of erysipelas, while upon the trunk it lost these characteristics, becoming clearly erythematous. It commenced at the point of the vaccination, radiating thence in every direction. The severity of the eruption was in inverse proportion to that of the diphtheritic affection, partaking of the character of erysipelas at the commencement, and re-appearing as such at the termination of the

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disease. The eruption was not of that character which is assigned by writers to diphtheria.

2. Notwithstanding the low ebb to which the vital forces had been driven—and that too in a child of cachectic habits —(a fact omitted in its proper place)—there were no local indications of such depression. Those ichorous discharges from abscesses, occurring in constitutions enfeebled by disease, were not to be seen here.

As the treatment has not been given in its usual place, it will be summarily stated here. The first symptoms were met by *Aconite* and *Belladonna*. When, however, the vesicles formed upon the surface, the *Belladonna* was exchanged for *Rhus-tox*. Upon the supervention of the diphtheritic affection *Merc.-Prot.-Iodide* was used. And when the brain seemed on the verge of becoming seriously complicated, the pupils being dilated and eyes staring at vacancy, Strammonium was very successfully employed. Indeed, but for the agency of this drug at a critical juncture, when only a thread held body and soul together, so to speak, I cannot see how the little patient could have passed the crisis; other drugs answered their indications equally as well, but none with such wondrous results. It was this that struck a blow when and where it seemed most needed. Sulphur was used upon the appearance of the abscesses, and with it the cure was completed.

The case is presented as accurately as brief notes and recollection combined can make it. In all material aspects it is true to nature. But where is the *fons et origo* of the disease before us? The writer has dreamed, let the reader do so too. Speculation and theories are not facts. "Things are as they are, and not only as they seem."

ARTICLE XXXVI.—*Anatomy.* By WM. TOD HELMUTH, M.D., Professor of Anatomy in the Homœopathic Medical College of Missouri.

THE ANATOMY OF THE LIPS.

The Lips.—Labium.—Cheilos.—Lippe.—Lèvre.—Labrum.

THE different structures which enter into the formation of the lips, somewhat minutely described, may be, perhaps, possessed of some interest to those who are partial to anatomical study,

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particularly as in the ordinary text books there is generally so short a space devoted to the consideration of this portion of the body.

There are many synonyms used to designate the lips, and in entomology the term *labrum* is applied to the upper lip, while *labium* refers entirely to the lower. So also we find *anocheilon* and *catocheilon* used respectively, the prefix denoting either the upper or lower segment of the aperture of the mouth. It is to the lips alone that those not within the pale of the profession give the name "mouth." A handsome mouth implies, in common parlance, only the contour of the lips, and not the buccal cavity. Now, when it is remembered how many important offices are performed by the lips; how in every word we utter, whether in the babble of the infant, the firmer articulation of manhood, or the gasp of death, their motion is required to a greater or less extent; that whether we smile or weep, exhibit the outward signs of sorrow or joy, they still play an important part in the anatomy of expression; we can readily perceive the rationale of twenty-five or twenty-seven muscles entering into their formation. By the aid of the lips the infant draws from the maternal breast its only sustenance; without them in after-life, the function of prehension is imperfect; and how many men have been and are ruined by the pouting, pretty, rosy lips of womanhood, and how many more by an important office the lips perform, and one generally omitted in the physiological text books—*kissing?*—"Ambrosial kisses," such as Ganymede gave Jupiter, "sweeter than nectar, balsam, honey," could never be without the lips.*

It must be remembered, however, that in the expression of mental emotions, although the lips play an important part, the other features must act in unison.

"In the features of an impassioned countenance," writes Sir Charles Bell, (*Anatomy of Expression,*) "it is not upon a single feature that the emotion operates, there is a consent

* For a detailed account of the pleasures and pains consequent upon the last-named function of the lips, with an antique description of the different varieties, and interesting statistics of the same—vide *Burton's Anatomy of Melancholy*, page 535.

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and accordance between different parts—the whole face is marked with expression and all its movements are consentaneous; hence when the angles of the mouth are depressed in grief, the eye-brows are not elevated at the outer angles as in laughter. When a smile plays around the mouth, or the cheek is elevated in laughter, the brows are not ruffled as in grief. The character of such opposite passions are so distinct that they cannot be combined where there is true and genuine emotion. When we see them united by those who can, at will, control the action of their muscles, the expression is farsical and ludicrous."

The greater portion of the bulk of the lip is formed by a single muscle—the ORBICULARIS ORIS, which is composed, partly from fibres of its own and partly by fasiculi of other muscles. It consists of two portions, an inner and an outer; the former, the fibres of which are pale in color and rather fine in texture, forms a rounded thick fasiculus, that reaches outward from the margin of the lip to the arch of the coronary artery. These fibres *are not attached to the bone*, and some of them may be observed passing from lip to lip round the corners of the mouth. The latter part, or the outer fibres of the muscle, is more irregular in form and is attached to the subadjacent bone by muscular slips, which may be exposed with dexterous use of the scalpel, having first, to facilitate the dissection, stuffed the buccal cavity to its utmost capacity with cotton or tow, and holding the lips together by means of stitches.

In many anatomical text books the first four muscles above described are not at all mentioned, and there is no doubt that they are sometimes anomalous, although I have frequently detected them, or traces of them, in tolerably muscular subjects, with little adipose tissue.

The *accessorii orbicularis superioris* are two in number; they arise, one on each side, from alveolar processes of the superior maxillary bone, at a point nearly opposite the incisor teeth, slightly curving outward; the fibres are lost at the angles of the mouth, there becoming blended with other muscles, hereafter to be mentioned.

The *naso-labialis* are also two, and serve as a medium of connection between the upper segment of the fibres of the

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orbicularis and the septum narium; their points of origin may be said to be a little to the sides of the septum, from which they descend to the sphincter of the mouth, diverging in their course and leaving a depression between them, which forms the groove on the upper lip, which is so well marked in nearly all subjects.

The *accessorii orbicularis inferioris*, arise from the inferior maxilla, nearly opposite the fang of the canine tooth, and a little external to the elevator of the lower lip; the fibres turn towards the angles of the mouth and are lost in the same manner as the corresponding muscles above described.

The *levator labii superioris alæque nasi*, a small muscle, not nearly so large as its high-sounding name would lead one to suspect, is somewhat triangular in shape, being attached to the nasal process of the superior maxillary bone, dividing into two slips, one of which is inserted into the cartilage of the alæ, and the other being continued to the upper lip. Although the most important action of this plane of fibres is upon the nose, yet it has some influence on the lips, and by its action the expression of contempt is manifested.

The *levator labii superioris proprius*, or the true elevator of the upper lip, arises above the infra-orbital foramen, and is inserted into the body of the orbicularis oris. The name of the muscle designates its action.

The *levator anguli oris*, elevator of the angle of the mouth, arises from the canine fossa, sending fibres upward to the infra-orbital foramen, it is inserted into the muscular substance at the commissure of the lips. It is extremely difficult to trace the separate fasciculi of these muscles as they become blended with other muscles, all having a common insertion.

The *zygomaticus major*, is a slender and delicate muscle, coming from the malar bone and the anterior portion of the zygomatic arch, running downward and inward to be inserted into the angle of the mouth.

The *zygomaticus minor* also arises from the cheek bone, immediately behind its junction with the superior maxillary; the fibres are blended with other muscles already mentioned and have a common insertion with them. In laughing, the zygomatici draw the mouth upward and a little outward.

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The *depressor labii inferioris* (quadratus menti) is opposite the elevator of the upper lip, and has much adipose tissue mixed with its fibres. It arises from a depression in the front of the lower lip, occupying the space between the symphyses and the anterior mental foramen, from which point it ascends and is blended with the lower segment of the orbicularis. Both borders of this muscle are overlapped, the inner one by the muscle of the opposite side, the outer by the depression of the angle of the mouth. The levator labii inferioris arises from the myrtiform fossa, its fibres expand and are inserted into the integument of the chin. This muscle has received the name of levator menti.

The *depressor anguli oris* is triangular in shape, and has from this fact received the name of trangularis; it arises from the external oblique line of the inferior maxillary bone and is inserted into the angle of the mouth, where its fibres are in some instances blended with those of the resorius. The platysma myoides covers the muscle at its origin. Two muscles entering, having only their points of insertion in the lip, will be described in a future communication to this JOURNAL, when mention is made of the cheek; these are the risorius (santorini) and the buccinator.

We have, therefore, the following muscles entering more or less into the structure of the lips, and all having important offices to perform. They may be enumerated as follows:

Orbicularis oris,	1
Accessorii orbicularis superioris,	2
Naso labialis,	2
Accessori orbicularis superioris,	2
Levatores labii superioris alæque nasi,	2
Levatores labii superioris propriis,	2
Levatores anguli oris,	2
Zygomatici,	4
Depressores labii inferioris,	2
Levatores labii inferioris,	2
Depressores anguli oris,	2
Risorii,	2
Buccinatores,	2
	27

These muscular fibres are covered externally by the integument and internally by the mucous membrane, the latter

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being reflected from the gum in folds, the *frænum labii superiores et inferiores*. Commencing at what is termed the vermillion border of the lip, the membrane, with many reflections and of different thicknesses, here thrown into rugæ and there covered with glands, continues its course throughout the whole alimentary canal, lining also the air passages and the minute division of the bronchial tubes. To the points where the superior and inferior segments of the orbicularis meet, the term, *angles of the mouth*, or commissure of the lips (chalini) is applied.

The *cutis vera* of the lips differ in no respect from that found in other portions of the body; but, where the skin merges into mucous membrane, or rather where the epidermis becomes epithelium, there the sense of touch is most complete. Food produces in the mouth the tactile sense, but affects but slight impression in the œsophagus and stomach; this is due to the extreme delicacy of the cuticle or epithelium, which covers the vermillion border of the lip, as well as to the peculiar arrangement of nerves in the papillary body of the cutis. These nerves ascend with the vessels through the deeper layers of the skin, although there is some doubt among anatomists as to their peculiar arrangement within the tactile papillæ. Morton* follows the distinguished anatomist Gerber, and gives from him a diagram of the arrangement of the nervous loops in each papillæ. But Todd and Bowman† state that they have reason to doubt the accuracy of recent writers who have proposed to give minute details of the mode of termination of these nervous tubules. They state that a plexiform arrangement of fibres is noticed, but not *within* the papillæ, but underneath an expansion of fibres, crossing each other at right angles; and that from such they have distinctly traced *solitary tubules* ascending among other tissues of the papillæ, about half way to their summits, but there becoming lost to sight either by simply ending, or by losing the white substance of Schwann,‡ which is the distiguishing mark of nerve

* "Human Anatomy," p. 146. † "Physiological Anatomy," p. 359.

‡ Fibrous neurine possesses the following arrangement: neurilemma, or a delicate sheath of membrane, within this is contained the nervous matter; the external portion of which is the substantia alba of Schwann, the internal the axis cylinder of Rosenthal.

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fibre in other textures. According to Peasly,* the nerve fibres vary from $\frac{1}{1500}$ to $\frac{1}{6000}$ of an inch, and with dark borders, without the laxile corpuscles of Wagner, are found in vascular papillæ on the lips.

Between the mucous membrane and the orbicularis oris we find the *labial glands;* their structure is similar to other salivary glands, and they are most numerous around the orifice of the mouth; they vary much in size, some being as large as a small pea, and they terminate in short and minute ducts, the orifices of which open upon the mucous membrane.

The lips are extremely vascular and supplied with blood by the coronary or labial arteries, which are branches of the facial; that vessel being a branch of the external carotid, which emerges from the neck, anterior to the masseter muscles. In a paper on the Anatomy of Regions, published in the *United States Journal*, I have given explicit directions regarding the course of this artery, and the means of finding the same by artificial measurement.

The *inferior labial branch* arises inward *beneath the depressor anguli oris*, and is distributed to the lower lip and chin; it communicates with the inferior coronary and with the labial branch of the inferior dental. The *coronary arteries* are two in number, one for each labia, they may arise separately, or together from the facial, and are directed inward, *lying between the mucous membrane of the mouth and the sphincter of the lip*, until they anastomose with the corresponding branches of the opposite side; a branch is sent up from them, termed the *artery of the septum*. The blood is returned to the internal jugular by the facial vein, which has not many convolutions, and lies to the outer side of the artery, the usual anastomosis taking place with the smaller branches.

The NERVES that supply the lips are from the fifth and seventh pairs. The labial branches of the second division of the fifth pair are quite numerous, they descend *beneath* the *levator labii superioris* muscle, and supply the integument, muscles, and glands. The *lower* lip receives its branches through the mental branch of the third division of the fifth;

* "Human Histology," p. 483.

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this nerve emerges from the bone at the mental foramen, and divides into two branches; the external supplying the depressor anguli oris, the inferior segment of the orbicularis oris, the integument and mucous membrane; and the internal branch ascending to the lower lip, *beneath* the quadratus menti. These nervous filaments, it must be remembered, anastomose with the terminal buccal branches of the perito-dura, and with the supra-maxillary and infra-maxillary nerves of the same trunk.

It is evident, of course, that there must be a great distribution of the nerves of sensation, and also of those of motion to the lips; and to the *seventh* pair, or those branches that supply the structures of which we have been speaking, has been attributed a great part of the *motor* power, although to the *compound action* of the fifth, this function, together with that of sensation, has also been allowed. Some writers have declared that both these nervous trunks are capable of compound action, and that the sensitive part of the perito-dura is due to the *portio intermedia Urisbergii.** This, however, according to Romberg, is rather opposed to pathological investigation, for the sensibility of the part has been found to be in nowise altered by paralysis of the facial nerves. It is also suggested by high authority, that if the facial branches of the perito-dura possess sensibility, that the function is borrowed or communicated from the fifth pair, and this appears to be in part proven by surgical performances upon the nervous trunks and ganglion of the trigeminus.

Lymphatics.—On the buccinator muscle and below the lower jaw, are found the larger of the lymphatic glands belonging to the oral region, receiving respectively the names of buccal and sub-maxillary. These are connected together, and with the lymphatic glands of the face and head by the lymphatic vessels themselves, which, in the majority of instances, accompany the facial veins.

The deeper lymphatics are derived from the mucous mem-

* Connected with this nerve (portio dura of the 7th) and lying between it and the portio mollis, is a small fasiculus, "portio inter duram et mollem Urisbergii." This accessory portion arises from the lateral column of the cord.—Gray's "Anatomy," p. 480.

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brane of the mouth and pharynx, and also from the contents of the nasal and orbital fossæ. In malignant disease of the lips these vessels are often much enlarged.

The above parts, somewhat minutely described, are those that enter into the formation of the lips, and it is interesting to notice the different conformations in the varied divisions of the animal kingdom. In his chapter on Comparative Anatomy, Paley, after enumerating the coverings of beasts and birds, has some very interesting remarks upon the conformation of the mouths of these creatures. (*Natural Theology*, chap. xii., sec. ii.) And Sir Charles Bell, in his appendix to the same work, has given more interesting particulars on the subject we have been considering. Among these we may note a few facts.

The crocodile has no lips, nor has any of its species. Man possesses comparatively but little power in his lips; the horse, however, has considerable strength in them; the elk and the camel have a still greater mobility, and the rhinoceros is said to possess great sensibility in the hook-like powers of its upper jaw. The proboscis of the elephant is regarded by anatomists and physiologists as belonging rather to the lips than to the nose, and the same fact is noticed in some of the tapir; proof being found that similar nerves supply these as anastomose in the lips of the human species. In those animals of the cat species, who have whiskers projecting from the lips, we find branches of the sensitive nerve which have already been noticed.

ANATOMICAL RECAPITULATION.

For the benefit of those who are but beginning their anatomical studies, we shall devote a short space to the recapitulation of those anatomical points which deserve attention.

We have of the lips therefore:

I. Muscles.

1. Orbicularis oris.	Forming bulk of lip.
2. Accessorii orbicularis superior.	Attaching superior segment to superior maxillary bone.
2. Nasi labiales.	Same as above; forming the groove in the upper lip from the septum narum.

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2. Accessorii orbicularis inferior.	Attaching inferior segment to inferior maxillary bone.
2. Levatores lab. sup. alaque nasi.	Elevators of upper lip and nose.
2. Levatores lab. sup. (proprius).	The proper elevators of the upper lip.
2. Levatores anguli oris.	Elevators of the angles of the mouth.
4 Zygomatici.	Draw mouth upward and outward.
2. Depressores labii inferioris.	Depressors of lower lip.
2. Levatores labii inferioris.	Elevators of lower lip.
2. Depressores anguli oris.	Depressors of the angle of mouth.
2. Risorii.	Draw mouth sideway.
2. Buccinatoris.	Bulk of cheek.
27.	

II. Mucous Membrane.—Extremely delicate on the vermillion border of lip. Two folds: frænum labii superioris; frænum labii inferioris. Covers muscular fibre internally.

III. Cutis Vera.—Covers muscular fibre externally. Has large papillæ. Forms on each side the angles or commissures of the mouth. Each papillæ contains nerves. Discrepancy as to ultimate termination of nerve fibre within papillæ.

IV. Glands.—Labial, lie between muscle and mucous membrane of lip. Commence about three lines from vermillion border, and almost continuous glandular ring around oval aperture.

V. Blood-vessels.—1. *Arteries.* The superior and inferior coronary and the inferior labial branch of the faciæ,—a direct branch from external carotid; anastomes with the labial branches of internal maxillary and inferior dental.—2. *Veins.* Labial branches communicating with facial, which opens into the internal jugular.

VI. Nerves.—Labial branches of second division of fifth pair; the mental branches of third division of fifth, supplying lower lip, anatomosing with buccal branches of portio dura and supra, and infra-maxillary divisions of same trunk. Nerves of sensation and motion. Penta intermedia Urisbergii. (Vide note.)

VII. Lymphatic Glands.—Buccal on the buccinator. Submaxillary beneath body of lower jaw. Lymphatic vessels. Superficial accompany the facial vein. Deep lymphatics, coming from the mucous membrane of the mouth.

Article XXXVII.—*Strabismus.* By M. E. Lazarus, M.D., of New-York.

M. Desmarres often made us remark, that in addition to the diminished force of one of the recti muscles, there was a rupture of that dynamic harmony between the impar muscles

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of the two eyes, essential to their parallelism in vision. If by section of the stronger muscle of one eye—of the eye apparently squinting—the equilibrium was restored between its own opposite recti, and the globe reverted to the middle of the orbit looking out straight, forthwith the eye supposed to have been normal, became the subject of that dynamic vice, so mechanically remedied in its fellow, and the logic of the knife required that the first should not be touched save with the formal provision of an operation upon the second some weeks after, albeit this may have never yet apparently deviated from the normal direction.

We often saw cases of the *double convergent alternate strabismus*, and when this was not at once apparent, its latent degrees became so. When after closing both eyes, and opening the squinting eye, only the patient could look straight at an object; then the other eye suddenly opened by the physician is perceived, during the first moment to be deviated, before by right of the stronger, it assumes the regency and the weaker, unable to effect parallelism, falls into its habitual squint.

There is probably in every pair of eyes, one stronger than the other; when the inequality is great, very slight proximate causes—a mote on the cornea, for instance—are liable to destroy the parallelism and determine a squint, which is then the sign of the abdication of its functions by one of the retinas. Diplopia is avoided by unconsciously concentrating the attention exclusively on the image furnished by the stronger eye. In a great number of cases the operation for strabismus can have no other just aim than to remedy a deformity. Even when the inertia of the retina on one side does not present a serious complication, we cannot expect by a mechanical operation to reëstablish the composite harmony of the two eyes as regards their muscular mesoropte or middle point of convergent parallelism, and their mesoropte of accommodation as to the distances within which distinct vision is possible. The operation may fix this distance, with the avoidance of double vision, at one foot, two feet, or six feet, but cannot give or leave that sliding scale or facility of changing the distance which the normal eye enjoys. The fusion of the

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images at any one given distance is often rendered impossible by the advanced inertia of one retina, and whether or not the deviation be rectified, a distinct image must then be monocular.

The frequent coincidence of strabismus with myopia should be considered before operating on a convergent strabismus, and the muscular mesoropte not removed to an inconvenient distance. M. Desmarres usually adopted that preferred for sewing fine work as a standard. He does not operate on children younger than seven or eight, nor before orthopthalmic exercises have been methodically employed. Among these is classed the prismatic glasses, so adjusted as to occasion diplopia whenever the eye turns in the faulty direction, and thus admonish it to resume its parallelism with the other eye, so as to obtain a distinct image of the object regarded. These exercises must be resumed after the operation, in order to confirm its results.

It will be perceived by the foregoing, that M. Desmarres does not restrict to *contracture* of one of the recti the indications for operating, nor does he regard paralysis as a counter-indication. I have never seen him operate with a view to remove certain amauroses regarded as consecutive on the tension of the globe by one of the recti, according to the views of Petrequin.

In this connection, I will mention that Mr. Phillips, whose large experience in the operation for strabismus has associated him with the first surgeons of Europe, in this, as in other departments of our profession, in conversing with me on this subject one day at the *Ecole Pratique*, said that, as regards the indications to operate, *contracture* presented to him the only calculable ground of a successful result. But without cicatricial or other inflammatory lesions, a muscle habitually contracted, and deriving by vitiated enervation the uncontrolled preponderance over its antagonist, is liable, by that fact, to fall into the *state of contracture*. The farther discussion of muscular equilibria would carry us to the clinique of M. Duchenne of Boulogne.

Operative Procedure.—The patient, recumbent on the back, the eye held open by elevators, and the aid pressing

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with them on the globe enough to stimulate the action of the muscles which protrude it, another aid drawing the globe to the side opposite the muscle, to be cut by a little double-pronged hook, (érigne) fixed at two millimetres outside the cornea, the surgeon raises the conjunctiva with a forceps, and snips it with curved scissors flattened at the point. A second stroke divides the fibrous capsule of the globe at the lower point of the little hole made in the conjunctiva; and now the bent hook is introduced to seize the muscle and draw it forwards, so as to facilitate its section at its sclerotical digitations as close as possible to the cornea. The eye is released and its movements essayed, if not corrected, the blunt hook is reintroduced in search of some tendinous digitations, which have escaped section. If by reason of a too free division of the fibrous capsule, there be excessive deviation of the globe in the direction opposite to that corrected, a suture is made, through the capsule and conjunctiva together, if the deviation be considerable; through the conjunctiva alone, if it be but slight. The thread should be rather coarse, otherwise there is difficulty in finding it the second and third day after the operation when it is to be removed.

On one occasion, having to repair an exopthalmos with great divergence, resulting from a former section of the internal rectus with excessive division of the fibrous capsule by a surgeon of Belgium, Mr. Desmarres first cut the external rectus, passed a thread through the capsule on that side and left the ends hanging. Then he dissected freely at the opposite side of the globe, to find the tendon of the internal rectus. Having seized either this or the tissue adjacent (which, I cannot be certain), he drew them forward and attached them by a stitch closer to the corneal margin; then he attached to the bridge of the nose the thread he had left hanging outside, so as by this leverage to keep the globe righted. It succeeded very handsomely, and the patient had the honor of being daguerrotyped before and after the operation. The exopthalmos and divergent squint were both cured together.

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ARTICLE XXXVIII.—*Clinical Lecture on Spermatorrhœa, Ulcerated Burns, Impetigo Larvalis, and Tinea Capitis.* By R. LUDLAM, M.D., Professor of Physiology, Pathology, and Clinical Medicine in the Hahnemann Medical College, Chicago, Ill.

GENTLEMEN:—I propose to occupy the first portion of the clinical hour with a few remarks upon spermatorrhœa. This is a disease of which you will discover, that only a brief mention is made in medical works, but which, in your own private practice, may one of these days occasion you no small measure of trouble and anxiety. It is a principal object of the lectures which I am privileged to deliver before you to fit you for the practical duties of the physician's life, and in its fulfilment, it becomes necessary in some degree to depart from the matter and manner of the text-books.

Spermatorrhœa is a term applied to disorders resulting from an excessive secretion and discharge of semen masculinum, whether it be produced by masturbation, excessive venery, or whether it occur spontaneously during the night, constituting what is technically called *gonorrhœa dormientium*. This is the affection which, through the family and religious newspapers of the day, a host of empirics advertise to cure, and with which they boldly proclaim, that a considerable majority of their fellow-mortals are in one way or another afflicted!

Having specified the prime source of the disorder, we proceed to examine what system or part of the organism it is which is most prone to suffer, and why it is that such serious results follow what is apparently but a very trivial cause. It is freely admitted, that there is a close and most intimate sympathy existing between the generative and nervous systems of the species. If any proof were needed to establish this point, we should discover it in those hysterical females whose chief source of suffering in this particular complaint lies in the relation of which we are speaking. Among the more susceptible of this class of patients, whatever affects the nervous will implicate the reproductive sympathies, and *vice*

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versa. And man, although less apt to exhibit the more explosive and sometimes inexplicable phenomena of hysteria, is likewise subject to numerous mental and bodily ailments through a kindred cause. In spermatorrhœa the animal functions suffer more than the organic. This you would readily conceive to be the case. The seminal fluid is a product which is most highly vitalized. Physiologically considered, it could not well be otherwise, since it is the sole contribution of the male towards the preservation of the species—a sort of inspissated extract of humanity!

Bearing this important fact in mind, it is easy to comprehend the manner in which an excessive production and waste of the sperm would constitute a drain upon the system at large, finally undermining its powers, and sapping the life-forces most surely and effectually. The intimate relation of the physiological function which yields this product with that which pertains to the nervous system, in all its wide range of influence, would lead us to suspect, that the latter would be the first to suffer. Accordingly we find, that among the earlier and more prominent symptoms of this disorder, there is remarked an impairment of the mental faculties; the patient is unable to concentrate his mind upon his business or his books; his memory becomes treacherous; his physical powers are weakened; his courage and energy fail; is languid and debilitated; becomes hypochondriacal and misanthropic; and has the most fearful forebodings, with a want of confidence in his own abilities; is dyspeptic, and prone to suffer from various derangements of the alimentary functions; loses flesh, sometimes becoming extremely emaciated; and all this without evidence of real organic disease.

Sometimes the case will be diagnosed as one of hypochondria, of dementia in some form, or as a complicated disorder, resulting from an excess of mental labor. In polite society you will not unfrequently hear the remark, that such or such a youth, who presents some of the foregoing symptoms, "is killing himself with hard study!" And you may be appealed to for an endorsement of the opinion, that he never can recover until his books are abandoned, and his mind diverted. If you are prepared to estimate these symptoms at their true

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value, you will analyze the case more thoroughly, and ascertain if the morbid phenomena are not attributable to some other than a mere mental source,—if these evidences of nervous and general prostration do not result from some sedative influence apart from a mere excess of study.

Here it is that a knowledge of the causes which have produced the disease in question becomes necessary. The etiology of the spermatorrhœa is a very important part of its pathology, and we should endeavor to acquaint ourselves with it as thoroughly as possible. An excessive discharge of semen arises from an irritation established in or about the ducts pertaining to the testicle, which irritation may spring from either of the following causes: from onanism, or masturbation, as it is more properly termed; from excess in sexual intercourse; from gonorrhœal lesions; mechanical or verminose obstructions, and irritants in the rectum, which act by pressing upon or irritating the vesicula seminales, or the prostate gland; hæmorrhoidal fissures; prostatitis, or even from a stricture of the urethra. Inquiries must be made in order to ascertain, if possible, upon the existence of which of these abnormal agencies any given case may depend. And, in this place, I must caution you, gentlemen, to the exercise of the utmost delicacy and circumspection in the manner of pursuing these investigations. There are few among our patients who are disposed to a frank and straight-forward confession of such indulgence as will readily account for the symptoms presented in an example of spermatorrhœa; and fewer still in whom any rough and thoughtless endeavor to extort such an acknowledgment would not result in defeating our object. Now and then one, as did the patient whom I propose to bring before you presently, has the good sense to recognize that, if he would be cured, he must come up to the confessional with a clean record, or absolution is an impossibility. You should ever strive to inspire your patients with confidence that such secrets as they may repose in you are sacredly withheld from the gaze and the ear of the world. The physician should be as a "sealed box," in which the communications and revelations of his client may be deposited for his own, but not for the public eye.

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J. W. K——, a German, aged 24, has been subject to a spermatorrhœa, from which he is now convalescent. The history of the case is as follows: six years since he contracted the habit of masturbation. This filthy practice he persevered in for about four years. Two years ago he broke off from it entirely, which resolution of reform was followed by symptoms indicating the approach of the disease of which we are speaking. He began to have dreams as often as once in the week, which were accompanied with or followed by nocturnal emissions of the seminal fluid. The day following these "pollutions" he experienced great weakness, both mentally and physically, his spirits were depressed, he became hypochondriacal, had frontal headaches, with more or less dimness of vision, although he reports that his eyes were not really inflamed. He felt also a complete inability to study, both for mental and moral reasons, became emaciated, weight reduced from one hundred and forty-four pounds average to one hundred and twenty-two pounds. Great languor and lassitude. Desires to sleep most of the time. Anorexia, food does not agree with him; tongue coated with a yellowish fur; complexion and conjunctiva slightly ictorode. Reports these bilious symptoms as accidental upon the others—the probable result of a cold.

This young man is a law student, and finding himself disqualified, by reason of his complaint, from mental labor, wisely abandoned it and took to out-of-door recreation and employment. He first came to the clinique a little more than five weeks since, and has gained in every respect by the course of treatment which has been adopted. He reports an increase of four pounds in weight in that time, and also that he is at present able to read and study an hour or two daily. He spends the most of his time, agreeably to our recommendation, in the open air, and has not had any of those lascivious dreams, neither an emission of semen in nearly a fortnight.

Treatment.—During the three first weeks of the treatment, the remedy which seemed most appropriate to the relief of his symptoms, and which really did him much good, was the Mercurius Solubilis, 3d trituration, repeated once in four, and later every six hours. This medicine was continued until

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about a fortnight since, when, having evidently accomplished its work, it was changed for Phosphorus, 3. The latter remedy was given but for a brief season, when, from a manifest increase of the hypochondriacal symptoms, the Aurum-metallicum, 3, seemed better indicated, and was substituted for it. He is now taking the Aurum and appears to be improving quite rapidly, says his appetite and spirits are greatly better and more buoyant than before. Is confident that he feels more vigorous than at any time during the last five years.

Here, gentlemen, is a case of spermatorrhœa in a fair way to be cured by constitutional and hygienic means alone. We have made use of no local applications whatever, but left him to recover under the combined influence of a little medicine, and more fresh air and exercise, with plenty to eat, and to keep the mind diverted from his old studies and shortcomings. Under certain circumstances, we may sometimes resort to topical measures, and with the greatest benefit; but, as a rule, it is perhaps best to proceed without them, if one can, in the management of a case of this kind. Where the affection arises from some local cause of irritation in the immediate vicinity of the spermatic organs, as from ascarides, hæmorrhoidal eruptions, or anal fissures, we may not always expect to relieve our patient by internal means alone.

Among the various external adjuvantia are the hip-bath, either warm or cold, and the cold *douche*, especially if the infirmity is characterized by impotence. To render the warm bath successful, the patient should be recommended to sit in it for the space of five minutes thrice daily, the water being at a temperature of 65° F. By-and-bye the temperature of the bath may be lowered to 50° F., and the patient allowed to remain in it for twenty minutes at a time, thrice daily. In case of spinal irritation, sponging along the spine may be of essential service. The proper method for employing the cold douche—the *douches descendantes*—is to instruct the patient to pour a pitcher of cold water from a considerable height, night and morning, upon the genital organs. Some authorities set a high value also upon electricity, or electro-magnetism, as an effectual local remedy in this disease.

But the treatment proper for this affection, in order to be

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effective, must sometimes be of a moral as well as of a strictly medical nature. Should the patient confess, or you become satisfied in any manner that his symptoms are chargeable to an excessive irritation or exercise of the genitalia, this habit or propensity must be abandoned at any cost. The most serious considerations will urge this course upon him. Beside impotence, of which we have already spoken, there is always danger from insanity in some form, and of catalepsy, as the results of wilfulness in this foolish and morbid practice. Having secured his confidence, you should picture to his mind the horrible consequences which are so ready to take root in a neglect of counsel in this regard. And let me advise you to be cautious in this one respect, that his attempts at reform are seconded by the cheerful and grateful influences of good society. Nothing so fastens the vile habit of masturbation upon a man as to be withdrawn from a pleasant intercourse with his fellows, and especially with his superiors in wisdom and character. You can do much in this manner, for it will often happen that, a timely warning on your part may be the means of saving many a prominent citizen to his family and the world.

ULCERATED BURN.

Mary A. S., aged six years, is brought before you in order to exhibit the success attending the proper treatment of burns, as well as the sequelæ which sometimes follow such accidents. She was burned very badly six months ago, by her clothes taking fire from contact with the kitchen stove. The cuticle covering the superior extremities, neck and face, was almost entirely destroyed and exfoliated. The burns appeared deep-seated also, in some places involving the cutis as well as the epidermis. From the arms, below the middle of the humerus to the wrists, almost the entire skin sloughed off. This sloughing was most marked upon the anterior face of the left arm and the posterior face of the left one. Here you see the extensive cicatrices which confirm the history of the case, and afford you an adequate idea of its severity. Excepting a slight abrasion of the scarf-skin in the palm of the right hand, these organs happily escaped the more direct conse-

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quences of the injury; but, indirectly, they were seriously implicated. The effect of the burn upon the muscles of the arm and of the forearm was such as to interfere most seriously with their function as applied to the hand. She could neither flex or extend one of her fingers.

Such was her condition when our attending physician was called to visit her. In addition to the foregoing symptoms she had considerable sympathetic fever, with restlessness, insomnia, a fickle appetite, with complete anorexia at times, and a slight diarrhœa. She also had slight chills each day, and was much reduced in strength. She had been under treatment for some three weeks already, but the doctor, who must have been somewhat of an expectant, had ordered nothing excepting the local application of a mixture of hog's lard and soot! The record of the case reads as follows:

April 7.—My first visit. Found her suffering from much pain and an irritative fever; restless, with cold chills creeping over her almost constantly. The ulcerated surfaces, upon the arms more especially, are discharging enormous quantities of pus. She is much emaciated, and has at times a slight diarrhœa. Ordered a discontinuance of the delectable lard and soot. Phosphorus, third trituration, a dose once in two hours. For local use, the following:

℞. Tinct. Urtica Urens, . . ʒj.
Olive Oil, ... ʒviij.

Mix, and apply by means of pledgets of soft linen to be soaked in the preparation and laid directly upon the inflamed surfaces. In addition she is to have a good diet of bread and milk, beef or chicken soup, and even a little tender lean meat occasionally. Pastry and spiced food forbidden. Feed her but a little food at a time, but let her meals be frequently repeated, as often as once in from three to five hours.

April 10.—Hepar-sulphur, 3, to be repeated once in three hours. The same preparation of Urt.-urens and Olive-oil externally.

This last prescription was continued for another month, when we find the following additional notes:

May 6.—Improving. Closes her hands easily, which she

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has not been able to do for nearly two months before; her appetite is much better and her strength returning; no signs of fever; the amount of pus discharged from the ulcerated surfaces is greatly diminished. Same treatment continued.

May 24.—Patient has a watery diarrhœa, evidently the result of improper ingesta. Prescribed Arsenicum-alb., 3, a dose to be given once in two hours until better, and then discontinued.

Aug. 3.—Discharged cured. The above were the only remedies employed either locally or generally. The most digestible and nutritious diet was supplied from the commencement to the termination of the illness, excepting only during the brief course of the alimentary disorder, bearing date of May 24.

The history of this girl's case, and her appearance, with these enormous cicatrices, as corroborative of her illness and recovery, present us with a topic of especial interest and significance. Let us endeavor to improve it.

In the first place, gentlemen, you will need to recognize that, in the destruction of the cutaneous integument, as well as in the amount of pus which has been discharged from the ulcerated tissues in the case before us, there must have resulted a great drain upon the nutritive resources of the economy. The structural repairs which have been rendered necessary were very considerable, but her convalescence is sufficient evidence that they have been carried out to completion. A fact worthy of your remembrance is that, under similar circumstances, young patients react and recover much more promptly and certainly than those of a more advanced age. In this class of subjects—if the system be not at once rendered bankrupt in means—the nutritive restitutional power is more active and vigorous than in the person of the adult. With the former the organic processes predominate in activity. Growth is the great function of the young organism. In them the reparation of physical injury is more readily effected. The blood-plasma, which indeed is but the technical name for a concentrated solution of all the materials of the bodily structures, is rich and available.

There is something very interesting in the study of the

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means by which Nature contributes to the physiological growth and perpetuation of our bodily structures. The laws of cell-growth and development are admirably adapted to this end. Each component cell of a texture is an organism, so to speak, of itself. It absorbs, by endosmotic action, through its slender wall, the oxygen from the blood-tide, and the nutrient materials from the liquor sanguinis. Itself a microscopical object, it performs the double function of histogenetic respiration and assimilation. When either of these functions is impaired, the integrity of the tissues will sooner or later be blasted, and one or another variety of structural lesion be the necessary result. Tuberculosis, scrofula, and the various forms of cancer are held to be but manifestations of diseased action involving the solids, and having their origin in some such source. Do not understand me as teaching that these disorders consist essentially of morbid alterations in the forms, or even in a derangement of function in the individual component cells of the muscular, nervous, cellular, or other tissues—for we do not accept any such material doctrine in explanation of the nature of diseased processes, but simply that the first evidence which we may have of the existence of certain maladies is a structural lesion which renders it plain to be seen that the healthy organization of the parts is endangered. In other words, that, while the morbid anatomy of tuberculosis and of cancer is not all there is of the disease, it will nevertheless afford us the most substantial token of its existence and ravages.

But the function of cell-growth and development has a therapeutical as well as a simple physiological value. It is an instrumentality which is frequently to be invoked in aid of the curative efforts of nature. All nutritive repairs by which structural lesions of whatever variety are remedied, whether it be in the bones, the ligaments, the muscles, the nerves, the blood-vessels, or in the cutaneous or mucous surfaces, must be effected through it. The old writers on medicine had much to say of the "exudation of coagulable lymph," which, like a certain "prepared glue" of the shops, seemed designed to remedy the ill effects of almost every species of injury. If a bone was broken they would discuss learnedly

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upon the wisdom of a conservative power in always holding in reserve a mysterious compound fitted to fasten the fragments even more securely than before. But we hear nothing from them of such an elaboration of nutritious materials from the serum, which has been extravasated at the site of the fracture, as should at once establish the process first gone through with in the formation of the embryonic skeleton. Nothing was said, for the simple reason that nothing was known of the wonderful functions of those little cells whose labor it is first to select, and then so to appropriate its structural elements as to carry the newly organizing bone through the successive steps of pulpy, mucous, cartilaginous, and finally, to the osseous or perfect stage. This happy explanation of a physiological process termed curative, or remedial, has been left for the student of the present day to discover and to appreciate.

In the case before you the most extensive injury and loss has been sustained to the cutaneous textures. We have remarked from how great a portion of the arm, the face, and the neck the whole skin had sloughed away. Now, as the cure has progressed under the grateful influence of the Urtica-urens, conjoined with the Olive-oil, the serum exuded has been gradually organized into a covering for the exposed parts, which covering is termed a cicatrix. These cicatrices differ in organization from the sound, original skin, the difference being the chief source of the deformity. In regular process of their growth the plastic material poured out upon the surface of the wound is first developed into cells. These cells are subsequently transformed into fibrinous tissue, and in this manner form the basis of the granulations. The metamorphosis of the subjacent cells in fibres is a step in the process of growth which ends in cicatrization. The surface-cells are disintegrated and cast off with the pus, hence the term suppurative granulation.

"Cicatrization depends, therefore, upon the development of healthy granulations in cell-form. The marginal skin is stretched and drawn nearer the centre of the wound, while the capillaries inosculate with those of adjacent tissues, forming cutis and cuticle together as a cicatrix. * * * * * The pus which is discharged from the surface of a deep-seated

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burn is formed in most part from degenerated cells which have been broken down after having contributed their healthy contents to the formation of the new tissue, or wasted them entirely upon this morbid product."*

We have remarked that, to form these new coverings for the exposed portions of the body, has involved a considerable expense to the organism at large. With your present knowledge of physiology, you are competent to estimate the only conditions upon which, under such trying circumstances, the life of the parts could be preserved. If a proper diet had not been supplied to the patient, and such hygienic precautions exercised as are most compatible with health under the most favorable auspices, a cure could not have been effected. The draught upon the structural supplies has been unusually large, both because of the repairs in hand, and of the leakage resulting from the extravagant formation and discharge of pus. A large amount of plastic material has thus been demanded in order to carry on the reparative process, and to preserve the energies of the system from sinking beneath this drain upon its vital resources. Hence the necessity for a good nutritious diet. The laws of supply and demand are equally applicable among the conditions of our inner as of our outer existence. We may reason never so profoundly of those imponderable forces which influence and modify every human thought and action, but we shall always find that nature has attached a severe penalty to a forgetfulness and neglect of the conditions upon which our material life is dependent. We should not forget that physicians frequently have need to see to it that their patients are sufficiently nourished.

Another source of debility in the present case consisted in the peculiar and exhaustive action of the nervous system. There is a something which attaches to an irritative fever, which, while it springs from nervous prostration, is of itself the most potent source of debility. Many a patient is kept upon a rigid diet, with a view to abate his fever, in whom the very starvation only adds fuel to the flame. Persons frequently

* An Inaugural Essay on *Cell-therapeutics*, presented to the Hahnemann Medical College, February, 1861, by E. M. P. Ludlam, of Chicago.

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say to me, "Why, Doctor, you surely will not permit such a one this hearty food when he has so high a fever?" "Yes, madam; his very weakness is the cause of the fever, when he is stronger it will disappear." There are circumstances, gentlemen, which occur in the practical experience of the physician wherein a few spoonfuls of beef-tea, given *pro re nata*, will prove a better febrifuge than all the Aconite and Gelseminum below stairs.*

IMPETIGO LARVALIS.—PORRIGO LARVALIS.—CRUSTA LACTEA.

Mrs. C——, brings her little girl, Maggie, to the Clinique, in order that she may be treated for an eruption upon the scalp. The child's age is two and a half years. "For how long a time, my good woman, has this little one's head been sore?" "Ever since she was a baby, two years ago, Sir." "Did the crust cover a larger portion of the head than it now does?" "Yes, Sir; it was all one scab over the head when she was getting her teeth." "Does this eruption seem to pain her, or give her any trouble whatever?" "Indeed it does, Sir; she complains of it burning and itching very badly. Sometimes, when I don't watch her, she will scratch her head terribly." "Is this eruption worse in the warm than in cold weather?" "Yes, Sir." "Is she otherwise well?" "She is, Sir; only that she is cross and fretful, can't sleep at night, and sometimes has a real bad thirst."

Gentlemen, I am anxious that you should examine this eruption carefully, that you may be able to diagnose it properly from such a case as will come next in order. There are many physicians engaged in the practice of our art who really are not competent to make out a correct diagnosis between this form of impetigo and porrigo favosa, vulgarly denominated tinea capitis. It so happens that we have an example of each of these diseases to exhibit to you this morning, and hence we shall have a practical opportunity to test our skill in a differential way as well as therapeutically.

* Halsey & King's Homœopathic Pharmacy, on the ground-floor of the College.

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In the case of this patient you will observe the eruption is confined to the left side of the scalp. This is not an especial characteristic of the impetigo, for, as we have learned in the present case, it was at one time spread over the entire head. This eruption is pustular in nature, and the visid fluid exuded is so adhesive as to agglutinate the hairs and to cause them to mat together with scabs from the pustules into more or less extensive crusts. These incrustations are thick, rough, and yellowish in appearance. Here you see a very large one which has been formed in this manner. Where the head is not so well cleansed as in this case it is, it sometimes happens that the filthy mass will be inhabited by numerous vermin, which serve to render such a patient a most loathsome object.

You will remark an inflamed efflorescence about the roots of the hair. And also that, where it is possible to find three or four of the characteristic pustules clustered together, there are no ulcerated or cup-shaped depressions upon their apices, neither does the hair pass through the pustule. Although of two years' duration, this disease has not destroyed the hair; where it has fallen out, or been detached along with the crust, it has re-appeared. The bulb of the hair is not destroyed, therefore, with this eruption, and baldness will very seldom follow as a sequel to this form of impetigo. In this respect it differs radically from the favus. The various forms of impetigo, including the larvalis, are non-contagious. Where the pustules upon the scalp are distinct, terminating in separate, isolated scabs of a brownish or dark-gray color, the affection is styled the I. *granulata*. Appearing upon some portion of the face or neck, a very common form of the complaint, it is called the I. *figurata*, vulgarly the *moist* or *running* tetter.

Dentition is a frequent cause of this disease, more especially of the I. *larvalis*, hence the term crusta lactea, or milk crust. In the example before us, the mother dates the commencement of the disorder at about the sixth month, "while the child was cutting her teeth." Indeed it will often happen that, you will discover it next to an impossibility to cure this affection while dentition is going on. The older authors taught that the discharge effected through the eruptive surfaces was after some beneficent manner, a relief to the organism from sources

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of irritation and of mischief which, if retained in the system, could only be productive of harm. They looked upon the eruption as a species of escape-valve, which should not be forcibly or permanently closed. And experience confirms the wisdom of such precautionary views. I have myself seen children thrown into the most violent convulsions from the sudden suppression of such a vicarious discharge by the topical employment of astringent lotions and ointments. In other cases, this repellant course of treatment might endanger life by a metastasis of the irritation to some internal vital surface or organ. While, therefore, the prognosis is generally favorable, if left to itself or carefully treated, you should be cautious not to hazard the chances of recovery by the use of harsh and stimilating applications directly applied to the diseased surface.

The I. *larvalis* may also have its source in a neglect of cleanliness, dating back to the birth of the child. It will sometimes happen that the first time the head has been washed after the delivery of the mother, it has not been properly cleansed, and that impurities left to remain upon the sensitive surface of the scalp at that time, may have sown the seeds of subsequent cutaneous disorder. Or, in certain examples, this disease will readily engraft itself upon a strumous cachexia. Many cases are rendered intractable in their nature because of syphilitic complications.

Treatment.—The first thing to be ordered is that the child's hair be trimmed *a la Zouave*, in the neighborhood of the eruption, or so that the unsightly incrustations may not form in it. There is no need to shave it closely, however. The eruption should be cleansed once daily and in a very gentle manner, with a warm suds from some old Castilian soap. This variety of lotion possesses the triple advantage of being always available, gently stimulant, and at the same time cleansing in nature. Too frequent washings are sometimes injurious in these cases, by keeping the open surface of the wound exposed to the air, by washing away the plastic material thrown out as a contribution towards the healthy reparation of tissue. For this reason you will sometimes find it requisite to have the nurse or parent desist from cleansing the parts affected oftener

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than once in a day or two. Where a bland and simple application is desired, something to exclude the air after the manner of the "glazing" process, which initiates a suppurative granulation, we may employ the pure glycerine of the shops.

In a few chronic cases, where I have been satisfied that the discharge was not vicarious, and that, upon every consideration it was desirable to heal the diseased surfaces, we have prescribed the Calendula-cerate with the most prompt and satisfactory results. In other instances, the fatty matters contained in this article have been productive of decided injury to the inflamed integument. Like other remedies, general as well as local, it must be used with extreme caution and never in the sense of a "specific."

The best internal remedies for a majority of cases are the following, of which I give you only such practical indications governing their employment, as have proved themselves valuble in my own experience.

If the I. larvalis result from, or accompany dentition, and especially if the teeth are slow to appear, and the child is threatened with an attack of marasmus, give Calcarea-carbonica.

If, with or without the foregoing complications, there is present some considerable irritation or inflammation of the gastro-enteric mucous membrane—Arsenicum-album.

Should there be reason to suspect a syphilitic taint of system, even among the children of the "better orders" of society, you may sometimes assure yourselves as regards the source of its obstinacy, and also have the satisfaction of curing your patient with the Mercurius-iodatus.

In cases like this one upon which our remarks have been based, where dentition is already completed and the disease has passed into the chronic form, we prefer the Hepar-sulphuris in the third decimal trituration. Of this the child should at first have a dose once in three hours. For, contrary to the commonly received opinion and practice of the profession in chronic complaints, I am decidedly of opinion that certain of these eruptive disorders are best relieved by the lower potencies and the more frequent repetition of our remedies.

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PORRIGO FAVOSA.—TINEA FAVOSA.—TINEA MALIGNA.—TINEA CAPITIS.—SCALD-HEAD.

This is the patient, gentlemen, which I have promised should come next in order. L. J. D——, aged seven years, of English parentage, comes here also on account of an eruptive disease upon the scalp. The mother says the disorder began some two months since, and thinks it the result of a brief absence from home on her part, during which interval the boy experienced the most shameful neglect. We shall see by-and-bye how this gratuitous view of the ætiology of the case will chime with our own.

The eruption you will please remark is confined to the scalp, and principally to that upon the left side of the head, as in the case just prescribed for. But the eruption itself differs widely from the foregoing. Instead of the incrustation, with the thick, granulated, greenish, and somewhat transparent scab of the impetigo, we have here a series of small cup-shaped elevations, depressed in the centre, and occupied each by a central hair. Where these characteristic pustules have run a sort of course and then disappeared, we find a species of cicatrix in the integument, affording the evidence that the yellow deposit about the bulb of the hair has, by its discharge, destroyed that organ and induced a permanent baldness. Here is a patch the size of the palm of one's hand upon which not a hair is to be seen.

A couple of these cup-like crusts sometimes form by their union a scab which in some respects resembles a honey-comb—hence the name favus. New crops of the eruption are constantly appearing, but it is somewhat remarkable that, although they are re-formed again after removal, the cup-like form of the pustules will be wanting.

The favus is rarely accompanied by any very decided constitutional symptoms. There is no fever in this case, and but for the boy's emaciation, and the symptoms just enumerated, one would scarcely judge him to be at all indisposed. "He has lost considerable flesh, has he not, Madam?" "Oh yes, Sir, he is run down to a thread. I am afraid my poor boy will die." "Not of this disease, my good woman, providing you persevere with the treatment we shall recommend."

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Unless under prompt and proper medication, the prognosis in this affection is not favorable. The ill effects of leaving a case of favus to itself are sometimes manifest, in atrophy and other varieties of abnormal physical development, in abscesses beneath the scalp, and in ulceration and suppuration of the skin, and even of the pericranium, as well as of the occipital and cervical glands. Under the best possible treatment, it is sometimes, although rarely, very obstinate, and may even continue for months or years without being healed. When the cleanliness of the part affected is not preserved, pediculi are apt to be generated in great numbers, which give rise to itching and painful sensations, so that the patient is scarcely able to resist a propensity to scratch, and thus to excite a more or less violent inflammation of the scalp. The odor of the favus is peculiar and characteristic, somewhat musty, and is said by some writers to resemble that of the urine of cats, by others still, to be very like the smell from mice-nests.

Concerning the cause of this affection, authorities are not agreed. Some are of opinion that, properly speaking, and since it appears to be of a fungous vegetable origin, it is not a pustular disease. There appears but little doubt that it is propagated from a foreign source, but whether the vitality of the favus scab is of a vegetable or animal nature, if reproduced by vegetable or animal germs, we do not know. Thenard's view would appear to be the correct one, that the microscopical growth cannot be of a vegetable nature since he discovered 100 parts thereof to contain 17 parts of gelatine; and you know that gelatine is an exclusive animal product. Remak, Schœnlein and Gruby insist that the crusts are formed of a fungoid vegetable similar to mould, and which they classify in the genus mycodermis. Bennett, accepting the doctrine of its vegetable origin, adopts the nomenclature of Gruby, and terms this fungoid microscopical growth the *Acorion Schœnleinii*, after its discoverer, the famous Schœnlein, of Zurich.

If I mistake not, Alibert thought the favus a hereditary disorder, and published some cases in confirmation of this view. One thing at least appears settled, that M. Baudelocque's opinion that the disease is seated in the piliferous bulbs

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themselves, is generally accepted. A refutation of this idea is offered, however, in the fact that the favus sometimes appears on such parts of the body as are quite free from hair, and in which locations the separate pustules could not contain them. Gruby and Bennett believe that the cryptogamic plants grow in the cells of the epidermis, while others locate them in the sebaceous glands. In order to its propagation, the vital principle which is characteristic of the eruption, as seen in the porrigo capsules, must be transplanted from a diseased patch to the immediate neighborhood of the hair follicles in a fresh subject. The most ordinary means of communication is the careless use of a comb or towel which diseased persons have also used. By this means the favus is spread from one to another through a species of direct inoculation; but, while highly contagious, it must not be forgotton that certain subjects are more susceptible than others to the peculiar infection. Other things being equal, you would expect it to take root more promptly in a scalp which had been neglected, and in which so much of filth had accumulated as to render it a species of hot-bed for the growth of almost any variety of parasitical pest which might chance to find a lodgment therein. Nevertheless, the pores of these microscopical plants always find their most congenial nidus in weakly children. Neligan says that, "one important fact connected with the natural history of parasitical fungi has been overlooked by all, viz., that *they require for their growth a peculiar soil;* thus we find one genus is formed only on snow, another on cheese, another on yeast, different varieties on different decaying vegetable matters, and individual genera and species on various living animals and plants; nay, even different sorts on different parts of the same animal. This holds true with the Achorion Schœnleinii; it requires for its reproduction to be planted in a peculiar soil, that is, on an individual whose system is in a peculiar cachectic condition; and until it is ascertained what this exact condition is, a single instance of its propagation by contact—and such instances are not uncommon—must be held as sufficient proof of its contagious character."

The forming of a correct diagnosis of the porrigo favosa is a

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very important matter. Indeed, concerning the recognition and separation of one class of skin-affections from another, we may adopt the language of Burgess: "The treatment of a great many cutaneous diseases is but of secondary importance, compared with their differential diagnosis. Many of them will get well without any treatment, provided they are allowed to pursue their natural course; and, on the contrary, a mild and simple eruption by being mistaken, from a similarity of external appearances, for one of a severe or rebellious character, and treated accordingly, may be aggravated and prolonged for an indefinite period." The celebrated John Hunter once remarked, in reference to distinguishing the venereal from other affections, that a true diagnosis is the first step in the cure.

The tinea capitis is more likely to be confounded with the impetigo larvalis than with any other of the various diseases of the skin. Bearing in mind the diagnostic differences between the two cases which we have just presented, you will escape this error in the future. This is indeed the reason why I have chosen to bring them forward at the same time. Let us recapitulate their main points of difference. The crusts of the favus are cup-like, uninflamed, yellow in color, and occupied each with one or more central hairs, the loss of which latter in the progress of the disease is almost certain to result in permanent baldness. In the impetigo larvalis, the scab which is formed is thick, greenish, and irregular, semi-transparent, and rapidly renewed with all its distinctive peculiarities after removal. There is no permanent loss of the hair, although much of it may have been sacrificed along with the incrustation. The one is believed to be parasitical in origin, while the other is not. The former is contagious, the latter is not. One of them is merely a local, the other always a constitutional disorder, although both may give rise indirectly to perturbing and damaging consequences to the general organism.

Treatment.—Hepar-sulphuris, 3, once in four hours. You will not be surprised when I explain my reasons for such a course, that I have chosen the same remedy in the case of both these little patients. We prefer the Hepar-sulph. in this case of favus because of the profuse discharge of pus which issues

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from beneath the incrustation, as well as from its manifest indication from the great loss of hair from the scalp, the general cachectic appearance of the child, and the intumescence of the lymphatic glands in the neighborhood. It is not recommended, however, in the sense of a "specific" for this form of the porrigo; neither shall we discover the specific for the totality of the symptoms peculiar to this disease in any one single remedy. In the treatment of all eruptive affections, and more especially where they have become chronic, we shall succeed best when we have entirely abandoned the search for an invariable and unfailing means of cure. The sphere of the so-called "specifics," in these as in other diseases, is limited to their ability to relieve certain isolated symptoms, for they are not capable of superseding or of healing such morbid derangements by the catalogue, agreeably to a fanciful nomenclature.

"That will answer, Madam. You may bring your son to the Clinique one week from to-day."

I have said the Hepar-sulphuris is adapted to correct the vitiated condition of system, which, like a congenial soil, has fostered, if it did not really beget the disease in question. Such examples are not always referable to a scrofulous diathesis. We shall almost invariably find the victims of this unpleasant disorder among children whose nutrition has been impaired, and in whose habits and surroundings the plainest hygienic rules have been set at naught. Poverty, wretchedness, filth, and degradation of some sort yield the conditions best suited to its development. In this case, the mother's limited absence from home had nothing whatever to do with causing this attack of scald-head. Such a result would be as impossible as an echo without a sound.

In passing, I may remark that, for many cases of the favus, the Iodide of Arsenic, in the second or third decimal trituration, is an excellent remedy. Neligan has found it almost uniformly successful in his experience.

Beside the constitutional employment of the Hepar-sulphuris, I would also recommend that the child's head be shaved in the affected localities, and the incrustations carefully removed with warm or emollient suds. After this is done,

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and the parts have been carefully dried, the Calendula-cerate should be applied locally once daily, by means of a thin and soft linen compress which has been anointed with it. The latter is one of the most valuable applications in examples which have become inveterate, and in which it is desirable that some local means should be resorted to which is capable of healing the ulcerated eruption both speedily and safely.

In some more recent cases, the topical employment of Nitric-acid, in a low dilution, is productive of the most excellent results.

Bennett recommends that the Cod-liver-oil should be applied with a soft brush, or dossil of lint over the affected surface, morning and night, and the head covered with an oil-silk cap to prevent evaporation, and further exclude atmospheric air. He, however, thinks it very possible that common hog's lard, or any other variety of oil, would answer as well as the Cod-oil.

The diet in this case should consist solely of milk and farinaceous articles. The patient should have fresh air in abundance, and be, in so far as is possible, removed from all sources of depravity to the general economy.

ARTICLE XXXIX.—*Case of Intestinal Mucous Flux, with Ulceration.* By E. M. HALE, M. D., of Jonesville, Mich.

THE patient was a young woman, married two years, with a child about twelve months of age, which she was still nursing at the date of my first visit. Six months previous to my attendance she had an attack of dysentery, which was treated allopathically, by Calomel, Opium, and astringents. The dysentery left her with much general weakness, a bad state of the mouth from profuse salivation, frequent and severe attacks of pain in the bowels. The intestinal discharges were very unhealthy, sometimes hard and dry, with mucous coating, and at other times profuse, watery, slimy, and very offensive. This condition continued, gradually growing worse, until six weeks before my attendance. She was then placed under the

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treatment of an eclectic, who tried in vain large doses of Quinine, Salicine, Hydrastin, and smaller but aggravating doses of Podophyllin, Leptandrin, and other remedies; but with no good effects. The patient rapidly failed, and her friends came to the conclusion that no more could be done. It was pronounced a case of "intestinal phthisis," and incurable.

At this juncture the attending physician was taken ill, and at the urgent request of her father, I was called in, not with any hope that anything more than temporary palliation could be gained from homœopathic treatment, and with the flattering opinion that "it could do her no harm to take the medicine."

Present Symptoms and Condition.—Extreme emaciation; the skin dry, harsh, and of a dull, sallow, leaden color; eyes sunken, but bright; voice weak and tremulous; arms and legs constantly cold; feet bloated, especially if she sits up; some dry hacking cough; some appetite, but eating or drinking is followed immediately by intense pain and distress in the bowels; tongue dry, red in the centre, cracked, and sore on the edges (from the Mercury;) breath very fœtid and sickening. For the last few days the pain in the abdomen had become intense and excruciating, changing from one point to another, and leaving great tenderness wherever it went; so much so that the weight of the hand or bed-clothes could not be borne. The intestinal discharges were very profuse, of a semi-fluid character, and on close inspection seemed to be composed of a soft gelatinous mass, which, when lifted by a stick, assumed the appearance of long, flat, skinny shreds. Some unaltered food was generally mixed up with the evacuations, together with lumps of fat-like material, and occasionally traces of *unmistakable bloody pus.* The discharges were always horribly offensive—averaged twelve during the day and night. The pulse generally ranged as high as 100 or 110, although it often rose as high as 140, during the paroxysms of hectic, which usually appeared about two P. M., and were followed by profuse night sweats of a fœtid, clammy character. The urine was very scanty, high-colored and thick, and strong smelling. (There was a sensation of constant "commotion," rumbling, gurgling, and "knotting up" in the bowels.)

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These were conditions and symptoms truly of a formidable character. No physician of any experience would dare to give anything like a favorable diagnosis, or even hold forth hope of much palliation for symptoms of such low grade.

As a matter of scientific interest it would be well to classify this disease, yet it was difficult to make up a satisfactory diagnosis. The name of "chronic diarrhœa," was objectionable on many accounts, because the diarrhœa was not continuous, but intermittent; nor could it be the "diarrhœa from debility, or intestinal atony," as described by some authors. Taking that late and truly scientific work, (so far as relates to diagnosis and nomenclature,) "Digestion and its Derangements," by Dr. Chambers, as my guide, I have ventured to give this case the name prefixed to this paper. It was not only a case of "intestinal mucous flux," it was something more, for *pus* undoubtedly appeared in the evacuations. Chambers, writing of "Mucous Flux of the Intestines," says:

"The excreted matters vary greatly in appearance, * * * presenting almost every aspect but a healthy one. Sometimes they are light-colored and abundant, of a faint putrid smell, and containing principally unaltered food; sometimes they are dark, like pitch, scanty and slimy. There is often, separated from them when fluid, a good deal of oily matter, probably derived from undigested adipose tissue of the victuals. The mucus too, itself, may look like lumps of fat, being in white, opaque masses, which, however, are easily distinguished in the microscope by the presence of the usual globules of mucus. At other times it has more the appearance of macaroni, drawn out into adhesive strings. * * The appetite is always very bad. * * The urine is apt to be high colored and thick; but, except when the disorder *is at the worst*, it is most frequently natural. * * The pain in the abdomen is very difficult to assign to any particular spot. If any one place is fixed upon, it is usually either the right hypochondrium or the neighborhood of the navel, and sometimes the sensation seems to follow the food from the former to the latter situation. Sometimes acute attacks of spasmodic pain round the waist come on, and sometimes the skin round the navel is so sensitive that the case might almost be mistaken for one of perforation or peritonitis. * * * There is almost always distressing flatulence, causing palpitation. Intestinal mucous flux has very generally a periodic character. The patient is pretty well for a week or a fortnight, or a month, and then the symptoms above described, or an aggravation of them, occur. * * * It can hardly be immediately fatal of itself, yet it reduces the body not unfrequently to such a state of anæmia that other diseases

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supervene and conduct the patient to the grave. I have known degeneration of the kidneys so induced, which finally destroyed by dropsy and diarrhœa."

Dr. Chambers does not mention ulceration of the intestines as a complication or consequence of this disease, yet nothing is more reasonable than to expect such a result from a long continuance of this affection. Howevér admirable Chambers' dietetic and hygienic rules may be—and they are very good—his treatment is abominable. He advises in this disease, Turpentine, Calomel, and Jalap, Iron, Liquor-potassæ, &c., all of which might be omitted, and the patient left to die naturally, or recover by help of his other directions. He does not advise *travelling*, especially on long and hurried journeys; change of water and air often aggravate the disease; but advises *riding* as often very beneficial. "A rapid change in the appearance and smell of the fæces follows its use, and that is soon succeeded by restored health and strength. The gentle shaking motion probably induces more active secretion in the liver, and absorption in the intestines at the same time, by hastening the circulation; for the fœtor of putridity, which it is the business of the bile to prevent, and the undissolved muscular fibre, which it is the business of the bowels to take up, disappear simultaneously from the stools. * * * The value of *sleep* is sadly under-estimated in chronic cases by medical men. There is probably no disorder in which this is so important as in mucous flux of the intestines; and I have known the expedient of lying in bed till ten o'clock in the morning, make treatment effective which previously had been perfectly useless."—Chambers.

Of *chronic ulceration* Dr. Chambers says, "There is no disorder of which emaciation is so marked a feature throughout its whole course, as chronic ulceration of the whole intestines. Ulcerations of the cœcum and colon, tubercular or not, produce as much, nay often more diarrhœa, but they are not by any means so distinguished in their power of reducing the patient. In this lesion of the ilia, even the parts which are not the actual seat of disease seem incapacitated from absorbing nutriment, and the victuals pass through the alimentary

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canal in the same state as when they left the stomach, except being made putrid by chemical decomposition; all the stages of digestion are equally suspended." Dr. Chambers considers this disease to be quite or nearly incurable. His treatment is only palliative, consisting in the use of "the same drugs as blunt the sensibility of sore places in the external skin—such as Chalk, Bismuth, Borax, Acetate of Lead; and last, but strongest, Sulphate of Copper."

These almost mechanically acting drugs compose the boasted resources of the allopathic school. No mention is made of such specific remedies as Arsenicum, Calcarea, Hepar-sulph., Nitric-acid, Silicea, and Phosphorus.

To Hahnemann is due the discovery of the law, and the remedies capable of restoring morbid structures to their original healthy state by mild and specific remedies.

Treatment.—August 1. When I arrived at the residence of the patient—a ride of nearly twenty miles—her father informed me, such had been her extreme suffering from abdominal pain, that he had given her large doses of Laudanum, and applied it externally. I found her therefore much narcotized; the pain had been suppressed; the diarrhœa checked; but the bowels were very sensitive to pressure, and the sensation of "commotion," (gurgling, rumbling, &c.,) continuous.

After collecting a complete history of the case, and carefully noting the symptoms, I concluded to administer *Colocynth*, 2, twenty pellets dissolved in twenty teaspoonful of water, one teaspoonful to be given every two hours. Express directions were given to have the Laudanum discontinued, and no food or bevcrage but plain beef-tea and rice water allowed.

August 3.—Found her very weak; light feeling in the head, faintness, and nausea at the stomach, (secondary effects of the Opium.) In about twelve hours after my first visit the pain and diarrhœa had returned, at first with the usual severity; but had gradually subsided after six or eight hours; until now the pain was slight and intermitting, the discharges less frequent, and the abdominal tenderness lessened. No Laudanum or other anodyne had been given, nor had anything been applied externally. This shows the wonderful efficiency of spe-

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cific remedies, when properly selected, to subdue the most violent pain.

After a careful consideration of the morbid conditions, which had obtained in this case, the patient was put under the influence of the following remedies: One grain of *Hepar-sulph.*, 3, every morning; one grain of *Arsenicum*, 3, three times during the day and at midnight; and a grain of *Calc.-carb.*, 3, in the evening, with intercurrent doses of *Colocynth*, if the pain returned. A highly nutritious diet was ordered—beef-tea, mutton-broth, oyster-soup, &c., with a little pure Isabella wine. The whole body was to be sponged with weak soda-water, morning and evening, followed by dry rubbing.

August 6.—Found the patient sitting up:—said she felt stronger than she had for weeks; had a few returns of abdominal pain, lasting only a few hours, promptly subdued by the Colocynth. All her symptoms improved, but the alvine discharges were still frequent—six or eight daily—and having the appearance and odor of sour, fermented and decaying flour paste. In view of the chronic mercurialization under which she was laboring, (and nearly, if not all her symptoms were due to mercurial poisoning.) I decided to introduce into her circulation, through the medium of her food, sufficient *Kali-chloratum*, to antidote the persistent poison. As a chemically acting remedy, it would also prevent the putrefaction,—fermentation constantly going on in the food taken into the stomach. To have this effect it should be used in the same manner as common salt, and mingled with the food and drink of the patient.

The *Chlorate of Potash* is one of the most important and valuable remedies in the whole materia medica. Besides being a reliable antidote to mercurial poisoning, it is homœopathic to very many diseases, having an analogy to the effects of mercurial preparations, and Arsenic. The pathogenesis which we possess, gives but a faint idea of its remedial powers, although Drs. Martin, Liedbeck and Hempel in their clinical remarks seem to appreciate its value, and very clearly point out some portions of its sphere of action. I have used it for many years in all diseases arising from the use of Mercury;

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all diphtheritic conditions, and all morbid states attended by symptoms of putrescency of the solids and fluids of the body. But, in order to use the Chlorate with uniform success, much discrimination must be exercised in the selection of the proper *dose*. I consider the symptoms collected in the Symptomen-Codex as mainly *primary* in their character—the prover not carrying the experiment far enough to develop secondary effects. At some future time I may write an extended article on the uses of this remedy, but will *now* merely state, that for symptoms which simulate the primary symptoms of the drug, minute doses of the remedy should be administered. I have cured some irritative diseases of the mouth and throat with the sixth dilution; but for conditions similar to its secondary effects, larger doses should be used. In chronic inflammation and ulceration of the mouth and throat, in mercurial cachexia, in chronic catarrhs of muco-purulent character, and in scorbutic diseases, the first triturations are needed. As a purely chemically-acting remedy, as in putrid ulcerations, gangrene, and as an oxygenator of the blood, it should be used in sufficient quantities to have the desired effect. Even then, however, we need not resort to the powerful and massive doses used by the allopathic school. For internal administration the one-tenth trituration will often suffice; a solution of the salt, ten grains to four ounces of water, is quite sufficient. As an external application one dram to one quart of water is of sufficient strength. An article in a late number of the *British Journal of Homœopathy*, on the uses of this drug, amply sets forth its value in many conditions and diseases and to which I would refer the reader.

But to return. I ordered a few grains of the first decimal trituration of the Chlorate of Potash, to be mixed with the patient's food at her regular meals. A weak solution was advised as a wash for the cracked and ulcerated tongue. The other medicines were continued as before.

August 12.—Continued improvement in the patient's condition:—appetite and strength returning rapidly; natural taste in the mouth; tongue less dry—coating loose; the soreness of the tongue and gums disappearing; no vomiting of

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of food, or distress after eating or drinking; no soreness of the abdomen; no return of pain; the alvine evacuations free from fœtor, less profuse and frequent, but are now of a peculiar character: they seem to be mainly composed of thin, *membranous pieces of a tubular or semi-tubular form, as though they had been cast off from the interior surface of the small intestines!* How can this be accounted for, except upon the supposition, that the mucous membrane of the intestines had secreted a false membranous deposit? Was this appearance analogous to the *fibrinous and epithelial casts*, which appear in dropsy after scarlet fever, and some other renal diseases? Or was it similar to those exudations in croupous inflammations? Have such appearances been noticed in other intestinal disorders? Chambers mentions nothing of the kind in his work.

Such was the favorable condition of the case, that the same remedies were continued, except that for the profuse night-sweats a few drops of *Phos.-ac.*, ⅓, was given at bed-time instead of the *Calcarea-carb.*

August 18.—The general condition of the patient still improving:—no night-sweats for two nights. The epithelial membranous *casts* nearly disappeared from the evacuations. (Urine more abundant, less dark-colored, not fœtid; and no bloating of the feet.) The discharges from the bowels average four *per diem*,—three during the day, one at night. She is now able to sit up nearly all the time, and has a very cheerful *morale;* wishes to sew or embroider, and manifests much interest in domestic affairs. (She had been taken to her father's house, many miles from her own; but she now wishes to return, and take charge of her household. This was not, however, permitted.) Continued the same remedies, except that *Phos.-ac.*, was replaced by *Ferrum, Phos.*, ⅓, two grains.

August 30.—Twelve days had worked a wonderful change in the appearance of my patient. The rosy hue of health was returning to the once hollow, wan, and sallow cheek; the pale lips had grown red, and she had gained rapidly in *flesh*—not the flabby tissues which sometimes accumulate after typhoid fever, but *firm, muscular tissues.* (I omitted to state that

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since August 12, she had ridden out in an easy carriage, gradually lengthening the distance daily, as her strength increased. She expressed herself that *riding* seemed to do her a great deal of good. She nows walks out a short distance every day in addition to her usual rides). She has now one, rarely two natural alvine discharges daily; enjoys a strong appetite, healthy digestion, and good sleep.

Omitted all medicines, except the Ferr.-phos., which was given one hour after meals. Sulph., 3, six pellets were ordered every morning before eating. She insisted so much upon going home that it was permitted. The menses have not yet appeared, although it is thirty days since her babe was weaned. I therefore ordered Puls., 3, one drop to be given every night.

Sept. 30.—Met her, in full enjoyment of health and strength, on the County Fair Grounds. She stated she had walked about nearly all day without fatigue. Menses appeared slightly a few days since, lasting three days. Ordered a discontinuance of all medicine. Thus ends this somewhat remarkable case.

It may not be inappropriate in this place to offer some suggestions regarding the treatment of "Mucous Flux of the Intestines."

In the first stages, marked by "a sense of discomfort felt two or three hours after a meal;" deficient excretion of fæces; stools hard and costive, and enveloped in a slimy medium; no appetite; great languor and incapacity for exertion; pain in the right hypochondrium; drowsiness after meals, &c., the best remedies are, Nux-vomica, Hydrastus-canad., Podophyllin, Sulphur, Lycopodium, and Ammonium-muriaticum.

In more advanced stages, when the distress after meals ends in vomiting of the ingesta, and spasmodic pain is experienced in the umbilical region; much flatulence; stools light-colored, abundant and fœtid, dark, like pitch, scanty and slimy; or, containing undigested food; no appetite; pale countenance; slight chills; suppressed catamenia; such remedies as Colocynth, Mercurius, Podophyllin, Pulsatilla, Calcarea, Leptandrin, China, and Ferrum, must be used.

Should a semi-jaundiced state of the skin, with vomiting of

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bile; yellow, dark, and thick urine, &c., appear, (owing to "a spread of the diseased state of the mucous membrane into the gall-bladder and liver,) Aconite, Mercurius-iod., Podophyllin, or Leptandrin should be administered until improvement sets in.

In still further advanced stages of the malady, when there is great debility, emaciation, complete suspension of the digestive process; a tendency to putrescency of the fluids, with a scorbutic state of the mucous membrane, and pseudo membranous (diphtheritic) exudations, and perhaps ulceration of the intestinal glands, we should rely upon Arsenicum, Kali-chlor, Carbo-veg., Ferrum-muriaticum, Ferr.-phosphoricum, or Phosphoric-acid, with a highly nutritious regimen, pure wine, &c.

ARTICLE XL.—*Another "Hour with Past Generations."* By E. M. HALE, M.D., of Jonesville, Mich.

I WAS much entertained by the perusal of Dr. Peterson's article in the November number of this JOURNAL, entitled "An Hour with Past Generations," and in which he publishes some account of a quaint work on Anatomy, by Bartholinus, published by Nich. Culpepper, Gent., in 1663.

An equally rare and curious work having come into my possession, I propose to give some extracts from it, to amuse my medical friends, and give them some idea of the march of medical progress for the last two centuries.

The work in question has a tremendously long title,—I only give a portion of it:—"Culpepper's English Physician and Complete Herbal, to which are now first added upwards of One Hundred Additional Herbs, with a *Display of their Medicinal and Occult Properties*," &c., &c. It was published by E. Sibley, M.D., author of a "Complete Illustration of *Astrology*," and was the fourteenth edition. The original work was probably first published about the year 1650; this edition as late as 1808. It contains engravings of upwards of 450 different plants, and a set of anatomical figures, and is in two volumes, *quarto*. Only the first volume, or that treating

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on materia medica, can be mentioned in this article. The whole work is dedicated to Thomas Dunkerly, Esq., "Provincial Grand Master of the Ancient and Honorable Fraternity of Free and Accepted Masons," &c. The preface begins with the trite remark, that "disease is the most fatal enemy of mankind," and proceeds to bestow unlimited praise on the "immortal Culpepper," who seems to have been the "most ancient father of botanic medicine," as our Hahnemann was the "father of homœopathy." It seems we are not alone in lamenting that our great men were treated allopathically (Washington, Douglas, Cavour, &c.); for Dr. Sibley says:

"It might perhaps have been replete with the happiest consequences to our beloved king under his late infirmity (1789), and would unquestionably have tended more quickly to dispel the painful apprehensions of his afflicted people, had this great master of human nature been contemporary with us."

Allusion is here made to George IV., who was for some years insane. Dr. Sibley goes on to quote from Culpepper's "Practice" his diagnosis and treatment of the malady which he designates as "phrenzy," or "peri-phrenitis;" and, after giving a few leading symptoms, he enters into an investigation of the seat of it, and says:

"They (the allopaths of the day), poor ignorant men, think this a disorder *in the head*, whereas, in fact, it arises *from* an *injury*, *which is received in the diaphragm* or midriff (!!). The use of this membrane is (besides sustaining the upper parts of the abdomen) to *convey cooling moisture to the brain*, in order to cool the hot humors which fly to it from the several parts of the intestines, and particularly the liver. Now, if the diaphragm be strained, bruised, or otherwise hurt, it consequently fails in performing its function, and the brain will suffer a delirium more or less," &c.

Here is sound pathology for you! But it is not a whit more ridiculous than the doctrine and prevailing opinion of allopathic physicians now-a-days, that nearly all the maladies of the human system have their origin in the *liver*, and for which the everlasting and unfailing remedy is Calomel.*

* It is much to be regretted, that the physicians to our insane asylums are so ignorant of the true pathology of insanity; but "they, poor ignorant men, thinking the seat of the malady in the brain," waste all their efforts uselessly, when a little proper attention to the *diaphragms* of their patients

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It seems that Culpepper differed from his contemporaries on many points; but none more so than his doctrine, that the "practice of medicine should be guided by *astrological* precepts," and that all remedies possessed "occult virtues by the action of the heavenly bodies upon them." He quotes, to sustain his theory, the "learned Lenertus," who, in his "Elements of Physic," highly commends those modern physicians who unite astrological with medical knowledge:

"For the stars act upon inferior bodies, not only by heat and light, but by *occult* influence; nor can it be doubted, but that all plants are under the government of some particular planet, and perform their operations by virtue of the sympathy co-existent in their nature."

This, in fact, seems to be the all-important theory of Culpepper; and Dr. Sibley, two hundred years afterwards, only fifty-two years ago, is proud to "revive that simple practice of Culpepper," which consisted in selecting plants as remedial agents according to their supposed relations to certain planets, gathering them in "certain planetary hours," &c. "Hence it happens," he says, "that old women, without education or abilities, by the help of a simple herb, gathered in the planetary hour, will sometimes perform very extraordinary cures in cases where a regular-bred physician is at loss how to treat them!"

It is with mingled pride and satisfaction, that homœopathists can look back upon this period, when the majority of English and European physicians were but a little in advance of Culpepper in all that pertained to physiology, pathology, and chemistry, as well as materia medica and therapeutics. It is a little strange, however, that a man could be found, possessing any literary character, as Dr. Sibley certainly did, who could go back and revive the absurd practice of 1660, based on "astrological precepts;" for it was about this period (1808), that Cullen wrote his admirable "Materia Medica;" and there were other medical authors in England whose writings were

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might be the means of many recoveries. Some families seem to inherit a tendency to weak and easily strained midriffs. It is to be hoped, that the gentlemanly prince, the heir of England's throne, who visited us recently, will be very cautious not to injure that important muscle.

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fully up to the age. It was also about this period that Hahnemann wrote his "Organon" (1810, and the next year after his "Materia Medica" (1811). Thus we see, that while some physicians were groping into the crude mysticisms of past centuries, our great founder was reaching far into the future, and in all that pertained to medicine and therapeutics stood far in advance of his age. Had the sciences of chemistry, physiology, and pathology been as far advanced in his day as in the present, Hahnemann, with his wonderful knowledge of the pathogenetic effects of medicines, would no doubt have built up to exquisite perfection a system, which, with the appliances he did possess, is certain to become one of the most perfect systems of medicine ever discovered, and destined in the future to absorb all other systems into itself, and become the "universal practice."

In the commencement of the work itself, or rather a long introduction, we pass over a foggy and confused dissertation on the physical properties of remedies, so quaint, obsolete, and ridiculous, as to provoke our mirth at every page. We come to the "occult properties," or, as we would now call them, the "curative, remedial, or dynamic properties" of the various plants mentioned in the body of the work (for, like the botanic physicians of this country, no mention is made of any remedies from the mineral kingdom). And here we meet with some curious coincidences, when the author (old Culpepper) gives those remedies supposed to have a specific relation to certain organs and tissues of the body, also to certain symptoms and diseases.

First come those remedies which were indicated by their resemblance to certain portions of the body. This was the doctrine of *signatures* or *phytognomy*, so much followed in the fifteenth and sixteenth centuries. Thus, for all affections of the head, "Walnuts, Pæony, Poppy, Squills, Agaric," &c., were indicated (of these Opium and Agaricus still retain their use in cerebral affections). "For the eyes, Roses, Celandine, Eyebright, Anemone," &c. (of these Euphrasia and Pulsatilla are still used). "For the lungs, Horehound, Lungwort, Tobacco, Colt's-foot, Woodbine, Mullein," &c. (Nearly all these are

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now used for lung affections, and sometimes with actual benefit.)

For particular affections of various organs, many remedies were recommended which are now used. Thus he advises: "For abating lust, Agnus, Hemp, Water-lily, Hemlock, and Camphor," all of which are now used in allopathic practice for the same purpose, and in our own are the chief remedies for sexual debility. "For provoking the terms (menses), Mugwort, Pennyroyal, Savory, Thyme, and Anemone." All these are used now by the people, and the last-named (our Pulsatilla) holds a high repute among us for that purpose. "For expelling the dead child and after-births, Pine, Savin, and Birch-tree. "For jaundice, Celandine, *Saffron*, and Centaury." This according to the doctrine of signatures, for the juice of these plants is of a yellow color. The Saffron is still used by old nurses for jaundice of infants, and is to be found in every lying-in room, and is considered infallible. It is a curious fact, that many remedies used for jaundice might have been selected by this law;—thus Aloes, Gamboge, Mandrake, Golden-seal, Iodine, &c., are of a bright yellow, as sometimes proposed; of course it is only a coincidence.

After this highly scientific dissertation comes another equally profound, in which the relations of the planets to certain diseases are fully considered. We are informed that

"The Sun is a benevolent planet, moderately hot and dry, a friend to Jupiter and Venus, and an enemy to the rest. * * * * It governeth the heart and arteries, the sight, cold, and moist, the eyes, the sinews, and the brain, with the Moon, and also with Mercury."

And so on for twenty pages, enumerating all the planets, signs in the zodiac, &c., &c., as well as all the diseases in the ancient nomenclature.

After this prefatory Treatise, or, as our allopathic friends would say, "General Therapeutics and Pharmacology," comes the Materia Medica proper, or "Herbal," as old Culpepper hath it. I propose to quote from it such extracts as have reference to the medicines most in use by the homœopathic school, in order that we may contrast our present knowledge

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of their pathogeneses and therapeutics with the crude notions of that generation.

First in alphabetical order (after the unscientific manner of our Materia Medica) we find:

AMORA DULCIS (DULCAMARA).

"*Government and Virtues.*—It is under the planet Mercury, and a notable herb of his also, if it be rightly gathered under his influence. It is excellent good to remove *witchcraft*, both in men and beasts, as also all sudden diseases whatever. Being tied around the neck, it is one of the most admirable remedies for the vertigo, and that is the reason (as Tragus saith) the people in Germany commonly hang it about their cattle's neck, when they fear any such evil has belided them."

This is at par with the present practice, which still retains its hold on vulgar minds, of putting strings of *coral* around the necks of teething children, or wearing the skin of the rattle-snake around the loins for sciatica.

"It also openeth obstruction of the liver and spleen, to help difficulty of breathing, bruises, and falls, and congealed blood in any part of the body, the yellow jaundice, the *dropsy*, the black jaundice, and to cleanse women newly brought to bed. And, when you find good by this, remember me."

Not much like our pathogenesis!

ANEMONE (PULSATILLA).

"Called also wind-flower, because they say the flowers never open but when the wind bloweth. Pliny is my author; if it be not so, blame him. The seed also, if it bear any at all, flies away before the wind."

"It is under the dominion of Mars, being supposed to be a kind of crow foot. *The leaves provoke the terms mightily*, being boiled and the decoction drunk. The body being bathed with a decoction of them cures the leprosy. The leaves being stamped, and the juice snuffed up the nose, purgeth the head greatly; and so doth the root, being chewed in the mouth, for it causeth much spitting, and bringeth away many watery and phlegmatic humors, and is therefore excellent for the lethargy. And, when all is done, let physicians say what they please, all the pills in the dispensatory purge not the head like two hot things held in the mouth. Being made into an ointment, and the eye-lids anointed therewith, it helps inflammations of the eyes, whereby it is palpable, that every stronger draweth its weaker light (?). The same ointment is exceeding good to cleanse malignant ulcers."

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Here we have substantial proof, that Pulsatilla was used in amenorrhœa successfully centuries ago. It is now one of our most valued remedies in menstrual derangements. It is a little strange, that the strong decoction should have the same effect as the dilutions! The well-known acrid properties of the remedy are well described, also its homœopathicity to catarrhal affections. I have used the first dilution of Pulsatilla externally in many skin diseases with good effect, as also in indolent ulcers, chronic inflammations of the eye, with ulceration, as a collyrium.

ARRACK WEED AND STINKING CHENOPODIUM.

"Called also *Vulvaria*, from that part of the body upon which its operation is most."

The description given of this plant does not accord with that of the Chenopodium anthelminticum, except in the odor. (It must have been the c. ollida.) Culpepper says, "It smells like old rotten fish, or something worse, and grows usually on dunghills."

"Stinking arrack is useful as a remedy to help women pained and almost strangled with the mother, by smelling to it; but inwardly taken, there is no better remedy under the moon for that disease. I commend this for a universal medicine for the womb, and such a medicine as will easily, safely, and speedily cure any disease thereof,—as the fits of the mother, dislocation, or falling out thereof; it cools the womb being over-heated;—and let me tell you this, and I will tell you but the truth, heat of the womb is one of the greatest causes of hard labor in child-birth. It makes barren women fruitful; it cleanseth the womb if it be foul, and strengthens it exceedingly; it provokes the terms if they be stopped, and stops them if they flow immoderately. You can desire no good to your womb but this remedy will effect it:—therefore, if you love children, if you love health, if you love ease, keep a syrup always by you, made of the juice of this herb and sugar, or honey, if it be to cleanse the womb. And let such as be rich keep it for their poor neighbors, and bestow it as freely as I bestow my studies upon them; or else let them look to answer for it another day, when the Lord shall come to make inquisition of blood."

The fulsome enumeration of the virtues of this plant read like the praises of some of our indigenous remedies—especially the Senecio gracialis—in the writings of the botanic and

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eclectic authors. Can it be possible, that a plant really possessing such remedial virtues over the reproductive organs can have been so neglected as to be nearly out of use? It is a fact, however, that the common people and their unlearned physicians do often ascribe to certain plants wonderful powers over uterine and kindred diseases—powers which are greatly exaggerated, either accidentally or wilfully. The botanic and eclectic books of this country bear out this statement. But if Nich. Culpepper did not have the wonderful syrup *for sale*, there must have been some foundation for his laudations. The plant could not have been the C. anthelminticum, for the sole and only use made of that now-a-days is for treating worm affections. Wood and King make mention of no other virtues.

If any readers of the Journal have any knowledge of this remedy, it is hoped they will communicate it to me. I would advise a *proving* of it, in order that we may see whether its pathogenesis will develop any clue to its olden reputation.

ACONITE, OR WOLF'S BANE.

"The plants are hot and dry in the fourth degree, of a *martial venomous* quality; if they be inwardly taken, they *inflame the heart*, burn up the inward parts, and destroy life itself."

Culpepper makes no mention of its uses as a medicine. He and his school were evidently afraid of it. He says, he mentions it only, "that people who have it in their gardens might beware of it."

ALOES.

Of this well-known drug he says:

"It openeth the belly, and purgeth cold phlegmatic humors, and it comforteth, cleaneth, and drieth up superfluous humors; is also good against jaundice and spitting of blood."

He advises it as an external application in ulcers, wounds, contusions, and many cutaneous diseases. French physicians seem to be making an effort to revive this particular use of Aloes; for the *Glycerole des Aloes* is much used by them of

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late in those affections. Culpepper says, "It healeth rifts and outgrowings of the fundament, and *stoppeth the flux of the hæmorrhoids.*" Homœopathists now find Aloes to be one of our most valuable remedies in bleeding piles, as also in proctitis, or hæmorrhoidal dysentery.

"Surely there is nothing new under the sun."

No remedy equals Aloes in those congestions to different organs, from the suppression of hæmorrhoidal flux.

BRYONY (BRYONIA ALB.)

"They are furious martial plants; the roots *purge* the *belly* with great violence, troubling the *stomach*, and burning the *liver*, and therefore not rashly to be taken; but, being corrected, are very profitable for the diseases of the *head*—as falling sickness, *giddiness*, and *swimmings*, by drawing away much phlegm and *rheumatic* humors that oppress the head, as also the *joints* and sinews; and therefore good for palsies, convulsions, cramps, and *stitches in the side*, and the dropsy, and in provoking urine; they cleanse the veins and kidneys from the gravel and stone, by opening the obstructions of the spleen, and consuming the hardness and swellings thereof. The root, spread upon a piece of sheep's-leather in the manner of a plaster, while it is fresh and green, takes away black or blue marks; it breaks hard imposthumes, draws forth splinters and broken bones, dissolves congealed blood; and, being laid on and used upon the hip, shoulders, arms, or any other part when there is great pain, it takes it away in a short space. The decoction of the root in wine cleanseth the mother (uterus), and helpeth the rising thereof; expelleth the dead child for fear of abortion; it bringeth down the courses; doth mightily cleanse the *chest* of rotten phlegm; wonderfully helpeth an *old strong cough;* those that are troubled with *shortness of breath;* good against all running and fretting cankers and tetters, also whitlows," &c.

It will be seen, that the above differs not widely from the pathogenesis of Hahnemann, who recommended it for all the symptoms and diseases I have italicised—showing that its virtues in those affections were recognized very early. Culpepper seems to rank it as highly as we do Arnica in contusions, &c. But, as he claims the same vulnerary virtues for nearly all plants, this recommendation is not very important.

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BURDOCK (ARCTIUM LAPPA.)

"Venus challengeth this herb for her own; and by its seed or leaf, you *may draw the womb which way you please; either upward, by applying it to the crown of the head, in case it falls out, or downwards in fits of the mother, (uterine spasms?) by applying it to the soles of the feet; or, if you would stay it in its place, apply it to the navel, and that is likewise a good way to stay the child in it.*"

Here now is a remedy, before which the *Chenopodium* of Culpepper; the *Pulsatilla* of the homœopathist; the *Helmin* of the Eclectics, and the uterine supporters of the allopathists, must hide their diminished heads in abasement! How unfortunate for Dr. Fitch, the supporter-man, that he possesses not a knowledge of this wonderful herb! Let us now throw away our ponderous materia-medica, our elaborate treatises on uterine displacements, and "return to the simple practice of Culpepper." Let us gather unto ourselves the seeds and leaves of this precious plant, and go on our way rejoicing!

CHAMOMILE (CHAMOMILLA.)

"A decoction thereof taketh away all *pains* and *stitches in the sides;* drives away all sorts of agues. It is profitable for all sorts of *agues* that come either from phlegm or *melancholy*, or from an inflammation of the *bowels;* there is nothing more profitable to the sides and region of the *liver* and *spleen* than this; it mollifieth all *swellings;* it easeth all the pains of *cholic* and stone, and all *pains* and torments of the *belly*, and gently provoketh urine; it helps to expel colds, aches, and pains; and is an excellent help to bring down *women's courses*, and is a remedy against *jaundice* and *dropsy.*"

Chamomile is still used in our school for nearly the same affections as those italicised above. It is a little curious that both Culpepper and Hahnemann recommend it for the effects of melancholy.

CELANDINE (CHELEDONIUM MAJUS.)

"This is an herb of the Sun, and under the Celestial Lion, and is one of the best cures for the eyes that is. All that know anything of astrology know, as well as I can tell them, that the eyes are subject to the luminaries; let it then be gathered when the Sun is in Leo, and the Moon in Aries, applying to his trine. Let Leo arise, and then you may make it into an oil or ointment to anoint sore eyes with. I can prove it, both from my

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own experience and the experience of those whom I have taught, that, *the most desperate sore eyes* have been cured by this medicine only; then, I pray, is not this better than endangering the eyes with the needle? For, if this do not absolutely take away the film, it will so facilitate the work that it may be done without danger."

Here follows a lengthy denunciation of the "needle," as a means of treating *cælus* or film, (probably he alluded to cataract,) among other surgical diseases of the eye; and praises the juice of the Cheledonium as a specific for all such diseases. In his prejudice against surgical operations on the eyes he is emulated by the botanic physicians of the present day. It has some reputation as a remedy for eye affections now, for King says, "it is useful in removing specks and opacities of the cornea." Teste recommends it in ulceration and opacities of the eyes. Hahnemann, in his proving, gives these symptoms: "Contraction of the pupils immediately after taking the drug; pimple containing pus on the cartilages of the upper lid; °*obscuration of the cornea.*" The juice, when applied to the skin, produces inflammation and sore vesication; and has long been known as a caustic for the removal of warts, also applied to indolent ulcers, fungous growth, &c. Applied to the eye in a diluted state, it probably acts by setting up an irritation similar to the existing one, curing the disease homœopathically. Culpepper says, "it helpeth the *yellow jaundice*, openeth obstructions in liver and gall; cureth the dropsy, the itch, and those who have old sores on their legs." King says it is useful in scrofula; also in hepatic affections, and supposed to exert a special influence on the spleen. Noack and Trinks say, "it deserves attention in chronic affections of the abdominal organs, liver, spleen, in jaundice, biliary calculi, and other kinds of anomalies of the portal system." Teste, from a meagre proving of the drug, flippantly decrees it to be *the* specific in pneumonia and consumption; but the repeated trials of homœopathists prove that his recommendation is without foundation. Several cures of anomalous affections are to be found in our literature, said to have been made with this drug.

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COMFREY (SYMPHYTUM.)

Culpepper says:

This remedy "helpeth those who spit blood, or make a bloody urine; it helpeth all inward hurts, bruises, and wounds, and the ulcers of the lungs; causeth the phlegm that oppresseth them to be spit easily forth; the fluxes of blood or humors of the belly; women's immoderate courses, as well the *reds* as the whites, and the running of the reins. It is good to be applied to women's breasts that grow sore from the abundance of milk coming into them; as also to repress the over-much bleeding of the hæmorrhoids," &c.

Comfrey has a high reputation with the country people and all old women, to this day, for the cure of all the affections mentioned above, and certain it is that it is very efficacious in some pulmonary diseases. It is considered by most writers on materia medica as a simple demulcent, like *Elm-bark*, *Gum-arabic*, &c. They decree it to be a slightly astringent mucilage, good for pulmonary affections, diarrhœa, hæmoptysis, leucorrhœa, female debility, &c. Externally, as a good application to bruises, ruptures, flesh wounds, sore breasts, ulcers, &c., about the same as advised in 1660! But our ancient friend, Culpepper, recommends it for other affections, about which allopathic writers make no mention, while homœopathic authors speak of it particularly.

"The root being outwardly applied helpeth fresh wounds or cuts; it is especially good for ruptures and *broken bones;* yea, it is said to be so powerful to consolidate and knit together, that if they be boiled with dissevered pieces of flesh in a pot, it will *join them together again!*"

Now is it not very curious that this "simple demulcent remedy" should be recommended for diseases of bones, fractures, &c., two centuries ago, and at the present day? In the appendix to the "Symptomen Codex," we find: "This remedy has been used in fractures of bones, to facilitate their reunion; it is said to have been employed with success in several cases." Noack and Trinks recommend it against the effect of blows, contusions, &c., and especially "for the pressure and contusion of bones." This recommendation is reiterated in all our works on surgery. But it is difficult to imagine a mucilaginous root like the Comfrey to have any such specific influence over the osseous system. May not the emolient and soothing

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(healing) action of the remedy, like that of *Ulmus-fulva*,* give rise to the idea. In common with many roots, it may contain Phos.-ac., Silica, and Calc.-phos. enough to act upon morbid conditions of the bones. It would seem that a reputation handed down through two or three centuries ought to go for something. I do not know that we have any proving of Symphytum.

There is no more interesting study for the medical antiquarian than the perpetuation of the reputation of certain simple remedies, handed down through many generations, and in which the scientific medical man can see no reason or foundation.

COFFEE (COFFEA.)

"This is reported to be the berries of certain shrubs or bushes growing in Arabia. It is said of itself to be insipid, having neither scent nor taste; but being pounded and baked, as they do prepare it to make the coffee-liquor with, it then stinks most loathsomely, which is an argument of some saturnine quality in it; the propugners for this filthy drink affirm that it causeth watchfulness; (so doth the stinking Hemlock and Henbane in their first operation, if unhappily taken into the body, but their worse effects soon follow;) they also say it makes them sober when they are drunk, yet they would be always accounted sober persons, or at least think themselves so, when they can but once sit down in a coffee-house. If there had been any worth in it, some of the ancient Arabian physicians would have recorded it; but there is no mention made of any medicinal use thereof, by any author, either ancient or modern, neither can it be indued with any such properties as the indulgers of it feed their fancy with, but this I may truly say of it: *Quod Anglorum corpora, quæ huic liquori tantoferi indulgent, in barborum naturum degeneriffe ridentur.*"

All this sounds strange to modern ears. But Culpepper was not the only one to raise his voice against this "filthy drink," for we are told that coffee and coffee-houses were looked upon, at their first introduction, with holy horror by the better classes of English people. The use of coffee was denounced by the best physicians of that day. Little did they suppose that coffee would gain such universal power over future generations. Hahnemann's celebrated article against coffee, in his "Lesser Writings," is familiar to all homœopathists. Coffee still has its bitter enemies.

* In his mention of *Ulmus-fulva*, or Elm-bark, Culpepper ascribes to it the same power over broken bones, as he does to the Comfrey. (?)

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EYE BRIGHT (EUPHRASIA.)

"This is under the sign Virgo, and Sol claims dominion over it. The juice of this herb taken in white wine, or broth, or dropped into the eyes for several days together, helpeth *all the infirmities of them;* it also helpeth a weak brain or memory. * * * It has a powerful effect to help and restore the loss of sight through age."

Dr. Sibley adds, in a foot note:

"To the virtues of Eye-bright we have the recent testimony of Dr. Jackson. See *Medical and Physical Journal*, for February, 1810, containing some very remarkable cases."

Euphrasia has, even from remote times, had a wonderful reputation in affections of the eyes, which reputation is fully sustained by the whole homœopathic school of this day. If it will help a "weak brain," we hope its use will be more extensive yet!

FOX-GLOVE (DIGITALIS.)

Culpepper does not seem to be aware of the specific action of Digitalis upon the heart, as he makes no mention of any such action. It is strange that a physician who had ever used it should not notice its peculiar effects upon the circulation. He recommends it in common with nearly all his remedies, as an application to ulcers, bruises, &c., and says:

"It is effectual in cleansing and purging the body, both upwards and downwards, of tough phlegm and clammy humors, and to open obstructions of the *liver and spleen.* A decoction, in ale, of *two handsful* of the leaves, hath been found to cure those of the falling sickness (epilepsy) who have been afflicted with it upwards of twenty years."

We notice that he recognizes its action on the *liver*, which is ignored at this day, but of which I have no doubt, as I have often cured jaundice with it, as recommended by Noack and Trinks. Lest it be supposed this was not the real Digitalis, I will say that Culpepper gives a correct description of the plant.

CONIUM AND HYOSCYAMUS.

Dr. Culpepper does not advise these remedies: they

"Must not be applied internally, for it will certainly cause a phrenzy and stupefaction of the senses; but are good as an external application to the head in headaches."

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Of the *Cannabis-sativa,* he says:

"If used too liberally, it drieth up the natural seed for procreation."

The *Helleborus-niger* is "very effectual against all melancholic diseases of long standing, *such* as quartan agues (?) and madness; or, used as a pessary, provoketh the terms exceedingly."

For cattle that have a cough, he advises:

"Boring a hole through the ear, and putting a piece of the root therein; this will give relief in twenty-four hours."

Might it not be made into ornamental ear-drops, to be worn by young ladies who may be troubled with coughs.

Hops he decrees to "cleanse the blood," and help to cure the "*French disease,*" as the syphilis was at that time generally termed; also, that "Mars owns this plant, consequently its operations are obvious."

The Holly, (bark and leaves,) "are exceedingly good to be used in fomentations for broken bones and dislocations." Full directions are given for making the "bird-lime," much used to catch birds, an exceedingly viscous and tenacious mixture, from the bark, mixed with fern.

Of *Juniper,* he says: "It is so powerful a remedy for the dropsy that, by drinking *only the lye* made from the ashes of this herb, it cures the disease."

Only a few years ago, one of my patients, with ascites, used this same lye, made from the ashes of the Juniper, and boasted that it cured him.

ROSA SOLIS (DROSERA.)

"The Sun rules it, and it is under the sign Cancer. It is accounted good to help those that have salt-rheum distilling on their lungs, which breedeth consumption; also, good for all other diseases of the lungs, as phthisics, shortness of breath, cough; as also to heal the ulcers that happen in the lung."

Compare with this the following, cut a few days ago from the New-York *Evening Post:*

"Recent experiments made by the French physician, Dr. Curie, reveal a very powerful new remedy, and a remarkable illustration of the cardinal principle of homœopathy. The plant called "Sun-dew," (*Drosera-rotundifolia,*) will develop tubercles in the lungs of a cat, and cause other phthisical symptoms of lymphatic degeneration in the most marked degree, if administered steadily for a short period. At the same time regular doses of

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from four to twenty drops of the alcoholic tincture of the same plant will infallibly cure tubercle in a human patient, if begun in the earlier stages of pulmonary consumption. Cut this out for your pocket-book."

RUTA GRAVEOLENS (GARDEN RUE.)

"The leaves, taken by themselves, or with figs and walnuts, is called 'Mithridate's counter-poison against the plague,' and causeth all venomous things to become harmless. Being often taken in meat or drink, it abateth venery, and destroyeth the ability to beget children."

Hahnemann says that it causes sterility and miscarriage. Dr. Churchill, of Hypophosphite notoriety, states that it is infallible to check the bleeding in hæmoptysis.

Of the Savin (*Sabina*) he says: "It is an excellent remedy to cleanse old filthy ulcers, but it hinders them from healing; it may safely be used outwardly, but inwardly it cannot be taken without manifest danger, particularly to pregnant women, or those who are subject to flooding."

The Garden Tansy (Tanacetum-vulg.), so often used in domestic practice for amenorrhœa, &c., and as often used to cause *abortion* by the reckless and criminal, is thus spoken of:

"The herb, bruised and applied to the navel, *stays miscarriages;* and the decoction drunk does the like. If it be bruised and often smelled to, as also applied to the lower part of the belly, it is very profitable to such women as are given to miscarry in child-bearing, to cause them to go out their full time."

The *Tanacetum* is one of the most valuable homœopathic remedies for the prevention of abortion which we possess. Although but little used, and in no place advised in our works on practice, it is more valuable than *Sabina* in the treatment of threatened or actual miscarriage. Old Culpepper unwittingly used it homœopathically. I have found it very efficacious in the lower dilutions.

I hope I have not wearied the reader by quoting so largely from this curious work. Nor can I close without mentioning the "Index" to the work, which resembles exactly the *repertories* of the earlier homœopathists. Instead of the names of diseases and symptoms being *followed* by the remedies indicated, allusion is made to the *pages* upon which the supposed specific remedy is found.

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The book has also an interesting "Appendix," by Dr. Sibley, giving a meagre account of the "Peruvian or Jesuit's Bark," which had begun to attract the attention of English physicians. Quinia and its salts had not then been discovered.

By giving an account of this quaint, superstitious work on materia medica, I do not wish to give the reader an idea, that it represented the condition of medicine at that time; but as an example of a strong episode, or faction, which for over a century held an influence over the vulgar, and which, in remote portions of England, still influence the ignorant and superstitious.

ARTICLE XLI.—*Diagnosis: Its Application to the Symptoms of Disease, and the Provings of Drugs.* By W. WILLIAMSON, M.D., of Philadelphia, Pa.

Too high an estimate cannot be placed on the value of this important collateral of pathology, in the treatment of disease. Diagnosis teaches us how to distinguish one disease from another, and is the basis on which administrative medicine must rest, as it advances in the way of greater certainty in the treatment of all diseases. Its study embraces the subjects of the seat and the characteristics, as well as the distinctive symptoms of disease, and carries the mind across the line which divides pathology from therapeutics: and, when extended to the domain of the materia medica, it discriminates from among the drug symptoms, the curative agent, which is known from its provings to possess the most exact counterpart to the morbid phenomena of the diseased.

The ability to comprehend the elements of diagnosis, and to make appropriate investigations and comparisons is based on a knowledge of general anatomy, special anatomy, and physiology. We must possess a knowledge of the elementary tissues which enter into the composition of an organ, its location and functions; and its relations to other organs when in a state of health, before we can apprehend its true pathological condition, and fully estimate the amount of disturbance it may occasion when in a state of disease.

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The usefulness of a knowledge of the elements of diagnosis to the homœopathic physician, is not by any means confined to the single advantage, however great the advantage may be, of being able to distinguish one disease from another, but when by a critical analysis of the symptoms now known, and from new provings of the drugs of our materia medica, we shall learn the particular tissues and organs on which the drugs act, as well as the functional alterations and pathological changes induced, he will be enabled to select the remedy for a disease with a certainty before that time unknown. We shall then be able to see the true similarity between the symptoms of disease, and the symptoms of drugs; and perceive the real pathological relation which exists between a disease and its remedy. On such a foundation we may safely build a system of therapeutics.

Further investigations on the subject of the relation of the symptoms of the drugs of our materia medica to the tissues of the body, will probably elicit the fact, that the characteristic symptoms of a drug, as well as the predominant quality of the symptoms, depend more upon the nature of the tissue on which the drug acts, than upon any inherent quality of the drug itself. In other words, the mode of expression, as well as the kind of expression of a morbid phenomenon in the organism, depends more upon the function and structure of the part acted on, than upon any specific quality in the agent employed. Hence we find that different drugs in their action upon the same tissue will produce similar sensations, (called subjective symptoms) differing from each other chiefly in degree, while the pathological conditions induced, (called objective symptoms) may widely differ from each other. For instance, the sensations produced on the skin by Rhus and Sulphur, resemble each other; viz, itching, burning, and stinging, differing chiefly in intensity, while the perceptible phenomena, i. e. the swelling, eruption, &c., do not have so much resemblance. The sensations produced by the action of the same drugs (Rhus and Sulphur) on other tissues of the body, do not resemble those produced on the skin—instead of itching, burning and stinging, we may have, aching, drawing,

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tearing, &c.; the sensations being modified by the organization and functions of the part on which the drugs act.

What has been just said of the symptoms of drugs, is also true of the symptoms of disease. When a disease leaves one organ or tissue and is translated to another, the symptoms will be in harmony with the organization and functions of the part to which the disease has removed, and may be not at all like the symptoms of the disease in its original seat. The same rule holds good in both acute and chronic diseases. In the development of hereditary diseases we do not always see the morbid action occupy the same organ or even the same system of organs in the offspring that it did in the parent; nor do we always see similar organs affected in children of the same family, who inherit certain forms of disease from their parents. As a consequence of eruptions repelled in childhood, the subject may suffer in after life from headache, neuralgia, asthma, consumption, dyspepsia, liver complaint, diarrhœa, hæmorrhoids, &c., &c., according to the organization and functions of the part on which may fall the displaced morbid action that produces the eruption.

The ancients defined symptoms to be "those events or circumstances, which, when connected together, constitute a disease;" but when a homœopathic physician speaks of symptoms, he should think of them as signs and phenomena which indicate the nature of pathological changes in the subject of disease. And, in the collation of symptoms for the purpose of making out a full diagnosis of disease and its treatment, he should not content himself with the observance of occasional deviations, characteristic marks, and such other matters as enable him merely to distinguish diseases that resemble each other; but take into consideration the whole round of morbid phenomena, whether of sensation, or change of structure, as felt by the patient, observed by the nurse, or discovered by the physician. Through the agency of knowledge obtained in this way, the practitioner will be enabled to decide with greater certainty than by any other means at present within his reach, the claims to homœopathicity, of the remedies of our materia medica, by comparing the diagnostic symptoms of the disease with the diagnostic symptoms of the remedy. A

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student of the materia medica has labored to but little purpose, who can see in our many splendid provings nothing but symptom after symptom, and has not discovered in the symptoms of each drug a pervading genius, that adapts it to a special mission, on which it should be sent with scientific precision, instead of the matching process, like playing dominos, heretofore so much the practice in prescribing for disease.

As our knowledge of symptomatology becomes more specific, we shall see with greater clearness than we now do the diagnostic difference of the symptoms of each tissue. For instance, if the disease, whether from morbid origin or the effect of a drug, be located in the mucous tissue we shall have heavy, sore pains, and a liability to terminate in ulceration; if in the serous tissue, we shall have acute, sharp, stitching pains, with a tendency to terminate in effusions or adhesions; if in the cellular tissue, we shall have, aching, throbbing pains, with a liability to terminate by resolution, in infiltration or suppuration. And so on, if we should examine other tissues, and organs in which the tissues are compounded, we shall find in each a sufficient amount of difference in the morbid phenomena to enable us to distinguish the diseases of one from the diseases of every other part.

And so will it be with the symptoms of our materia medica. As we advance in the knowledge of specific drug pathology, we shall see with greater clearness than we now do, the diagnostic difference of symptoms resulting from drug action on the several tissues. But any considerable advancement in this particular branch of study will be a work of time; for an analysis of the whole symptomatology of the materia medica and much patient investigation and comparison will have to be made before we can trace each symptom or group of symptoms to their origin in the tissue and parts to which they belong. At present we have not sufficient knowledge on the subject to direct us through the entire work, but we have the elements to begin with, and as we proceed we shall no doubt acquire the ability to accomplish more than now appears to be within our reach.

And, may we not in the course of our investigations of the subject of diagnosis, learn something more definite than we

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now know, on the subject of the repetition of doses, and the adaptation of the attenuations of drugs, growing out of the diversity of the vital forces, and the impressibility of the different tissues and organs.

ARTICLE XLII.—*The Responsibilities, the Rights, and the Rewards of Physicians.* By F. W. HUNT, M.D., of New-York.

THERE was a time when Mercury, the originator of many of the sciences of the Egyptians, became concerned to know in what estimation he was held by the people who were so largely indebted to him for the sciences; and he went out into the world to observe the degree of respect paid to him. Entering the shop of a sculptor, he inquired the prices at which the images of the various deities were sold. Among them he found that of Jupiter, which the artist was willing to sell at a very low price, and that of Apollo was not held so high as he had expected. The inquisitive traveller next inquired for his own image, and found it ready on hand, exhibiting the wings on his head as well as his heels, and very respectable in artistic execution. "And what is the price of the god of intelligence and oratory?" The sculptor was happy to hear a call for that image; "for," said he, "I have kept him so long without having a single bid for him, that I have proposed that if anybody will pay me my price for the *other two* deities I have shown you, he shall have *this one* into the bargain."

This answer, if not gratifying to the vanity of the messenger and interpreter of the gods, was instructive, and was perhaps turned by him to good account; and, since we may well feel as much concern for the moral dignity of the medical profession of our time as Mercury could possibly have for his own reputation, we propose to follow his example. We will look out into the world and discover if we can, in what estimation medical men are and have been held by the people. We will inquire:—

First.—What are the legal *responsibilities* of physicians at the present time?

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Second.—What are the *rights* accorded to them by law and general usage?

Third.—What ought to be the relative rank and standing which they deserve, or *should* deserve to hold in the estim a tion of the public?

I. *What are the legal reponsibilities and obligations of physicians?*

A common carrier, a stage-coach proprietor, or a rail-road corporation are required by law to be ready and willing to render the service they hold themselves out as able to do to every applicant who calls upon them in a proper manner, and who is prepared to pay their usual charges. This rule has never been applied to professional men, and could not be enforced. The physician can not be *compelled* to go on professional calls, and is not bound to give a reason for refusing. If the physician, before he accepts the charge of a case, is under *any* legal obligation to the public, its extent has never been settled, as it has never been the subject of litigation.

When his professional services have been called for and he has prescribed, there is an *implied* obligation to go on with the case; and, if he treats it at all, he assumes the labor and responsibility of doing the best he can with it,—he is even morally bound to do the best that can be done. At the same time, the patient who accepts his services assumes the obligation of paying for them at the *customary*, or at least *reasonable* rates. The obligation on both sides is conditional. The patient may soon grow tired of the treatment he receives, and may at any moment dismiss his attendant when he thinks he can do without him, or can do better. The attendant, on his part, has the right to abandon the patient without explaining his motives; though he is bound to give reasonable notice, as attornies have been required to do, of his intention to withdraw, thus giving the patient the opportunity to employ another in his stead.

The physician who has assumed the direction of a case is considered responsible for the result of his treatment, so far as ordinary capacity, knowledge, and attention can be expected to go. If the termination of the case be unfortunate, he will,

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on a *prima facia* view, be presumed to have treated it properly, except where the measures employed have disclosed palpable ignorance or neglect; if, then, the error committed is so obvious that it can be made evident to an impartial jury, the physician is allowed to be liable to a criminal prosecution for mal-practice. The cases, however, of successful prosecutions for *criminal* mal-practice have hitherto been very rare; as juries have always been disposed to look with much forbearance on persons accused of wilful and criminal mal-practice, except where there has been strong evidence presented of *criminal intent.*

But there is a *much greater danger* to which physicians are exposed. "They are liable in a *civil action*, for not exercising sufficient skill and care in the performance of their duty to their patients." This responsibility, indeed, extends no farther in their case than it does in that of all other professions or occupations; but the difficulty may be far greater in making out a clear defence; questions of extreme intricacy are liable to arise, and neither judges, jurors, counsel or witnesses are always capable of understanding them; the defendant, after encountering the greatest perplexity in the treatment of a complicated case, is called to demonstrate the correctness of the treatment he adopted in the presence of the public, perhaps already prejudiced by the appeals of "the patient, who has, above all other litigants, peculiar means of misrepresenting his case, and of moving upon the sympathies of the jurors who are to pass upon it." This question has been sufficiently elucidated by Joel Parker, LL.D., Professor of Law in Harvard University, in his "Lectures on Medical Jurisprudence." We shall make a comprehensive abstract of his analysis of the subject:

"The rules which regulate this liability of physicians are deduced from the general principle of the law, that where any person undertakes for a reward, to perform a work for another which requires skill for its accomplishment, he holds himself out as possessing the requisite knowledge and skill, and engages that he will exert and apply that skill in the performance of the work he undertakes. And if he does not possess the skill which is requisite, and the employer, by reason of the want of it, suffers an injury; or, if possessing it he does not use it, either from wilfulness or negligence, and damage is therefore sustained by the employer,—the party who under-

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takes the performance of the service is liable to a suit for the recovery of the damages sustained through his incapacity, wilfulness, or negligence."

The application of this principle is simple enough to the case in which complaint is made that a blacksmith has, through ignorance or negligence, injured a horse, by the wrong driving of a nail in the act of shoeing him; and that of a mechanic, who through ignorance or carelessness, damaged a piece of machinery which he undertook to repair. These men have only tried to do *by routine* acts that had been performed by *thousands before them*, and the error committed was open to the eyes of all men; and the attorney, who through incompetence or neglect lost a suit which he ought to have gained, committed his blunder under the eyes of the judge in open court; there is no mystery or perplexity here. But, the physician is often, yes, ordinarily called upon to solve a *new problem*. Holding himself out as competent and possessing the necessary skill, he assumed the responsibility of "the treatment of the disease in a proper manner, and prescribing the medicines suited to counteract and cure, if perchance it may be cured, or to alleviate the pain of it so far as that may reasonably be done; and if he fail in the performance of the duty thus devolved upon him by his employment, whether the failure be the result of ignorance of his profession, or want of due care in his prescriptions, if injury to the system of the patient, delay in the cure, or unnecessary pain can be shown to have resulted from his want of skill or care, the patient may have an action to recover his damages. The rule applies with full force in surgical practice; and the great danger of the medical man lies here. "Actions are rare except in cases of surgery; and in cases of that character, the plaintiff generally comes into court with some visible deformity, which, however it may have been occasioned—whether by his own negligence, restlessness, or wilfulness—excites sympathy; and, being attributed to the mismanagement of the defendant, he is in great danger even when he has been in no fault."

Such is the danger. How may the physician best secure himself against it? "It has been suggested: *First*, that before acting in any case, he should require a bond or writing exonerating him from all responsibility, or perhaps containing a

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direct stipulation not to prosecute in case of failure to effect a cure;" but, though such a document might possibly "have a tendency to restrain the party who has executed it from instituting a suit, still it admits of a very grave doubt whether it could have any legal operation to exempt the physician from any responsibility. *Theoretically*, he is liable only for want of skill or negligence; *practically*, he is in danger from an unreasonable claim, and from the sympathy of the jury. The document, to be of any avail as a legal bar to a right of action, would be in effect a contract that the physician should not be liable, even if he lacked skill or was guilty of negligence. But it has been held that it was against the policy of the law to permit a party to contract for exemption from the legal consequences of his own fraud; and gross negligence has been been held equivalent to fraud." It does not appear that such an expedient has ever been tried and proved to be effectual, but it has been thought worth trying.

Second.—When the physician has reason to fear a suit as a possible danger, he may guard against it by securing "sufficient evidence of the state and progress of the case, from time to time, by an examination of other physicians, and by intelligent men, not of the profession, and therefore not liable to a suspicion that their testimony is influenced by an *esprit du corps.*

Third. "When the patient is refractory or unreasonable," the physician may secure himself by declining "further attendance, and assigning the reason, and giving reasonable time to procure another medical attendant. But whenever this course is resorted to there should be plenary evidence respecting the state in which the case was left." It is admitted, however, that no mode has yet been devised that can "give perfect exemption from unreasonable prosecutions."

"But something may yet be hoped from an intelligent public opinion, which shall rebuke this sponging of the profession to indemnify the patient, in many instances for the consequences of the patient's own folly and ignorance."

II. *What are the rights accorded to physicians by law and general usage?*

They have at least the right of *demanding compensation* for their services; the right to *collect* it by law has not always

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been allowed; and is not always worth much when admitted. In 1791 the question was raised in the English courts whether a physician was entitled to maintain an action for the recovery of fees for medical services. After solemn argument it was decided that the physician had no such right. The counsel who argued the case failed to find any precedent for this doctrine in the books; but Lord Kenyon, the Lord Chief-Justice of the King's Bench, declared, that although this could not be said to be settled law, it was time the point were settled. He said it had always been understood that the fees of a physician constituted a claim or obligation of *honor*, "*not demandable as a right*," that it was much more for the credit and rank of that honorable body that it should be so understood;" and he thought physicians "would disclaim a right which would" bring them down in society to the cold water level of "common men." (See the case of *Chorley against Bolcot*, 4 T. Reports, 317.) There was another case, in which an apothecary passed himself off as a physician, and sued for his fees. He lost his case, not because he was not a regular M.D., but because, having placed himself on that platform, he was not allowed to stand on any lower one. The Chief-Justice said: "If a person passes himself off as a physician he must take the character with its honors and its burdens. When he brings an action for visits paid by him as a physician, I will give him credit for being so, and tell him he must trust to the honor of his patients." (*Lipscombe vs. Holmes*, 2. *Campbell*, 441.) But this English doctrine appears to have been settled *after* the great American Republic had established its independence, retaining no more of the principles of English law than suited the ideas of the American people. Our institutions and laws, being all based on the great principles of liberty and equality, knew nothing about the distinctions between nobles and common men; and the American courts were ahead of Lord Kenyon in fixing the rank and dignity of physicians. In the case of Mooney vs. Lloyd, (*Sergeant and Rawle*, 5, p. 416.) a Pennsylvania judge declared that, whatever might be the rank and privilege of medical practitioners in England, they had no right in this country to place themselves above the common herd of their fellow citizens; they

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must be content with the common privilege of collecting their fees by those same base contrivances of law which Mammon had invented for the use of men of less honorable professions. Dane, in the first volume of his "Digest of American laws," p. 619, says a physician *can* maintain an action for his fees in *America:* and it was settled, after solemn argument in the supreme court in Massachusetts in 1789, thus leaving Lord Kenyon and the English courts two years behind the times, and they are supposed to be far in the rear ever since.

III. *What ought to be the relative rank and standing which physicians deserve, or ought to deserve to hold in the estimation of the public?*

Having proved that physicians are entitled to demand pay for their services, and that they are entitled to collect their fees by law if they cannot get them in any other way, it remains to inquire to what kind of rewards they are entitled. We will refer first to "ancient custom," and afterwards to more recent authority. Mr. Jeaffreson's late "Book about Doctors," will give us some information of the standing of our profession in the more ancient times.

In the year 180 B. C. Seleucus, King of Syria, gave to Erasistratus, the first dissector of the bodies of malefactors, sixty thousand crowns for restoring his son Antiochus to health. For attendance on the Roman Emperor Augustus, and his four next successors, four physicians received annual pensions of 250,000 sesterces each.

In England, Edward III.'s apothecary had a salary of sixty pence per day, and his surgeon twelve pence per day, with eight marks in addition per annum. In the Royal court of Wales, when Llewellyn was king, when England had no House of Commons and knew nothing of coal-beds at Newcastle, the Welsh surgeon received for curing a slight wound, only the blood-stained clothes of the injured person. For a dangerous wound he had the bloody apparel, his board and lodging so long as he was needed, and 180 pence. In England in the time of Henry VIII., the Earl of Cumberland paid a Cambridge physician a fee of one pound sterling. About the year 1700, a graduate was entitled to charge about 10 shillings

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per visit, though some charged 20 sh. A surgeon could charge 12 pence per mile and 10 groats for setting a broken bone or reducing a dislocation. For bleeding the charge was one shilling, amputation of a limb £ 5.; for the after treatment there was no settled price.

Many instances of high fees charged and paid for professional services are given in English history. James I. paid Henry Atkins £ 600. for curing his son Charles I. of fever. The privy Council ordered that Dr. King should be paid £ 1000 for bleeding Charles II. on his own responsibility, and thus saving him from an impending apoplectic attack. The occasion was one of great alarm. The king was attempting to converse with his attendants in his usual gay style, but his ghastly appearance frightened them. "Soon his face grew black; his eyes turned in his head; he uttered a cry, staggered, and fell into the arms of Thomas Lord Bruce." Dr. King, who was a kind of Royal apothecary, was on hand; but he had no lancet. He opened a vein, says Macauley, "with a penknife; the blood flowed freely, but the monarch was insensible." There was, however, some improvement, and numerous physicians were immediately in attandance. "One of the prescriptions was signed by fourteen doctors. The patient was largely bled. Hot iron was applied to his head. A loathesome volatile salt extracted from human skulls was forced into his mouth. He recovered his senses; but he was evidently in a situation of extreme danger." Here *was* danger, from the multitude of counsellors, if from no other cause. "The fourteen doctors who deliberated on the King's case, contradicted each other and themselves. Some of them thought that his fit was epileptic, and that he should be suffered to have his doze out. The majority pronounced him apoplectic, and tortured him during some hours like an Indian at the stake. Then it was determined to call his complaint a fever, and to administer doses of bark. One physician, however, protested against this course, and assured the Queen that his brethren would kill the King among them" (Macauley, History of England, I., 333). The grateful feelings of the Privy Council, after their vote to pay Dr. King £ 1000. for the first bleeding, appear to have subsided before the money was paid; and, after seeing

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their sovereign lashed through the gauntlet by fourteen doctors for four days, they witnessed his melancholy death, and forgot to pay the thousand pounds.

On the question of medical fees we take a few more cases from Mr. Jeaffreson's book: Louis XIV. of France paid his physician and surgeon 75,000 crowns each for their services in a single operation. William III. of England, gave Dr. Radcliffe 500 guineas for treating Bentinck, Earl of Portland, for diarrhœa, and the same sum for attending Tulestein, afterwards Earl of Rochford, for congestion of the brain. The king also offered to appoint Radcliffe one of his medical counsellors with a salary of £200. per annum more than he gave to any other medical officer. Radcliffe also received 100 guineas from Queen Mary for attending the poor little Duke of Gloucester, son of the Princess of Denmark, when he was attacked with convulsions: also 400 guineas, a diamond ring, and 1200 guineas from the treasury for attending the Earl of Albemarle at Namur.

The largest reward ever received by any English physician was that paid to Dimsdale, by Catharine II. of Russia. Having acquired some celebrity by his success in inoculating for the small-pox in Hertfordshire, he was invited by the Empress of Russia to inoculate herself and her son, the Grand Duke Paul. For his success he was rewarded with the rank of Baron of the Empire, Counsellor of State, and was appointed physician to the Empress with a pension of £500. and a present of £12,000. In more recent times, the largest fee Sir Astley Cooper ever received was 1000 guineas; and the largest sum he ever made in one year was £21,000.

The Emperor of Austria, on his death-bed, asked Quarin, his physician, what he thought of his case. The physician frankly told the monarch that he could not possibly live forty-eight hours. In acknowledgment of this honest declaration of the truth, the Emperor created Quarin a baron, and gave him a pension of £2,000 per annum, to support the dignity of his rank.

In Mahometan countries, where the people believe that the exact hour of every man's death is fixed by an irreversible decree of Providence, which no human skill can change, it has

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always been observable, that the men who believed that the *fated hour could not be postponed*, have always been ready to pay very liberally for the best efforts of physicians to put it off. In one instance, in our time, public sentiment in Europe condemned the charge made by a surgeon for an operation. The charge of Lallemand against Ibrahim Pacha, of Egypt, for performing a single operation on the urethra was *two hundred thousand francs*. The fee was certainly high enough, but the angel of death paid no regard to it.

One of the best countries to practice medicine in at this time appears to be Turkey, in which country the profession has always been held in high estimation. Dr. Madden, one of the most instructive of modern travellers, obtained his knowledge of Eastern manners and diseases by practicing medicine in Constantinople. By adopting the common usage of employing a Greek dragoman to drum up patients, Dr. M. acquired an extensive and lucrative practice in that city, and also in several others. He learned the whole art and mystery of establishing himself in public estimation from the dragoman, in one day: He was "never to give advice before he got his fee; never to ask any questions of the sick; was never to give intelligible answers to the friends; was to look for symptoms only in the pulse; and was to limit his prognosis to three words. In doubtful cases he should say, *Inshallah*, or 'please God,' in desperate cases, *Alla Kerim*, 'God is great.'" The first day the doctor took his post in the coffee-shop he heard his dragoman narrating to wondering listeners a miraculous cure that he said he had seen the doctor perform some days before on a dying Effendi: "That he had taken out his liver, and, after scraping off the disease, put it in again; that the patient got well the next day and paid the physician five purses." Dr. Madden, though mortified with the extravagance of the false story his assistant had told for him, was obliged to accept the task of treating two patients who called for his services before he left the coffee-house, and was soon famous in the cities of the Turkish empire.

The physician who gains the confidence of the nobles, pachas, and muftis of a single province or city, may consider his fortune already made; but, the rewards they may be able to

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bestow on a favorite counsellor, cannot compare with the magnificence of the Grand Turk, the Sultan, or Padishah. He is the "Successor of Mahomet, the greatest of Prophets." "Master of the cities of Mecca, Medina, Jerusalem, and Stamboul," and "Shadow of Allah on Earth." And, when his sublime highness happens to fall sick, an anxious multitude of dependents and hangers-on wait in painful suspense for his death or recovery. The court-physician feels the burden of a greater responsibility than the bearer of Cæsar and his fortunes. If he is successful in his treatment, he saves the lives and fortunes of thousands, and may expect such rewards as their wealth and gratitude may inspire. As late as the summer of 1860, the Sultan, Abdul-Medjid, making a tour through his provinces, was attacked with intermittent fever. His favorite physician, Dr. Caratheodory, gave him a few orthodox doses of the well-known Sulphate of Quinine, and immediately the Shadow of Allah was strengthened to remain a short time longer on earth. Like many a poor deluded subject of ague, who has succeeded in "breaking it," the Sultan thought he was permanently *cured*. The friends thought so too, and showered their expressions of gratitude upon the fortunate doctor. "Jewels, presents of objects of art of all kinds, to the extent of three or four hundred thousand francs," were bestowed by the rejoicing dignitaries and appendages of the imperial family. The gratitude of the Sultan was perhaps more sincere than that of any of his dependants; and he gave a fee worthy of the occupant of the throne of Mahomet and the bearer of the sword of Osman. A magnificent territory was bestowed on the learned and fortunate Medico, constituting him at once one of the lords of the empire. Unfortunately the fame of the curers of ague by means of Quinine seldom lasts forever, and Dr. Caratheodory is long before this time a wiser, though we fear a sadder man. The fever returned upon the Sultan more fiercely and more frequent than it had done on Cæsar, "when he was in Spain;" and, after a few months of torture, between disease and remedies, the Shadow of Allah, instead of going back fifteen years, on the face of the dial of life, passed entirely over it on the other side; and the Sultan, Abdul-Medjid, died on the 25th of June, 1861.

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It is unnecessary to look further to justify the conclusion, that *some physicians* in *some countries* have been duly appreciated, aad have received for their services all that their services deserved. But this does not authorise us to say that any such rule has *generally* prevailed *in any country*, and it is certain that it does not now prevail *anywhere*, and especially in our own country. The claims of society on the medical profession are so exacting that they prevent its members from relying on any other calling as a means of support: and at the same time they are required through an education of years, to be qualified to render prompt and efficient service in every possible condition of human suffering.

In every part of our country, says Dr. Drake, the physician "is or ought to be a person of high relative rank—a man of letters and science—a gentleman in habits and manners. He can not therefore live in retirement and poverty. Like an actor while the play is advancing, he must be ready at any moment to enter upon the stage, and is obliged to appear in the costume appropriate to his character."

The compensation, then, which the medical man ought to receive should be sufficient "to bring back with interest what has been expended in the acquisition of elementary knowledge, and afford compensation for the tedious years of probation" through which he is compelled to toil in making acquaintance with the public and acquiring public confidence; "it should enable him to procure all the necessary books, apparatus and instruments; provide adequately for the support and education of his family; and secure him against want in his old age."

Among the great mass of men engaged in the practice of medicine, what a small proportion reach all, or even any of these reasonable rewards of honest daily toil and sleepless nights. We will see what are the opinions of some who are well informed upon the subject.

The *British American Medical Journal*, in proposing the formation of a "benevolent fund" for the aid of disabled members of the profession, has thus compared the three leading professions in regard to the compensation they receive in our time:

"Of the three professions, divinity, law, and physic, it may be said, that the representatives of the first class scarcely do more, in the large majority of instances, than support their families and maintain their external appear-

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ance as gentlemen. Hence in most of the churches provision has been made, in the event of their demise, for the support to a certain extent of their families. The members of the second profession, whether by the industrious pursuit of their calling, or their preferment to offices of place and power, continue in the majority of instances, not only to possess an abundance of this world's goods, but are enabled also to leave fortunes to their families. With the third class, whom we represent, and than whom none toil more severely, whether by mind or body, through heat or cold, through wet and dry, by night and by day,—how many, let us ask, how many, by their own fruitful toil, unaided by extrinsic circumstances, are enabled to leave even an adequacy for the support of their families? Very probably, *not one per cent.* And we have little hesitation in stating, that the labor in the profession of medicine is immeasurably more severe than in any of the two sister professions. And usually with so poor a prospect for those who propose entering its pale, there must be something beyond the mere love of lucre which tempts and attracts. What that is, which can thus inspire men to devote their lives to the relief of suffering humanity beyond an influence so powerfully operative in ordinary minds, any one who has once imbibed its limpid streams can tell."

Yes! we all know the powerful fascination which draws the medical student onward and upward in the ascending pathway to that serener realm of truth, the atmosphere of which the mere worshipper of Mammon can never breathe. And we are not afraid to disclose to him the fact, that he enters upon a profession of which it has so lately been said by a medical journal, that its members "generally die poor, leaving nothing for their families but a name, it may be, possibly, among the honored ones of the earth." We know he will not go back. He will continue, in his upward career, to

> "Explore with eager eye,
> Where wrapt in night retiring causes lie,"

Till he traces every pang of human misery through every artery that throbs and every nerve that feels.

An effort has been made to estimate the average rewards of physicians, and the result reached is certainly not encouraging to the modest aspirant for fame and fortune:—up to the age of thirty-five years, they fail, on an average, to make money enough to meet necessary expenses. At thirty-five they come up to this standard; and, after that turning-point, the halfway house in the life of man, as many *begin to make money* as will balance the number who *never do it.* And it has often

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been asked: Why is it that they charge high for their services, and yet fail to succeed better than the common mechanics, of whom so few in these days serve any apprenticeship in acquiring a knowledge of their trade? Our answer is: "The honest earnings of medical men exceed to an incredible degree their receipts. They are never without patients of whom they can not *demand* anything," inasmuch as they *never have* and *never will have* anything to pay with. Others—and the number is large in every community—"consider it in no degree dishonorable to neglect payment for an indefinite time, and finally escape from it by fraud. Others assume the privilege of postponing the claims of their physicians to those of all other creditors." And the number who cannot pay or who will not pay continues to increase under all the advances in improvement, and under all the conventionalities of what is called civilization. There is a prophecy somewhere, that "the poor shall never cease out of the land;" and the true physician accepts the *truly poor* as a legitimate province of the great field of his labors. But he devotes much of his time to those who hold themselves out to him as *not being poor*, and not needing charity; and he makes his regular charges against them, and relies upon them. Of these a great proportion fail to pay him. "Some become insolvent; others emigrate and are lost sight of; others dispute his prices and the aggregate amount—compelling him to abandon his claims, or to prosecute their collection in the courts of justice; finally, public sentiment prohibits a resort to the law, under a variety of circumstances, in which it would be tolerated in other creditors." And, worse than all, the impositions that are heaped upon honest practitioners in any other profession, the known charity and forbearance of philanthropic physicians is taxed to its utmost by persons, who, though living in affluence, never intend to pay him; their moral worth, when tested, is found to be as hollow as that baseless fabric which passes with those who only see the surface for wealth; and neither law nor public sentiment furnishes the physician, who gave them his time and best efforts, either protection or redress.

And such is the estimate in which medicine is held by the public, after having been known as a distinct profession for

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three thousand years. It has grown from a system of random empirical prescriptions, which originated in accidental successes that could never be expected to occur again, and, transmitted from age to age by written and unwritten tradition, it has become a sublime and wonderful science, which now involves in its ample circles every department of human knowledge. For thousands of years it has been struggling with the elements of material nature, and now holds in its hands the actual results of all the experience of thirty centuries. From the days when the world was fresh and young, physicians have been the trusted counsellors and companions of kings and emperors, cities have implored their advice, and nations have erected statues to their memory. Is it possible, that it can rise no higher in its influence over humanity at large than it stood when its knowledge was all empirical, when its theories were all visionary, and its successes all accidental? It is acknowledged by the learned of all professions, that the study and practice of medicine enlarges and strengthens every faculty of the mind that gives men power and influence over the minds of others. Constantly engaged in the effort to study human nature as it is, in answering new inquiries and solving new problems, the habit of patient investigation becomes a part of the true physician's daily and hourly existence, and he learns the height and depth of the human intellect in all its varied manifestations, in studying the physical and mental phenomena presented in the cases he is called upon to treat.

And society is constantly imposing upon medical men the labors that test to the utmost their highest powers. They are expected to take into their hands the control of all the elements of nature around us, and all the springs of passion within us,—and thus to command the sources of life and death, of health and happiness. They are required to investigate all the properties of the atmosphere, to draw down the lightning from the clouds, to trace the paths of the pestilence that walketh in darkness, and throw the mantle of protection over a people threatened with the destruction that wasteth at noon-day. Enlightened public sentiment long ago called upon the profession which alone could understand the mystery of insanity, that the chains shall be stricken from the limbs of

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the maniac, and that his dreary cell "should be converted from a howling pandemonium to a well-ordered household, where smiling hope should 'unlock the door to health.'" And that labor has been at least partially performed. What remains to be done?

We fear, first, that medicine as a science and as an art does not quite come up to the wants of the progressive age upon which we are now entering; and secondly, that physicians do not sufficiently realize the importance of the position they hold in the scale of human professions to enable them to do all the good that ought to be done, and to secure for themselves all the rewards which a world blessed by their beneficence should gratefully bestow upon them. It is now twenty-two hundred years since the Greek poet Æschylus celebrated the art of curing diseases as the "first and greatest of the gifts of Prometheus to mankind." From that time to the present the relative rank of our profession should have been firmly maintained. Whether it has been or not we shall not now positively decide, but will give the question the parliamentary privilege of resting "in the hands of its friends." We take the words of Prof. Bartlett,* of the Transylvania University: "Physicians," he says, "have always been the true and constant friends of the suffering sons and daughters of men. They have cheered the desponding; they have lightened the load of human sorrow; they have dispelled or diminished the gloom of the sick-chamber; they have plucked from the pillow of pain its thorns, and made the hard couch soft with the poppies of delicious rest; they have let in the light of joy upon dark and dreary dwellings; they have rekindled the lamp of hope in the bosom of despair; they have called back the radiance of the lustreless eye, and the bloom of the fading cheek; they have sent new vigor through the failing limbs;—and finally, when exhausted in all other resources, and baffled in their skill —handmaids of philosophy and religion—they have blunted the arrows of death, and rendered less rugged and precipitous the inevitable pathway to the tomb. In the circle of human

* "Inquiry into the Degree of Certainty in Medicine," &c. Philadelphia, 1848; page 84.

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deities, I know not of any, short of heroic and perilous daring, or religious martyrdom and self-sacrifice, higher and nobler than those of the physician. His daily round of labor is crowned with beneficence, and his nightly sleep is broken that others may the better rest. His whole life is a blessed ministry of consolation and hope."

We have now permitted the friends of medicine to define its claims to respect, and we accept the statement of its case, thus strongly presented. We admit that *this much* can be said with truth of regular, old-fashioned, Hippocratic, orthodox, pharisaic medicine of the straightest sect; and we acknowledge, that with all its faults we love it still. But we do not forget, that *it has faults* for which we do not undertake to apologize; and if we could attempt a plea of extenuation or mitigation, it cannot be done here. With all its good opinions of its own worth, it has, like the inventor of Egyptian science, walked through the world to see if men would not be everywhere praising it; and, like him, it has seen its statue *thrown in for nothing*, wherever the images of more popular divinities were purchased. It has failed to meet the wants of a progressing humanity, and still fails to secure to its votaries the rewards they may honestly earn.

The medicine of the age that is just closed could not meet the wants of the age that is now dawning. The medicine seen in the ideal of the Greek poet, and in the vision of Cicero, the most gifted and enlightened philosopher of ancient Rome, was not *the medicine of their time*, but the *prophecy of the medicine that should and would be.* "Man," said Cicero, "approaches to the gods in nothing so much as in giving health to man: to preserve and restore is little less than to create!" But man had little power to bestow health on afflicted mortals in Cicero's time. He did not pretend to know how to arrest a fever by art, nor to guard a city against small-pox by vaccination. He had not learned the single fact of the circulation of the blood, and pretended not to predict life or death by the throbbings of the heart. The complicated web of the nerves had never been unravelled; no philosopher had attempted to trace in the different conformations of the human brain the relative but varying powers and capacities of the

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soul; the great *law of curing diseases by giving remedies capable of causing similar diseases* had not been discovered; and the only mode of ascertaining the real powers of remedies, by experimenting with them on the healthy, had never been thought of. The vision of the philosopher was of THE FUTURE; he saw the healing art as it *would become* when the struggles of a few more centuries should "arouse, refine, and expand" the human soul, with all its creative and analytic powers. He saw in the creation of man the highest display of the power of omnipotence; and, in controlling that wonderful mental and physical structure, and in restoring it when diseased to its original state of health, he saw the nearest approach that human power would ever reach to that of the Deity himself. The vision seen "in the midnight of the ages" is true of the higher and purer medicine of the brighter day now dawning; and it cannot be more felicitously expressed than has already been done by that voice which in the Roman Forum could invoke with equal facility "the music of Apollo" and "the thunders of Jupiter."

ARTICLE XLIII.—*On the Treatment of "Black Vomit," occurring during the Course of Certain Gastric Inflammations, &c.* By E. M. HALE, M.D., of Jonesville, Mich.

DURING the year 1861, I treated three cases in which the most marked and prominent symptom was that usually denominated "black vomit." Of the pathological condition which existed in these cases, I cannot speak with any certainty, as a post-mortem was denied me in the *one* case, which proved fatal. "Black vomit" has been observed in yellow fever, hæmatemesis, cancer of the stomach, and occasionally in other affections attended with gastric inflammations. But from whatever cause it originates, the substance vomited has a peculiar and characteristic appearance. It is described as "either nearly tasteless or sour, and to chemical tests is in general decidedly acid." It appears a dark liquid-like coffee grounds, or a mixture of soot and water; or consists of "blackish flocculi, floating in a colorless liquid." Formerly

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it was supposed to be black bile. Dr. Physic supposed it might be a secretion from the stomach, thrown out to relieve the inflamed vessels. At present it is believed to be blood somewhat altered, either by a feeble secretory action of the membrane, or by the acid which exists in the stomach. Wood is of the opinion that the blood undergoes some mortification, either in the capillary vessels, or in its exit from them through the epithelium. He thinks there can be no doubt, that the real "black vomit" is *disintegrated blood.* When "black vomit" is present, the stools present a black appearance, owing to the passage of the morbid exudation from the stomach through the intestinal canal. The most general *cause* of "black vomit" in the various affections in which it has been noticed, is probably *congestion* or *inflammation* of the gastric mucous membranes. Other causes are sometimes present,—such as violent straining in the act of vomiting, drinking very cold water, the abuse of alcoholic drinks, suppression of habitual discharges, &c.

Case 1.—An infant only two days old. The child at birth was apparently strong and healthy. The meconium passed off freely the first day; no movements from the bowels on the second day, in the evening of which day the child vomited freely a whitish slimy fluid, *streaked* with brownish substance. After this it seemed to have a chill, followed by some fever, great restlessness, and appeared to suffer much pain. Through the night and all the next day the vomiting continued, but became black after the first ejection. The "vomit" was of the appearance of "soot and water," or a flocculent fluid of a dark-brown color. On enclosing some in a vial and placing it before a light, it gradually separated, the flocks became more defined, and floated in a *light*-brown liquid. Under the microscope the recent ejections showed epithelial cells of the mucous membrane, blood corpuscles variously altered, and a black, amorphous matter,—probably disintegrated blood globules.

At the time of the first vomiting I gave Ipecac., 3, followed by Aconite, 3. These remedies were continued through the next day until in the evening. At this time the strength of the child seemed failing. No operation of the bowels since

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yesterday morning. The nurse had given at six, P. M., a little castor-oil which seemed to be retained. Arsenicum, 3, was ordered to be given every hour through the night. I did not see the child until about noon of the next day. The oil had probably operated, or the bowels had moved from the accumulation of fluid from the stomach, as a large quantity of very black semi-fluid matters were passed, which had the same appearance as the fluid vomited. The child has refused the breast since last evening, and seemed still in much pain; very much agitated, and emaciating very rapidly. This loss of flesh was rather remarkable, as the child was very plump—weighing ten pounds at birth,—and had now fallen away nearly one half!

Continued the Arsenicum every two hours, in alternation with Carbo-veg., 6. The child died at two, A. M., the following morning. The substance ejected the last twelve hours was *very* black, and extremely fœtid. Decomposition took place very soon after death,—much sooner than in death from other diseases.

Was this a case of obstruction, or of some congenital organic lesion! It could not have been the former, for the bowels were open every day. The latter is quite improbable. The chill and consecutive fever, the great pain and restlessness, all point to an idiopathic inflammation of the gastric mucous membrane. A post-mortem was solicited, but was not permitted.

Case 2.—Early in the spring of this year, 1861, I was called to attend a family, of which four of the children were suffering from intermittent fever of the quotidian type, which were perfectly cured by one-grain doses of the Citrate of Iron and Quinia, first decimal trituration. The children were all anæmic, and inherited from the mother feeble constitutions.

In about two weeks from the first visit, the youngest child, a little girl of three years, was taken suddenly with chill, fever and vomiting of a dark-brown fluid. I did not see the child then; but, presuming it to be a recurrence of ague, I did not inquire particularly into the nature of the substance vomited, but prescribed Nux. and Ipecac, 2d dilution. Early the next morning a messenger came for me in great haste. Upon

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my arrival there, I found the child had vomited frequently during the night in the *bed;* the ejections were sudden and expulsive. The sheets were stained a dark brownish-black, as though coffee grounds had been spilled upon them. The little patient was very restless, almost constantly retching, and frequently vomiting a quantity of fluid, which resembled soot and water. There was some fever, heat of the skin, and an intolerable thirst (the pulse being at 120.) The pain was referred to the region of the stomach, which was sensitive to pressure,—the pressure seeming to aggravate the vomiting. The bowels were loose, and the evacuations colored black by the "black vomit," passing downwards. The parents informed me, that they had lost a child of five years, about one year ago, who was attacked in the same manner, and who died after an illness of twenty four hours. This circumstance caused me to give an unfavorable prognosis. Gave Arsenicum, 3, and Aconite, 2, in alternation every hour. Ordered a spoonful of ice water to be given every fifteen minutes, and no other fluid except the medicines which were given in solution. Cloths wet in cool water were applied to the epigastrium.

The next day the fever had abated; diarrhœa not so frequent: vomiting somewhat allayed, and the nausea not so excessive. The "black vomiting" has continued at intervals, and the child is very weak, pale, and exsanguinated. Continued the Arsenicum; but gave China, 1st dil., instead of Aconite. Under these remedies and a very careful diet, of bland alimentary substance, the patient slowly improved, and passed through a tedious convalescence.

Dr. Holcombe in his treatise on "yellow fever," speaks highly of the curative value of Arsenicum in the second stage of that malady, or that stage in which the "black vomit" appears. He also recommends, from actual experience, Lachesis, Sulphuric-acid, and Argentum-nit.; and also suggests Phosphorus, Oxalic-acid, Creosote, Turpentine, Hamamelis, and Carbo.-veg; to which I would add Erigeron-canadensis. Dr. Vail, of New-Orleans, used successfully for the "black vomit" stage, Arsenicum, and Veratrum-alb.

Case 3.—During the month of October, I was called to see the same child, who seemed to be suffering from an attack of

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chill and fever;—the chill came on in the morning, followed by fever, lasting until midnight; some headache; tongue coated white; slight nausea; considerable epigastric pain; bowels regular. Not recollecting anything about the former illness of the child, another attack of a similar return was not feared. Gave Aconite and Mercurius in the 2d. The next day the nausea had increased to actual vomiting of a white, slimy fluid, which changed towards evening to a brown, grumous liquid, with black flocks floating in it. The epigastric pain was more intense, accompanied with much tenderness. Pulse quick and wiry; some heat of the skin; great thirst,—but the slightest quantity of beverage caused immediate vomiting. Great restlessness and sleeplessness. The tongue was inclined to be dry in the centre. Gave Arsenicum, 3, and Veratrum-alb., 2. Ordered cold-water applications to the stomach,—small bits of ice were given the child from time to time to hold in the mouth until dissolved, a spoonful of iced mucilage of *Ulmus-fulva* was to be given frequently. The next day witnessed no improvement. The fever had assumed a low character:—tongue dry, red at the edge, and especially in the middle; forcible, expulsive vomiting of real "black vomit;"—sometimes it seemed to come up without effort—gulped up." No apparent alleviation of the epigastric pain; much prostration; constant moaning and nervous agitation; pulse rapid and weak. Evidently the gastric mucous membrane was suffering from intense inflammation, and exuding altered blood rapidly through its epithelium. Having perfect confidence in the homœopathicity of Arsenicum in inflammation of the stomach, I determined to continue it in the sixth dilution. Knowing by experience the value of Hamamelis in many forms of hæmorrhage, I determined to test it in this case; and therefore administered it in the doses with which I have been most successful—viz: twenty-five drops of the tincture of the bark was put into the same number of teaspoonsful of water, iced. Of this a teaspoonful was given every two hours, in alternation with the Arsenicum.

In giving two remedies of differing relative power, we should not give the same dilution of each. The sixth of Arsenicum is of about the same relative strength as the first of

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Hamamelis; the sixth of Nux. is equal in power to the first of Chamomilla, and so on.

During the next twenty-four hours not much change took place in the condition of the patient, except that profuse evacuations from the bowels took place, of the same character as the fluid vomited; but having an extremely offensive odor. I ventured to order a teaspoonful of weak beef-tea, to be given every hour or two. Continued the same remedies.

On the next or fifth day of the disease, no improvement could be noticed; rather an aggravtion of most of the symptoms. For the last two days I had forbidden any change from the recumbent posture, dreading fatal syncope. To-day the extremities are cold; the tongue red and tremulous; pulse very small; the ejections by the mouth and bowels very fœtid. Altogether I considered there were but few chances for the child's life.

It seemed to me that a change in the remedies was demanded, and after a careful consideration of the merits of Terebinth, Phosphorus, Arg.-nit., and some other remedies, I decided upon administering *Sulphuric-acid.* With the Acid I have cured several cases of purpura hæmorrhagica, typhus petechialis, atonic hæmorrhage from the bowels, uterus, and mouth. It seems more applicable to those hæmorrhages which take place in tissues whose vitality is low, than in those in an active state of inflammation or congestion.

In this case the gastric mucous membrane has suffered so severely, that its vitality is nearly destroyed. This is probably the reason of the failure of the Hamamelis to arrest the bleeding from the inflamed and softened membrane. This remedy is more homœopathic to active than passive bleedings, and to venous rather than arterial. It is probably not homœopathic to inflammations of mucous membranes; but only to phlebites and venous congestions. Turpentine is analogous to Sulphuric-acid, and is homœopathic to the same hæmorrhagic conditions. I should have given it in this case but for two reasons: one, that its nauseous taste even in the 2d or 3d dilution might increase the nausea; the other because the child craved "something sour." These cravings of patients are not always to be ignored; they are sometimes guides to us in our selections of food and medicinal agents.

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The Sulphuric-acid was prepared by mixing a sufficient quantity of the first dec. dil. of the Acid, with a little cold rain-water, enough to cause it to have a slight acidulous taste. A teaspoonful of this preparation was given every twenty minutes. I visited the patient in six hours after, and found the vomiting had ceased,—only a little empty retching remained. No "black vomit" had been ejected for the last four hours. The evacuations of the bowels were still black, but less in quantity. She had fainted several times on rising up in bed of her own accord. This and some other symptoms of great weakness—such as cold extremities, very feeble pulse—had prompted the mother to give a few drops of brandy in a spoonful of water, as I directed might be done in case of collapse. It was repeated several times. China 0, ten drops in a little water, was alternated with the Acid, each being given every hour.

Twelve hours after, there was a decided improvement in the child's condition. No more vomiting; the diarrhœa assumed a healthy character, and ceased in a few days. The epigastric pain and tenderness continued in a lessening degree for several days, but finally subsided. The tongue became moist and coated with a thin white coating, which gradually disappeared. But for many days after the "black vomit" was arrested, the breath of the child, as well as its flatus and alvine evacuations, had a horrible fœtid odor, like that of a dissecting room. To remedy this, a few grains of Chlorate of Potash were daily mixed with the food and drink, which soon caused a disappearance of the unpleasant fœtor. The Sulph.-acid was continued at lengthening intervals, in alternation with China, for three days, at which time, owing to some typhoid symptoms which made their appearance, Baptisia 1st, was given. After giving this remedy the tongue became moist, as above stated. Afterwards the patient was kept upon China and Ferrum, each three times a day,—for two weeks or more, together with a careful diet of beef-tea, mutton broth, rice, and mashed potatoes.

It was some time before the gastric mucous membrane regained its normal integrity, for if more than a few spoonsful of food was taken at a time, pain, distention and gastric unea-

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siness followed. At this writing—nearly four weeks from the date of the last vomiting—the child is quite well, only a little thin and pale.

Note.—As illustrative of the power of Hamamelis in hæmorrhage, I will state, that in several cases of inflammatory dysentery, which did not improve as rapidly, under the influence of Aconite and Aloes, as seemed desirable, and in which the evacuations were almost pure blood, coagulable, and of a dark color, the Hamamelis, given in doses of five drops of the mother tincture every hour, promptly arrested the hæmorrhage, changed the evacuations to mucus, and the cure was afterwards effected by Mercurius. In all cases of dysentery, where the blood appears too profusely in the evacuations, this remedy may be prescribed with confidence.

Article XLIV.—*Surgery.* By Wm. Tod Helmuth, M.D., Professor of Anatomy at the Homœopathic Medical College of Missouri, St. Louis.

AMPUTATION OF THE MIDDLE THIRD OF THE HUMERUS FOR CARIES OF THE ELBOW-JOINT.

Although the homœopathic surgeon possesses in his materia medica several medicinal agents that exercise a powerful influence over diseases of the osseous system, and especially over those ulcerative actions in bony substance which heretofore have been regarded as beyond the reach of internal medicine—that is of medicine administered to exercise a specific action on diseased bone, not a general or constitutional treatment,—yet there are extreme cases that demand surgical interference to restore health and prolong life. Such a one it is proposed to lay before the readers of this Journal.

The patient, aged thirty-eight, about two years since fell upon the ice, striking her left elbow with considerable force. The suffering occasioned by the fall was severe, and lasted for some days; but after the lapse of several weeks gradually disappeared. A month later severe pain was experienced on the anterior face of the joint, which was supposed to be rheumatic in character, and was so treated by her medical attendant. The arm, however, began to swell; and, none of the means resorted to for her relief proving of any avail, she entered the hospital in this city, where she remained for

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some time under the care of the surgeons, who opened an abscess that had pointed below the olecranon. She then returned to her home; but the disease was not arrested, nor had the abscess ceased discharging. During many succeeding months she was under the care of an allopathic physician, who used many external applications to the joint—poultices, liniments, &c.,—and who at various periods lanced the swelling at different points.

When she came into my hands I found the arm enormously swollen, and enveloped in a correspondingly enormous stramonium poultice; five sinuses, taking a course directly to the elbow-joint, were continually pouring out a thin, ill conditioned pus; an abscess was pointing at the middle and posterior aspect of the fore-arm, and the patient, emaciated with the continued discharge and excessive pain, presented all the appearances of dangerous hectic.

The first point in the treatment was to remove the poultice that covered the arm. It is astonishing that there are so many in the profession who, apparently, do not understand the action of a poultice, when it does good, or when harm, and who indiscriminately order its continual application without regard either to the character of the discharge, the stage of the disease, or the condition of the patient. The poultice aforesaid had been continually kept upon the arm for seven weeks, and was the successor to others of like proportions and character.

The abscess was then lanced and a large quantity of pus evacuated. The probe introduced into the sinuses gave unmistakable evidence of caries and destroyed pereosteum of the three bones which enter into the formation of the elbow-joint. A roller, wet with Calendula solution, was applied the whole length of the fore-arm and arm, and *Silicea* was administered internally three times per day. Under this treatment, and a nutritious and slightly stimulating diet, the patient gradually improved, her rest was more tranquil, and the tumefaction of the arm subsided considerably; but at this point the case remained stationary, and all the remedial measures that were applied failed to bring her onward in convalescence. This condition of things continued for several

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weeks, until, finally, it was impossible not to observe that the disease was again assuming the mastery. At this juncture I advised either resection of the joint or amputation as a last resort, and accordingly the patient was brought to the city for that purpose.

Conservative surgery, in its recommendation to excise bones and joints, saves many valuable limbs, and these operations, particularly resection of the knee and elbow, are being successfully practiced where amputation, according to the old opinions, was the only hope of relief. In the *American Medical Times* for November 30th, 1861, we find a quotation from a London Journal, which bears upon this point. It reads:

"At King's College it is now a rare thing to see an amputation; and Mr. Ferguson asserts that, in almost nine cases out of ten excision should be performed in its stead."

But the desideratum is not only to save the limb, but that the member may be somewhat useful to the patient, and that no risk be incurred in the operation.

Let us look for a moment into the anatomy of the elbow-joint and its surroundings for the proper diagnosis and prognosis of exsection. We find the upper pronators of the fore-arm and the flexors of the fingers attached by means of the inter-muscular septum to the sharp ridge on the internal condyle of the humerus, and the supinators and some of the extensors of the fingers fixed to a corresponding portion of the external condyle. The origin of these muscles occupies a space of an inch or an inch and a half on either side of the lower extremity of the arm-bone. On the anterior face of the joint we have the great flexor of the fore-arm on the arm, the *biceps*, attached to the tubercle of the radius and the brachialis internus fixed to the coronoid process of the ulna. The triceps extensor forms the posterior covering of the joint and is adherent to the olecranon process of the ulna. Beneath this muscle, and winding round the olecranon, the ulnar nerve takes its course. Such, with the external and internal, anterior and posterior lateral ligaments, are the structures that demand consideration in the exsection of the elbow-joint.

If then, disease has affected the lower portion of the con-

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dyles of the humerus, leaving some healthy bone above for the attachment of the flexors and pronators, the extensors and supinators—exsection of the diseased mass should certainly be practiced. If the whole of the olecranon be involved, together with the sigmoid notches and even a part of the coronoid process, leaving, however, a healthy point for the insertion of the anterior bronchial muscle — the limb may be saved. If, together with this, the head and neck of the radius be implicated, leaving the tubercle for the attachment of the biceps, exsection is the remedy. But if, on the contrary, both condyles of the humerus and the ridges leading to them, together with the shaft of the bone itself, the coronoid process of the ulna, and the tubercle of the radius, and body of the bones, be in a state of disorganization, nothing but amputation can be resorted to with a reasonable hope of success.

In this case it was impossible to determine with the probe to what extent the caries had extended, and I therefore determined to proceed cautiously and endeavor to exsect the joint, but if upon cutting down upon the bones they should be found in a condition not favorable for such an operation, to amputate the arm at the middle third of the humerus.

Accordingly, on the second day of November, in the presence of Drs. Godfrie, Loague, Morrison, and Spalding, the patient being placed fully under the influence of Chloroform and turned upon her right side, I made two incisions, each about four inches in length, on the posterior surface of the point corresponding with the condyles of the humerus, by joining these by a transverse cut two flaps were made dissected up. The hæmorrhage from this part of the operation, although no vessels of any import were divided, was quite profuse, owing to the enlarged condition of the capillaries. The blood was thin and dark-colored. The tendon of the triceps was then cut through and the olecranon exposed; the whole joint was found upon examination to be so much involved, and the shafts of all the bones so implicated, that the tourniquet was applied, and I removed the arm by the circular method, at the middle third. Eight ligatures were required to arrest the bleeding, and the oozing was so considerable that the wound

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was allowed to remain open for some time. The edges were then brought together with silk sutures, a roller bandage applied from above downward, to the stump, and compresses saturated with a solution of Calendula laid upon the cut surfaces. Six, P. M., patient rallied from the effects of the anæsthesia well, but complained bitterly of severe pain about the region of the heart.

℞. Aconite 1, ... gtt., x.
Aqua font, ... ʒiv.

A desertspoonful every thirty minutes. The effects of this medicine in allaying these engorgements is surprising; in two or three hours the symptom was much alleviated.

November 8d. Passed a quiet night; opened the stump; no tension; considerable oozing; ordered Aconite continued and the Calendula solution frequently repeated—not much appetite.

November 5th. Stump looks well; removed two of the sutures to allow free drain; applied three light straps; continued Calendula-water dressing; complained of pain during the dressing. Diet, beef tea and brandy and water.

November 7th. A rainy day; patient complains of sharp pain running to shoulder and neck, also of the usual sensations in the fingers.

℞. Daphne-mez., 6th dil., . gtt., xv.
Aqua font, ... ʒvj.

A tablespoonful every two hours. From this period the patient continued to improve. The diet has been stimulating from the first, and she improved steadily so soon as she had recovered from the first shock of the amputation. The last ligature came away on the twenty-ninth day, and the patient was discharged on the 19th of December, with a good and perfectly healed stump.

It might prove interesting in this place to allude to the differences of opinion which exist among surgeons in reference to the use of stimulants soon after amputation, but the subject is too comprehensive to pass in a cursory manner. I believe, however, in most cases of secondary amputation,

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when the system has become exhausted by long and profuse suppuration, that proper stimulants are most valuable adjuvants to the after treatment.

Again, the use of the specific medicines in relieving the distressing symptoms which often follow large operations, as neuralgia, tendency to recurrence of disease, congestions, excessive suppuration, &c., is another field in which the homœopathic surgeon can labor with advantage to himself and to common humanity.

The terrible war in which our country is involved has at least been productive in developing the surgical ability of the homœopathic profession. We know of several of our brothers who have entered the service, and who are conducting themselves in such a manner that, those who believed, or who professed to believe, that the physician who practiced according to the law, "*Similia Similibus Curantur*," was destitute of all anatomical or surgical knowledge, are beginning to confess their error.

[It affords us much pleasure to announce to the profession that our talented colleague will continue to enrich future numbers of our JOURNAL with practical contributions upon surgery as well as anatomy. This arrangement will be cordially welcomed by our entire school.]—EDS.

Reviews and Bibliographical Notices.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. VOLUME XIII., 1860. pp. 930.

1. *Medical Topography and Epidemics of the State of New-York.* By JOSEPH M. SMITH, M.D.

THIS is an interesting paper of nearly 200 pages, embracing a comprehensive sketch of the geography, hydrography, geology, mineralogy, botany, zoology, meteorology, and ethnography of this State. We pass over all these sections to note more particularly the summary given of Epidemic Diseases. These are divided into: 1 Contagious epidemics; 2 Infections; 3 Meteorations.

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I. CONTAGIOUS DISEASES.—Of these the author supposes small-pox, measles, and scarlatina may each occasionally arise spontaneously. He gives three cases of small-pox of this character, occurring in New-York, and refers to one in Pennsylvania and another in Illinois.

Geographical Relations of Epidemics of New-York.—On this branch of subject we make an extract from a paper by Dr. O. C. Gibbs, (*Philadelphia Medical and Surgical Reporter*, Nov., 1861, p. 158):

Chatauque County, in the extreme southwest, "is bounded on the north by Lake Erie, and on the west and south by the State of Pennsylvania. Although the extreme north is quite level, the Lake Erie Basin here presents but a narrow belt, and the elevation over rocky escarpments is quite abrupt to the elevated table lands, but eight or ten miles south. This elevation runs parallel with the lake shore, and the central and southern portions of the country are rough and broken. The slope to the south is quite gradual. The elevation of Lake Erie is 565 feet. Chatauque Lake, which, in its southwestern extremity, reaches to within about twelve miles of Lake Erie, and situated upon table lands just referred to, is at least 730 feet higher, making an elevation of 1,295 feet above the level of the sea. The elevation of the surrounding hills, whose waters contribute to form the beautiful lake, are on an average, perhaps, 250 feet higher still. Thence it will be seen, that the northern slope, from this elevation to Lake Erie, is so abrupt as to descend nearly a thousand feet in some points, in the distance of eight or ten miles. The Chatauque Lake stretches away southeasterly for twenty miles, and its outlet, joining with other small streams that originate in elevated swamps further east, empty into Alleghany river, about twenty-two miles further south. At the extreme north, the Devonian slate crops out upon the surface. Chatauque Lake has generally bold and dry borders, excepting near its southeastern extremity, where it presents a narrow border of low and swampy land. The foundation of this belt of rolling table land is Devonian sand-stone and slate. On the elevations in the extreme south of the county we find the final northern out-croppings of the conglomerate rock. A few miles further south, and in the State of Pennsylvania, we reach the great coal basin, which stretches away south-westerly until it terminates in Tennessee. It is in this coal basin, or rather in the conglomerate rock that forms its basis, that recently rock oil (Petroleum) has been found so abundantly. The outlet of Chatauque lake descends quite rapidly for a short distance, and then empties into Conewango creek. This stream runs through a broad and rich valley, which, to a great extent, it annually overflows, until within about six or eight miles of its termination in the Alleghany river, where the hills crowd down on either hand, and terminate in high and steep bluffs. The broad valley above referred to shows conclusively that it was once the head of a lake connected with the Chatauque, at a little lower level. This lake is now drained, and this now dry locustrian bed forms the remarkably rich and cultivated lands of this locality.

"The low and sandy lands immediately bordering the Conewango, and frequently overflowed by this stream, as well as the swampy origin of streams further east, at first sight, it would be supposed, would be prolific in the development of miasmatic fevers, but such is not the case. Our field of practice, for the last five years, has been in the bed of this obsolete lake, and along the adjacent hills, and we never saw a case of intermittent fever that originated here. In the extreme north of the county, about the marshes of the shores of Lake Erie, malarial fevers are developed. Upon the elevated lands referred to above, our fevers are most of a continued type. Epidemics of this fever occasionally occur, also of diphtheria, erysipelas, dysentery, and influenza. Pneumonia is a common disease of the winter and spring, and occasionally seems to partake of the characters of an epidemic."

On the subject of periodical fevers, Dr. Joseph M. Smith says: "In the survey that has now been made in the districts and localities of New-York, in which periodical fevers prevail, it will be observed that the topographical and meteorological conditions in which they occur are, for the most part, the same as those in which they prevail in more southern latitudes. It is, however, noticeable, that the intermittents and remittents in this State, are less disposed to assume a pernicious or congestive form, and what is no less noteworthy, the malaria does not so generally induce visceral enlargements, nor the sallow hue of the countenance and cachectic condition of the system so generally observed in southern miasmatic countries. Individuals, however, who suffer from ague in this State, are not entirely exempt from these malarious affections. In the sketch we have given of the periodical fevers which are due to malaria, there would be a notable defect were we not to notice one of the more common and severe forms which those diseases sometimes assume. We refer to dysentery. Though frequently occurring in situations where malaria does not exist, it is usually prevalent in the summer and autumn in miasmatic localities, where intermittents and remittents are rife, and of which it may be justly regarded

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as the modification. These diseases, occurring contemporaneously in the same locality, and being convertible into one another, are manifestly produced by the same efficient means or malarious cause. Now, the source from whence fever, whether originating from malaria or any other cause, derives its dysenteric form is manifestly a peculiar variety of atmospheric influence, or what we denominate *epidemic meteoration*, an influence which, varying in its properties in different years, varies the diathesis and phases of popular diseases."

"In concluding our researches concerning the periodical fevers of New-York, we cannot forbear expressing the conviction, which has been strengthened at every advance made in surveying the malarious localities which have so checkered the territory of the State, that very many of these might, by a right system of drainage, be brought into a condition incompatible with the generation of the epidemic fevers. That such a change could be effected, to a great extent, under the direction of a State Sanitary Commission, and a corps of engineers, provided with ample funds for the purpose, and that such an outlay would be more than repaid directly by the general improvement and security of the public health, and indirectly, by adding to the vital force employed in enhancing the wealth of the State, there is no reasonable doubt."

On the influence of the salt springs on health, Dr. Ludlow says: "If the water of fresh marshes are largely combined with salt water, or *vice versa*, the general healthiness of the situation will be improved; and, "it is a singular fact, that the boilers of salt are generally free from periodical fevers," though the locality may be unhealthy. It is also known by extensive experience, that common salt is capable of curing intermittents.

Of yellow fever, Dr. Smith says: "It is generally admitted that the *materies morbi* of the disease is a specific malignant *koino-miasmatic* poison, and consequently that the disease, in its nature, is *sui generis*. This view of yellow fever is directly opposed to the once popular doctrine, that the distemper was due to a contagious principle, generated within the living human body, and communicable from one individual to another." "That the disease is not communicable from one to another by the strict laws of contagion, and that it can only be produced under a certain combination of circumstances having atmospheric and terrene dependencies," is the opinion of Dr. Gibbs. (See *North American Medico-Chirurgical Review*, Jan., 1861.)

Typhus fever, Dr. Smith regards as *idio-miasmatic* fever, produced by the inhalation of *an idio-miasmatic* poison. *Typhoid* he regards as *secondary* or modified typhus. He says: "In this view of the subject, it is seen that the several conditions of fever, induced by the introduction of idio-miasma into the blood by breathing, and by the poison spontaneously generated in the system in low fevers, are virtually identical. In like manner, it is seen that malignant puerpural fever, hospital erysipelas, and hospital gangrene, are modifications of typhus. These various forms of disease constitute a group of cognate affections, which are as nearly the same as are the affections which form the group of koino-miasmatic fevers, such as the various types of intermittent and remittent fevers and dysentery."

Dr. Smith admits, with Prof. Austin Flint, the possibility of a mixed form of fever, partaking both of the nature of a periodical and continued fever. Such fever he calls *idio-koino-miasmatic*, or *compound fever*. And this form of fever he thinks may be produced by the combined influence of those causes which produce intermittent and typhus, or typhoid fevers respectively.

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Of *influenza*, *pneumonia*, and *typhoid fevers* the author says nothing that we can afford to notice.

Of *diphtheria* he gives his views with regard to treatment, which we can not, of course, endorse. He says: "In regard to diphtheria, it is sufficient to say that, considered as a zymotic disease of an asthenic character, complicated with a peculiar affection of the throat; the leading remedies are: a nutritious diet, tonics, and stimulants, as beef-tea, Sulphate of Quinine, the liquid preparations of Iron, and wine-whey, &c., with Chloride of Potassa, used as a gargle, and administered internally, and sometimes the application of Hydrochloric-acid, or a solution of Nitrate of Silver or Alum to the diseased parts of the mucous membrane of the throat, which are not covered by the pellicular exudation."

Cholera.—Dr. Smith considers this as a contagious disease under certain circumstances, but more frequently produced by meterorations and terrene influences. "In this view of the modes in which cholera is diffused, we are led to regard the great majority of cases as immediately referable to the epidemical atmospheric influence, and also all the concomitant cases of choleraic diarrhœa and dysentery, and that a minority only spring from contagion.

2. *Medical Topography and Epidemics of North-Carolina.* By James H. Dickson.

From this paper we learn, that fevers of an *intermittent* and *remittent* type prevail annually in various portions of that State, especially near the sea coast and along the valleys of many of the rivers, the highlands only being exempt. He gives his treatment of these diseases at length, but we can make no use of it.

Typhoid fever prevails in many portions of that State, and is often considered as epidemic, superceding the intermittent and remittent fevers. The result of treatment was surely unsatisfactory. Of the first *eight* cases *four died;* a new mode of treatment was then devised, which permitted only about *one* death in *forty*. He considers, however, after large experience, that "No *coup d'etat* of professional skill and dexterity can ever suddenly arrest the progress of the disease, and yet I doubt the propriety of considering typhoid a 'self-limiting disease.'" It seems that what American physicians generally describe as typhoid fever is only a *remittent*, commencing with *strong local congestions*, which persist through the earlier periods of the disease, thus perverting the full reactions and remissions which would externally be recognized; and when the congestion does terminate, it is only in a local *inflammation*, which, of course, defies *Quinine*, as well as other 'anti-periodics.' If they wish to "suddenly arrest the progress of the disease" which they call "typhoid," let them begin by *controlling the congestion*, compelling immediate reaction, and then the immediate resolution of the fever that may then be visible. There will then be no local inflammation to weary the powers of endurance of both patient and physician. There will be no protracted ulceration of the Peyerian glands, to take up a few weeks of time in running their course to ultimate death or a slow convalescence.

Scarlatina.—This disease has often prevailed as an epidemic in North Carolina, in conjunction with measles. Dr. Dickson says he has often known the two diseases to run their course together in the same patient at the same time. Of the results of treatment, he says: "Upon the whole, they were by no means satisfactory. If the dose of the poison received

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into the system happened to be greater than could be thrown off by the skin and arneous surfaces, it was almost as certainly fatal as the virus of the Crotalus-horridus or the Cabra-di-capello."

Cerebro-spinal Meningitis is regarded by Dr. Dickson as but a modification of erysipelas. Suggestions as to the treatment are given, but we cannot follow them.

Dysentery.—Dr. Dickson does not assent to the opinion that attributes to dysentery the same origin as malarious periodical fever. This principal objection seems to be the fact that, dysentery prevails in mountain regions where intermittents are unknown. Controversy on this point is without any practical result, for dysentery is not always the same disease. In malarious districts and in sickly seasons, it is governed by the laws that govern the prevailing fever. But it consists always, when severe, of a local inflammation, which gives the accompanying fever a continued aspect, and renders all common (allopathic) treatment for ague unsuccessful and also dangerous. It must be cured as a dysentery, not as an ague. The local inflammation is curable by the same means (applied under the homœopathic *law of cure*) that will control the general fever. Dr. Dickson endorses the practice of Dr. Docker, in the *London Lancet*, of giving from twenty to eighty grains of Ipecac., keeping this down with a drachm of Laudanum, and a sinapism over the stomach, applied half an hour before the Ipecac. is given.

Morbus-coxarius or Hip-disease.—Dr. Lewis A. Sayre, the author of this lengthy paper, rejects the common opinion of the strumous character of this disease. He says if it were of strumous origin it should be curable by specific remedies, commonly capable of curing scrofula; but it is not curable by common anti-scrofulous treatment, though local treatment, if judicious, is successful. He supposes the local disease to originate the constitutional deterioration, instead of the latter being the cause of the former.

The prevailing opinion that *luxation* of the head of the femur takes place on the dorsum of the ilium is, according to Dr. Sayre, not true. He says this *luxation* never occurs, though there is shortening of the limb as well as deformity. But these phenomena, he says, are the result of, *first*, muscular contraction and twisting of the pelvis; *second*, absorption of the head of the femur; and *third*, "as the upper portion of the acetabulum is *absorbed by the constant pressure*, the periosteal inflammation, which is occurring at the same time outside of the joint, is constantly throwing out new material, and we even find firm osleophytes of considerable magnitude; and thus, as the progressive absorption goes on within the joint, by which means the *acetabulum*, with *the capsular ligament* and contents, are, as it were, slipped up on the dorsum of the ilium, so that *instead of a luxation of the hip*, we have in fact *a luxation* or *rather a displacement of the acetabulum itself.*" The only *treatment* in the first stage, after some local depletion, consists in a relaxed condition of the parts, "*rest of the joint and perfect freedom from pressure of the inflamed synovial membrane.*" This perfect rest of the hip joint, and removal of friction and pressure of the diseased surfaces by means of extension, constitute the essential elements of reliance in the treatment proposed. The mode of securing the rest of the hip joint and removing the pressure from the diseased surfaces, has, within a few years, exercised the mechanical genius of various surgeons, who have presented the profession with the results of their respective efforts in the shape of sundry mechanical inventions for accomplishing the desired object; but it is not our purpose to enter into the description of any of these appliances, and their relative merits we will leave to be discussed by their authors.

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In the treatment of this disease modern surgery claims to have made great advances. The author of this paper appears to consider these advances to all lie in the direction of mechanical apparatus for the holding back of the intruding bone from pressing upon a diseased point of the acetabulum and the capsular ligament. In this such apparatus does not always succeed. The local inflammation often proceeds to the extent of effusion into the joint; the pressure now causes intolerable pain, for which Dr. Sayre proposes puncturing the hip joint, to permit the effused fluid to escape. At a later stage, (the third,) the bone sometimes becomes *carious*, and it is proposed to remove it by exsection of the head of the femur; after which any diseased portions of the acetabulum may be removed with a gouge.

If surgery is satisfied with the victories it has won, homœopathy is not content to rest *here*. We desire to collect the results of homœopathic treatment in the *prevention of that development of disease*, which exhibits itself to the eye of the surgeon in the pathological conditions above described. We have resources for *correcting those constitutional states* which, we think, in all cases precede that "muscular contraction and twisting of the pelvis," that "absorption of the head of the femur," that absorption by "constant pressure" of the "upper portion of the acetabulum," and that "periosteal inflammation," the *consequences* of which modern surgery is skilful in correcting or cutting out.

3. *Report on the Improvements in the Art and Science of Surgery in the last Fifty Years.* By Joseph N. McDowell, of St. Louis.

The writer of this paper is, perhaps, well qualified to write the history of surgery for the *latter* half of the *last half century*, but we would like a history of the earlier half of the same period, such as should embrace the reminiscences of professional life in the region which Prof. McDowell represents. It is now near thirty years since he was introduced to the medical profession, by a distinguished relative, as a native of the backwoods, who had "spent all his life in the western wilderness, and never was out of the valley of the west till he crossed the mountains to enter the great emporium of medical sciences for the purpose of teaching, instead of being taught." The man who commenced his public career on this adventurous scale must, by this time, have seen something worthy of reporting. We will glance at his report.

Epilepsy.—The operation of *trephining* for the cure of this disease, first performed by Prof. Dudley, of Lexington, has since been tried by others. Dr. McDowell seems to have had more than his share of these operations, as he says he has operated more than one hundred times; and, as the result of his experience, he says: "I would recommend that the operation should not be performed when such injury has been done to the brain, by repeated attacks of epilepsy, as to produce idiocy; for, in such cases, you risk the life of the patient without an object, as the brain is not likely to resume its healthful functions." He "would never use Chloroform, or any other anæsthetic agent, in operations on the head, for in all cases, insensibility is produced by a rush of blood to the head, or a retention of blood in the brain by venous congestion, as evinced by the pupils of the eyes." "When there is no depression of bone," or "when there has been no injury." He says, however, that he has three times operated in cases where there was no depression of bone, thus setting others the example of the

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violation of his own precepts. This success has been quite satisfactory, as he says: "The only patients I have ever lost from this operation, in more than one hundred and twenty cases, have been four in number," and these all died of erysipelas.

Chloroform.—Dr. McDowell is afraid of it. He says, "I have determined never to give Chloroform in any operation but when diluted with Sulphuric Ether, and then never to its fullest extent; but if my patients will have an anæsthetic agent, I will give them as much good whiskey as they will drink, which, after all the boasting of the advocates of Chloroform or Ether, is the *very best agent of the kind that can be used*, and answers all the purposes of the others, without the dangers attending their use." We suppose few surgeons will agree with our author in his estimate of the merits of "good whiskey," though the dangers of Chloroform are becoming every day more fully appreciated. We do not propose to discuss the question here. The sale of Chloroform by druggists for intoxicating purposes is increasing and will soon need to be more rigidly restricted.

Diseases of the Maxilla Inferior.—It is proposed to remove only the *alveolar* portion of the bone in all cases where the disease has extended no farther. As it is to the lower portion that the muscles and tongue are attached, it is important that it should be saved when it is possible, and it is believed to be often so.

Removal of the Parotid Gland.—This large gland has now been often removed entire. Professor Brainard, who has published the results of some extensive reading on the subject, amounting to nearly a hundred cases, has made some successful operations. Dr. McDowell says he has operated *eleven* times with success; and that the operation is easily performed in the following manner: "I first make a large elliptical incision at the sides of the gland, always taking care to avoid cutting upon its attachments, but turning the edge of the knife upon the diseased mass until I have dissected it about one-half out. I then pass through the body a large common sail-needle, with a strong cord, and give it to an assistant to pull forcibly upon, and then proceed with the dissection cautiously until I come down to the artery, where it emerges through the gland above. I then use my thumb and fingers to tear it from its bed, which can easily be done with the assistance of the cord, by running the fore-finger behind the artery. But in many instances I have found that the arteries had freed themselves from the deceased mass and were behind it, having forced the body from its bed, and in almost every instance the lower portion of the gland is so soft as to be torn to pieces with ease." To this condition of the gland I "have attributed most of my success in its removal. I have never cut out the body from its bed, but have always found my fingers strong enough to tear it from its position."

Ovariotomy.—This operation is generally said to have originated with Dr. Ephraim McDowell, a relative, perhaps the uncle, of the present author, for whom, however, the honor of performing the first operation for the removal of the ovary is not claimed. Prof. McD. gives the following account of the first operation: "In 1808, a lady of Stanford, Kentucky, called on Dr. E. McDowell, to be examined and operated on by him. He pronounced it a case of ovarian disease, and told her it was incurable, for she must eventually die by the bursting of the tumor within the abdomen. She returned home in despair, but having related her case to an old Indian hunter, who in later life had made his living by spaying animals, he proposed to cure her if she would submit to his mode of operation. She said it was but death, and she would try it. Accordingly, John King opened the abdomen, as he would that of a sow or heifer; and, the tumor being peduncu-

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lated, he passed a ligature round the neck and cut it off, and in two weeks the woman was entirely recovered." The accuracy of this statement is attested by Mr. John Camden, of New Orleans, and Peter G. Camden, formerly Mayor of St. Louis.

The next case was that of Mrs. Jane Crawford. In 1809, she called on Dr. James McDowell, who had graduated at the University of Pennsylvania, in 1806, and was commencing practice in Danville, Dr. Ephraim McDowell having retired to the country. On consultation with the latter named, it was determined to operate; and, in the presence of Dr. Ephraim McDowell, Benjamin Perkins, and others, Dr. James McDowell performed the operation, with the assistance of the elder relative just named. Dr. James McD. died in 1812, before a report of the case was published by Dr. E. McD., in the Philadelphia *Eclectic Repertory*.

Bite of the Rattle Snake.—Our author approves of Dr. Brainard's mode of treatment, by injecting tincture of Iodine into the wound; but proposes to improve upon it by "*getting drunk*," which he says he "has *never known to fail*."

TREATMENT NECESSARY BEFORE AND AFTER OPERATIONS.—Dr. McD. now relies on giving tonics more frequently before operations than on any depleting treatment for the *purification of the blood*. He says: "I have known patients bled to death to prevent inflammation, when they of necessity died of constitutional irritation or nervous prostration. Give me healthy blood, or a sound constitution in health, and I will insure recovery from surgical operations; but give me vitiated blood, and a perverted, excited, or irritated nervous system, and I will insure a protracted case, or a passport to the grave, the last hiding-place of the judicious surgeon."

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4. *The Principles and Practice of Obstetrics.* By GUNNING S. BEDFORD, A.M., M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics, in the University of New-York; author of "Clinical Lectures on the Diseases of Women and Children." Illustrated with four colored lithographic plates and ninety-nine wood-engravings. 8vo.; pp. 763. New-York: Samuel S. & William Wood, 389 Broadway. 1861.

THERE is perhaps no branch of the medical sciences on which the profession was less disposed to call for a new book than on that to which our attention is called by the large volume now before us. The extensive and elaborate works of Cazeaux, Churchill, Tyler Smith, Ramsbotham, with Keating's annotations, have been regarded as full and complete embodiments of the present or most recent results of scientific research on the subject to which they relate. The author who ventures to enter the field in competition with them must have something new to say, or must be able to methodize and arrange the facts and explain the intricacies of obstetrical science in a manner more symmetrical, comprehensive, and available for all the uses and purposes of the student and practitioner. In the author of the present work the entire medical profession recognize an able, thorough, and popular teacher of at least twenty years' experience, who is certainly qualified, by his extensive intercourse with students, to understand their wants.

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His "Clinical Lectures on the Diseases of Women and Children" have already established his reputation as a fluent and graceful writer; but the work now given to the public will unquestionably extend the author's reputation from the sphere of the eloquent and successful teacher, and popular expounder of medical doctrines relating to a special section of the healing art, to that higher realm of accumulated facts and profound generalizations in which none but the clearest intellect and the most critical observer can be perfectly at home. In fullness of detail, lucidity of arrangement, and philosophical analysis of the numerous and intricate problems of physiological and practical importance that perpetually arrest the curiosity and test the mental powers of the student, as well as the teacher, Professor Bedford's "Principles and Practice of Obstetrics" will long stand as a model work, and will become a favorite text-book in the schools, as well as the most valued guide of the practitioner.

In the first lecture the importance of a thorough study of the anatomy and physiology of the sexual system is well set forth, and the student is urged to a thorough study of nature. The description of the bones of the pelvis and its planes and axes is remarkably clear and intelligible. Several of the earlier lectures are occupied with the fœtal head; its measurements and relative size, as given by American and European authorities; the various classifications of positions of the head, and their relative frequency, as set forth by Baudelocque and Nægelé.

The fourth lecture is devoted to the mechanism of labor, the various movements of the head, and the great advantage afforded by a thorough knowledge of this mechanism.

Lecture six gives a full description of the anatomy of the external and internal organs of generation, embodying the latest discoveries and microscopic researches. Here important discriminations are made between the actual discoveries of recent years and the professed discoveries of certain innovators, who have made claims which true science must repudiate. The assertion of Jobert, that the projecting portion of the cervix uteri is destitute of nerves, is fully exposed and disproved.

Lecture seven presents the modern theory of menstruation and the reciprocal relations of the general and uterine systems. Among the various circumstances that tend to accelerate or to retard the appearance of the menstrual function, as climate, temperament, constitution, race, &c., our author dwells with earnestness on the evil influence of education and modes of life. Of the influence of "city life," he says, that it, "with its rounds of excitement, its prurient books, and no less prurient dance, has forced into premature action the nervous system of the young girl, and thus entailed upon her the melancholy results of this contravention of the laws, which nature has declared essential to health."

Reproduction "in its strict physiological meaning" is defined to signify "The development of a being, so that it may be capable of an external or independent existence; hence it consists of a series of processes, which, when completed, constitute the entire reproductive act. The first of these processes in the human species is the contact of the two sexes, known as copulation. The second process is fecundation, which consists in the exercise of a vitalizing influence through the male, on the germ furnished by the female. This act of vitalization, or imparting life, gives rise to another process—conception. In strict physiological truth it may be said, that the male fecundates, and the female conceives. Then follows gestation, during which the embryo grows and becomes developed; and when its development has been sufficiently accomplished, labor occurs, the object of which is to expel it from the uterus. As soon as this is effected, the entire relations

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of the new being are changed. It breathes, and therefore has a circulation of its own. It is no longer dependent on its parent for the elaboration of its blood; its lungs, which, before birth, were without function, commence at once their round of duty,—the first gasp of the infant may be considered its declaration of independence." (Page 110.)

The subject of pregnancy occupies three lectures. The question of its relation to a state of health is discussed at length, and is thus disposed of:

"So far, then, from regarding gestation as a pathological state, we maintain, that, as a general principle, it is entitled to be denominated *a period of increased health*. I am speaking now of the general rule, and not of the exceptions, to which we shall hereafter have occasion to direct your attention. Indeed some of the very best observers have declared—and the fact is well established by statistical data—that the probability of prolonged life is increased as soon as pregnancy occurs. Let us now take the converse of this proposition, and you will see in its results an additional proof that gestation is not in truth a diseased condition:—look, for example, at those females, who, either from choice or necessity, lead a life of celibacy,—and see how much greater is the record of mortality. Marriage and pregnancy, therefore—however true religion and an earnest love of God may fill the cloister by devoted and self-sacrificing ladies—should be regarded as among the covenants of nature, and the demonstration is found in the fact of the better health and greater longevity of those who keep these covenants inviolate."

The subject of *abortion* receives a large share of attention in the nineteenth lecture. From the recent researches of Mr. Whitehead, it appears, that of every hundred mothers, thirty-seven are the subjects of abortion before the age of thirty years; and that, of "those females who continue in matrimony until the final cessation of the menses, nearly ninety per cent. are the subjects of the same accident. Madame La Chapelle had observed, that abortions occur more frequently at the sixth month of pregnancy. This is admitted to be true of persons admitted into hospitals, but not of women in general practice; for general experience has certainly shown, that abortion occurs more frequently in the earlier months.

The causes of abortion have been often enumerated; but their modus operandi is not so well agreed upon. The doctrine of reflex irritation, as propounded by Marshall Hall, is now familiar to the profession, and has been well illustrated by nearly every recent writer, and by none more clearly than by the work now before us. In a large proportion of cases the excitant or reflex irritation is clearly found in the consequences of constipation, as hæmorrhoids, fæcal accumulations, excessive sexual intercourse, tenesmus from dysentery, strangury from cantharides or the influence of cold, irritation of the mammary glands from suckling, toothache, cold bathing, violent exertion, fatiguing walks, or rides over rough roads. Besides these many other causes operate to produce abortion; and in many cases the usual directions for arresting its progress will only succeed when employed under a distinct understanding of the peculiarities of the patient's constitution and previous health. Dr. Bedford, among other means of treatment, recommends the introduction of the Extract of Belladonna into the vagina or the rectum—relying on its powers displayed in dilatation of the os uteri. He says: "It is well known, that it exercises a marked influence on the blood-vessels of the uterus, as upon those of the iris, intestines, &c.,—causing them to contract, and consequently relieving them of their congested condition." He regards this agent, thus employed, as "one of the most effectual means of arresting a menaced abortion," after all sources of reflex irritation are removed so far as practicable.

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Our views of the specific properties of Belladonna and its mode of operation are quite different from those of our author, and it would be useless to attempt to compromise with him here. We can see nothing in its action, so far as it has any, in palliating the symptoms that arise in any case of this kind, but the effect of a mere *narcotic*, which first stimulates the nerves to increased insensibility, and leaves, as its secondary effect, the usual torpor and diminished sensibility that follows the use of Opium and other narcotics. It has none of the specific powers to act directly on the uterus, that belong to many articles habitually applied by the homœopathist in similar cases;—of its real powers in an attenuated form it would be useless to speak here. He will certainly pardon us, if we respectfully decline in this instance both his practice and his theory.

On the subject of the danger of permitting the patient to sink from excessive hæmorrhage, he leaves the question of the hastening of the expulsion of the ovum to the discretion of the practitioner in each individual case. He would not rashly interfere when danger was not threatened; for he says, he has "known *women to lose immense quantities of blood in a threatened abortion, and to be apparently moribund from exsanguification; and yet they have rallied, and gone on to the full term.*" He truly says, however, that "these latter examples are exceptions to the general rule. In the event of alarming prostration from loss of blood," after the ovum has been removed, he has "no remedy more efficient in bringing on re-action than Laudanum and Brandy in a wine-glass of strong Coffee, every ten, twenty, or thirty minutes, according to the requirements of the case." In all cases, however, the only ground of safety is in the complete contraction of the uterus—as "in abortion, as in delivery at full term, flooding is always one of the results of inertia of the uterus."

Our author, after investigating the question of molar pregnancy and the various organized growths that may be expelled from the vagina, reaches the conclusion, that they are all properly divisible into two classes: 1. Those that are the product of conception. 2. Those that are produced independent of sexual intercourse; and that modern science is able to clearly distinguish between them. The opinions of Mettenheimer, Paget, and others on the subject of the hydated mole, that it is the result of degeneration of the villi of the chorion, is adopted, though it remains uncertain "whether such degeneration precedes and occasions, or merely follows the death of the fœtus. The degenerated ovum, though generally expelled early, will occasionally remain a long time within the uterine cavity, and be expelled a period," which may permit questions to arise under circumstances "in which the woman's character can only be protected through the intelligence of her medical attendant."

The question of premature artificial delivery is extensively examined in lecture forty-three. And here the problem arises: "Is abortion under any circumstances a justifiable alternative? This question has been much controverted, and it is one on which the sentiment of the profession is not concurrent. In order that the special points in the discussion may be fully appreciated, they may be advantageously presented under the two following heads:—*First.* When the maternal passages are so contracted—no matter from what cause—as to render it certain, that a *viable* fœtus can not be made to pass. *Second.* When the maternal passages are normal, but the mother's life is involved in alarming peril by the occurrence of some serious complication—such as convulsions, hæmorrhage, or excessive vomiting. It is manifest, that the moral part of the question turns upon the simple interrogatory: Is the embryo in the earlier states of its existence a living being? All correct physiology demonstrates, that it becomes in truth, at the very moment of fecundation, imbued with vitality—the contact of the sperm-cell and germ-cell constituting the *act of the breathing of life.*"

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5. *Sir Benjamin Brodie's Manifesto against Homœopathy.*

A letter from this celebrated surgeon, published in *Fraser's Magazine*, contains his final paternal counsel to the British people on the subject of that fearful heresy, homœopathy, which has grown with alarming rapidity, in spite of the opposition he made to it twenty years ago. Sir Benjamin Brodie says he can "give his opinion" about it "without making any exorbitant demand" on the inquirer's patience or "any great labor" to himself. He thinks the "question lies in very small compass," and he can tell all he has "to say about it" in "very few words." He proposes to "inquire, first whether homœopathy be, of itself, of any value, or of no value at all? Secondly, in what manner does it affect general society? and, thirdly, in what relation does it stand to the medical profession?"

He says he began his investigations on homœopathy with no prejudices against it, and thinks the profession "too much inclined to adopt any new theory or any new mode of treatment that may have been proposed." He has made himself "sufficiently acquainted with several works which profess to disclose" its mysteries, "especially that of Hahnemann, the founder of the homœopathic sect, and those of Dr. Curie, and Mr. Sharpe." He says, however, that he cannot understand these "mysteries," and has "been unable to form any very distinct notion of the system which they profess to teach." He thinks these three authors agree only on one point; and he certainly misapprehends them on that point. He interprets the famous maxim, "*Similia Similibus Curantur*" to mean "in plain English, that one disease is to be driven out of the body by artificially creating another disease similar to it." This is a new reading of the text that neither its author nor any reader of it has ever before thought of; but we will not stop to comment upon the learned surgeon's ignorance of languages: If we find, as we proceed with him, that he possesses the qualifications of a good student, we can easily find a teacher that can instruct him in *Latin*.

Sir Benjamin objects to consultation with homœopathists, because "the views" held by each of the parties "*are wholly unintelligible to the other.*" They have both studied Hahnemann and other authors on homœopathy; but our student has shown that he does not understand *Latin*, and now it seems that he can not understand Hahnemann's *German*. We would try him in *English*, but he tells us in another letter, quoted by the *Lancet*, that there can be no good from consulting with men "in whose opinions he has not the smallest faith, and whose *notions, indeed*, WE CANNOT COMPREHEND." These *opinions* and *notions* have been presented to the world in many aspects, and there are thousands of men in both hemispheres who *can* comprehend them, either as expressed in one of the *seventy different works* written by Hahnemann, or in those of his many disciples, who have explained his doctrines. These doctrines have been defended, as well as opposed in every written language, on every continent; but, since the great master of the scalpel can "*comprehend*" none of them, we must turn to a branch of our examination.

He says, it is impossible to practice homœopathy, because its votaries say it is "unsafe" to give the *doses of medicines* directed "by ordinary practitioners," and that they must be reduced to "millionth" and "sometimes even to the billionth of a grain." He tries this grand mathematical problem on his slate and brings out the following astounding answer: "Supposing one drop of liquid medicine to be equivalent to one grain, then, in order to obtain the millionth part of that dose, you must dissolve that drop in thirteen gallons of water, and administer only one drop of that solution; while, in order

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to obtain the billionth of a grain, you must dissolve the aforesaid drop in 217.014 hogsheads of water. Of course, it is plain that this could not practically be accomplished, except by successive dilutions; and this would be a troublesome process."

Now it must be evident to any school boy, that *Sir Benjamin does not understand arithmetic.* A plain statement of the process by which homœopathists prepare their dilutions of remedies is sufficient to show that our student here either wilfully or ignorantly misapprehends the whole question. If he would condescend to read the following simple directions given in the *Monthly Homœopathic Review*, (Oct. p. 480) we think that even *he* would understand them. "For the sake of illustration, we will experiment with a grain of *common salt*, and learn whether we can obtain a *billionth* of that grain, without the 217,014 hogsheads of water, or the troublesome process to which Sir Benjamin alludes. Let your phials be marked 1, 2, 3, 4, 5, 6. Into phial No. 1 put 99 grains of water, and to these add one grain of common salt. Let perfect solution be effected. It is evident that each grain of this liquid contains one-hundredth of a grain of salt. Into phial No. 2 put 99 grains of water, and add to them one grain of No. 1 thoroughly mixing. Each grain of No. 2 will contain one-tenthousandth of a grain of salt. Into phial No. 3 pour 99 grains of water, and add one grain of No. 2. Each grain of No. 3 will consequently hold in solution one-onemillionth of a grain of salt. Into phial No. 4 put 99 grains of water, and add one grain of No. 3. Each grain of No. 4 will contain one-millionth of a grain of salt. Into phial No. 5 put 99 grains of water, and add one grain of No. 4; and now each grain of No. 5 holds in solution the ten thousand millionth of a grain of salt. Into phial No. 6 put 99 grains of water, adding one grain of No. 5; and now each grain of No. 6 contains only *one billionth* of a grain of the original salt."

The mighty mystery embraced in the mode of procuring the *billionth* of a grain of a common remedy is now disposed of by a very simple process, and we need go no farther with it than refer it to the first boy that comes along from the nearest charity school, who will promptly tell us whether the *figures* are correct. But really the great trouble with the man who ridicules homœopathy does not lie just here. It is the infinitesimally *small dose* commonly spoken of in connection with homœopathy that constitutes the mountain of offence with all skeptics. They say we are *afraid to give* a common old-fashioned dose of a common remedy: we never said so. If we should again go back to the effort to cure disease on the *antipathic* principle we should be compelled to give large doses. If you decide to produce vomiting or purging it must be done with large doses: it is for the purpose of *curing* those states that we fall back to small doses of remedies which are capable of *producing* them. But our opponents can not see how small doses shall operate at all. We say that a large dose of a medicinal agent produces an *aggravation of the symptoms already existing*, if those symptoms correspond with the symptoms already existing; and "the physician must remember that the action of his homœopathic remedy is not only 'similar' to that of the disease,—but that the sphere of its operation is within a portion of the organism rendered by the existing disease, morbidly sensitive to its 'similar' influence."

"The principle, the *modus operandi* of a homœopathically-selected medicine* is totally different from that described on any other therapeutic principle; consequently the quantity given is different. The homœopathic medicine acts upon morbidly sensitive structures, the allopathic on those that are

* "The Homœopathic System of Medicine," by A. C. Pope, London, 1861, p. 18.

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not involved in disease. The object of the one is to remove disease *directly*; of the other, to withdraw if from one point by producing something tantamount to it elsewhere. The homœopathic practitioner does not endeavor to cure disease by exciting abnormal processes in parts of the organism still healthy, as by salivating, purging or vomiting, but by operating immediately and solely on that which is the seat of morbid action, on that which is by virtue of its condition, peculiarly susceptible to external influences, and especially so to those which bear *directly* upon it. It would be unquestionably absurd to administer an infinitesimal dose of colocynth to excite a healthy intestine to excess of action; but it would be no less absurd to prescribe several grains of the extract of this plant to remove a diarrhœa, such as it would be capable of producing in a healthy person; while experience proves that an infinitesimal dose of it, on the other hand, would be the most appropriate remedy."

Homœopathists prescribe small doses of medicines in an attenuated form, not because they are afraid to prescribe large ones in certain cases, but because these large doses would produce aggravations in the cases in which according to their rule of action, it would be proper to give the article selected as corresponding to the disease before them. The extent to which this reduction of the size of the dose should be carried can only be settled by experience; and this experience has now accumulated to such an extent that those who wish to know the best line of treatment in a given case are seldom perplexed about the size of the dose. This question only troubles such men as the great British surgeon who has never yet learned to "comprehend" the theory of the mode of action of homœopathic remedies.

We find no other point worthy of notice in this latter-day pronunciamento, which is put forth as the medical creed of the medical profession of Britain, at least of the surgical branch of it. Its author has long been a standard authority in surgery; and it is not our purpose to call in question his title to distinction in his own peculiar province. We will not criticise the sharpness of his scalpels and bistouries, nor stop now to inquire how much innocent blood they have shed in the course of the nineteenth century, in mutilating limbs that better constitutional treatment would have saved. He is a representative man, belonging to the age already passed away, but, faithless in the principles he learned fifty years ago, he is too old to learn new ones, and is content to admit that homœopathy, which reduces its doses till they are "smaller than the little end of nothing," may do no harm in cases where no treatment at all is needed. His opinion may be read by many, since it was addressed to the public through a literary periodical; but it will never influence the practice of a single individual in any profession, in any country, except in setting a few minds to inquiring for themselves into the truth of homœopathy: of these, all who begin will go forward, none will ever return to their starting point. In the meantime our distinguished pupil will continue to be a *dull one*, leaving no old doctrines behind, pressing forward to no new doctrines before him. And, for a few months at least, this letter, to which we have given more attention than it deserves, will be quoted and praised by a few of the class who never venture to leave the "old paths." No matter what new discovery may be made, each will still declare with the bigotted youth whose faith was unchangeable, "I *follow my father's religion; if that take me to* ——— *I don't care!*"

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6. *The Homœopathic System of Medicine: Its Theory and Results, examined and compared with those of other methods of Treatment.* By ALFRED C. POPE, Member of the Royal College of Surgeons, &c. London: Henry Turner & Co., 77 Fleet-street. 1861.

IN this small octavo of 56 pages, the author proposes to "assist in the removal of misconceptions regarding the homœopathic system of medicine; to aid in propagating a knowledge of its principles; and to furnish another medium for the dissemination of the great results that have followed its adoption in practice." The object of the author is to do something towards the diffusion of correct medical and hygienic knowledge among the masses, and his work is indeed well calculated for this purpose. It is explicit and clear in its enunciation of principles, accurate in its facts, and forcible in its deductions and reasonings; and, although readable and intelligible as a popular lecture to the public, it is equally satisfactory to the physician who wishes to see his medical creed strongly presented in small compass, in bold contrast with the less tangible doctrines of rival systems. He says: "When so many methods present themselves, each devised for the same purpose, but differing the one from the other so essentially as to prevent the possibility of all being equally efficient, it is only right that correct information regarding each should be supplied in a popular, clear, and easily understood form, enabling every one to determine for himself upon which he can confidently rely in the hour of sickness, to which he can best advise his friend to resort when in search of health. To enshroud the science of medicine with so much mysterious technicality as shall confine the study even of its elements within the narrow limits of a professional circle, is a species of quackery but little removed from that of the dealer in nostrums, whose composition is known only to the preparer of them. And, at the same time, the assertion, that a general education is incapable of affording a guide to the formation of sound conclusions, on clearly stated general principles, is as false as it is indefensible."

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7. *Another Letter to a Young Physician, to which are appended some other Papers.* By JAMES JACKSON, M.D. 12mo. Boston: 1861.

DR. JACKSON'S "Letter to a Young Physician," published in 1855, is now followed by "Another Letter," which seems to have been called forth by the heretical address of Dr. Oliver Wendell Holmes, on "Currents and Counter Currents in Medicine." Of that somewhat celebrated address, or of any criticisms upon it, it is not now necessary that we should take any further notice. Perhaps it would be scarcely possible to still the waves of dissention that agitate the great ocean of orthodox medicine on the question of "Medication or No Medication," and it may be well for science if a little free discussion, between the elders and juniors, the patriarchs and poets of popular medicine, shall strike out a few flashes of light from its dying fires. Dr. Jackson has been somewhat prominent as a *conservative* reformer, full of enthusiasm in the cause of theurapeutic improvement in the earlier portion of his career; perhaps his zeal, and his faith in the powers of heroic

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remedies to subdue dangerous diseases, has been somewhat diminished under the disappointments that have followed upon many trials of the best known agents of the materia medica.

The paper appended to the "Letter" now before us, possesses more interest to us than the "Letter" itself. A report is given of the case of the distinguished historian Wm. H. Prescott, which revives the melancholy sympathy which long ago pervaded all minds that had been enlightened or influenced by his works. Mr. Prescott lost one eye, by accident, when he was on the point of finishing his studies at Harvard; and the other, being compelled to perform double duty, was soon weakened, and its power was never recovered. Devoting himself to historical researches, he, by the aid of an emanuensis, composed those historical works, which have, in all countries, been regarded as among the highest of American literary productions; and, after much suffering from disease, especially from the eyes, he died January, 1859, in his sixty-third year.

The medical treatment he received near the close of his life is given in the small work before us. It seems that for the relief of a violent inflammation of the eye, which turned out to be rheumatic, more than seven pounds of blood were drawn in the course of five days, besides which he "was," says Dr. Jackson, "purged abundantly, was blistered freely, was kept in the dark, and on the lowest diet; also, the vessels of the conjunctiva were divided twice."

It is not for the purpose of criticising this treatment that we have quoted the author's exposition of it. Our creed differs from his, and it could not be expected that we could harmonize with him in measures which were, without doubt, conscientiously employed by him.

Dr. Jackson recalls the case of General Washington, for the purpose of throwing some of the light of modern science on the disease of which the Father of his country died. As the lessons of medical history are often lost on the minds of the men who witness them, but are often found instructive to men of a later age, who can more fully appreciate them, we will go back to the official report of the attending physicians, published in the *Times*, a newspaper, printed at Alexandria, Va., December, 1799. The report is signed by Dr. James Craik and Elisha C. Dick.

Some time in the night of December 13th, 1799, General Washington, having been exposed to rain on the preceding day, was attacked with an inflammatory affection of the upper part of the windpipe. The disease known as cynanche trachealis. It commenced with a violent ague, accompanied with some pain in the upper and fore part of the throat, a sense of stricture in the same part, a cough, and a difficult, rather than painful deglutition which were soon succeeded by fever, and quick laborious respiration. The necessity of bleeding suggested itself to the General, and he sent for a "bleeder" of the neighborhood, who took from his arm twelve or fourteen ounces of blood. He would not consent to have the physician sent for until the following morning. Dr. Craik arrived about 11 o'clock, A. M., and discovering the case to be highly alarming, he ordered two consulting physicians to be called, one of whom arrived at three and the other at four P. M. Before they arrived two copious bleedings were employed; a blister was applied over the part affected, two moderate doses of calomel were given, and the lower intestines were emptied by an injection. None of these measures produced any perceptible advantage, and the respiration became still more distressing. On the arrival of the first consulting physician, it was agreed that, as there were yet no signs of accumulation in the bronchial vessels of the lungs, the effect of another bleeding should be tried; and about thirty-two ounces of blood were drawn, but without the smallest ap-

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parent alleviation of the disease. Vapors of vinegar and water were frequently inhaled; ten grains more of Calomel were given, and this was followed by repeated doses of Tartar-emetic, amounting in all to five or six grains. All of this had no other effect than to cause a copious discharge from the bowels. The powers of life seemed now manifestly yielding to the force of the disease; blisters were applied to the extremities, with a cataplasm of bran and vinegar to the throat. Speaking, which was painful from the beginning, now became almost impracticable; respiration grew more and more contracted and imperfect, till half after 11 o'clock, P. M., when, retaining the full possession of his intellect, he expired without a struggle.

He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal, submitting to the several exertions made for his recovery rather as a duty than from any expectation of their beneficial effects. He considered the operation of death upon his system as coeval with the disease; and several hours before his decease, after repeated efforts to be understood, he succeeded in expressing a desire that he should be permitted to die without interruption.

"During the short period of his illness he economized his time in the arrangement of such few concerns as required his attention, with the utmost serenity, and he anticipated his approaching dissolution with every demonstration of that equanimity for which his whole life had been so uniformly and singularly conspicuous."

Such was the treatment of an acute attack of laryngitis, in a patient sixty-seven years of age, by distinguished physicians at the end of the eighteenth century. Its result we have seen. The effect of the announcement to the American people of the death of Washington can hardly be appreciated now. The attending physician felt deeply the responsibility, and wept over the failure of the most potent weapons then known to medical men. He said he "was bred among scenes of human calamity, and had often witnessed death in its direst and most awful forms;" and he had believed that its terrors were too familiar to his eye to shake his fortitude; "but," said he, "when I saw this great man die, it seemed as if the bonds of my nature were rent asunder, and that the pillar of my country's happiness had fallen to the ground." When the event was known at the national capital, Congress declared that national honors should be paid to "the memory of the MAN who was first in war, first in peace, and first in the hearts of his countrymen." The Senate declared that, "on such an occasion" it was manly to weep. To lose such a man at such a crisis, is no common calamity to the world." His death at that time was unexpected. Legislators could only console the people with such words as these: "The scene is closed,—and we are no longer anxious lest misfortune should sully his glory; he has travelled to the end of his journey and carried with him an increasing weight of honor; he has deposited it safely where misfortune cannot tarnish it; where malice cannot blast it. Favored of heaven, he departed without exhibiting the weakness of humanity; magnanimous in death, the darkness of the grave could not obscure its brightness."

In that day it scarcely occurred to any American physician to criticise the treatment under which the herculean frame of Washington sunk to earth. They only looked sorrowfully on his lifeless body and said:

> "Here lie the remains of the noblest man
> That ever breathed in all the tide of time."

In England some remarks were made about "American bleedings" and "American doses of Calomel." It was mentioned in the *London Medical and Physical Journal* for 1800, that the illustrious patient lost, in the course

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of twelve hours, perhaps, eighty or ninety ounces of blood, two "moderate" doses of Calomel, with injections, then five grains more of Calomel, with five or six grain doses of Tartar-emetic. Such use of dangerous measures was thought characteristic of *American* recklessness.

As it is not our habit nor our wish to put the worst face on either the principles or practice of popular medicine, we will not say that that school would *now* furnish no other resources than those which failed three score years ago. But, we are obliged to note that the venerable Dr. James Jackson, of Boston, in the book which has recalled our attention to this subject, endorses and defends the treatment adopted by physicians as we have given it. He thinks the nineteenth century has brought up *some* new truth, but not in the treatment of violent inflammations; and he warmly reprehends the idea that "inaction" would have been warranted by their ignorance of the nature of the real disease. He says the disease was acute laryngitis; but he describes an œdematous form of the disease, which was probably that which terminated Washington's life. Now it is useless for us to try to teach Dr. Jackson that there are other resources besides mere "*inaction*" and "*expectancy*" for arresting inflammation; *he* will neither hear nor heed anything that heretical tongues can speak. We need not write on this subject to those by whom our pages will be read, for we have no readers who are not already familiar with the doctrines we should advance.

Hull's Jahr: A New Manual of Homœopathic Practice. Fourth American Edition. Edited, with Annotations and Additions, by Frederick G. Snelling, M.D. *Repertory.* New-York: published by William Radde, 300 Broadway. 1862. 8vo.; pp. 804.

This large volume of eight hundred pages constitutes the second part of a work that has long been familiar to homœopathists, and now needs little heralding to announce its appearance for the fourth time on our tables. The first volume of Jahr's voluminous work as revised by Dr. Hull, re-edited by Dr. Snelling, has already been for some months before the public. Of the Repertory, now before us, it is only necessary to permit the present editor to speak for himself of the object to which his labors have been directed.

After setting forth the additions and claimed improvements made in the Fourth Edition of the *Manual of Symptomatology* the editor says:—

"This, the second volume, however, was found to be so full and complete in every particular that it was difficult to find anything demanding much alteration or addition. All the chapters were so full and well digested in their several ways—new suggestions and indications as to new remedies were so completely forestalled that the editor was forced to content himself with adding such new remedies as have come into use since the last edition, and correcting any errors which had unavoidably crept into the former edition. It is hoped that the general efficiency and usefulness of the whole work will be manifestly increased. At all events, no labor has been spared to make it what it should be, and to bring it down to the period of the present day."

In comparing the present edition of the Repertory with the last which passed under the eye of Dr. Hull we notice many interpolations the exact

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value and importance of which may well be left to the candid observation and criticism of practitioners who may employ this edition as a reference guide book; and, however widely physicians of our school may differ in their estimate of the practical utility of *repertories* in adapting remedies to individual cases of disease, the *demand* for such a work has certainly been sufficient to exhaust all the former issues of the work which is here reproduced. And the publisher, relying on the progressive growth of homœopathy in the NEW-WORLD as well as the OLD, has brought out the present edition of the REPERTORY in a handsome and substantial form: it is well for the cause of reformed medicine that the enterprise of the press has always kept the professional public amply supplied with the products of homœopathic literature, and is equal still to the wants of the time.

The Child's Homœopathic Physician; Or, Full and Plain Advice to Parents on the Management of Infants and Children, and on the Treatment of their Disorders. By DR. C. G. C. HARTLAUB. Translated from the German, with additional chapters, by NEVILLE WOOD, M.D., Fellow of the Royal College of Physicians of Edinburgh, &c. London, &c., 1861: W. Headland. pp. 408.

THE title of this work leaves in the mind a question in regard to its character, to which a hurried examination of its pages gives a satisfactory answer. The author has attempted to place in the hands of the non-professional public a hand-book to which they may safely refer in those common cases in which parents are accustomed to prescribe without waiting for professional advice. The translator says: "A large portion of the public are, by various circumstances, induced to treat themselves and their families in slight cases; while a few non-medical persons, more self-confident or more reckless than the majority, trust in *all* instances to their own judgment. With allopathic medicines, this custom is often productive of serious results, both positive and negative. In homœopathic practice, the danger generally arises from a negative source—namely from ignorance of the specific remedies.

"The question is not, however, whether the experience of a physician or the non-experience of an amateur is preferable. The important point is, whether homœopathy in the hands of the public, and under the guidance of some recognized domestic treatise, is not better than allopathy in the hands of the same public, or even in those of the profession."

"Amateur practice and domestic treatises are among the most powerful engines for the spread, and ultimately for the advancement of homœopathy, the universal diffusion of which will be effected mainly by appeals to the public. The public, in turn, will partly induce, partly compel, the medical profession to examine and to be guided by the law of nature in the treatment of disease.

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Introductory Lecture to the Medical Course of the Homœopathic Medical College of the City of New-York. By D. D. Smith, M.D., Professor of Chemistry and Physiology. October 14th, 1861. Published by the Class. New-York, 1861. pp. 31.

The Introductory Lecture of Professor Smith was delivered before a large and promiscuous audience, composed of persons who knew something of homœopathy, and who expected on that occasion a *popular* exposition of its principles. The object of the Professor was to meet this expectation by contrasting the teachings of allopathic medical colleges with the principles on which a more safe and effectual treatment of disease is based; and, after a plain presentation of the claims of homœopathy, and a clear exposition of the Hahnemannian *law of cure*, he proceeds to meet the objectors to this system on their own ground. He shows, that men who ridicule homœopathy, do, in an imperfect manner, practice upon its principles, and employ many of its remedies, and that "the specific remedies relied upon for so many centuries for the cure of certain diseases owe their effectiveness to the homœopathic law, in obedience to which they have been exhibited;" that "disease creates susceptibility of the organism to the action of the proper remedy; that small doses are alone required because of this susceptibility;" and "that the dynamic power of drugs is increased by their disintegration and subdivision." After proving that highly attenuated drugs do not lose their power to act chemically and physiologically, he thus refers to some of the many combinations existing within the human organism:

"You find there some of the articles we call medicines as proximate principles; and they exist there in homœopathic attenuations. In milk the young animal finds everything requisite for the nourishment and growth of every structure of its body, including the earthy substance of the bones, which gives the osseous structures their hard and resistent character. Yet the analysis of milk shows, that in a thousand parts there are but two—some say six—parts of the phosphate of lime. In the use of this article in milk, as a food, mother nature is most surely a high dilutionist. In the human saliva, so essential to digestion and the preparation of our food for absorption into the circulation, embracing the secretions of the parotid, maxillary, and sublingual glands; in a thousand parts there are but six fractional parts of the *sulpho-cyanide of potassium;* in this proportion it preserves its integrity as a component part of the secretion. Yet what allopathic physician would prescribe so small a dose, if he thought this drug indicated?

"In the coloring matter of the blood, in a hundred parts we find but a fraction more than six parts of iron,—a homœopathic indication. In a hundred parts of the gastric juice there are but six parts of iron; and the iron is preserved in health in this small relative proportion. Yet with such teaching in the volume of nature, men are found who claim to be educated physicians; who thrust Iron into the system of an invalid when pallor and debility appear, in doses so heroic, as to lead to the conclusion, that man literally possesses an iron constitution, and can be iron-cased, iron-bound, and iron-lined. And it seems to be a study to prepare iron as an oxide, or a carbonate, or as a muriated tincture, so that the dose can be increased until the patient's head whirls, and his lips grow purple, and his limbs

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tremble,—until his last state is worse than his first. We do not so read God's natural laws.

"Again, in the human bile we find but two equivalents of sulphur; yet who, but homœopathists, exhibit Sulphur as a remedy, according to this indication? In domestic and in old-school practice more Sulphur is given in one dose than is found, as a proximate principle, in the entire organism.

"In addition to facts now stated, it may be observed, that nature employs all important substances in a diluted or attenuated form; and she excretes many articles in proportions so infinitesimal, that they cannot be detected in individual cases. The animal matter exhaled with the gases from the lungs is so minute and limited in quantity, it can be detected only when collected from a multitude of people, by suspending a sponge in a large room, occupied by hundreds of persons. The carbonic-acid gas, that is mixed with and forms a component part of the pure air we inhale, is only as one to two thousand! And even oxygen gas, so requisite to arterialize the blood, cannot be inhaled with safety in its pure state; it is therefore diluted by being mixed with other gases."

"But, let us go one step further, and take note of the observations and demonstrations of experimental physiologists, who have, with delicate tests and microscopic eyes, proved to us, that the globules of the blood, so minute, that they can be recognized only by a powerful microscope—those little ships, alternately freighted with oxygen and carbonic acid gas—are nevertheless complete anatomical structures, perfect in their organization, and absolute in their functions. Are we prepared to deny that disease may reside in one of these? That the comfort of the whole body may be disturbed by an infectious cargo confined in one of these tiny vessels? That others may be effected by sympathy? That wild disorder may be spread through the entire organism from such primary disease? But, if disease can occur in so minute a structure, and we seek to apply a remedy to the affected part, how absurd to attempt a cure by the use of a potent drug in a monster dose! As well subject the machinery of a miniature watch to the blacksmith's anvil and sledge-hammer; or your chronometer to the steam-trip hammer; or load a canary bird as you would an elephant; or cast the armament of a seventy-four into a birch canoe."

The objectors of progressive medicine being disposed of, its future is thus disposed of:

"We draw consolation from the history of the past, assurance and increase of faith from the facts of the present, while the future is draped with the fondest anticipations. As scientific truth spreads itself over the world, the public will be prepared to receive a system of medicine founded in fact, and resting, for support, upon the full knowledge of the laws of life. The shafts of ridicule and detraction may be hurled against Hahnemann, but his untarnished name shall blazon among the benefactors of man, when his defamers and persecutors are buried in oblivion. Yea, his name shall live in song after his maligners have gone down to

> "The vile earth from whence they sprung
> Unwept, unhonored, and unsung."

The name of Samuel Christian Frederick Hahnemann, who laid the corner-stone of our medical superstructure, shall live and shine, while good men are remembered and honored, as though it were written with a pencil of living light, on the blue arch of heaven, between Orion and the Pleiades. The proud temple his genius has reared, by the blessing of God, shall stand unmoved amid wars, rebellions, and all the moral, political, and religious commotions and revolutions of all coming time. It shall lift its

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golden dome to the clouds of heaven, catch and kiss the first beams of the morning light, and the last glimmerings of departing day shall linger and die on its summit. Those who seek its destruction will but bring their own heads in contact with its adamantine walls, and find no yielding to their puny assaults. Thus, in the language of the poet:

"The feeble seabirds, blinded in the storms,
On some tall light-house dash their little forms,
And the rude granite scatters for their pains
Those small deposits that were meant for brains.
Yet the proud fabric in the morning sun
Stands all unconscious of the mischief done;
Still the red beacon pours its evening rays
For the lost pilot with as full a blaze—
Nay, shines all radiance, o'er the scattered fleet
Of gulls and boobies brainless at its feet.
I tell their fate, though courtesy disclaims
To call our kind by such ungentle names;
Yet, if your rashness bid you vainly dare,
Think of their doom, ye simple, and beware."

The Movement Cure in every Chronic Disease; a Summary of its Principles, Processes, and Results. By GEORGE H. TAYLOR, M. D., of the Hygienic Institute, of New-York. New-York: 1861. 12mo., pp. 64.

THIS small work is not a mere abridgment of the larger volume, by the same author, reviewed a year ago, (see *United States Journal of Homœopathy*, Vol. 1, p. 555,) but is a new work of modest pretensions, intended to be intelligible to every class of readers, though critically accurate in its scientific principles and details. The author thus explicitly states the effects that invalids, who enter upon treatment by Movements, may expect: They are "advised that its application is not essentially a *muscle-making* process, but a *co-ordinating* and *harmonizing* one. The new actions that are superinduced imply a new disposition made of nutrition and of the nervous force. There are, consequently, *direct* effects, and *remote* ones, dependent on these actions.

"The *direct* effects of a single application of a prescription are noteworthy. There comes a pleasant glow of warmth over the parts most operated on, which generally extends over the whole body; the hands and feet become warm; whatever pain may have existed disappears, or is, at least quieted; the *pulse falls*, sometimes as much as ten, fifteen, or even more beats per minute; the respiration becomes calmer and more profound; and there is a great disposition to quiet and rest, which should be encouraged. The patient throws himself upon a couch and generally goes to sleep, if he allows himself to do so, and rises refreshed and with a feeling of renewed vigor.

"As the treatment progresses, the sensations experienced will vary with temperament, nature of disease, kind of prescription and its usual occasional modifications. In some, there is an apparent aggravation of the affection. These symptoms are temporary at most, but generally require the prescription to be modified. Sometimes there will be seeming improvement for five or six weeks, when the patient becomes suddenly conscious of a change in the pulse, skin, increase of the circumference of the chest, of the motions of its walls, &c., the assurances of returning health."

"The changes of substance in the body are by no means confined to the soft parts, but extend to the bones as well. The change in the *shape* of the

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spinal column, the *deformed chest*, &c.," is shown in some examples given. "The habitual movement of breathing, where this is faulty, is also changed by movements. In most invalids, the breathing motions are nearly confined to the superior portion of the body. It is almost always a distinct purpose of treatment, to regain the natural oscillatory motion of the stomach and bowels, so indispensible to their health." "The temperature, and especially the sensation imparted to the skin on being touched is very much changed. This organ becomes cool, velvety, and elastic, instead of maintaining the previous hot or cold, but dry and hard condition of the surface. It receives more blood, *breathes* more, and is more vital."

A Monograph on Gelseminum; Its Therapeutic and Physiological Effects, together with its Uses in Disease. By Edwin M. Hale, M. D. With an Introductory Letter, by J. S. Douglas, M. D. Detroit, Dr. Lodge, Homœopathic Pharmacy, 266 Jefferson Avenue. 1862. 8vo., pp. 56. With an engraved portrait of the Plant.

The *Gelseminum Sempervirens* is one of the youngest aspirants for distinction in the army of homœopathic remedies, but it has already demanded a volume to record its deeds; it is fortunate also in finding a historian who, with affectionate zeal, has followed it to every corner of the battle field, and now all the recorded victories and failures of the youthful warrior are laid before the profession, in an octavo volume of fifty-six pages, illustrated with a fine portrait, and interleaved for the use of physicians, who may record their own observations side by side with those already collected by the author. The work, as we receive it, is an exhausted treatise on the subject to which it is devoted, containing, if not all that *can* be said, at least nearly all that *has* been said of Gelseminum. It will stimulate physicians to make more extensive trials of the remedy, call forth large additions to the clinical reports already digested here, and awaken a salutary emulation among the ambitious disciples of Hahnemann to embark in the promising explorations of the medical botany of our country. If Dr. Hale's work should accomplish nothing more, it would perform a work for which all true votaries of science would honor its author. It was not, however, for such objects alone that he wrote; and it is proper that we permit him to state the principles under which his researches have been conducted. In the preface he says: "In writing this Monograph, let me assure the reader that I have aimed to be candid and conscientious in all my statements; and have sought, in making my selections from various medical writers, to let no sentiment of bigotry interfere with a just appreciation of the opinions of others." In testing the powers of Gelseminum upon the healthy and the sick, he wishes the "following statements of its power and qualities" borne in mind:

1. "All the symptoms in the proving have been obtained from *mother tinctures* from our own pharmacies; the *fluid extracts*, *gelsemin*, and *concentrated tinctures*, *&c.*" "The quantities used varied from one-tenth to twenty-five drops of mother tincture, one-tenth to five drops of fluid extract or concentrated tincture, and one-tenth to one grain of the gelsemin. In but one case can I find that the dilutions above the first caused any pathogenetic symptoms." On the question of dose, he refers to his article on

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that subject in this JOURNAL, (1861.) "The general axiom of the law" of dose he thus states:

(*a.*) "When a group of symptoms, or a pathological state, constituting a disease, resembles the *primary* symptoms and conditions of a drug, such drug should be administered in the smallest consistent doses. (*b.*) When a group of symptoms, or a pathological state, resembles the *secondary* effects of a drug, such drug should be administered in quantities as large as is consistent with perfect safety."

"Gelseminum," says the author, "somewhat resembles Alcohol, Chloroform, Opium, Spigelia," &c., in requiring large doses to effect some constitutions; others "are so susceptible to its influence that all the primary effects can be induced by a few drops—one to ten—of the tincture." In general, "Those persons who, by *constitutional* or *acquired disease*, *have lost the healthy vitality and tone of their central nervous systems, are most susceptible to the action of Gelseminum.*"

In a work so thorough on a single remedy we regret to find no reference to a proving of Gelseminum by Prof. Wm. E. Payne. The subject is receiving much attention from physicians of every school. At a meeting of the New-York Academy of Medicine, November, 1861, Dr. S. R. Percy stated that he had recently obtained from the Gelseminum Sempervirens and *alkaloid* principle, *Gelseminia.* He had also obtained from it a *resenoid* principle, which had peculiar medicinal properties.

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11. *Braithwaite's Retrospect.* Part XLIII. Published by W. A. Townsend & Co., New-York.

THIS valuable publication has been for many years the most complete retrospect of medical science in the English language, unless we except "*Rankin's Abstract*"—a similar publication, but not so large or complete. Both are justly held in high estimation by the allopathic school. Published half-yearly, they contain the best selections from all the prominent medical journals of the dominant school, and critical notices of new and meritorious works. Every homœopathic physician should take one or both of these works and peruse them thoroughly, for two reasons:—*First*, They contain admirable *resumés* of all the new discoveries in pathology, physiology, chemistry, &c., which may be made exceedingly valuable to us in our practice. They contain the most valuable portions of the works of Brown-Sequard and other eminent physiologists, and save the student the purchase of the voluminous volumes of these authors. *Second.* By sifting carefully the medical portions of the work—such portions as are devoted to therapeutics and clinical records—we may from the immense amount of *chaff* gather a few grains of real *wheat.* By subjecting the therapeutical and clinical portions to an analysis, based upon the law of "*Similia*," we shall be able to separate the *true* from the *false.* The law laid down by Hahnemann is the touchstone for all medical truth: before its light all false theories vanish. I have been a student of Braithwaite for ten years, and can truly assert, that all the clinical records therein recorded, of any value whatever, are in reality based upon our law of cure. Every reported *cure* made by

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medicine to be found in its pages can be accounted for by the fact that they all were made *by remedies which are capable of producing the same morbid group of symptoms, or states.* Those who read an extract from Braithwaite on the "Treatment of Cholera by Arsenic," which appeared in a previous volume of this JOURNAL, will remember my remarks thereupon. In Part XLII. of Braithwaite will be found articles on the treatment of "acute traumatic tetanus by tincture of Aconite," "whooping cough by *Zinc* and *Belladonna*," "Kreosote in dysentery," &c., all of which are really homœopathic to certain stages of these diseases. One of the most notable instances of brilliant homœopathic cures recorded in this work may be found in Part XXIX., page 71, entitled "*Sciatica, and its Treatment by the Croton Oil.*" And it well shows the bungling manner in which the allopathic school "jump at conclusions;" for the cures were not made by Croton-oil at all, but by the *Colocynth* contained in the prescription. The writer imagined that "mechanical irritation from retained fæces" caused the disease, and thereupon gives a purgative mixture containing Colocynth. After much useless suffering, induced by the medicines, some brilliant cures were made; but they remind one so much of Ægedi's wonderful cures with Colocynth, that we can have no hesitation in deciding that that remedy alone would have been just as efficient in minute doses, aided perhaps, if there was constipation, by NUX-VOM., or copious injections of warm water.

It is much to be regretted that we have not some work of similar scope, devoted to an abstract of homœopathic literature. A quarterly retrospect of the best articles in the English and continental homœopathic journals would be valuable for reference. It might be attached to our JOURNAL as an *appendix.* I would gladly unite with my colleagues in such a work.

There is a mine of clinical wealth to be found in the French and German homœopathic periodicals, which cannot be appropriated by the majority of the physicians of our school, for several reasons, among which are the difficulty of procuring such journals, and want of acquaintance with the languages in which they are published. If those members of our school who are ready translators of these languages will make extracts of the most valuable portions of such works for publication in our JOURNAL, they will render the profession in America great service.

To illustrate the valuable material which may be found in the work under consideration, I will select a few of the leading articles,—giving the gist of them in the form of a synopsis, such as is appended to every volume of the *Retrospect.*

"FEVERS.—All animal poisons have an *adhesive* attraction for surfaces, especially the walls of a room in which the case has occurred. Hence in all fever hospitals and in private houses, after a severe case of typhus has occurred there, it is well to have the walls lime-washed, and those of the hospital every month or so. (Dr. J. S. Goodfellow, p. 70.)

To which may be added the increased tendency of walls when *damp* to attract morbific poisons. I have noticed that epidemic and severe dysentery was much more fatal and inclined to attack other inmates of the same house if the location was a damp one, either by situation, or the profuse growth of shade trees around it.

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PARAPLEGIA.—Cases of paraplegia may be divided into two groups: 1. Cases in which there is an *increased* amount of blood in the spinal cord or its membranes. There are always symptoms of irritation—convulsions, cramps, twitchings, erection of the penis, from irritation of motor tracts; formication, itching, pricking, and other pains; abnormal feelings of cold or heat, of tightness, pressure, &c., from irritation of sensory tracts; diminution of temperature of the paralyzed limbs, wasting of muscles, œdema, bed-sores, alkaline urine, &c., from irritation of the ganglionic fibres. 2. Cases unaccompanied by any of these symptoms of irritation. In these there is *diminished* amount of blood in the cord. The former are cases of inflammation or congestion; the latter are cases of white softening, or of reflex paralysis. In the former only those remedies must be used (allopathically—Hale) which diminish the amount of blood in the cord; in the latter those remedies which increase it.

Belladonna causes contraction of the vessels of the cord, and diminution of the amount of blood; so do Ergot of Rye and Mercury; but Mercury has such a depressing influence, that it is better not to employ it except in cases of syphilitic paraplegia. Strychnine increases the amount of blood in the cord, and should be used only in cases in which there is no sign of irritation of the cord. Ammonia, Sulphate of Quinine, Iron, and Cod-liver Oil are very useful in similar cases. Iodide of Potassium is one of the most powerful agents in the absorption of effused fluids; it may be employed in either class of cases, but it is especially useful in cases of syphilitic paraplegia. (Dr. Brown-Siquard, page 34.)

Brown-Siquard also gives the indications for the following remedies:

"*Sulphur.*—The *modus agendi* of this medicine in paraplegia is not well known; but it is at any rate certain, that Sulphur may be employed with advantage in cases of reflex paraplegia, or white softening of the spinal cord, in which there is no irritation of this nervous centre.

"*Phosphorus.*—The mode of action of Phos. is still less known than that of Sulphur. German physicians have successfully made use of this agent in paraplegia, probably in cases of insufficiency in the amount of blood in the spinal cord."

As the presence of phosphorus in nervous matter gives it vitality, so its deficiency may lead to paralysis. It may be that Phosphorus may thus act when given, by replacing the loss of that constituent.

"*Cantharides.*—This is another remedy the mode of action of which is ignored, and which is employed blindly in any form of paraplegia. I have tried it without any apparent benefit in cases of paraplegia belonging to the two most distinct forms of this affection. It seems, however, to have been useful in some cases of chronic myelitis.

"*Stram., Hyos., and Cannabis-ind.*—These agents act more or less like Belladonna and Ergot on the blood-vessels of the spinal cord, and they are therefore to be used in those cases of paraplegia in which the amount of blood is increased in that organ. Of course they must be avoided in cases of white softening, or of reflex paraplegia. Against insomnia in cases of paraplegia, with symptoms of irritation of the spinal cord, Hyoscíamus or Indian Hemp should be employed instead of Opium, the use of which is then dangerous, as it produces a congestion of the spinal cord."

Nothing is here said of Aconite, the greatest of all paralytic remedies. *Gelseminum* is another remedy which will, when more fully understood, prove a most valuable medicine in paraplegia; for no drug so soon and so completely produces that condition. I (Hale) am of the opinion, that it acts similarly to Belladonna, Hyos., Stram., and Cannabis-ind., causes paraplegia by primarily diminishing the amount of blood in the spinal cord, although I believe Gelseminum to have also direct paralyzing action, like Aconite, primarily on the nerve tissue itself.

The consideration of this subject leads us to inquire into the homœopathicity of certain remedies in paraplegia. Here we see the value of a careful study of the works of such men as Brown-Siquard. Here he has clearly

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pointed out the medicines which he considers antagonistic to the different pathological conditions causing paraplegia. In No. 42 of "Braithwaite," in a previous article on paraplegia, the same author says:

"Not only have I seen the diminution in the calibre of blood-vessels of the pia-mater of the spinal cord, taking place in dogs after they had taken large doses of Belladonna, or Ergot of Rye, but I have also ascertained, that the reflex power of the spinal cord (most likely as a contraction of blood vessels) becomes very much diminished under the influence of these two remedies, which in so doing act just in the opposite way to that of Strychnine."

Homœopathists can from these facts draw their conclusions—viz., that those remedies which in large doses cause paraplegia, from either of the conditions of the spinal cord, are the remedies homœopathic to such cases. Thus, Strychnine (or Nux, Ign., and Cocc.), and perhaps Canth., Phos., Opium, Quinine, and Iron are homœopathically indicated in paraplegia from increase of blood in the spinal cord—chronic myelitis or meningitis; while *Bell.*, Ergot of Rye, Hyos., Stram., Indian Hemp, Mercury, Iodide of Potassium, Sulphur, and probably Gelseminum and Aconite, are homœopathic to those cases of paraplegia caused by deficiency of blood in the spinal cord.

The question may be asked whether we would be justified in using the above remedies in the manner advised by Brown-Siquard—*i. e.*, antagonistically? I unhesitatingly answer, yes. But not because they really act according to the law "*contraria*," *&c.*, but because they are really and truly homœopathic, *secondarily*. To illustrate the primary action of Belladonna in large doses, is to diminish the amount of blood in the spinal cord. Suppose this condition is not carried far enough to seriously impair the functions of the cord, what follows? *A reaction*, of course, in which the previously contracted and empty condition of the blood-vessels is changed to a relaxed and congested condition. The same impulse of the heart which would fill them normally in health now engorges them, and a condition similar to that caused by Strychnine is induced. Now in this case the reaction or secondary condition is just as much the specific effect of Belladonna as the primary. It follows then, that the remedy is as homœopathic to the one condition as the other. But the same dose would not answer in both conditions. As explained in my articles on "Dose," in previous numbers of this JOURNAL, Belladonna should be given in very minute doses for symptoms simulating its primary effect, and in large doses for its secondary symptoms.

In prescribing according to this rule, we shall find the sphere of our remedial agents greatly enlarged, and shall be enabled to use remedies hitherto considered by us as antipathic. We shall also be more benefitted by the discoveries of the allopathic school in all that relates to the pathological and therapeutic action of drugs. Those homœopathists who will not recognize the new *law* for the selection of remedies may in the above-mentioned essay of Brown-Siquard find valuable material for investigation, for therein are pointed out more clearly than by any other writer of either school of medicine the remedies which are really homœopathic to the con-

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ditions upon which paraplegia depends. Heretofore *we*, as well as allopathists, have prescribed the different remedies for paraplegia without any very definite idea. *We* have selected our remedies symptomatically; *they* for some not very clearly defined condition of the nervous centres. By the light of Brown-Siquard's investigations, both schools can select the remedy with much more accuracy than ever before.

ACTION OF MERCURY ON THE LIVER.—It appears now, from experiments carefully performed, and observations carefully made, that Mercury is *not* a hepatic specific at all, and that it is more likely in fact to diminish the amount of bile secreted than to increase it. The root of the entire tissue of errors seems to result from the very evident green stools produced by the administration of Calomel; this, however, is owing to sub-sulphide of Mercury, which is of a bright green color, and may be obtained from those stools by levigation. Calomel relieves some hepatic complaints; but it is by its purgative action, and this may be equally obtained from any other purgative. Dr. Inman indeed calculates, from experiments by Kolliker and Scott, (Beale's "Archives of Medicine"), that the chances are six to one that Calomel will diminish the hepatic secretion." (Dr. Thudicum, page 58.)

This discovery of the real action of Mercury, if fully substantiated, will prove a terrible and humiliating blow to the greatest portion of allopathic therapeutics. For hundreds of years the dominant school have dosed their patients with incalculable quantities of Mercury, and inflicted an incalculable amount of suffering upon poor mortals; and all upon the supposition, that the drug affected the liver in some specific and curative manner, so as to be applicable in all affections of that organ, and for the most opposite states. It has been given to increase the secretion of bile; also to diminish it; as well as to reduce inflammations, resolve congestion, and dissipate enlargement of that important viscus. And now to be told by an eminent savan of their own school, who backs his assertions by the experiments and observations of other notable members of the same school, that Mercury is not a hepatic specific at all," is a severe blow,—

"The most unkindest cut of all."

But really, this is a most important subject for consideration, for *us* as homœopathists, as well as for the investigating allopath. A proper and complete elucidation of the matter may require us to give Mercury in quite a different manner, and for different diseases than those for which we have been accustomed to administer it. I intend in a future number of the JOURNAL to enter fully into an investigation of the real action of Mercury on the liver and digestive tract.

"TRICHIASIS.—To completely eradicate an inverted eye-lash, or bundle of them, plunge the point of a needle or fine knife, dipped in caustic potash allowed to deliquesce, into the dorsal margin, along the course of the hair or hairs, to the depth of the eighth of an inch. On the second or third day, remove the lashes so treated with the forceps; they are pulled out without any difficulty, and are blackened at the roots. The bulbs of ciliae are completely destroyed,—never to be produced. No inflammation of any moment follows the operation, unless the whole row of ciliae be removed at a time." (Dr. Williams, page 205.)

This is a simple and effectual manner of disposing of that annoying disease. It is much preferable to the ruder operations advised, and should be promptly resorted to.

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"AMENORRHŒA, NEURALGIA.—Pains in the left breast, in the intercostal spaces, or in the temples, are very frequent and distressing symptoms occurring in cases of amenorrhœa. They are most quickly relieved by anodynes, but generally only temporarily. The use of small doses of Arsenic (two drops of Fowler's solution thrice a day) will be of more ultimate benefit, although not so immediately effectual. When there is any indication of a rheumatic taint of constitution, very satisfactory results will be obtained by the administration of thirty or forty drops of the tincture of Actea-racemosa, or black snake root (an American plant), three or four times a day, in a little water. The most rapid relief can be given by the sub-cutaneous injection of Morphia. In *chronic and obstinate neuralgic headache*, a very effectual remedy in my hands has been from half a grain to a grain of Sulphate or Phosphate of Nickel." (Prof. Simpson, page 257.)

The most useful homœopathic remedies for that peculiar pain in the left side and in the temples are Bryonia, Pulsatilla, Aconite, and Phosphorus. The *Actea* mentioned above has long been used by the eclectics in this country for all nervous and rheumatic pains. It has a specific action on the uterus, as well as on the spinal system of nerves. Its alkaloid *Macrotin*, at the second or third trituration, is as effectual as the large doses advised by Prof. Simpson. Caulophyllin will often remove the nervous or spasmodic symptoms occurring in amenorrhœa.

"APPLICATION OF FORCEPS.—The aphorisms of Durman, so frequently taught in our medical schools, and followed by practitioners, that the forceps must never be applied until the head has rested on the perinæum for six hours, or except an ear of the fœtus can be felt, are both bad. There are many cases where such delay would be highly injurious, and it is unnecessary to feel the ear of the fœtus." (Dr. Granville, page 307.)

In resorting to the forceps to facilitate labor, it is better to wait too long than to use them too soon. A proper and judicious use of Caulophyllin and Gelseminum will in most cases render it unnecessary to use any artificial means of delivery.

"ARTIFICIAL DILATATION OF THE OS UTERI.—When the os is rigid and contracted in the first stage of labor, and turned toward the rectum, instead of downward and forward, first influence the patient gently with Chloroform in the following manner:—Pour a little Chloroform into a teacup, and hold the edge of the cup to the lower lip of the patient—bringing the open vessel a little over the mouth, but not so as to prevent the free ingress of air both into the mouth and nose:—the nurse can manage this, whilst you watch its effects. Now introduce the fore-finger into the rigid os uteri, and while the patient is under the influence of the Chloroform, gently dilate the part by very quietly, during each pain, pulling the anterior lip toward the pubis. You may keep the patient gently influenced by the Chloroform till the os has lost all its rigidity, and has become dilated. Now leave off the Chloroform till the tough perinæum has to be dilated, when you may use it again. You will thus save hours of misery and do good to your patient. If the Chloroform act too much, compound Spirit of Ammonia, either taken or breathed, is an instantaneous antidote." (Dr. Braithwaite, page 210.)

The above instructions, both as regards the use of Chloroform and the manipulation of the rigid os, are eminently practical and valuable. For many years I have followed Braithwaite's plan, and have found it quite reliable. There are some cases, however, in which Chloroform may be inadmissible. In such the Gelseminum may be used, according to my experience, with much benefit;—given in doses of five drops, repeated a few times, it will relax rigid muscular fibres with more certainty than any other drug. By adopting the plan above recommended by Dr. Braithwaite, that annoying cause of painful and protracted labor—a swollen and prolapsed condition of the anterior lip of the os uteri—may be avoided. Very often during

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the progress of an otherwise natural labor, the anterior lip will be found tumified, and wedged in between the head of the child and the os pubis, and it should be pushed upward perseveringly in the intervals of pain. Unless this is done, and the head relieved from its retarding influence, we may have a tedious and painful labor.

"DEFICIENT INVOLUTION OF THE UTERUS AFTER LABOR.—Sometimes the uterus does not undergo the normal retrograde metamorphosis after labor, and remains large and heavy, the fibre cells being loaded with fatty particles; the uterus is felt large, soft, and heavy, and there is a feeling of weight and discomfort in the pelvis. In many cases the abstraction of a small amount of blood from the vaginal portion of the uterus or perinæum is called for, and is more especially beneficial in those cases where there lingers any degree of congestion, or of inflammatory action in the uterus. The most efficacious of absorbent remedies are the Iodide and Bromide of Potassium; the latter is preferable, however, as it does not produce that marasmus so often caused by prolonged use of the former. The Bromide, moreover, acts as a special sedative on the reproductive organs. The dose should be about six grains, three times a day; and it may be continued with Iron or other tonics, if anæmia or atony co-exist. (Prof. Simpson, page 224.)

There are several other remedies valuable for the symptoms above mentioned, among which may be enumerated Podophyllin, Helonin, and Conium. This latter remedy bears a marked resemblance to Kali-bromatum in many respects. Both are special sedatives to the reproductive organs, causing impotence and dwindling of the testes in the male; and sterility, scanty, pale menses, or complete amenorrhœa, and loss of sexual appetite in the female. These conditions most probably depend upon an impaired and atonic condition of the ovaries. We know that Conium particularly destroys ovarian vitality, and we may safely predicate the same of Kali-brom. There is a condition of the ovaries which frequently obtains after manual labor, or abortions, in which Conium and Kali-brom. are very serviceable. It is an engorged or inflammatory state, accompanied by extreme pain, sometimes of a lancinating, at others of a pressive spasmodic character; externally the ovary may be felt through the parietes, swollen and sensitive. A vaginal examination discloses a tumor, pressing the uterus and vagina from its normal position. Painful urination is a frequent concomitant symptom.

The prompt use of Conium internally, and applied externally, and used as a vaginal injection, will subdue the disease in a very short time. I give five drops of the first dilution every hour or two, and apply the first dilution.

The Kali-brom. has been used by me in several similar cases of a more chronic and obstinate character with good results. I usually give one grain of the first trituration every two or three hours.

The Tincture of Aconite is a valuable external application to the inflamed ovary; a piece of lint wet with the Tincture is the best form.

"PLACENTA, REMOVAL OF AFTER LABOR.—It is usual to wait for a pain, or to be able to feel the insertion of the cord into the placenta, before attempting to remove it. But pains may mislead, and may arise from other causes than contractions of the uterus. The great objection, however, is, that frequent and painful examinations are indeed often necessary. The cord, after the birth of the child, will be found in a state of flaccidity; in a short time, however, it again becomes turgid with blood, which state again passes into one of flaccidity; and this occurs so regularly, that this flaccid state following the turgidity constitutes a sign of detachment, which may almost invariably be relied on." (Mr. J. Clay, page 228.)

I have rarely noticed this last phenomen, nor do I think it occurs as a

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rule. In the majority of cases the same pain which expels the body separates the placenta from the uterus. I always extract the placenta, if within reach, without waiting for any signs. The sooner it is away the better.

"PREMATURE LABOR, INDUCTION OF.—Pass the tip of the fore-finger of the left hand within the os uteri and slightly dilate it—pulling the neck down a little, and passing the finger round a little inside. This process, if not accomplished easily at first, may be done more successfully upon a second attempt. Upon each occasion some pains will ensue, and ultimately labor will come on, when an elastic tube may be passed up between the walls of the uterus and the membranes, and a little cold water injected. If any resistance is experienced in introducing it, the tube must be withdrawn and re-inserted in another direction. Labor will now proceed naturally." (H. James, page 217.)

This is a very safe and efficient method, and the best to be adopted at all stages of pregnancy after the third month. Care should be taken *not* to puncture the membranes. The syringes (India-rubber), manufactured by Tiemann & Co., of New-York, holding one ounce, with long elastic tube, is the best instrument to use. To further facilitate the labor, I would advise the use of Caulophyllin and Gelseminum; the former in doses of a single grain every hour, alternated with three or five drop doses of the latter.

"PROLAPSUS ANI OF CHILDREN.—Those surgeons who like to hazard such a mode of treatment may follow the plan pursued lately in a case of this nature by M. Toucher. This gentleman injected just external to the anus ten drops of a very weak solution of Sulphate of Strychnine (twenty centi-grammes to twenty grammes of water), using a Wood's sub-cutaneous injection syringe. 'The cure was immediate.' The principle, of course, is the direct action of the salt upon the fibres of the sphincter." (Page 263.)

A very successful treatment of prolapsus ani is as follows: Give internally Podophyllum, 1, or Podophyllin, 3, in alternation with Nux, Ign., or Æsculus-globra, 3, twice or thrice daily; also inject five or ten drops of Nux or Ign., one-tenth, in a few drams of cold water, immediately after returning the prolapsed intestine, also when the child or adult retires at night. The injection should not pass away, but be retained entire. I have treated many cases after the above plan with entire success. The cure is not "immediate," but in a few days, or a week.

"RETROVERSION OF THE GRAVID UTERUS.—In reducing a retroverted gravid uterus, it is very important not to attempt to push directly *upward* at first, as the promontory of the sacrum is in the way. The womb must be placed as much as possible in the right oblique diameter of the pelvis, by drawing the os and cervix toward the left acetabulum, and moving the fundus as much as possible toward the right sacro-iliac synchrondrosis." (Dr. T. Skinner, page 218.)

"SUPPRESSION OF THE SECRETION OF MILK.—Moisten a flannel with saturated solution of Camphor in Glycerine, and apply it over the breast. This will often check the secretion of milk very quickly." (Dr. E. Tilt, page 254.)

Equally efficacious, if not better, is either of the following:—Glycerine, one ounce; warm water, four ounces; Tinc. Belladonna, one-quarter ounce. Instead of the Belladonna, Aconite Tinc. may be used, or one dram of Iodide of Potash. I have nearly always succeeded with the above, when the secretion of milk must be arrested. In a few cases, when the breasts were "caked" and abscess impended, I have had splendid effects from a warm decoction of the root of Phytolacca, decimal (one ounce of the root to one quart of water). This remedy is one of the most valuable of all medi-

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cines in treating affections of the mammæ. A few drops of the Tincture or first dilution may be given internally every hour or two.

I propose at some future time to discuss in full the merits of the Phytolacca. Its analogues are Belladonna, Mercury, Mezereum, Iodide and Bromide of Potash, and even Arsenicum and Sulphur. It is a prompt specific in some cases of scrofulous enlargement and inflammation of glands; in *squamous*, pustulous, and *syphilitic* eruptions, even in syphilis itself, and especially in syphilitic rheumatism. It is also useful in many diseases of the liver, spleen, and intestines. A brief, but pretty good proving, may be found in the American provings, also in Hempel's "Materia Medica," and the New Manual. HALE.

Materia Medica.

PATHOGENETIC CHARACTERISTICS OF DRUGS.

KALI-CARB.

Violent pressure over the whole skull, down the nape of the neck, throbbing in the head and whole body aggravated by the slightest contact, and increasing in paroxysms with violent nausea and vomiting of bile. Sensation in the forehead as of a hot body having descended into it when stooping. Swelling between the eyebrows and lids looking like a little bug. *Blue* and *green* spots before the eyes. Painful vesicles all over the inner mouth with burning pain. (See Sulph.) When eating, particles of food easily get into the windpipe. Stinging pain in the pharynx, during cold, he feels as if he had a fish-bone in it. *Tough*, dark, soft stool. Sudden, vehement desire for stool as in diarrhœa, although the stool was hard, with colic. The menstrual blood is very acrid, has a bad, pungent smell, it makes the thighs sore and covers them with an eruption. Great soreness round the pudendum before, during and after the menses. Congestion of blood to the neck, the neck appears larger. Yellow, scaly, violently itching spots over the whole abdomen and around the nipples. Feeling of emptiness as if the whole body was hollow.

KALI-CHLORICUM.

Taste in the mouth as of Sulphate of Copper, Disagreeable, saltish—sour taste.—The right pulse full, soft, sluggish, [68] intermitting every twenty-five or thirty beats, not synchronous with the beats of the heart, [80] the left pulse being at the same time small, soft, easily compressible.

KALI-HYDRIODICUM.

No drug perhaps, represents so well some very common forms of catarrhal affections and influenza as this. Take the following picture presented by a group of symptoms: Profuse, serous discharge from the nose. Frequent discharge of thick, yellow mucus from the nose. Inflammation of the mucous membrane of the

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nose and eye-lids. Catarrhal inflammation of Schneiderian membrane i ~ he frontal sinuses and the antrum highmorianum as far as the posterior nares. Red, swollen nose with constant discharge of an acrid, watery, colorless liquid from both nostrils and violent painful sneezing, bloated eye-lids with profuse lachrymation and considerable injection of the conjunctiva, stinging pain in the ears, redness of the face with expression of anguish and uneasiness, horrible painful hammering in the frontal region, accompanied with a sensation as if both sides of the brain were compressed, and as if the volume of the head had increased three fold, with tossing about in bed, excessive irritation, loathing, white coated tongue, nasal tone of voice, violent thirst and catarrhal fever, characterized by heat and dryness of skin, alternating with profuse sweat, predominance of heat with intercurrent chills and dark, hot urine. [In cases characterized by many of the above symptoms, I have seen the sneezing cease, the watery discharge from the nose disappear, with great amelioration of the other symptoms, in the first half hour under a dose of Kali-hyd. 6."]

Again in the laryngeal symptoms: Catarrhal tone of voice, hoarseness, pain in the chest, cough, oppression of breathing and pain in the eyes. Influenza with sneezing and increased secretion from the eyes and nose, headache and drowsiness. Roughness of the trachea, obliging one to hawk. Constant irritation of the throat inducing a dry cough. Dry and hacking cough, afterwards accompanied by a copious, greenish expectoration. Disagreeable dryness and irritation of the throat, nightly waking with great oppression of breathing and loss of voice, and all the symptoms which generally characterize a violent spasmodic croup. Ulceration of the tongue and mouth, *without ptyalism*. Ptyalism, great swelling of the tongue and excessive ulceration of the mucous membrane of the mouth. Ptyalism, the saliva being more or less viscid and saltish, *without swelling* of *the salivary glands*, with some slight irritation at most of the mucous membrane of the mouth, as in pregnant females. (See Digitalis.) Atrophy of the testicles. [See Capsicum.] Atrophy of the mammæ. (See Conium and Iodine.) Pain in the os-coxygis as from a fall. [Pain in the os-coxygis as from a bruise, Ruta] A number of small furuncles on the neck and face, head, back and chest of various sizes consisting of slightly red blotches upon the skin, which increase rapidly to bags of pus, with a cuticle of a slightly reddish tinge, many of them of the size of a walnut, bursting spontaneously and discharging. (These abscesses apparently resemble the purulent deposits in phlebitis.)

KALI-NITRICUM.

Menses early, profuse, short, and the blood as black as ink. Sudden swelling of the body, neck and thighs.

KALMIA-LATIFOLIA.

Hering says no drug exerts an equal control over the pulse except Digitalis.

A momentary shivering without coldness, which seems to pass from the top of he head to the neck under the scalp, attended with a cracking noise and at the same time alarm without palpitation of the heart; a sensation as if the body were surcharged with electricity. Pain in the top of the head as if bound closely with a cord. The pain in the top of the forehead is sometimes followed by rending in the bones in the right or left side of the face or on the top of the head. Slight

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aching in the forehead, which sometimes shoots downward to the eye-teeth, alternating between the two places. Pain in the forehead every day, which extends to the roots of one of the upper molar teeth. (It has proved very successful in some forms of neuralgic affections of the face.) Inflammation of the sub-lingual glands. Pains in every part of the body and frequently changing their locality and alternating between the upper and lower extremities.

Kreosotum.

Drawing, tearing pain in the pit of the stomach, as if a thread were being drawn through it, or a muscular fibre were being torn out. Yeasty sediment in the urine. (See Raphanus-sat.) Stitches in the vagina, proceeding from the abdomen like electric shocks. Itching in the vagina, inducing rubbing, followed by smarting, swelling, heat, and redness externally; corrosive, biting-itching, producing abnormal voluptuous and lascivious sensations. (Platina produces voluptuous tingling in the pudendum and abdomen, with oppressive anxiety and palpitation. Coffea is said to *cure* voluptuous itching in the organs.)

The group of symptoms before, during, and after the menses is peculiar. Before the menses, hardness of hearing, rising of an insipid white froth, or vomiting of mucus; clawing and digging round the umbilicus, followed by white leucorrhœa; great nervousness and uneasiness. During the menses, buzzing and humming in the head; hardness of hearing; profuse sweat on the *back and chest;* thumping and reports in the abdomen, succeeded by sudden diarrhœa. After the menses, violent abdominal spasms, especially in the groin; pressing from above downwards, as if the menses would re-appear; contractive pain in the vagina, causing her to start, followed by leucorrhœa. (Puls. produces vomiting before the menses, and Bell. sweat on the *back* during the menses.)

It produces a great variety of leucorrhœa, both mild and acrid. Leucorrhœa smelling like fresh corn ears, and of putrid odor; leucorrhœa, with great debility. Frequent drawing from the sides to the nipple, and sensation as if milk would flow into the breasts, but with increased flabbiness. Chestnut-colored urine. Large, greasy-looking, pock-shaped pustules over the whole body.

Lachesis.

Though this drug produces very numerous and diversified effects, it has scarcely any symptoms the analogies of which are not found in Bell., Agar., &c.

Lactuca-virosa.

Icy coldness of the œsophagus and stomach

Laurocerasus.

The drink he takes rolls audibly through the œsophagus and intestines. (See Cuprum.) Complete paralysis of the sphincter ani. (See Acon.) Gangrene of the penis.

Ledum-palustre.

Profuse secretion of acrid tears, without pain or inflammation. A sort of spasmodic or double inspiration, or sobbing respiration. Pain in the sternum of

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a scraping or rubbing character, appearing to be in the cartilage. Mouldy taste. Obstinate swelling of the foot and leg. Chills and sweat at the same time. Curative effect upon punctured wounds, stings, bites, &c.

Leptandria-virginica.

Probably acts as specifically and energetically upon the liver, stimulating and increasing its secretion, as any drug we possess.

Lobelia-inflata.

Taste as of corrosive sublimate in the mouth. According to Teste, it causes an eruption more like the itch, in character and location, than any other drug.

Lycopodium.

Headache as if the bones of the skull were being driven asunder, and as if the brain were vascillating to and fro, especially when walking, going up-stairs, or rising after stooping. (See China, Sulphur and Sulph.-acid.) He only sees the *left* half of objects. (See Mur.-acid.) Changeable focus of the eye; when reading, he is obliged to hold the paper very near, then far off. The sense of smell is exceedingly sensitive. Red, bloated face, full of dark-red spots covered with pustules. Itching, *scaly* herpes in the face and corners of the mouth. The eruptions on the face as a whole, are peculiar. The teeth are excessively painful on touching them or chewing, as from ulceration. Toothache *only at night*. Small tumors in the mouth in various places. The tongue is painful, and swollen in different places, hindering talking. The tongue gets involuntarily between the upper teeth and lip, and then between the under teeth and lip; it darts out of the mouth and moves to and fro between the lips. Tubercles on the tongue, and ulcers under the tongue. Mouldy and cheesy taste. Canine hunger, and if she does not eat while this lasts, she has headache, which only goes off after eating. After a meal, sensation in the stomach as if fasting, but without hunger. After a meal she feels more nervous and weary, and with quickened pulse.—Irresistible sleepiness after *meals*. (Irresistible sleep after *dinner*, Phos., Calc.) Violent pain and tenderness of the liver, with pressure. Intense sensitiveness to pain in the skin of the abdomen. Stinging sore pain in it even when merely touched with the clothes. Pain in the groin when walking. Small glandular swellings in the groin.—Troublesome stool, owing to contraction of the rectum.—Expectoration of gray saltish mucus. Large swelling in the psoas muscle. Burning, as of red hot coal, between the scapulæ. Swelling of the axillary glands and large boil in the axilla.—Redness, inflammation in all the joints of the fingers. The child wants to yawn but cannot, this makes him cry. (See Stan.) .Morning sweat over the whole body, smelling of blood. The exhalations from the body smell like onions. Sourish, acrid sweat of the whole surface, except the legs. *Itching* hepatic spots. Freckles. (See Ammon.-carb. and Kali-hyd.)

Macrotis-racemosa.

This drug manifests in its symptoms a peculiar adaptation to the female organism. It is remarkable, that in almost all the provings, it produces nausea in the female and not in the male. As indicated by its pathogenesis, and confirmed by

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clinical experience, it is homœopathic to the morning sickness of pregnant women, to irregularities of menstruation, dysmenorrhœa, leucorrhœa, after-pains, and inflammation and congestion of the uterus, &c.

Magnesia-carb.

Tension of the whole face, as if albumen were drying on it. Nightly tearing, digging, and boring in the malar bone, as if with a red hot iron. She has to run from one room to another all night on account of the pain in the face. Throbbing pain in the antrum, and swelling in the right malar bone. Hard little nodosities in both corners of the mouth. Colic, followed by watery leucorrhœa. (See Sep. and Alum.)—Discharge from the bowels of a liver-colored fluid, followed by tenesmus and burning. Discharge of a green, foamy substance. (See Coloc. and Merc.) Discharge of green water, with great distention of the abdomen. (See Sulph.-acid.)

Peculiar group of symptoms during the menses: Violent cough, with difficult, thin, salt expectoration. (Gray, salt expectoration, Lyc. Saltish, Ars. Salt-sweetish and gray salt, Mag.-mur.) Sudden, violent, sore pain in the heart, with audible cracking, with nausea. Sudden, piercing pain in the os coxygis.—Large nodosities, with stinging pain under the skin.

Magnesia-muriatica.

Large nodosities on the occiput, with tearing all round, especially painful to the touch. Severe coryza, at times dry, at times fluid, with dulness of head, and *complete loss of smell and taste* for two days. Rhagades on the tongue, with violent, burning pain. Feeling as if the surface of the tongue were burnt. (See Rhus-rad., Sep., Ars., &c.) At one o'clock at night she is roused from sleep by a pain in the stomach as if it were cut to pieces; rising into the throat of a ball, with suffocating arrest of breathing, and tossing about in bed and on the floor for two hours, at last relieved by eructation.

Manganum.

Oily taste in the mouth. (See Sil.) Yellow *granular* stool. Malignant ulcer on the finger, from a slight scratch. It is said that, notwithstanding the paucity of the provings of this drug, there is no better remedy for lepra vulgaris, psoriasis, and ptyriasis. Judging from the symptoms relating to the kidneys, it seems almost certain that it would prove useful in ptyriasis nigra, or Addison's disease of the supra-renal capsules, which has, of late, excited so much attention. (See *North American Journal of Homœopathy*, Vol. 7, p. 233.)

Menianthis-trifoliata.

Occasional rigidity of one or other eye-lid, like a tonic spasm, making it impossible to move them. Spasmodic contraction of the larynx. Repeated spasmodic drawing in the interior of the left lower-arm; at length the four fingers are clenched involuntarily, the arm itself becomes stiff as by cramp, and cannot be moved even by the greatest exertion. Cramp-like pain in the muscles of the left lower-arm, extending as far as the palm of the hand, almost like paralysis.

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When sitting, the right thigh and leg are spasmodically jerked upwards four times. In general, great prevalence of cramp-like, drawing, and pressive pains in variou muscles.

Mercurialis-perennis.

Remarkable dryness of the mouth. The tongue feels paralyzed, heavy, and thick. The tongue is numb, insensible, as if unable to taste.—Great prevalence of *tearing* pains in the limbs, and weariness.

Mercurius-solub.

The peculiarities of Merc.-sol. are to be sought, rather in its groups of symptoms, or as a whole, than in its individual symptoms. In common with all the other preparations of Mercury, Argentum, Arsenicum, Plumbum, Kreosote, &c., its tendency is dissolution and destruction of the solids of the living organism. The following individual characteristics may be enumerated: Yellow crusts below the chin, half an inch thick. Nocturnal seminal emissions mixed with blood, and followed by coldness.—Red, burning, itching, itching-smarting swelling of the prepuce, with cracks and rhagades on the internal, and red, firm eruption on the external surface. Small, red vesicles on the glans, becoming converted into ulcers, which, after breaking, bleed, and are painful when touched; the ulcers round, the edges looking like raw flesh, the basis of which are covered with a cheesy lining. (These ulcers of Merc. are simulated by Argentum.) Urine with whitish flocks. Whole pieces of whitish flocks and filaments are emitted after the urine. Coldness in the internal ear.—Interstitial inflammation and swelling of the periostum is peculiar, unless that caused by Ruta may be considered similar. Prolapsus of the vagina. (See Stan.)

Mercurius-corrosivus.

Similar in its action to Merc.-sol., but more energetic and better adapted to the male organism, as Merc.-sol. is to that of the female.

Moschus.

Produces extreme irritation and irritability of the nervous system. Violent sexual desire, even in old persons of both sexes; hysterical paroxysms, &c.

General Chronicle of Medical Science.

Opposition of Irish Colleges to Medical Progress.

We condense from the *British Journal of Homœopathy* a brief account of the efforts of the highest medical authorities in Ireland to arrest the progress of homœopathy:

While the medical act was passing through its final readings in Parliament, the friends of liberty of conscience in medicine managed to get a clause introduced protecting the candidate for medical honors

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from any interference with his mode of practice or medical creed. This clause which is regarded as the Magna Charta of our rights runs as follows:—

XXIII. In case it shall appear to the General Council that an attempt has been made by any body, entitled under this act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine or surgery as a test or condition of admitting to examination of granting a certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honorable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice; and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this act so long as they shall continue such practice."

The prohibition contained in this clause was supposed to be sufficient to prevent any oppression of candidates and practitioners on account of their medical opinions by the colleges from which they expect, or from which they have obtained their diplomas. In addition to this protection furnished by law against the erasure of a practitioner's name from the register, clause XXVIII of the Medical Act concludes thus:—"Provided always, that the name of no person shall be erased from the register on the ground of his having adopted any theory of medicine or surgery." Though this language is perfectly clear and explicit it was not everywhere understood. In *the Lancet* of August 10th is a report of a meeting of the Council of the Royal College of Surgeons of Ireland which resulted in the passage of the following resolution:

"No fellow or licentiate of the college shall pretend or profess to cure diseases by the deception called homœopathy, or the practices called mesmerism, or by any other form of quackery, neither shall they or any of them seek for business through the medium of advertisements or by any other disreputable method. It is also hereby ordained that no fellow or licentiate of the college shall consult with, meet, advise, direct or assist any person engaged in such deception or practices, or in any system of practice considered derogatory by the physicians and surgeons."

In remarking on this resolution the British Journal says that no one "pretends to cure diseases by the deception called homœopathy," for "there is no deception called homœopathy. Homœopathy is a system of medicine or a mode of practice, but it is no deception. Patients who put themselves under homœopathic practitioners are not deceived, they know what principle guides their medical attendant; they may know what medicines they are getting, and they cannot be deceived into mistaking the violent effects of an overdose of medicine for a natural aggravation of their disease. But under allopathic treatment the patient is quite ignorant of the principle that guides his

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medical attendant, who endeavors to conceal the medicines he is administering by writing his prescriptions in dog-latin, and disguising the names of the medicines themselves in those prescriptions by such silly devices as *hydrargyrus* (*or hydrargyrum*, for dog-latin has not yet settled its gender) for *Mercurius;* and nothing is more common than for both patient and doctor being deceived into mistaking the violent effect of an overdose for the natural increase of the disease. Therefore allopathy or the ordinary system is, if you will, a *deception* from beginning to end, but homœopathy is no deception, everything in it is straight forward and above-board."

The Irish College of Physicians unites heartily with the College of Surgeons in the effort to suppress heresy in medicine. It has established the following declaration which every licentiate is required to subscribe on admission:

"I engage not to practice any system or method (so called,) for the cure or alleviation of disease of which the college has disapproved; or to endeavor to obtain practice, or to attract public notice by advertising or by unworthy means. I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connection with any secret or other remedy; and in case of any doubt as to the true meaning or application of this engagement, I promise to submit to the judgment of the college. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a licentiate or fellow of the college, I thereby render myself liable, and shall submit to censure of the college, pecuniary fine (not exceeding £ 20), or expulsion and surrendering of the diploma, whichever the presidents and fellows of the college, or the majority of them shall think proper to inflict."

Of this declaration the British Journal says: "It is of course evident to any one that the chief portion of it is a faithful translation or paraphrase of the oath administered to the candidate by the president of the college of physicians in *Moliere's Malade Imaginaire.*" The poet only gives it as "une ceremonie burlesque d'un homme qu'on fait médecin," but the Irish colleges "see nothing burlesque in it, but set to imitate it with serious gravity." "Surely no college or corporation of learned men out of the medical faculty would propose to candidates for their diploma anything so ridiculous and utterly so futile as the above declaration of the Irish College of Physicians. Suppose a college of engineers were to exact from candidates for its honors such a declaration as this: "I engage not to adopt any system or method (so called) for building steam-engines, or laying down railways of which the college has disapproved, and in case of any doubt as to the true meaning or application of this engagement, I promise to submit to the judgment of the college, to be by it censured, fined, or degraded, as it in its high wisdom shall deem most suitable." Of course any college of engineers acting thus would become the laughing-stock of every

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intelligent human being, and yet the principles of engineering are infinitely more fixed than those of ordinary medicine."

It will be observed that these learned colleges, in instituting laws for the government of their licentiates, are themselves violating the higher law, which places them under the control of the medical council; and that Clause XXIII. of the Medical Act "holds out the penalty of a withdrawal of all its powers from any college which shall try to impose upon its candidates just such a declaration as this of the King's and Queen's College of Physicians." We will see whether laws can be enforced in the mother country. In our country we have few laws concerning medicine, and we never enforce such as we have.

Improvement in the Manufacture of Steel.

THE importance of a minute quantity of matter in changing the character of a great quantity of similar matter, is well illustrated in a discovery thus set forth by a scientific periodical:

"The excitement which has been created by Mr. Wm. Longmaid's process of manufacturing auriferous and platinized steel, will naturally cause the details of the invention to be read with interest; we are glad, therefore, to be enabled to publish the complete specification of the patent. Although the proposal to alloy iron and steel with gold and platinum is not claimed by Mr. Longmaid as new, his discovery is one which, upon its advantages being satisfactorily demonstrated, will secure him an enviable reputation, both in the chemical and manufacturing worlds. *It has been found that the addition of several pounds weight of gold or platinum to the ton of steel 'failed to produce any beneficial results,' but Mr. Longmaid has discovered that, by adding, instead of several pounds, only a few ounces, or even a few dwts.*, of the precious metal to a ton of steel, the effect is marvellous, and a very excellent quality of metal is produced."—*Mining Journal*, Aug., 1861.

The smallness of the quantity of gold or platinum capable of changing the character of the larger mass of metal is the only ground of astonishment here. To homœopathists it only coincides well with a large class of facts, very familiar to them, but which they need to keep constantly before them, as illustrations of some of their peculiar doctrines, which they are constantly called on to defend or explain. The *Monthly Homœopathic Review* recalls to our memories the following instances: The invisible imponderous atom of *varioline* can disfigure the human body or destroy life; the minute particle of *vaccine* can repel the infection of *variola;* the *miasmatic* particles which chemistry has never exhibited to our senses, cause chill, fever, and all the accompaniments of *ague* or *marsh fever*. The *bee-sting* can produce inflammation, fever, and even death. The drop from the fang of the rattle-snake, which is so generally fatal, cannot be distinguished by our senses from simple gum and water; the saliva of the *mad dog*, examined chemically and microscopically, is the same as that of the

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healthy animal, but the minutest portion of it is "capable of incubating for months, and then of dragging down its victim by horrible gradations of torment; the demon, *scarlatina*, riding—unseen and undetected—upon the hand of the clergyman who, miles away, soothed the death-bed of a parishioner, but now bears the death-pang to his own house; the forces of *caloric*, *light*, and *electricity*, mighty, yet imponderous; the baneful effects of inappreciable quantities of *lead* upon workmen; the medicinal action of *mineral waters*, infinitesimally charged with drugs;—these, all of these have been urged, as proofs of the powerful physiological influences of infinitely small particles of matter upon a living organism."

Dr. A. S. Taylor, of Guy's Hospital, remarks that, "*it may be stated generally, that medicine in a large dose is a poison, and poison in a small dose is a medicine.*" This is true of all substances belonging to all the kingdoms of nature. The poisons of the bee and the serpent, the active principle of the Spanish fly, Aconite and Strychnine, and Mercury and Arsenic, are all successfully used as medicines. Lead is both a remedy and a poison, and Dr. Taylor has himself told us, that "the quantity of Carbonate of Lead, which produces lead colic and paralysis in workmen in white lead factories, *is not appreciable.*"

Mr. Longmaid's discovery is then in accordance with other well-known physical facts, and is therefore not to be questioned or neglected merely because it claims that great results can be produced on one metal by small quantities of another metal. We have long had compound metals composed of large quantities of each of their component ingredients, let us now have finer and grander results from *infinitesimal* doses of precious metals upon the baser metals, which we have so long been trying to turn into gold. If "*one hundred and twenty grains* of gold or platinum can greatly modify and increase the value of a ton, or *fifteen millions six hundred and eighty thousand grains of iron*," we shall probably find hereafter that other important improvements in the "baser metals" will enable us to go far beyond the brightest visions of the alchemists. Mr. Longmaid, in his specification, says: "With the exception of an alloy of iron for making bells, I have not found it desirable to introduce more than half an ounce of gold or platinum, or of the two metals together, to each ton of iron or steel, though, for special purposes, it may be hereafter found desirable to exceed those quantities. For bells, I have employed as much as three ounces of gold, with great advantage, in getting a very sonorous metal. When preparing iron for ordinary castings, I usually employ at the rate of about half an ounce of gold or platinum, or of the two metals together, to one ton of cast iron."

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Allopathic Employment of Remedies according to the Homœopathic Law.

THE *British and Foreign Medico-Chirurgical Review*, for July, 1861, quotes, from the *Gazette Medicale*, de Lyon, of January preceding, a report "On the employment of Dover's Powder in the Perspirations of Phthisis." The report says: "This medicine has been recommended in physical sweating, by M. Descamps, who has found it uniformly successful. It might be doubted, on theoretical grounds, whether the Dover's Powder, *being itself a sudorific*, would be likely to check undue perspiration; but, according to M. Descamps, the effect has even surpassed expectation, the sweating being suppressed from the first; and the success of this mode of treatment is proved by the results of experience during a period of eighteen years. The mode of administration recommended is the following: 'We possess,' says M. Descamps, several records of phthisical diseases in which the perspiration was arrested up to the period of death. The powder is generally given in the dose of fifty centigrammes, (a centigramme is ·1543 of a grain,) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed that it prevented the symptom, but it also diminished diarrhœa, allayed cough, and predisposed to sleep. It sometimes happened that the powder was vomited; in such cases the dose was divided into two parts, one of which was given in the evening and the other during the night, when the patient awoke.'"

We have here the most popular and universally used *diaphoretic* of the whole allopathic school used, according to the homœopathic law of cure, to arrest a *similar* disease to that which it uniformly causes. It is not the first time that *sudorifics* have been used to cure *sweating*, but the old historical fact, that the sweating sickness, which was so fatal in England, in 1485, and resisted all other treatment, was cured only by sudorifics; but such facts have been generally ignored by old-school men. In this day, however, the sun-light occasionally breaks through the darkest clouds of allopathic prejudice.

In March, 1858, the London *Lancet* was informed that, "Chlorate of Potash could produce a form of glomatitis resembling the one over which it possesses specific curative powers." The *Medical Dictator*, however, took care to guard its readers against the heresy which this admitted fact was well calculated to illustrate, and thus continued: "It is to be noted that, these facts offer no real support to the doctrines of the homœopathists. What they do prove is this—that a remedy which exerts an influence on a particular tissue when in a state of health, will be likely also to influence the same when diseased."

In answer to the *Lancet*, the *Homœopathic Review*, (October, 1861, p. 468,) inquires "What is the nature of that influence which a remedy exerts on a particular tissue when in a state of health? Does not

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that influence set up an artificial disease in the particular tissue? And, if so, is this only an accidental and rare occurrence, or is it the result of a universal law?" And further, "is it an accidental and rare thing that the drug-disease should resemble so clearly the natural disease, for which it happens to be the specific cure, or is it the result of a universal law?"

The *Review* sets forth the homœopathic law of cure in the words of Hahnemann, quoting from the *Organon of Medicine*, sections xxiv. to xxvii., and sums up the true doctrine covering this case as well as all others, in the following propositions: 1. "The influence which a 'remedy exerts on a particular tissue when in a state of health,' is always pathogenetic. 2. The drug-symptoms always resemble those of the natural disease, over which the remedy 'possesses specific curative powers.' 3. The homœopathic relationship between drug-disease and natural disease is not rare and accidental, but, being the result of a natural law, is constant and universal."

"Arsenic, in certain mild doses, acts upon the skin and establishes a drug-disease so nearly ally to *eczema* that it has been called *eczema arsenicale;* yet arsenic has been strongly recommended by Erasmus Wilson, and others, as the specific remedy *for* eczema. The *Lancet*, in trying to escape the horn of the dilemma presented by the stomatitis of Chlorate of Potash, falls on that of eczema arsenicale, and remarks. "That *arsenic produces* a form of eczema, demonstates that metal possesses the power of influencing the nutritive processes of the skin; and common sense would suggest that, when the skin is morbidly nourished, a drug proved to have such power should be tried, in preference to one not known to act on the skin at all." Is not this the very thing that the homœopathist does? He select a remedy for every disease from amongst the agents known to be capable of causing a *similar* disease.

Miscellaneous Items.

New-York County Homœopathic Medical Society.

The regular meeting of the Homœopathic Medical Society of the County of New-York, was held at 105 Fourth Avenue, November 13, 1861. Dr. A. S. Ball, President, in the Chair.

Present,—Drs. Ball, J. Beakley, D. D. Smith, Ward, Joslin, Sherrill, Lasins, F. F. Smith, Freligh, Kellogg, Hunt, Leon, Bowers, Guernsey, Hallock, Lilienthal, Belcher, Wetmore, Barlow, Houghton, Andrews, H. M. Smith.

The minutes of the previous meeting were read and approved.

Dr. W. M. Pratt, being vouched for by Dr. E. M. Kellogg, Censor, was unanimously elected a member.

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This being the annual meeting, the election for officers for the ensuing year was declared in order. Dr. H. M. Smith was appointed teller. The result of the election was as follows:

President, Dr. B. F. Joslin; *Vice-President*, Dr. Edwin M. Kellogg; *Secretary*, Dr. Henry M. Smith; *Treasurer*, Dr. Lewis Hallock; *Censors*, Drs. John F. Gray, F. W. Hunt, S. B. Barlow, Geo. O. Belcher, R. McMurray.

Drs. Beakley, Hunt, and Bowers were appointed a committee to nominate delegates to the State Society.

Dr. D. D. Smith doubted the authority of the Society to elect delegates to a State Society which did not as yet legally exist. Remarks were made pro and con by Drs. Kellogg, D. D. Smith, Hallock, H. M. Smith, Beakley, Sherrill, Barlow, Bowers, and Hunt.

The committee appointed to nominate delegates reported the following names of physicians, who, after discussion, were elected as delegates to the State Society for one year: Drs. A. S. Ball, L. B. Barlow, E. Bayard, Jacob Beakley, B F. Bowers, Egbert Guernsey, M. Freligh, A. Houghton, B. F. Joslin, E. M. Kellogg, E. E. Marcy, R. C. McMurray, D. D. Smith, H. M. Smith, A. D. Wilson, T. F. Smith, Clark, Wright.

The President was empowered to fill vacancies occurring in the Board of Delegates to the State Society. Adjourned.

HENRY M. SMITH, *Secretary*.

Sarracennia.

NAMED in honor of Dr. Sarrazin, who introduced many rare plants into France, said to belong exclusively to America. Nuttall could not find it west of the Alleghanies. It, however, grows luxuriantly in the Western States.

Class 12.—Polyandria. *Order* 1.—Monoggnia.

Natural order 62.—Papaveracene of Lindley. Slightly cathartic.

GENERIC CHARACTER.—Calyx double, permanent, three and five-sepalled; corol five-petalled, caducous; stigma peltate, permanent, very large, covering the stamens; capsules five-celled, five-valved, many seeded.

Side-saddle Flower.—Four species named—all American. Two species northern, five southern.

Sarracennia Purpurea.—Purple side-saddle flower; United States generally; perennial; leaves radical, short, gibbose-inflated or cup-form, contracted at the mouth, having a broad, arched lateral wing; the contracted part of the base hardly as long as the inflated part; scape, with a single, large nodding flower. Grows in marshes, one to two feet high. The leaves hold water long after the ground in which they grow is dried up by the heat of summer. The thirsty

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traveller drinks from these natural pitchers where all the neighboring springs are dry.

Medical Uses.—There has been no homœopathic proving of this plant, and it has never found a place among remedies useful in common practice. To botanists it is known only as a mild cathartic. Among the American Indians it was regarded as an important remedy for small-pox. It is said that at one time the Mic-mac tribe was about to be destroyed by this disease, till it was announced that an old "medicine woman" possessed a remedy that would cure the disease in every case. Her treatment consisted in giving a wineglassful of the infusion of the root in every case, at the time when the eruption should appear. It is said that a second or third dose, at intervals of four or six hours, causes the pustules to subside, apparently losing their vitality. The patient feels better, and as one Indian said, "knows there is a great change within him at once." If the patient is already covered with the eruption, in the early stage, a dose or two will dissipate the pustules and subdue the febrile symptoms. The urine, from being high-colored, becomes pale and abundant; and the patient feels, from the first dose, that "the medicine is killing the disease." In three or four days the prominent symptoms of constitutional disturbance subside, and no marks of the eruption appear upon the skin. In camps, when the remedy is used, a weak infusion of the plant as a preventative, "to keep the antidote in the blood." The anti-varioloid properties of this plant, it is said, are soon to be tested in England.

Reproduction of Bone.

In the *United States Journal of Homœopathy*, for May, 1861, (p. 307 to 310,) will be found some facts on this subject; many more of similar character, and illustrative of the principles there set forth, may be found in recent publications. A short time ago, M. Maisoneuve laid before the *Académie des Sciences* of Paris, a case, in which he removed the entire right tibia, (except the articular apophysis,) of a young man who was suffering from necrosis of that bone. "After the fortieth day he was able to walk with crutches, as after an ordinary fracture, and so complete was the reproduction of the bone, that the bad leg in nowise differs from the other, allowing the most active exercise, such as running, leaping and the like, without any inconvenience." On a more recent occasion he reported to the same Society the case of a

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man, from whom, in 1854, he removed the whole of the right side of the lower jaw, including its vertical ramus, with the coronoid apophysis and its condyle, leaving the teeth alone, suspended by their gums, intact. The new bone, which was formed from the periosteum, to supply that which had been removed, so completely supplies its place that, "it is difficult to detect the side on which the operation was performed."

Koussu as a Remedy for Tænia.

Brayera-Anthelmintica, or Haegenica-Abyssinica is a flowering tree of Abyssinia, belonging to the family of *Rosacæ*. It has long been known by the people of that country as an antidote for tænia,

Dr. Horton, of Morrissania, N.-Y., gives the following case: A young lady, aged twenty, exhibited some fragments of what she called "worms," which she had voided at short intervals, each portion having for some time after expulsion manifested every evidence of "separate and independent existence." They were pronounced to be "cast-off disjointed portions of the Tænia Solium." She had not suspected the nature of her disease, though she had taken "spirits of turpentine in large doses, and frequently repeated." Her "temperament was nervous bilious, had never been pregnant, had had excellent health from childhood," the present symptoms of disease having "manifested themselves about a year since. Habit of body rather full, with considerable embonpoint. Always accustomed to good living." During the first year she has been gradually losing flesh, though the "appetite continued excellent, and at times was even inordinately craving. She described "a distressing sensation, 'worse than pain,' int he right hypochondriac region, frequently extending across to the left; dull pain occasionally in the forehead, attended with dizziness and dimness of vision on assuming an upright position after stooping, or even rising from a reclining or sitting posture. Her eyes were characterised by an unnatural dulness and languor, appeared somewhat sunken, and were surrounded by dark areola. There was constant and sometimes intolerable itching about the nose and anus; a peculiar gnawing and pinching sensation around the umbilicus, especially at night, which was always aggravated by fasting, and relieved immediately by partaking plentifully of food."

This patient was cured by an infusion of the medicine.

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The Koussu was afterwards repeated, but no more Tænia were expelled. The patient regained strength and spirits, having experienced no unpleasant sensation from the effects of the remedy; showing it to be entirely safe as well as effectual.

OBITUARY.

Benjamin F. Joslin, M.D., L.L.D., a distinguished homœopathic physician, died at his residence in the city of New-York, December 31st, 1861, aged sixty-five years.

Dr. Joslin was born in Exeter, Rhode-Island, November 25, 1796, but has resided in this state since the third year of his age. After studying at Union College, where he graduated in 1821, he attended the full course of the College of Physicians and Surgeons, and received the diploma in 1826. The same year he was appointed Professor of Chemistry and the Natural Sciences in the Polytechnic Institute of Chittenango, N.-Y. In 1827 he became Professor of Mathematics and Natural Philosophy in Union College, where he prosecuted the natural sciences with so much success that some papers published by him attracted the notice of medical journalists. One of these, after making large quotations from one of Dr. Joslin's papers, said it was desirable to see from the medical profession of New-York other scientific productions of equal ability to that which had just been reviewed.

In 1837 Dr. Joslin left Union College and commenced the practice of medicine in the city of New-York, in partnership with Dr. B. F. Bowers; but having received the offer of the professorship of mathematics and natural philosophy, he accepted that position, and filled it with honor till 1844, when he resigned it to devote himself to the practice of medicine.

The history of his conversion to homœopathy is thus given by his former associate in practice Dr. B. F. Bowers.

The position he held in the university was an unfavorable one for receiving new doctrines so generally spoken against, although his habits of close observation and the studies to which he had so long been devoted eminently qualified him for their examination. His conversion to homœopathy was characteristic of him. A physician of his acquaintance having delivered an address attacking and abusing homœopathists, wrote to Dr. Joslin, among other distinguished physicians, for his opinion of homœopathy, intending to publish it with his address. Dr. Joslin, unlike some philosophers, in his simple

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honesty, thought it necessary, before giving an opinion on an important subject, to know something about it. As the readiest way to satisfy his own mind, he was advised to test the homœopathic attenuations upon himself. This he did, and was soon convinced of the efficiency of imponderable doses, and his experiment was, to some extent, a verification of the homœopathic materia medica.

As an early advocate of homœopathy in this country, and an industrious experimenter and prover in testing the powers of new remedies, Dr. Joslin has rendered very important services to the cause of progressive medicine. He wrote several elementary works, and contributed many articles to homœopathic journals. In all his writings and teachings he was characterized by clearness of language and extreme accuracy in all his statements.

His memory will be perpetuated by the societies of which he was an efficient member. At a special meeting of the New-York County Homœopathic Medical Society, of which Dr. Joslin was president, the following resolutions, offered by Dr. Bayard, were unanimously adopted:

"*Whereas*, It has pleased Almighty God to remove from this life Benjamin F. Joslin, M.D., L.L.D., President of the Homœopathic Medical Society of New-York; therefore,

Resolved, That in him we have lost a ripe scholar, an able practitioner, one who directed the force of his intellect to the advancement of our science, and whose name is associated with the earliest advocates of homœopathy in this city.

Resolved, That this society is deeply grateful to the memory of Dr. Joslin, for the additions which he has made to our materia medica, and for the various works which he has written in elucidation and defence of our principles.

Resolved, That in Dr. Joslin's life we have set before us an illustrious example of uprightness of purpose and conscientious discharge of duties.

Resolved, That this society do present to the family of the deceased our heartfelt sympathy with them in their bereavement, and as a token of our deep respect and esteem, will attend the funeral, on the morrow, as a society.

Doctors Gray, Bayard, Bowers, Kellogg, Hallock, D. D. Smith, P. P. Wells of Brooklyn, and others, testified to the worth and integrity of the deceased, and a committee was appointed to make arrangements for a public address on his life, character, and services.

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Original and Translated Papers.

ARTICLE XLV.—*Treatment of Acute Desquamative Nephritis, or The First Stage of Bright's Disease.* By E. E. MARCY, M.D., of New-York.

[Continued from Vol. X., p. 412—421.]

ACONITE.—*Symptoms:* Chilliness, followed by general heat, rapid and full pulse, thirst, dry skin and tongue, nausea, vomiting, loss of appetite, general restlessness; pains in the head, back, and limbs; pains in the loins; sensitiveness in the renal region; numbness in the small of the back, extending as far as the lower limbs; restless and sleepless during the night; scanty, bright-red, hot urine without sediment; brown, burning urine, with brick-colored sediment; urine very scanty and turbid; retention of urine, with pressure in the bladder, or stitches in the region of the kidneys; enuresis, sometimes accompanied with profuse sweat, with diarrhœa and colic; face red or pale, and puffy.

Gastric and Abdominal Phenomena: Pressure in the stomach and hypochondria, accompanied with paroxysms of shortness of breath, and even asthmatic symptoms; nausea and inclination to vomit—especially in the pit of the stomach; vomiting, with nausea, thirst, general heat, profuse sweat, and

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enuresis; inflammation of the bowels; peritonitis; the abdomen swollen and distended as in dropsy; ascites; diarrhœa, with enuresis and colic.

Pneumonic and Pleuritic Phenomena: Shortness of breath, especially when sleeping, after midnight, or when rising from the recumbent posture; paroxysms of suffocation, with anxiety, and aggravation of all the sufferings in the evening; asthmatic complaints; pneumonia and pleuritis in their first stages, with active febrile symptoms.

Cardiac Phenomena: Palpitation of the heart, with great anguish and difficult respiration; carditis; palpitation of the heart, with oppressive aching in the cardiac region.

Cerebral Phenomena: Fullness and pressure in the head; headaches—stinging, beating, or lancinating, or contractive, with dullness of the intellect, and, finally, convulsions, or coma.

All of the symptoms are worse in the evening; pains particularly intolerable at night, and disappear for the most part when sitting; many of the symptoms appear in the evening, or early in the morning; ailments arising from colds.

Pathology.—Kidneys gorged with blood.—Congestion of the kidneys.—Face puffy and bloated.—Abdomen distended.—Effusion of yellow serum into the abdominal cavity.

Clinical Remarks.—At the commencement of this malady, Aconite is often a useful remedy. Its influence upon the nervous and circulatory systems, which are always more or less seriously involved, should induce us to examine it among our first remedies. Nor is it alone useful against the febrile reaction of the first days of the disorder; but it possesses strong homœopathic relations with pneumonic, pleuritic, cardiac, gastro-intestinal, cerebral, and rheumatic complications. It does not, indeed, deserve a place as a direct specific in any form of the disease; but as a modifier and controller of many troublesome accessory symptoms of a febrile character, it will be held in high estimation. Among the symptoms which pertain to this form of the malady, is a persistent dryness of the skin. There are but few remedies more homœopathic to this condition than Aconite.

Ammonium-Carbonicum.—*Symptoms:* Chilliness followed by

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feverish symptoms, which are especially troublesome in the evening and during the night; with nausea, pressure at the stomach and chest, eructations, thirst, restlessness, and sleeplessness.—Dull, bruised, or shooting pains in the region of the kidneys.—Pains in the loins, increased by walking.—Violent throbbing pain in the small of the back and loins, when at rest.—Drawing pain from the small of the back to the thighs.—Dull pain extending from the loins and hips to the abdomen.—Face red and bloated, or pale and bloated.—Drowsiness in the day-time.—Weary, disturbed, and unrefreshing sleep.—Mind dull and confused.—Extreme lassitude and sense of fatigue.—Spasmodic twitchings in the arms, hands, and legs.

Gastric Phenomena: Nausea, pressure at the stomach and chest, eructations, thirst.—Pressure at the pit of the stomach, nausea, and oppression after eating.—Weakness of digestion.

Thoracic Phenomena: Dyspnœa and palpitation of the heart after every exertion.—Difficult breathing at night.—Painful oppression of the chest.—Pressure at the chest, with nausea, thirst, and feverish symptoms.

Cerebral and Nervous Phenomena: Involuntary twitchings of the muscles of the arms, hands, and other parts of the body.—Impaired memory.—Dullness of intellect.—Convulsions (from injection into the veins).

Urine: Very red, turbid and fœtid.—Frequent urging to urinate with scanty emission, especially at night.—Cloudy, reddish urine mixed with blood.—Involuntary emissions of urine at night.—Urine mostly cloudy, whey-like, very ammoniacal and musty.—Discharge of urine leaving chalky spots.—Symptoms worse in the evening and in the open air.

Pathology.—The morbid changes which this substance produces in the kidneys have not as yet been investigated. Seybert asserts that it operates specifically upon the capsules of the kidneys. From the renal pains, and the marked changes of the urine, which have been observed during its exhibition, it may be inferred that it also acts specifically upon the kidneys themselves. Under its use the body becomes much emaciated and the muscles soft and flabby.

Clinical Remarks.—This remedy is indicated after the febrile symptoms have somewhat subsided, and symptoms of

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uræmic blood-poisoning obtain. Among the symptoms which particularly point to Ammonia, are the following: pale and bloated face; extreme lassitude; mind dull and stupid; dull pains in the loins; frequent and scanty urination; urine red and turbid, or light and cloudy; gastric disorders; dyspnœa, oppression of the chest, and palpitation of the heart after exertion; involuntary twitchings of the muscles; convulsions; coma.

Apis-Mellifica.—*Symptoms*: Œdematous swellings of the face and extremities.—Paleness of the face.—Face red and swollen.—Febrile symptoms, with headache, pain in the loins, gastric derangement, hurried and difficult respiration.—Pain and soreness in the region of the kidneys on pressure or on stooping.—Constant dull pains in both kidneys, with a very small secretion of red urine.—Short, rapid, and anxious breathing at night.—Difficult and anxious respiration.—Repeated micturition every few minutes.—Frequent and painful urging to urinate, with scanty discharges of urine mixed with blood.—Burning in the urethra before and after micturition.—Frequent and copious discharges of urine.—

Pathology.—From its marked effect upon the quantity and quality of the urinary secretion, and the renal pains to which it gives rise, we infer that it operates specifically upon the kidneys, and produces morbid alterations in them analagous to those of inflammation and congestion. At present we are not in possession of any pathological facts with reference to its action upon the kidneys, and must therefore content ourselves with inferences derived from pathogenetic and therapeutical observations.

Clinical Remarks.—We have employed this medicine with benefit, in all forms of Bright's kidney. In the acute variety, we regard the following phenomena as especially indicative of Apis; moderate febrile symptoms, with pains in the head, back, limbs; thirst; restlessness; nausea; short, rapid, difficult, and anxious respiration; œdematous swellings of the face and extremities; ascites; *œdema pulmonalis;* hydrocephalus; frequent urination, with small, red, and turbid discharges.

Against albuminaria following scarlatina, it is one of our most important, and frequently indicated remedies.

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Drs. Madden, Munger, and Barker have reported a number of cases of post-scarlatinal dropsies, with albuminous urine, cured with the 3d dilution.

We have been informed by Dr. B. F. Joslin, Sr., that he has cured two cases of acute albuminous nephritis with Apis: one in a man thirty-five years of age, which supervened during convalesence from a typhoid fever; and the other in a girl of six or seven years of age, which probably originated from a cold. The treatment in both instances was commenced with pellets saturated with the tincture, followed by the sixth, then the twelfth, and, finally, thirtieth dilution. The best effects followed the use of the last named attenuation.

Apocynum-Cannabinum.—*Symptoms:* Slight fever, with thirst, dry mouth and tongue, headache, nausea, dull pains in the region of the kidneys and in the legs, flatulent distention of the bowels, diarrhœa, restlessness, scanty urine, rapid and oppressed respiration.

Pathology.—All admit the specific action of this drug upon the kidneys, but we are not in possession of any facts which enable us to determine the kind of morbid alteration which it produces. But from the few pathogenetic symptoms which have been published, we infer that it gives rise to an inflammatory congestion of the secreting tubules of the cortex.

Clinical Remarks.—At an early period of the malady, before the epithelial linings of the *tubuli uriniferi* have become extensively injured and detached from the basement membranes, this medicine may be prescribed with advantage. Its specific impression under such circumstances, both upon the blood and upon the renal tubules, may be of such a character as to arrest the further progress of the disease in some instances. By some, its influence is supposed to be purely mechanical—stimulating the tubules to an augmented secretion, and thus relieving the system of any existing excess of serum; but it is by no means improbable that future provers may experience dynamic effects having important homœopathic relations to the more interior and vital phenomena of Bright's disease.

Several physicians have alluded to its efficiency in removing dropsical effusions consequent upon acute and chronic albu-

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minuria; and in some instances where the renal attack is slight, and the epithelium is not much impaired, it will accomplish all that is claimed for it by these gentlemen.

Arsenicum-Album.—*Symptoms:* Chilliness followed by dry heat of skin, thirst, headache, back-ache, great restlessness, violent pains, oppressing and burning in the stomach, nausea; short, rapid, and difficult respiration; œdema of the face and ankles; languor; weakness; pain and trembling of the limbs; anxiety; confusion of ideas; vertigo; yellow, red, or livid countenance; general feeling of *malaise;* congestion of the kidneys; frequent desire to urinate; scanty, red, dense, albuminous, and bloody urine; general anasarca.

Gastro-Intestinal Phenomena: Nausea, retching, vomiting; severe pains in the stomach and pit of the stomach,—burning, or pressing, or spasmodic, or gnawing, or tearing, worse after eating and on pressure; distention of the stomach; abdomen distended; spasmodic, or cutting, or burning pains in the abdomen, with heat, thirst, and looseness of the bowels; flatulent distention of the abdomen; ascites; diarrhœa, with frequent and painful micturition.

Pulmonary and Cardiac Phenomena: Suffocative oppression, and arrest of breathing, at night, or in the evening in bed; anxious and oppressive shortness of breath on walking, or on making any exertion; shortness of breath, and short, hacking cough, increased by exercise, and worse at night; palpitation of the heart, particularly at night; pulsations irregular, with anguish and oppression of the chest; dropsy of the chest, with its usual concomitant symptoms.

Cerebral and Nervous Phenomena: Fits of anguish, with great weakness and tremulousness of the body; involuntary spasmodic twitchings of various parts of the body; trembling of the limbs; general loss of strength; tetanic spasms; epileptic convulsions; coma.

Urine: congestion of the kidneys; Urine scanty, high-colored, dense, albuminous, depositing blood-disks, and casts of uriniferous tubes of the kidneys, and death from tetanic spasms (*Jackson of Edinburg*).—Frequent painful and difficult micturition.—Urinary secretion diminished.—Suppression of urine.—(*Christison*) Urine scanty, acid and high-colored.—

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Renal colic extending towards the bladder and then vesical tenesmus.—Urine sometimes increased and sometimes diminished.—Frequent urging to urinate, compelling him to rise during the night.—Involuntary micturition, even at night during sleep.—Diminished discharge of red urine, with burning.—Urine turbid, dark brown, and depositing a slimy sediment.

Pathology.—Kidneys enlarged and congested.—Kidneys look like tallow.—Thick, turbid, purulent urine in the pelvis of the kidneys.—In experiments on cats Dr. Quaglio found in the bladder, greenish yellow urine containing a large amount of albumen, fat-globules, and debris of the epithelium of the urinary tubes: reaction neutral-urea, uric acid and chloride of soda notably less: kidneys double the natural size, greatly congested, especially the cortical portion which was brown-red, hard, and augmented in diameter; the cut surface exuded a red and viscid liquor. The Malphighian bodies were streaked with red and congested; the glandules filled with blood; the tubes of Bellini filled with fibrinous clots, dotted with sanguineous globules. Other samples of urine contained cylinders of fibrine, fat-globules, and albumen; diminution of urates, renal capsule slightly adherent, cortical substance yellow and friable, fibrinous exudations and fat globules issuing from the openings of the canaliculi, their epithelium altered and filled with fat. In another case, the kidneys were enlarged, slightly hardened, but with a smooth and glossy surface; many tubes of the Malphighian pyramids filled with fibrin. In another case, the urine in the bladder was clear and yellow, containing fat globules; crystals of uric acid and oxalates and the debris of epithelium of Bellini's tubes. In the kidneys, whose capsules were easily detached, there was the same fatty degeneration of the epithelium; other tubes were deprived of their epithelium; the greater part of the canaliculi were enlarged in such a manner as to form granulations upon the surface of the kidneys." (*Experiments of Dr. Quaglio, on cats, with arsenite of Potassæ, see North Am. Hom. Jour. No.* XXVII. p. 660.)

Clinical Remarks.—Arsenicum appears to correspond in a remarkable manner to several stages of Bright's disease. Its pathogenetic and pathological phenomena, probably bear a closer resemblance to the symptoms and morbid appearances

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of Bright's kidney, than those of any other medicine. In its action upon the convoluted tubes of the cortex, it actually gives rise to inflammatory congestion, a detachment of epithelium, depositions of fatty and oily matter in the epithelial cells of the convoluted tubes, and to so much derangement of function as to lead to a retention in the blood of urea, uric-acid, and other proper salts of urine, and to the escape of albumen from the blood, through the Malphighian bodies into the urinary tubes and bladder.

There is likewise an equally remarkable analogy between many of the secondary and constitutional symptoms of Bright's disease and those of Arsenicum. Both superinduce general anasarca, ascites, hydrothorax. Both produce inflammation of the pericardium, and of the structures of the heart, with their accompanying disturbances. Both cause general emaciation, pallor of the skin, and a gradual diminution of vital force. Both induce inflammation of the meninges of the brain, effusions of serum into the ventricles, spasms, convulsions, coma.

In view of this intimate homœopathic relation between this drug and acute Bright's kidney, we have prescribed it in several instances, after the employment of Aconite, and usually with marked success. We have used the third, sixth, twelfth, and thirtieth dilutions, and have witnessed prompt and unequivocally good results from all of them. And when we remember how extensively the minute capillary apparatus of the renal structures are implicated in the acute form of the malady, and how essential it is that the atoms of the remedy should bear directly upon these infinitesimally small vessels, we shall not wonder that *minute* atoms penetrate farther, and operate more beneficially than *crude* atoms of the same medicine.

Asparagus-Officinalis.—*Symptoms:* Moderate febrile reaction, with a sense of fatigue and somnolence, especially at about three o'clock, P. M.—General increase of heat with slightly accelerated pulse. Rapid and irregular pulsations of the heart especially on exercising.—Slight pains in the kidneys during the afternoon.—Pains in the kidneys just under the false ribs.—Frequent and painful micturition.—Urine

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scanty, brown and without sediment.—Frequent desire to urinate.—Hematuria.—Urine limpid and exhaling an odor *sui-generis*.—Yawning and somnolency.—Symptoms worse from motion.

Pathology.—We are not aware that any observations have ever been reported touching the morbid alterations of the kidneys induced by this medicine. From the pathogenesis, it may be inferred that its action upon the convoluted tubes is only slight and transient.

Clinical Remarks.—This remedy may sometimes be indicated, after the more acute symptoms have been subdued by Aconite, Mercurius, Kali, Arsenicum, and other potent remedies. When the urine is still scanty, and slightly dark, and the patient is restless and hot in the afternoon and evening, with lassitude, somnolence, and slight pains in the renal region on moving about, a few doses of the third dilution will be likely to prove beneficial.

Cannabis Indica.—In the cerebral complications which so often accompany this malady, whether in the form of occular illusions, wandering, or partial delirium, mental obtuseness, or exhilaration, spasmodic twitchings, or actual convulsions, this is one of our most important remedies. I have recently witnessed a most excellent cure of an apparently almost hopeless case of uræmic convulsions (post scarlatinal) with this remedy. Under the persistent use of the remedy at the first dilution, for four days, the convulsions gradually ceased, the urine became abundant and natural in color—having lost all traces of albumen, blood-globules, and other abnormal appearances.

We regard Cannabis-Indica as the most valuable of all other medicines in the convulsions consequent on this disease.

Copaivæ-Balsamum.—*Symptoms:* Chilliness in the forenoon, followed by febrile symptoms in the afternoon.—Dull and sometimes spasmodic pains in the lumbar region; gastric derangement—nausea, vomiting, bitter taste, burning pain in the stomach, colic, diarrhœa; difficult respiration and palpitation of the heart on making any exertion; diurnal somnolence; vertigo; dull pain in the head.—Spasmodic attacks in various parts of the body.—Pale and sickly appearance.—Frequent desire to urinate.—Urine scanty and passed drop by

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drop.—Retention of urine.—Burning pain on urinating.—Foaming urine.—Balsamic or violet odor to the urine.—General languor and uneasiness.—Involuntary trembling, and moving the extremities, head, and trunk.

Pathology.—Albumen has occasionally been detected in the urines of patients who have been under the influence of Balsam Copaivæ for a considerable period. And, simultaneously with this appearance of albumen, there has usually been a diminution of the proper salts of the urine. From these circumstances it is reasonable to suppose that the medicine operates specifically upon the epithelial cells of the *tubuli uriniferi*, and, perhaps, the Malphighian bodies, producing in them a kind of inflammatory congestion.

Clinical Remarks.—It would seem to be homœopathic to those cases of post-scarlatinal dropsies occurring after an imperfect development, or an abrupt repulsion of the rash. Its well-known action upon the skin in developing an eruption similar in appearance to that of scarlatina, affords an additional circumstance in its favor as a remedy in these cases.

Cannabis-Sativa.—*Symptoms:* Chills, fever, violent thirst; drinking causes tremor, shaking, coldness of the hands, knees, and feet, and distortion of the face.—Diurnal somnolence.—Disturbed nocturnal sleep.—Dull, lancinating pains—slow and intermitting—in the left side of the back, under the last rib.—Pulling pain in the renal region, extending to the inguinal glands, with sensation of *malaise* at the pit of the stomach.—Obtuseness of mind.—Impaired memory.—Confusion of ideas.—Pain and congested feeling in the head.—Great weariness and weakness.—Nausea, vomiting, pains and spasmodic pressure in the stomach.—Tetanic spasms of the upper limb and trunk.—Frequent desire to urinate, with tenesmus, sometimes accompanied with burning pains.—Urine red and turbid.—Urine filamentous, as if mixed with pus.—Painful and scanty discharge of bloody urine.

Pathology.—Pus in the left kidney, not far below the pelvis.

Clinical Remarks.—Cannabis will often be found useful in cases which have been preceded by irritation of the neck of the bladder, irritable bladder, strictures, &c. It is highly probable that the secreting tubes of the kidneys occasionally

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become inflamed and congested in consequence of long-continued and severe irritation in the bladder; and it is in such cases that Cannabis, Cantharides, Apis, and the like, will be likely to cover the totality of the symptoms.

Our experience with this class of remedies, in the malady under consideration, is in favor of the third dilution and upwards.

Cantharis-Vesicatorum.—*Symptoms:* Chilliness, followed by fever, with headache, pains in the back and limbs, thirst, dryness of the mouth, anxiety, frequent pulse, scanty and red urine.—Face red, animated, hot, and burning.—Face and neck swollen, and eyes prominent.—Face pale or yellowish, thin and sickly.—Lips peeled, tongue denuded of epithelium, soft palate, of a deep-brown color.—Lips, tongue, and pharynx covered with vesicles.—Ptyalism.—Delirium.—Loss of consciousness.—Great forgetfulness.—Dozing, semi-stupid mood, indifference to surrounding objects.—Headache, vertigo, sensation of weight in the head, sensation of numbness and pressure in the head.—Tearing, lancinating, and burning pains in different parts of the head.—Dull, pressive, lancinating, or burning pains in the kidneys, sometimes extending to the abdomen and thighs, and accompanied with pains in the urethra and hypogastrium.—Inflammation of the kidneys.—Nephritis and hematuria.—General dropsy.—Anasarca.—Anasarca and ascites.—Attacks of convulsions.—Frequent convulsive movements.—Intense headache and chills, convulsions, and coma.—Convulsive movements, cold sweat, agony, death.—Frightful convulsions and death at the end of two days. (The *post-mortem* revealed deep ulcerations of the stomach, intestines, *kidneys* and bladder.)—Gastric derangement—nausea, vomiting, pains of a burning, contractive, pressing, or lancinating character in the stomach.—Flatulent distention of the stomach and bowels.—Acute, burning pains in the umbilical region.—Colic, followed by diarrhœa.—Violent diarrhœa, with persistent burning pain at the anus.—Laborious respiration.—Accelerated and difficult respiration.—Spasmodic cough.—Palpitation of the heart.—Frequent desire to urinate, with vesical pain.—Strangury—urine bloody and passing off drop by drop.—Urine scanty and dark.

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—Urine very red and covered with a black pellicle.—Urine bloody, small in quantity, and vesical tenesmus.—Suppression of urine.—Retention of urine, with great desire to urinate.—Retention of urine in cholera.—Hematuria.—General weakness.—Heat and sense of excoriation in all the cavities of the body.

Pathology.—Redness of the medullary substance of the kidneys.—Redness of the pelvis of the kidneys and of the ureters.—Ulceration of the kidneys.—Suppuration of the kidneys. Kidneys red and inflamed.—Vivid redness of the medullary substance.

Clinical Remarks.—Like Cannabis, this remedy is especially appropriate in nephritic affections which have been preceded, or which are accompanied by cystic or urethral inflammation. We have already observed that Bright's disease is not unfrequently preceded and accompanied by strictures of the urethra, irritable bladder, and irritation of the neck of the bladder; and that these maladies occasionally operate as exciting causes of the former affection. As a general rule, Aconite may precede this medicine with advantage to subdue the more acute symptoms; after which Cantharis may often be consulted with benefit. By referring to the above pathogenesis, it will be observed that it possesses many phenomena pertaining to each form of albuminuria. Renal pains, scanty and high-colored urine, frequent micturition, and general excitement of the vascular and nervous systems, indicates its applicability in acute nephritis; while paleness and puffiness of the face, anasarca, dropsical effusions, dozing, semi-stupid mood, short and difficult respiration, palpitation of the heart, gastro-intestinal derangements, great debility and lassitude, spasmodic twitchings, convulsions, and coma point to it as a remedy in many groups pertaining to the chronic forms of the disease.

We were formerly in the habit of employing the first or second dilution in water in these cases, but an enlarged experience has demonstrated the superiority of the more attenuated preparations of the drug.

Digitalis Purpura.—*Symptoms:* Febrile symptoms slight; feverish shiverings, alternating with transient flushes of heat,

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accelerated pulse, and moderate tendency to perspiration.—Anasarca.—General dropsy.—General paleness of the skin.—Pale face.—Swelling of the cheeks and lips.—General weakness.—Swelling of the feet in the day time, going off at night.

Renal Phenomena: bruised pain in the region of the kidneys when stooping or moving about; tearing pains and sharp stitches in the small of the back during motion.

Gastro-Intestinal Phenomena: white coat upon the tongue; ptyalism; nausea; vomiting; burning, or lancinating, or pressing, or spasmodic pains in the stomach; great sense of weakness in the stomach; contractive, or pressing, or cutting, or pinching, or cramp-like pains in the abdomen; light-colored diarrhœic stools; ascites.

Cardiac Phenomena: pulse frequent, (primary effect), and abnormally slow and weak, (second effect); organic affection of the heart (principally of the left side) especially hypertrophy, with or without enlargement of the left ventricle; dropsy of the pericardium; ascites and anasarca, with organic affections of the heart, after scarlet fever.—Asthmatic respiration and palpitation of the heart, especially when walking.

Cerebral Phenomena: dullness of the head; difficulty in concentrating the mind; vertigo and trembling; pressing, burning, or lancinating pains in the vertex and forehead; drowsiness; lethargy; uneasy, unrefreshing sleep; sleep disturbed by frequent desire to urinate; general dullness of mind and inertia; spasms; violent convulsions; convulsive motions and involuntary twitchings of the cheeks, and of the fingers and thumbs.

Urine: continual desire to urinate, only a little at a time, of a dark-brown color, and hot and burning on passing; frequent desire to urinate during the night; excessive emission of urine day and night, with great exhaustion; enuresis succeeded by retention of urine; sleep disturbed from frequent desire to urinate.

Clinical Remarks.—Supposed to act best upon blondes with soft and lax muscles, or upon scrofulous subjects, or upon persons of phlegmatic or sanguine temperaments. This medicine operates specifically not only upon the kidneys, but also upon the circulation, reducing the frequency and force of the

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pulse, and thus diminishing undue febrile action. It is, therefore, often appropriate at the outset of acute Bright's disease, either alone, or in alternation with Aconite.

Rilliet and Barthez commend it highly in Bright's disease of children. These gentlemen report two cures of the chronic variety, in boys of eight and nine years of age.—*Maladies des Infans*, vol. 2, p. 51. "They both took Digitalis for several days consecutively, with evident action both on the pulse and urine. The pulse considerably diminished in frequency, the urine became at the same time more copious, the anasarca disappeared, and the urine lost all traces of albumen."

These gentlemen advise the persistent use of the vapor bath in conjunction with the internal use of Digitalis. Our knowledge respecting its pathogenesis and pathology is as yet quite limited and imperfect, yet its action upon the urinary glands is so prompt and specific as to render it worthy of attention in all cases of Bright's kidney.

KALI-NITRICUM.—*Symptoms:* Violent chilliness, with trembling of the whole body; coldness in the afternoon or evening, with pain in the vertex; shuddering in the evening, followed by heat and sweat, without thirst; heat and sweat over the whole body; chilliness, heat and sweat in alternation; inflammatory conditions, with full, hard, and quick pulse.—Drowsiness; dull, heavy, pressing pains in the head; pulse reduced to sixty per minute; gastric and intestinal disturbances; fetid breath; thirst, without appetite; eructations, nausea, heartburn, vomiting; pain and pressure of the stomach; spasms of the stomach; burning, heaviness, fullness, faintness at the stomach; distention, fullness, and cutting or drawing pains in the abdomen; diarrhœa; difficult and oppressed breathing on ascending a stairs; violent palpitation of the heart, in the night, when lying on the back, or on the right side, or when moving about quickly; pain in the small of the back, in any position, continuing the whole day and night, or in the morning on waking, or in the evening, or during the night—of a bruised, or pressing, or crampy, or burning character; spasmodic, painless jerkings of the fingers, hands, and other parts of the body; sudden swelling of the body, neck, and thighs; convulsions; symptoms worse at

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night in bed; diminished secretion of urine; frequent desire to urinate, which continues through the night; increase of urine, with reddish deposits, or with a mucous sediment; frequent emission of a pale, turbid urine; urine of a specific gravity of 1030 to 1040; salts of the urine greatly increased.

Pathology.—During its rapid passage through the *tubuli uriniferi*, it must of necessity stimulate them more or less, and eventually superinduce an inflammation, and probably an exudation into the renal tissue.

Clinical Remarks.—Our attention was first called to this medicine as a remedy in Bright's kidney, by Dr. Warner, of Buffalo. This gentleman, and his partner, have been in the habit of employing it in suitable cases, for many years, and with highly satisfactory results. If we mistake not, these gentlemen have cured several well-marked cases of granulated kidney with the medium attenuation of this drug.

We record our experience of its decided utility in both the acute and chronic forms of the malady, when there are: distressing paroxysms of difficult and rapid respiration, occurring during the evening and night, and diminishing towards morning, considerable gastric derangement, spasmodic pains at the pit of the stomach, short, hacking cough during the night, persistent, dull, bruised pains in the renal region. In such groups, we have often observed prompt and decided improvement from the use of the thirtieth attenuation.

Kali Hydriodicum.—*Symptoms:* Chilliness, with drowsiness, commencing at the lower part of the back, and extending upwards and through the body; chilliness, with dryness of the mouth and thirst, in the evening; flushes of heat, with dullness of the head and *malaise* in the body; heat, followed by sweat in the afternoon; frequent attacks of dullness and heaviness of the head; general feeling of *malaise;* œdema of the eye-lids; face pale and swollen; dyspnœa; dry, hacking cough, with oppressed breathing; pleuritis; burning pain in the pit of the stomach; restless and confused sleep; bruised pains in the small of the back, particularly troublesome at night; violent pain in the small of the back constantly; darting pains in the small of the back when sitting; nightly

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urination; blood-red urine; painful urging to urinate; discharge of mucus from the urethra.

Pathology.—From the fact that this drug, when taken internally, is rapidly eliminated through the kidneys, it may be inferred that it is capable of producing more or less irritation and congestion of the *tubuli uriniferi.* We know that it causes enlargement of the submaxillary glands, and infiltration of the surrounding cellular tissue, and it is not at all improbable that similar effects are produced upon the kidneys.

Clinical Remarks.—We have found this remedy most frequently indicated towards the termination of the acute stage of the malady, after the inflammatory congestion of the renal tubes had in a great measure subsided, leaving the parts more or less thickened and infiltrated with lymph or fibrinous matters. If the case has been preceded or accompanied by rheumatism or gout, the indications for its employment will, for the most part, be still stronger. When the renal affection is dependent upon a scrofulous diathesis, or upon the presence in the system of Mercury, or of syphilitic contamination, this medicine is a remedy of much value. Like Carbonate of Ammonia, it possesses the property of preventing coagulation of blood, albumen, fibrin, and milk, and of re-dissolving them when coagulated.

, Mercurius-Sublimatus-Corrosivus. — *Symptoms*: Febrile symptoms not strongly pronounced.—Irregular febrile reaction.—Feeling of heat and anxiety which prevents sleep at night.—Frequent, small, quick, feeble, tremulous pulse.—Slow, nervous febrile conditions with profuse sweats and great debility.—Chilliness and colic pains on motion.—Swelling and redness of the face.—Coated tongue, fetid breath, ptyalism.—Nausea, vomiting, violent, tearing, or burning, or pressing, or gnawing, or darting pains in the stomach.—Diarrhœic stools.—Pains in the head, back, and limbs.—Shortness of breath, oppression of the chest, rapid and difficult breathing, excessive dyspnœa, palpitation of the heart.—Headache, drowsiness, and anxiety.—General condition of anasarca, anasarca of the face and limbs, face red and swollen.—Periodical convulsive movements of the facial muscles, arms, and feet, constant trembling and spasms of the limbs, convulsions, general insensibility.—

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Scanty, red urine which is passed with difficulty; suppression of urine; urine red, scanty, and albuminous; increased secretion of light and albuminous urine.

Pathology.—Kidneys enlarged and congested.—Cortical portion of the kidneys much thickened and of a deep-red color.

Clinical Remarks.—Twenty years ago Martin Solon advised the employment of Mercury, both internally and externally, as a remedy in Bright's disease. Since the publication of Solon's work on *Albuminarie*, there has been a great diversity of opinion with regard to the value of mercurial preparations, some opposing their use on the ground that they are capable of exciting inflammation of the kidneys *de novo*, and of giving rise to albuminous urine, thus rendering them injurious in cases were the organ is already suffering from inflammation; while others, like Wood,* commend them in all forms of the disease except fatty degenerations, and scrofulous or cachectic complications.

Guided by an unerring therapeutical law the homœopathist is not subjected to the conflicting opinions and practices of the empirical schools. The very reasons which cause doubt and confusion in the minds of our opponents, viz., the direct local action of Mercury upon the renal glands, the production of albuminous urine, and other phenomena of Bright's disease, determine the homœopathist in his selection of it as the remedy. In the doses employed by the allopathist, it is not surprising that a drug having such decided homœopathic relations with this malady, should be productive of harm rather than benefit. As large and crude doses of Belladonna or Opium would do injury in acute cerebral inflammations, so must large and crude doses of mercury aggravate seriously acute renal affections. But in the attenuated doses of homœopathy, the results are most happy—the delicate impressions produced not unfrequently arresting the progress of this grave disorder. In addition to the specific influence which several of the mercurial preparations exert upon the kidneys, we may take into account their attenuating effects upon the blood and their power of promoting absorption of plastic exudations into the parenchyma of the organ.

* "Prac. Med.," Vol. II., p. 584.

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We have found it most frequently applicable in that form of the complaint, termed *large white kidney*, (stage of inflammatory exudation), and prescribed in attenuations ranging from the third to the twelfth.

MERCURIUS-IODATUS.—*Symptoms:* Shuddering succeeded by slight febrile reaction—hot and dry skin, dull pains in the head and back, restlessness, dryness of the mouth, thirst, morbid excitability of the nervous system, fetid breath, putrid or coppery taste, general anasarcous condition of the entire body, glandular enlargements about the neck, paroxysms of rapid and difficult respiration, and pleuritic pains in the chest, bilious or dysenteric discharges from the bowels, scanty, red and hot urine, urine scanty and loaded with solid constituents, dull pain in the region of the kidneys.

Pathology.—In the absence of any definite facts with regard to the morbid alterations produced by this substance in the kidneys, we can only infer that changes are induced similar to those referable to the action of Mercurius-sublimatus-corrosivus. Both Iodine and Mercury administered separately, operate specifically upon the entire glandular system, superinducing inflammation, congestion, and plastic exudations, and there is no reason to suppose that when in a state of chemical union, these peculiar properties are destroyed.

Clinical Remarks.—Unfortunately there has not yet appeared a respectable proving of this valuable medicine. Even the few pathogenetic phenomena which we have recorded have been derived from observations during its administration in other maladies. But *ab usu in morbis*, we infer that it is one of our most valuable remedies in several forms of the disease under consideration. Especially in those forms which appear to be connected with scrofula, and constitutional syphilis, it must always hold a high rank as a remedy. When the affection is complicated with hypertrophies, or hepatic disorders, it is also strongly indicated.—The lower attenuations of this medicine have proved most efficient in my practice.

MERCURIUS-SOLUBILIS.—*Symptoms:* Nightly febrile paroxysms; in the evening and night, chilliness, followed by heat of skin, restlessness, frequent emissions of urine, and involuntary jerking, twitching, and tossing of the head and limbs,

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during sleep.—Chilliness and heat alternating, especially in the face, back, chest, and arms.—Febrile symptoms, with profuse perspiration; chilliness, followed by heat, and violent thirst; febrile paroxysms, characterized by a predominance of chilly sensations, sweats, and general feeling of *malaise;* drowsiness in the day-time and sleeplessness at night; general weakness, languor, and lassitude; puffiness of the face; dropsical swellings of the feet and legs; ascites; fetid breath; tongue coated with a white fur and somewhat swollen; nausea, increased by eating; bitter vomiting; great sensitiveness and painfulness at the pit of the stomach, particularly to the touch; shortness of breath and dyspnœa, especially on ascending a stairs or in walking; stitching or burning pains in the chest; bruised, or cramp-like, or stitching pain in the small of the back; visible twitchings of the fingers and hands; frequent desire to urinate, with scanty discharge; frequent desire to urinate during the night; scanty, fiery-red urine; urine dark-red or brown; urine turbid, even while leaving the urethra, and depositing a sediment; floculent discharges at the end of urination; symptoms worse during the night.

Pathology.—We are not aware that any examples are recorded illustrative of the morbid changes superinduced in the kidneys by this mercurial preparation; but, from its pathogenetic and therapeutical action upon the system, it would seem to resemble the other preparations of Mercury in producing renal disorders.

Clinical Remarks.—It has been found most useful in cases of Bright's kidney, which have been accompanied with secondary syphilis, diarrhœa, and dysentery.

Terebinthina.—*Symptoms:* Rigors, succeeded by feverish heat throughout the whole body, pulse hard and frequent, headache, red face, pain in the back, thirst, and sensation of dryness of the mucous membrane; dropsy; anasarca; ascites; general languor and loss of strength; drowsiness, confusion of ideas, relieved by copious and rapid micturition; dyspnœa; difficult and laborious respiration, as if from congestion of the lungs; aching pain in the left kidney; pressure in the kidneys when sitting, going off during motion; sensation of heaviness and pain in the region of the kidneys; pain and feeling of

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increased warmth in the kidneys; fleeting drawing in the right kidney, and thence proceeding to the right hip; violent burning, drawing pains in the region of the kidneys; urine scanty, red, and sometimes bloody; scanty and red, or clear and profuse urine; complete suppression of urine; the urine deposits a thick, muddy, light-yellow sediment, like wine, and has the smell of violets; the urine deposits a slimy sediment twelve hours after micturition; hæmaturia; profuse menstruation; albuminous urine.

Pathology.—Inflammation and congestion of the cortical portion of the kidneys; kidneys somewhat enlarged, softened, and of a dark-red color, (on animals).

Clinical Remarks.—Professor Henderson has cured several cases of both acute and chronic albuminuria with this medicine. Several medical gentlemen of our acquaintance are in the habit of using it as their principal remedy in the acute form of the disease, and commend it in the highest terms.

ARTICLE XLVI.—*Normal Anatomy of the Kidneys.* By E. E. MARCY, M. D., of New-York.

WHILE the subject of Renal Diseases is under consideration, it may be interesting to present a brief *anatomical* and *physiological* description of the healthy kidney, with the ordinary physical and chemical character of normal urine. By such a course we enable the medical man to compare, with facility, *morbid* with *healthy* conditions of the organ. The great advantages of this mode of procedure, in placing concisely before the reader every thing pertaining to these organs, both *normal* and *abnormal*, and the amount of time and labor thus saved in looking up reliable authorities, will be apparent to every one.

Among the writers who have distinguished themselves in extending our knowledge respecting the anatomy and physiology of the diseases of the kidneys, we cite the following: Todd and Bowman, *Phys., Anat. and Phys. of Man;* George Johnson, *On the Diseases of the Kidney, &c.;* Hassall, *The Urine in Health and Disease;* Thudicum, *A Treatise on*

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the Pathology of the Urine; Basham, *On Dropsy, connected with Disease of the Kidneys;* Beale, *Illustrations of the Constituents of Urine, &c.;* Rayer, *Traité des Maladies des Reins;* Lehmann, *Physiological Chemistry;* Becquerel, *Sémeiotique des Urines, &c.;* Frerichs, *Die Bright'sche Nierenkrankheit und deren Behandl.;* Prout, *On the Nature and Treatment of Stomach and Renal Diseases;* Scherer, *Annal. du Chemie und Pharmacie;* Christison, *On Granular Degeneration of the Kidneys;* Bird, *Urinary Deposits, &c.;* Bence Jones, *An. Chem. in relation to Stomach and Renal Diseases;* Solon, *On Albuminuria.*

The researches of these authors have been so extensive, and their observations and illustrations are so minute and accurate with regard to everything pertaining to the kidneys, in their healthy and diseased states, that we shall not hesitate to avail ourselves largely of their valuable experience.

THE ANATOMY AND PHYSIOLOGY OF THE KIDNEYS.

Location.—The kidneys are located deeply in the lumbar region, on each side of the spine, and "directly beneath the ribs of the lumbar region."

Form.—Symmetrical glands, in form much like a French bean, with their convex margins directed outwards, and their concave borders or hilums, towards the spine.

Size.—From four to four and a half inches in length, about two inches in breadth, and from one to one-eighth inches in thickness.

Weight.—From four and a half to five and a half ounces.

Anatomical Relations.—The ascending colon lies in front of the right, and the descending colon in front of the left kidney. A small portion of the duodenum touches the anterior surface of the right kidney. The spleen, and the lower part of the stomach, when distended, are directly over the upper portion of the anterior surface of the left kidney,—the former organ being in actual contact with it. The posterior portions of the kidneys are in close proximity to the lumbar and psoas muscles, and in contact with the diaphragm.

Renal Capsule.—A strong, fibrous membrane enveloping the kidneys, attached externally to a bed of adipose tissues,

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and internally to the gland itself; giving out here and there fibrous attachments to the cortical substance and receiving in return a number of small vessels; connected above with the fibrous layer of the pelvis, and at the hilum with the ureter.

Renal Surface.—On the surface of the kidneys are eight to ten imperfect fissures, indicating the original lobular divisions of the organ during intra-uterine life. Other lobular demarcations are perceptible, arising from a peculiar arrangement of the stellate veins upon the renal surface. These veins enter the cortex vertically from its surface, and during their passage to the hilum are recipients of blood from the venous plexuses of the *tubuli uriniferi.*

Renal Matrix.—A tissue composed of a firm, transparent, fibro-cellular net-work, in which the entire substance of the kidney is embedded. The tubes and blood-vessels of the gland traverse the matrix in all directions, and, in a section of the kidney, may be recognized as deep-red oval spots, surrounded and supported by the intervening meshes of the matrix. Todd and Bowman suppose that its only office is to serve as a support for the tubes and capillary vessels.

Substance of the Kidney.—Anatomists have divided the kidney into two separate portions, termed *cortical* and *medullary.*

Cortical portion.—The external and cortical portion is from two to six lines in thickness, of a reddish color, soft consistence, and dotted throughout its structure with a number of minute, deep-red granular spots—the Malphigian corpuscles. It is composed chiefly of the convoluted uriniferous tubes, and the Malphighian bodies.

Tubuli Uriniferi.—These convoluted tubes consist of a delicate basement membrane, attached to the matrix, and lined with epithelial cells, whose office it is to separate from the blood, the urea, uric acid, the sulphates, the phosphates, and the other solid constituents of the urine. These tubes terminate at, and are continuous with the Malphighian corpuscles, and are connected below with the straight tubes of the medullary portion, which receive the urine as it is secreted by the Malphighian bodies and the cells of the convoluted tubes.

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Malphighian Bodies.—Are made up of small round tufts of capillaries from the afferent, and terminating in the efferent vessels, and enclosed by capsules lined at their lower thirds with epithelium. Their function is to separate from the blood the aqueous portion of the urine.

Medullary Portion.—The internal medullary portion constitutes the remaining part of the gland, is less soft than the cortical substance, of a deeper red than the cortical portions, although Todd and Bowman describe it as paler, and its substance is arranged in the form of cones, named from their discoverer, pyramids of Malphighi. These cones or pyramids are made up of the straight tubes, which are continuations of the convoluted secreting cortical tubes, and appear to be simply channels for conveying the urine from the secreting cells to the pelvis of the kidney. They are lined by a thin squamous epithelium which serves to shield the basement membrane from the irritation of the passing urine. As the tubes proceed from the apices of the cones to the cortical substance, they throw off numerous anastomosing branches, which become more numerous, and of smaller diameter as they approach the bases of the pyramids. The number of pyramids is usually placed at from ten to fifteen, and their apices float freely in the pelves of the kidneys. No Malphighian bodies have been observed in this portion of the organ.

Renal Blood Vessels. The following is Todd and Bowman's description of the vessels of the kidney: "The renal arteries divide into four or five branches, which enter the kidney at the hilum between the vein and the ureter. These vessels are surrounded with a quantity of fat. They pass between the papillæ to the bases of the cones, over which they spread. From these arteries smaller branches are given off, which ascend in the cortical substances nearly to the surface, and, in so doing, give off on all sides, a number of small terminal twigs, the afferent vessels of the Malphighian bodies. Arrived within the capsule, the small afferent vessel at once divides into four or five branches, each of which again divides dichotomously. The small capillary vessels form loops, which project towards the opening of the uriniferous tube. The blood is received from these vessels, which lie towards the outside of the tuft,

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by branches of the efferent vessels which converge towards the more central part of the tuft to form one trunk, which leaves the Malphighian body, and soon breaks up into a plexus of capillary vessels, in the meshes of which the tubes lie. The terminal arterial twigs with their appended tufts, when injected with vermillion, have been compared not inaptly to a branch of currants."

EXAMINATION OF URINE.

General Principles.—The first urine voided in the morning or at the period of longest fasting from food and drink, is the truest expression of the kidney secretion, and contains the largest proportion of solids. This is the urine of the *blood*, as distinguished from that of the *food* and *drink*.

As an average, in relation to the general habit of body, or with a view to the influence of paroxysmal diseases, &c., Chossat adopted the method, afterwards approved by Lecanu, Becquerel, Lehmann, Thudicum, and other authorities, of collecting the whole of the urine during several days and nights consecutively, and mixing in one mass what had been voided during twenty-four hours, before proceeding to the analysis of this average urine. Finally, an average is taken of the variations during several successive periods. Lehmann insists upon the necessity of this method, and advises, whenever it is impracticable, to confine the analysis to the solids of the urine.

For practical convenience, Thudicum advises the use of a flat-bodied glass, with a narrow, turned-up neck, and a mouth fitted to the requirements of the sex, either funnel-shaped or elipsoid. The neck should fit into a gap in the front border and wall of the bed-pan so that the penis shall lie easily in the neck of the urinal, and no urine be lost. These urinals should be graduated upon a scale of fluid ounces up to fifty or sixty, or centimetres two thousand, with forty divisions.

For the quantitative analysis of healthy urine, see the "Practical Handbook of Medical Chemistry," by John E. Bowman, Am. ed., p. 41; or, "Thudicum's Pathology of the Urine," Chap. 2; or "Becquerel, *Sémeiotique des Urines*," Chap. X; or "Lehmann's Physiological Chemistry," Am. ed., Vol. 2, p. 149; or "Carpenter's Human Physiology," Am.

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ed. of 1858, p. 389. Other physical properties of urine are treated of in the same connection.

For estimates of the solids of the urine, based on its specific gravity, &c., see also, Johnson, *On Diseases of the Kidneys*, p. 43; or Golding Bird, *On Urinary Deposits*, p, 46; or Christison, Table, lib. 7, of *Prac. Med.*, Lond.: 1840, vol. iv.; or Berzelius, *Lehrb. der Ch.*, 3d ed., vol. x., p. 285.

For a practical approximation to the specific gravity of the whole urine, test, by the urinometer, that which is passed first in the morning and last in the evening, and then strike an average. Lehmann prefers the direct weighing of equal volumes in glass flasks,—thermometric and barometric relations being taken into account. The specific gravity of the glass, and the co-efficients of expansion of the air and water must be known, and the computation reduced to the standard for a vacuum, by means of logarithms or a couple of algebraic equations. See Schmidt's *Entwurf einer Untersuchens-Methode thierischer Säfte;* or Thudicum's work pre-cited, p. 33. The *Pycnometer*, made to facilitate this operation, contains a thermometer in its stopper. Becquerel measures the *density* of urine with Baumé's areometer. (See p. 13.)

NORMAL URINE.—PHYSICAL CHARACTERS.

Quantity in Health.—This varies chiefly with the proportions of water, but averaging, under ordinary circumstances, about thirty ounces in summer and forty ounces in winter. The lungs and skin normally, the intestinal canal and serous membranes abnormally, may supply the function of the kidneys in evacuating the water of the urine, but as the secretion of water is merely accessory, not essential to their function, so our chief attention must be paid to the relative proportions of the different solid constituents.

These may normally vary from 0·20 to 0·80, or from forty to fifty grammes (Becquerel), or 1000 grains (Todd and Bowman), in twenty-four hours, for a man who lives freely; but less for the aged, and for women and children, whose urine is more watery.

Specific Gravity.—Making a fair average, it may be placed at 1020. But, in conditions of health, its density varies from

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1010 to 1025. Normal urines of 1017 have 28·5 solid parts. (Lehmann).

Aqueous urines, when not accounted for by the quantity of fluids imbibed, or by the chill and moist state of the atmosphere, are sometimes symptomatic of emotional agitation,—of joy, fright, anxiety, or of nervous disorders; hence they are oftenest remarked in the female. Polydypsia, anæmia, diabetes, and hysteria are cited by Becquerel as the states in which the urine is most aqueous.

A healthy adult passes from thirty to forty ounces of urine in twenty-four hours—the quantity in summer varying from thirty to thirty-five ounces, and in winter from thirty-five to forty ounces.

Of the solid constituents of healthy urine, more than one-half is urea. This is derived in part from the metamorphoses of the tissues (probably the gelatinous tissues), and in part from innutritious and unassimilated food. The proportion of urea is increased by the use of animal food and active exercise, and diminished by vegetable and other non-nitrogenous articles. In or out of the body, it is readily converted into Carbonate of Ammonia; as one atom of urea and two atoms of water form two atoms of Carbonate of Ammonia. The causes which determine this conversion are various. Among them may be cited:

In cases of uræmia, it is an interesting question, whether the morbid effects are due to the presence of the unchanged urea in the blood, or to its conversion into Carbonate of Ammonia. A careful *proving* of these two substances would aid us in deciding the point, and might afford valuable hints in treatment.

Uric-acid exists ready formed in the blood, and is found in healthy urine in the form of Urate of Ammonia. Johnson supposes that it forms less than $\frac{1}{1000}$ part of healthy human urine. Prout supposes that it is derived from the decomposition of the albuminous tissues; while Liebig maintains that it results from the decomposition of the nitrogenous tissues.

Ammonia is another constituent of healthy urine, and is found in the form of Urate of Ammonia. 1000 parts of urine contain from 2·16 to 2·19 parts of Ammonia. Hippuric-

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acid is another healthy constituent of healthy urine, and forms about $\frac{1}{1000}$ part of the entire quantity excreted. This acid abounds in carbon, and is usually abundant is consumptive and other patients, whose blood is imperfectly decarbonized.

The sulphates of healthy urine are chiefly those of Soda and Potash, although Sulphates of Lime, Magnesia, and Ammonia are usually present in minute quantities. They are supposed to be derived in part from the metamorphoses of the tissues, and in part from the food. Unoxidized Sulphur is also found in the urine, but its precise combinations are not yet fully understood. According to Ronalds, from two to five grains of Sulphur are excreted daily.

Phosphates of Potash, Soda, Lime, Ammonia, and Magnesia, are also found in minute quantities as constituents of healthy urine. They are also derived from the changed tissues and from food. Unoxidized Phosphorus, in minute quantities, is also present in normal urine.

From the analysis of normal urine, we observe that traces of the Chlorides of Sodium, Potassium, Lime, Ammonia, and Magnesia are present, and that they are derived chiefly from the food.

Color.—The color of healthy urine has been termed by different writers, amber-colored, straw-colored, sherry-wine-colored, yellow, &c. We know of no term truer or more expressive, than amber-colored. As already observed, in infants, females, aged persons, and in certain anæmic conditions, the urine is more watery, and consequently paler in color.

Red urines generally indicate an excess of acid, a high specific gravity, and the presence of a large proportion of solids. Many causes may contribute to the production of highly-colored urine in health; like an undue elimination of the water through the pores, abstinence from drinks, and the use of highly-nutritious and highly-seasoned food. The use of certain drugs and beverages may also give a red tinge to the urine. Red urine is also an accompaniment of many abnormal conditions, like fevers, dropsies, and maladies characterized by a rapid decomposition of the tissues and the blood. The acid which gives the red color to urine is the Bi-phosphate, or Acid-phosphate of Lime, and not uric or lactic-acid, as is generally supposed.

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Deep-yellow urine indicates the presence of bile.

Dark urines—brown, blue, or black, are observed during the progress of many malignant diseases, and is due to rapid morbid changes in the tissues and to a decomposition of the blood. Black urine is sometimes voided after long-continued epileptic convulsions, in consequence of protracted and spasmodic muscular contraction. Brown, red, or blackish urine is sometimes due to the presence of blood. Under the microscope, the globules appear deformed and irregular, and they finally disappear. Amorphous fragments are then found similar to those observed in albuminous urine.

Turbid urine indicates, first, the presence of mucus, with diminished density, paler color, and, after standing a few hours, a separation into an upper and clear layer, and a lower and turbid and opaque one, with ammoniacal odor, in consequence of the decomposition of urea into carbonate of ammonia, which mucus rapidly determines. Second, turbid urine is also caused by the presence of pus. Such urine is less dense than natural, of a greenish color, clears soon after emission, and deposits a thick, whitish, and fetid sediment. Like mucus, it hastens the conversion of urea into carbonate of ammonia. Under the microscope, pus-cells are observed in the upper or transparent stratum, at first very numerous, but, after ten or twelve hours, (as in case of blood-globules), they disappear, and a kind of granules are found in their stead.

Sediments.—The sediment of acid urines is composed of uric-acid crystals, acid urates of soda, ammonia, or lime. The sediment of alkaline urines consists of carbonate and oxalate of lime, and ammoniaco-magnesium phosphates. Sediments of pus, mucus, and blood-globules are not unfrequently found. The composition of urinary sediments is so various, arising from the decomposition of the urine and its waters, that we can only allude to them here, and refer the reader to Becquerel, *On the Urine*, and to Thudicum's *Pathology of the Urine*, for more minute information upon the subject.

Acid Urine.—Normal urine is generally acid, as may be proved by test paper. By standing it becomes more acid, and passes through an acid fermentation, resulting in the separation of reddish-yellow rhomboid-shaped crystals under the

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microscope. Acid urine is deep-colored and dense, and the acidity is derived from the bi-phosphate, or acid-phosphate of lime, and not, as is commonly supposed, from the uric or lactic acid. Liebig attributes the acidity of the urine to the presence of acid-phosphate of soda. Where great accuracy is not requisite, the urine may be tested for acidity with litmus paper. The tests should be applied at different periods of the day, and an average drawn; since the degrees of acidity are constantly changing from the food and drink consumed, from fasting, exercise, &c.

Neutral Urine.—This is only ordinary urine very much diluted, like that which is observed in anæmic subjects.

Alkaline Urine.—This is rarely observed. Its sources are blood, pus, and the decomposition of urine or carbonate of ammonia in the bladder—the last being the most frequent. The most frequent determining cause of this alkalinity is the action of the oxygen of the air upon the substances cited. But the urine may be alkaline at the instant of its secretion in the kidney. After standing for a considerable period, acid urine sometimes becomes alkaline, in consequence of the decomposition of urea, and the development of carbonate of ammonia, ammonio-magnesian phosphates, and phosphate of lime. This result may likewise be produced by boiling urine for several hours.

COMPOSITION OF URINE.

When we consider the various circumstances which are in constant operation to modify the composition of urine, it will not appear surprising that chemists have presented us with such diverse analyses. The urines of the claret-drinking Frenchman, of the beer and port-drinking Englishman, of the lime-water drinking Yankee, and of the fruit-consuming denisens of tropical climates, must of necessity present great diversities in chemical composition. Even under any circumstances, the variety of food and drinks, atmospheric changes, habits of exercise, mental emotions, excessive mental or physical exertion, continual modifications are occurring in the composition of the urine. It is evident, therefore, that any analysis which may be presented must be regarded as only an approximation to the actual result.

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We place before our readers an analysis of Becquerel, quoted from Johnson's "Diseases of the Kidney" p. 48, and another from Berzelius.

"This analysis of Becquerel was adopted by Dr. Prout as being the most accurate. Dr. Prout took as a standard, 35 ounces of sp. gr. 1020, and employing M. Becquerel's data as the basis of his calculations, he obtained the results which are shown in the following table; the proportion of solids and liquids being 33 of the former to 967 of the latter."

COMPOSITION OF 1000 PARTS OF URINE.

Water,			967·
Urea,			14·230
Uric-acid,			·468
Organic matters inseparable from each other,	Lactic acid ? Coloring matter, Extractive matter,		10·167
Salts ..	Chlorides, Phosphates, Sulphates	Ammonia, Lime, Soda, Potash, Magnesia	8·135
			1000·000

Berzelius gives us the following table as the

COMPOSITION OF 1000 PARTS OF URINE.

Water,	933·
Urea,	30·10
Uric-acid,	1·
Sulphate of Potassæ,	3·71
Sulphate of Soda,	3·16
Phosphate of Soda,	2·94
Chloride of Sodium,	4·45
Phosphate of Ammonia,	1·65
Muriate of Ammonia,	1·50
Free Lactic-acid, Lactate of Ammonia, Phosphates of Lime and Magnesia, Animal matter insoluble in alcohol,	17·14
Fluoride of Calcium,	a trace.
Silica,	a trace.
Mucus of the bladder,	0·32
	1000·000

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SOLIDS OF NORMAL URINE.

Urea.—Chemical composition: $C_2\ H_4\ N_2\ O_2 = 60$. sp. gr. 1·35. Of the solid constituents of healthy urine, urea forms from $\frac{77 \text{ to } 82}{100}$ part. It forms flat quadrilateral prisms, with aspect and taste like Nitre. It belongs to the class of *organic bases* and forms chrystalizable compounds with several of the acids: is soluble in five parts of cold or two parts of boiling alcohol—in its own weight of cold water, and in every proportion of boiling water: is insoluble in ether: is permanent in the air: fuses at 250° F., and at a higher temperature yields by spontaneous decomposition, Ammonia, Cyanate of Ammonia, and dry solid Cyanuric-acid. According to Johnson 270 grains, or more than half an ounce of urea is excreted by a healthy man in twenty-four hours. It readily results from the transformations of various azotized matters and when not removed by the kidneys, it accumulates in the blood and appears in the saliva, the bile, the gastric secretions, in nearly all the humors, and is so abundant in the sweat as to form, after spontaneous evaporation, a blueish-white crust, especially upon the face. The quantity of urea is increased by all causes which determine rapid metamorphoses of the tissues. Its prolonged retention in the blood, gives rise to what is termed uræmic poisoning, to which we shall refer hereafter.

For excellent methods of ascertaining the absolute quantity of urea in urines, we refer the reader to Thudicum's work on the "Path. of the urine," pages 52, 67 and 69—Methods of Liebig, Bunsen and Davy. When the quantity of excreted urea continues above or below the natural standard for any considerable period, disease may be inferred. Among the causes which determine its *diminution* in the urinary secretion are, insufficient food, impaired digestion, chronic maladies, anæmic conditions and diseases of the convoluted tubes of the cortex of the kidneys.

The principal causes which form the excretion of an *excess* of urea, are the assimilation of large quantities of nutritious food, the use of stimulants, febrile disorders, and general activity of the circulatory and digestive functions.

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Uric-Acid.—Chemical composition: $C_{10}\ H_4\ O_6\ N_4 = C_{10}\ H_2\ O_4\ N_4 + 2HO$. Pure uric-acid, according to Brande, is a "soft, white crystalline powder; it is insipid and inodorous; it reddens moistened litmus-paper. It is almost insoluble in cold water, (requiring, according to Bensch, from 11,000 to 15,000 parts,) but soluble in between 1,800 and 1,900 parts of boiling water; it is insoluble in alcohol and in ether." When it is decomposed by heat it yields Carbonate of Ammonia, hydrocyanic acid, empyreumatic oil, cyanuric acid, urea, and carbon. It forms ·468 in 1000 parts of normal urine, according to Becquerel. The average amount discharged by a healthy man in twenty-four hours, is stated by Becquerel to be from 0·49 to 0·56 grammes. The proportions, however, may vary much in different individuals without any impairment of the health — such variations depending upon the quantity and quality of food and drink consumed, habits of life, &c.

Uric-acid in combination with one or more bases—ammonia, soda, or lime, is one of the most common sediments of the urine. Uric-acid being insoluble in the blood, can only exist in this fluid in the form of a urate—chiefly urate of soda, and is separated by the kidneys, passes to the pelvis of the kidneys, to the bladder, and thence out of the body as a urate of soda. But during the passage of the latter through the urinary organs, portions of it are often decomposed, and uric acid set free by the free phosphoric and lactic acids of the urine. This decomposition may occur in the kidney, in the bladder, or after the emission.

In order to ascertain whether the urine holds in solution a urate, we add to it either nitric, acetic, or muriatic acid. If uric acid is speedily precipitated, we infer the presence of a large quantity of the urate. But if a long time elapses before a deposit is apparent, it indicates the presence of only a small quantity of the salt. In all cases of albuminuria, either nitric or muriatic acid should be employed, as nitric acid precipitates albumen.

The following is Dr. Golding Bird's *diagnosis of uric acid deposits:* "When heated in the urine, the uric acid deposit does not dissolve, the crystals merely become opaque. They generally become more distinct from the solution of the urate

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of ammonia, which is frequently mixed with them, and sometimes completely conceals them from view. Hence the best mode of discovering this deposit, is to warm the urine, when turbid from excess of urate of ammonia, in a watch-glass; the acid becomes visible at the bottom of the glass, as soon as the urate dissolves."

CREATINE.

General Appearance.—In its crystallized form it is a colorless, transparent, and glossy substance.

Chemical Composition: C_8 H9 N3 O4 + 2 Aq.

Specific Gravity: 1·35 to 1·34.

Quantity in Normal Urine, and whence derived.—An excrementitious substance, derived from the muscles; excreted from the blood by the kidneys, and passing thence into the bladder and out of the body; a constant constituent of the urine, but present in very small quantities.

Quantity passed in Health in twenty-four hours.—Thudicum places the average quantity passed in twenty-four hours at 0·305 grammes.

How Increased or Diminished.—The quantity is increased by muscular action, febrile conditions, and whatever produces rapid metamorphoses of the muscular tissues. The causes which tend to diminish it are, muscular inactivity, anæmic conditions, feeble action of the circulatory and respiratory systems.

Mode of Detection.—First evaporate the urine to a dry extract, then, with a solution of ammonia, dissolve out the creatine, and finally evaporate the solution of ammonia, leaving the creatine in a chrystalline state. Under the microscope these crystals present themselves in various forms, but may be readily distinguished by accustomed observers. (See Hassall *On Urinary Diseases.*)

CREATININE.

General Appearance.—Creatinine crystallizes in irregular groups, of very transparent, and light-colored crystals. They may be distinguished from those of creatine by their lack of lustre. Creatinine is usually present in the urine in a free state. Much of it is supposed to be derived from the conver-

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tion of creatine into creatinine during its passage through the urinary organs, and after the urine has been evacuated.

Chemical Composition.—Formula: C_8 H7 N3 O2. It is more soluble in water than creatine,—one part dissolving in 11·5 parts of water at 60°F. Its chemical character is almost identical with that of ammonia.

Specific Gravity.—The specific gravity of the crystals are about equal to 1·35.

Proportion in Normal Urine.—Always greater than that of creatine, from whence it is derived.

Quantity passed in twenty-four hours.—The average quantity passed in twenty-four hours in health, varies, according to the experiments of Thudicum, fom 5·61 to 9·66.

From whence derived.—An excrementitious substance, derived in part from metamorphosed muscular tissue, and in part from the conversion of creatine into creatinine after the urine has been separated from the blood by the kidneys.

Causes which increase or diminish it.—Like creatine, it is increased by those causes which effect a rapid disintegration of the muscular tissues, and diminished by those conditions which retard those muscular transformations.

Mode of Detection.—Same as for that of creatine.

HIPPURIC ACID.

General Appearance.—In its crystalline state it is in the form of "delicate silky needles or rhombic prisms;" taste bitter; sparingly soluble in cold, but more readily in boiling water, and still more soluble in alcohol. Supposed by Liebig to be a constant constituent of normal urine, in about the same proportion as uric acid; but the observations of Duchek do not confirm this opinion.

Chemical Composition.—Formula: N. C. 18. H8. O5 × Aq. It is readily decomposed by nitric acid, and converted into benzoic acid. It enters into combination with several alkaline and earthy bases, to form the *hippurates.*

Quantity in Normal Urine.—Much diversity of opinion prevails upon this point. According to Liebig, uric acid and hippuric acid are present in healthy urine, in about equal proportions; while Hoesle and Duchek deny that it is a normal ingredient of this secretion.

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Quantity passed in twenty-four hours.—The quantity secreted depends much upon the habits of the individual and the kind and quantity of food consumed. But the average amount may be placed at from 0.40 to 0.50 in twenty-four hours.

From whence derived. It is derived principally from the non-nitrogenous elements of the food (Liebig). Bird supposes that it may owe its origin to an undue retention of carbon in the blood, from defective action of the lungs, and liver.

How increased or diminished. Increased by rest, and by the use of fruits, like pears, plums, cherries, apples, &c., and diminished by active exercise in cold air, and rigid abstinence from stimulants, coffee, and meats.

Mode of detection. Turbid urine indicates the presence of considerable hippuric-acid; while clear urine usually contains but a small quantity. For other methods of detecting it, see Thudicum "On the Path. of the Urine," p. 143.)

Coloring Matter of Urine. Thudicum gives the name of uræmatine to this substance from the supposition that it is "derived from the pigment of the blood or hæmatine." In a dry state it is of a deep-red color, and it is this substance which communicates to urines their various tints. Scherer supposes that it is derived from the decomposition of blood corpuscles. It is composed chiefly of carbon. But little is known at present of its exact character—its derivation, chemical reactions, &c., but it is doubtless an effete and excrementitious substance.

FIXED SALTS OF THE URINE.

Sulphates.—Of the fixed salts of the urine, the Sulphates of Potassa and Soda are the most abundant. The average quantities of each in 1000 parts of urine are as follows, according to the analysis of Berzelius: Sulphate of Potassa 3·71, Sulphate of Soda 3·16. A small quantity of pure Sulphur is also present in most healthy urines. They are derived in part from the metamorphoses of the tissues.

Phosphates. Berzelius gives us the following proportions of these salts as pertaining to normal urine: Phosphate of Soda 2·94 and Phosphate of Ammonia 1·65, in 1000 parts of urine. Traces of Phosphates of Lime and Magnesia are also always present in normal urine. Free Phosphorus is said to be a

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constant constituent of healthy urine. Derived chiefly from disintegrated muscular, brain and nervous tissues, and from food and drinks. Increased by mental activity, and cerebral irritation.

Chlorides.—These occur in normal urines in the forms of chloride of Sodium and Potassium—the proportion of the former to 1000 parts of water, being 4·45, and of the latter a trace.

Minute quantities of the following substances are likewise found in all normal urines: Silica, free Lactic acid, Fluoride of Calcium, Hydrochlorate of Ammonia, Acetate of Ammonia, Albumine, Gelatine, and Benzoic acid.

ARTICLE XLVII.—*Puerperal Peritonitis.* By I. M. WARD, M. D., of New-York.

THE most formidable of all the diseases to which the female is subject after delivery, as regards the severity of the attack, the alarming nature of the symptoms, the sufferings to which it gives rise, as well as the danger of a fatal termination, is an inflammation of the serous tissues of the pelvic and abdominal viscera,—termed by old writers, child-bed fever, lying-in fever, puerperal fever, puerperal peritonitis; and by others uterine phlebitis. We have not, most assuredly, over-estimated its importance, if, of the three thousand mothers that die in child-bed annually in England, this disease we now propose to consider is the cause, on the testimony of Tyler Smith, of the death of the greatest number. Indeed, that this, of all the diseases incident to the puerperal period, is the most important and fatal.

We recognise two forms of this fever, the sporadic, or inflammatory, such as we find commonly in private practice; and the epidemic, or endemic and often malignant form, such as prevails for the most part in hospitals, and occasionally in certain districts of country, in certain neighborhoods, attacking all who are confined during the prevalence of the epidemic, or in the practice of a certain physician, attacking all the patients attended by him in their accouchments. It is important to recognise this destruction, as the former is an example of common inflammation attacking certain viscera of the sys-

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tem, at a time when there exists an abnormally irritable state of the nervous system, with great exhaustion of nervous power.

But the other is a sub-acute inflammation of the same structures, marked by greater exhaustion of vital power, running its course more rapidly and more commonly to a fatal termination; dependent for its existence, for the most part, upon a contagious or infectious miasm. In the most malignant and rapidly fatal forms of the disease, the evidence of its inflammatory nature is so obscure as scarcely to arrest the attention of the casual observer. This is true as regards the symptoms marking the progress of the disease, and the lesions occasioned by it, that are observable after death.

The disease, as it appears in private, ordinarily commences with a chill, more or less severe, sometimes simply chilly sensations marking the ushering in of the attack; at other times a rigor or ague fit, of a half, or even two hours duration, and followed by a reaction proportioned to the duration of the chill, provided the nervous force is not so paralized as materially to impair its influence over the heart and circulation.

This chill, or cold stage, is developed as the seeming result of a check of perspiration during the act of *parturition*, or from the use of wet, or damp linen, or cold in some other way applied to the body, and when reaction takes place, is followed by symptoms of local pain and sensitiveness to pressure in the lower part of the abdomen, which are always increased by the touch. If asked to name one symptom above all others pathognomonic of puerperal peritonitis, it would be the sensitiveness of the abdomen. When the disease is perfectly developed the patient will be found lying, with the knees drawn up, to take off the pressure of the bed clothes, and the tension of the abdominal muscles.

The pains are frequently lancinating, commencing at some point in the hypogastric region, ordinarily extending, if not at once subdued, over the whole abdomen, with such extreme sensibility as to make the patient dread the slightest touch; indeed the weight of the ordinary clothing gives her pain.

Distention of the abdomen soon ensues, with a clear or dull sound upon percussion. The tympanitic distention is occa-

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sioned by the effused gas deposited, not in the abdominal cavity, as you might be led to suppose from the uniform abdominal distention, but in the intestines themselves, and consists of carbonic acid gas, secreted from the blood by the inflamed intestinal coat, that should have been discharged through the lungs. Its retention in the intestines is accounted for, as in the constipation that marks this form of fever, by a paralysis of the muscular coat, which forbids peristaltic action. But the swelling of the abdomen is further increased by a sero-purulent effusion into the cavity of the peritoneum, and will be indicated by a peculiar doughy feel—and hence the sound upon percussion is either clear or dull.

The radiating point of pain may be the ovaria, fallopian tubes or uterus. When originating in the uterus, or its tissues becoming involved, the organ is swollen, becomes painful to the touch, and in its enlargement may add to the fullness of the abdomen until its boundaries are lost in the overshadowing tympanitic condition. When the uterus has contracted after parturition, it is occasionally observed to have attained a very large size from this very cause.

The secretions of milk and lochia are both affected. If the attack succeeds the establishment of lactation, the quantity is at once diminished and soon ceases altogether. The lochia is changed in character and soon ceases to flow. The bowels are constipated and the urine high-colored, or turbid, is voided in small quantity and oftentimes with pain. It is worthy of observation, that very high colored urine is generally attended with increased desire to pass it, even though the quantity be small, because it is more acid. It probably partakes of the properties of the blood and abounds in saline matters, giving rise to its acid character.

The bowels, at first constipated, soon become relaxed; at other times the diarrhœa does not occur till the fourth or fifth day, or marks the last stage of the disease. The discharges consist of bilous matter, are attended with pain, accompanied with flatus, which is expelled with a considerable force and noise. As the disease approaches a fatal termination the discharges become extremely fetid, of a green, dark-brown, or blackish color, and are discharged silently and involuntarily.

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The stomach is ordinarily disturbed from the beginning. Nausea and vomiting is excited by drinking, or from motion, and the vomiting is easily effected, so much so as to resemble the regurgitation of bilious matter, and yet greatly increases the sufferings of the patient from the compression of the abdominal viscera under the efforts of vomiting. The tongue is ordinarily white, at other times a yellowish-white, or covered with a thick brown fur, and occasionally red and glazed, and more rarely but little altered from its natural color. But of whatever color, the tongue is for the most part dry.

The skin is of a burning heat, or covered with a warm perspiration of an offensive odor—which is often as distressing as it is constant. The pulse, like that characterizing the inflammation of dense membranes, is quick, small, and wiry, beating from 120 to 140, and as the disease progresses, rising to 150 and upwards in a minute; and, though regular at first, if the disease threatens a fatal termination, becomes irregular and often intermittent.

The respiration is generally labored, quick, and short. Efforts at respiration are painful and distressing, as the motions of the diaphragm bring into action the inflamed parts. The breathing is never full after the disease is fully developed, and each respiration seems to be cut short by a quick expiration, lest the distending diaphragm press upon the serous tissues of the abdomen now enormously distended. The system demands oxygen and the blood must be decarbonized, consequently the respirations must be multiplied; if one cannot be taken full and free enough, two will be demanded. Hence we often have two respirations where there should be but one.

The countenance is anxious and pale in the early stages of the disease. The anxiety depicted is such as you see in no other disease, and gives to the patient oftentimes an unnatural expression, coupled with a hectic spot on each cheek. This peculiarly anxious countenance is expressive of physical rather than mental suffering, for the mind is for the most part unaffected, unless it be inclined to indifference, especially in the early stages of the disease. Delirium is often developed as the disease progresses. The patient sleeps tolerably well when

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her sufferings will permit her to sleep at all, and will express herself as feeling better, though her manner is anxious and trembling. The position of the patient is pathognomonic. She lies for the most part on her back, with the lower limbs flexed, because extension gives tension to the integuments, and this increases the pain.

A fatal termination may be prognosticated from enormous distention of the abdomen, involuntary discharges of the fæces and urine, clammy perspiration, delirium, and acceleration of the pulse to 150 and upwards. The rapidity of the heart's action in every variety of puerperal fever marks more unequivocally than any other symptom a condition of danger.

The most frequent exciting cause of the disease, especially of the sporadic form, is cold—applied to the body when in a state of perspiration, during or after the completion of labor, from a draft of cold air, from the use of damp linen, or other injudicious exposures of the body in the change of clothing. Inflammation thus excited may attack directly the peritoneal surface, one of the ovaria, the fallopian tubes, the broad ligaments, or the uterus itself. And when attacking the uterus, or any of its *annexes*, acting through this channel upon the organism, by an extension of the inflammatory action by continuity of surface to the peritoneum, the invasion of the disease is not as well marked, is slow in its course, and more insidious in character.

Diagnosis.—The successful treatment of puerperal fever depends very much upon an early recognition of it. The necessity of thus recognising it, if you would treat it successfully, explains to you the wisdom of the often repeated injunction of not losing sight of your patient for a few days after her confinement. So *pathognomic* is the tenderness of the abdomen in peritoneal inflammation, that simply laying the hand upon it will discover to you the first dawn of the disease. This tenderness of the abdomen will distinguish it from intestinal irritation; for though there exists a degree of tenderness in gastric or intestinal irritation, it is confined to the epigastric region. Whereas, in puerperal fever, it is diffused over the abdomen, commencing in the uterus, or one of the pelvic viscera, or at any imaginary point in the reproduc-

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tive tissues, it extends, by radiation, from that point in the hypogastric region over the abdominal peritoneal surface. With after pains, hysteria, or milk fever it should never be confounded. The absence of fever in the two former, the intermittent character of the pain and the existence of the lochia should unmistakably proclaim their character; while the small, quick, wiry, and frequent pulse, more especially when coupled with tenderness of the lower part of the abdomen, should excite your suspicion as to the existence of a more formidable disease. This state of the pulse, when taken in connection with the extreme tenderness upon pressure, pain in the hypogastric region, abdomen swollen, if not puffy, with a depressed, anxious, and pale countenance, will declare to you the character of the disease.

The time too in which these diseases develop themselves materially aid in making a correct diagnosis. After-pains and hysteria, soon succeed delivery, and milk-fever marks the establishment of that function, whereas puerperal fever attacks the system at a later period, between the fifth and eighth day, rarely earlier than the third, or later than the twelfth. But while the invasion of the disease may be protracted to the twelfth, it has occasionally been observed to follow closely the parturient process. It is more likely, however, to invade the system when its energies are exerted to establish the function of lactation, indeed the excitement attendant upon this fluxional movement proving itself the exciting cause. Regarding puerperal fever a febrile disease dependent from its existence upon local inflammation of the reproductive organs, we have not given undue importance to the pain and exalted sensibility of the patient, as a means of diagnosing the disease, and yet such is the depressed condition of the *nerve* force and so low the grade of vital action that cases are occasionally observed even of a sporadic character, where the disease is so masked as to make the diagnosis difficult. We may in such cases be essentially aided by remembering that the uterus at this time is not low down in the pelvic cavity, that its fundus being found jutting above the plane of the superior strait, where upon either side we have a *psoas* muscle, over-hanging as it were, the inner margin of the brim.

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In the act of drawing up the knees, this muscle is brought into action and the swell of the muscles will make pressure upon the sides of the uterus, and the patient will not fail to tell you, that it gives her pain.—When once drawn up, and the soles of the feet are firmly implanted upon the bed, the perfect relaxation of these muscles, makes this position one of more comfort than any other she can assume. Or you may call to mind the position of the iliacus internus, lying in the fossa of the ilia, and on rotating the limb you will find it to occasion pain, provided the peritoneal investiture is the seat of inflammation. A knowledge of these facts will aid materially in diagnosing cases obscured by a low grade of reacting energy in the constitution.

Its period of duration is ordinarily from six to eight days.—In the most formidable cases, death has occurred within twenty-four hours after the commencement of the attack, reaction from the chill having never taken place.

The graphic descriptions of the epidemic form of the disease as witnessed by Gordon in Aberdeen, and by Lee, Furguson, Hey, Armstrong, and Rigby, in the hospitals of Edinburgh, London, and Westminster; in the Hotel Dieu of Lyons, of Paris, and Vienna, Pouiteau, Sauvages, and others, and the frightful mortality that attended it, impresses the mind with the conviction that there is no disease more terrible than this;—inspiring the beholder with more awe,—or that makes more apparent the importance of the means by which it is sought to be controlled. Every where when assuming the epidemic character, whether in the lying-in hospital, in private practice, in the city, town, or country, has it been attended with a most alarming mortality.

Oftentimes has it been reported that two-thirds of those attacked with the disease die. However frightful is the mask that the disease wears, in its malignant form, it is still essentially, nay, identically the same disease.

A puerperal fever, with a local inflammation (though of a sub-acute character) of the serous tissues of some of the pelvic viscera, and extending as in the sporadic form from such an origin over the investing membrane of the abdominal viscera. The liability of the sporadic form to assume the char-

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acter and wear the livery of a devastating epidemic, gives to the subject an importance far greater than would attach to it were it limited to its occasional sporadic manifestations.

By many authors it has been claimed to be contagious, and very possibly under certain circumstances may be so. It is certainly infectious; but in so declaring it, we give you no additional light as to its nature or the causes that produced it. It is questionable whether we know any more than *Sydenham* knew when he told us that certain constitutions of the atmosphere exerted modifying influences upon the nature of diseases; and that as the constitution of the atmosphere changes from time to time, so the essential or characteristic qualities of any disease undergo corresponding modifications from year to year." But what this condition of the atmosphere is, we cannot tell you, with all the light science has shed upon kindred subjects. No endiometrical investigations have disclosed to us the arcana of nature, nor how, or in what the essence of this or any other epidemic causation consists.—Nor how the most poisonous exhalations from decaying animal or vegetable matters in the morass, give to the atmosphere a different constitution from that which invests the summit of the Appenines.—We know that such condition of the atmosphere does exist. It is declared to us in the frightful devastation the disease has made. We have witnessed it in that desolating scourge the cholera. That changed condition of the atmosphere prepared the way for its extension eastward and westward to the cities on the shores of the northern and the southern seas; along the Russian rivers to western and southern Europe, and then through our own country; but in what the essence of these epidemic causes consists, we cannot declare to you. It has eluded our researches thus far, and may be said to be at present beyond the ken of human understanding.

The epidemic form of the disease commences soon after delivery, ordinarily before the third day. It is worthy of observation that, being the result of a specific cause, the fever precedes the inflammation, and when the inflammation is developed it is occasionally observed of so low a grade, or at least seems engrafted upon such a depressed condition of the nervous system, as not to declare itself by the usual symptom

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of pain on pressure. It is ushered in by a very rapid and weak pulse. This character of the circulation indicates great depression of the vital forces; a degree of apathy or despair in the patient's manner peculiarly marks this form of the disease. With the fact before the mind that the acute stage is less clearly marked by pain or suffering, the system is more prostrated, the pulse more rapid and feeble, and the disease itself more rapid in its progress, the description given of the symptoms of the sporadic will apply to the epidemic form. The acute stage lasts but one, two, or three days, during which time the skin is for the most part hot and dry, and thirst obtains. As the disease progresses the thirst subsides, and the skin becomes of a more natural heat, though often cold and clammy; the respiration short and quick, with the peculiarly anxious countenance, coupled with all the evidences of abdominal inflammation, though less clearly and unequivocally proclaimed.

This stage is often a fatal one, so rapid is the progress of the disease. If not, after these symptoms have continued for two or three days, the pain ceases; but, instead of a corresponding improvement of the symptoms, the abdomen becomes more tense and swollen, the pulse smaller and more rapid, possibly indistinct and intermittent, beating from one hundred and forty to one hundred and fifty in a minute.

A quick, rapid pulse, which is one of the most pathognomonic symptoms, can only be accounted for from the fact that the heart depends very much upon the great sympathetic and pneumogastric nerve for its nerve power, and the reflex power from these nervous centres, directed to the heart, under the stimulus of a metro-peritoneal inflammation, wonderfully augment its rate of action. If an affecting thought has power to excite the heart to rapid action, and an emotion of joy arrest that action altogether, should it be accounted strange that the womb-viscus, the heart of the race, excited by disease, should quicken that organ to unwonted action from the very commencement of the disease.

As the pulse quickens and becomes more feeble the countenance becomes sunken and pallid; the bowels, if costive up to this period, become relaxed; the stools watery, brown,

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and fetid, at first passed without pain, then involuntarily; the perspiration cold and clammy; the extremities become cold; respiration hurried; delirium supervenes; sinking spells follow, and death soon closes the scene.

One of the most able papers on puerperal fever was from the pen of Dr. Gordon. To this gentleman the profession is more indebted for correct views of the disease, particularly of its pathological character, than to any one who has written on the subject. In the pamphlet describing the disease, as he saw it in private practice in Aberdeen, as early as 1760; he claims the epidemic puerperal fever tobe an erysipelatous inflammation of the peritoneum, and to be most successfully combatted by the treatment proper for that disease, and that its identity with erysipelas gives to us the secret of epidemic, *endemic*, or contagious character. In the treatment of puerperal fever he found, what subsequent observation has most fully confirmed, that in the progress of the disease, every now and then there would occur an erysipelatous eruption upon the extremities, as a critical eruption. At other times a metastasis to the brain would be observed, just as is frequently witnessed in erysipelas proper, when treated allopathically.

Dr. Rigby too sustains the views of Dr. Gordon by a great array of facts, drawn from his experience in the Lying-in Hospital in London, during the prevalence of this epidemic. Among them is one fact that cannot be readily accounted for in any view of this subject. It is that the child of every woman who died of the disease perished from erysipelas, which ran its course in a few days. In further corroboration he says, many nurses in attendance upon women who died from this fever were attacked with erysipelas of the legs, and that on the other hand, physicians in private practice in attendance upon patients sick with erysipelas, had gone from them to the lying-in room and their patients suffered puerperal fever.

It is also a notorious fact, confirmed by the observation of students in attendance upon the hospitals, that a reciprocal influence exists between the erysipelas in the surgical wards and the puerperal fever in the lying-in department.

The diseases, if not identical, have such a relation in their

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pathological character, that the morbid secretions in the one are capable of producing the other in those at least in any measure predisposed to them. This pathological view of the disease being the true one, you will readily understand why it is that, under treatment in accordance with the law of *similia*, the disease is so much more manageable than it has proved under allopathic treatment. The statistics of homœopathic treatment afford ample evidence of a much greater per cent. of cures than under the ordinary mode of treatment.

ARTICLE XLVIII.—*Diabetes—its Cause, Treatment, and Diet.* By JOHN F. GEARY, M.D., of Philadelphia.

THE advocates of progress should be found in the first ranks of the army of discovery; the professed leaders of progress should be always able to establish their claim to every inch of new territory won from the wilderness in which they are making inroads; and whatever has been ceded to general literature and science is the property of all engaged in the conquest; it matters not under what banner, so that their strife has been for the one great end: the establishment of truth and the destruction of error. If this is true in its application to general knowledge, it is no less so in any special department; and the nearer that comes to the interest of the human family the higher it rises in importance. But if it be that branch of science which is most closely linked with human health and happiness, will the mental and bodily strength and development of the species, as well as the prevention of disease and the restoration of health, who can estimate the value of every new discovery? where can a price be found for the smallest atom which the poorest worker can proclaim as his own? But at what rate of just blame and reproach shall we be condemned, if even that small atom should be overlooked? That life, which, to-day is imperilled in our hands, may be saved by this one iota of scientific light! As medical men, we are supposed to have some general acquaintance with all that is going forward in the world of science and letters: to know at least who the workers are, and

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to be able to form some estimate of the results of their toil. This much has always been expected of the members of the learned professions. But in special instances, where, for instance, the whole of a man's time and thoughts have been devoted to the cultivation of a particular branch, shortcomings, unpardonable in others, even of no distinction, are overlooked in him. The distinction he has won in his speciality covers any want of acquaintance with general practice. No one expects that a great surgeon, or a great chemist, can be a good practical physician. Life is too short and art too long for such a consummation. These immunities are granted in all professions and callings. But aside from such exceptions the members of the medical profession are expected to know all that has been brought to light in the way of advancement during, as well as before, their own time. It is gross and inexcusable negligence to have overlooked what may save life or relieve suffering. This is more particularly binding on the members of our school, as we profess to lead in the onward movement of progress. The last periodical may contain a piece of information of the first consequence to him who stands by the bed of affliction hand to hand with disease and death. And here I must state, though as a digression, that the periodical itself should never speak in dubious or feeble accent *on points already known and established* by science and experience. For, although it may be deemed just and expedient, to allow every contributor the free and full expression of his opinion on theoretical and speculative points, yet under the judge; as well as on the modes of practice in daily use, yet when statements are put forth, in relation to the latter, contrary to the established and demonstrated truths of medical science, those who conduct such periodicals should themselves possess sufficient knowledge to rectify such errors, or place the truth in juxtaposition; and sufficient boldness and independence to accompany such cases — if allowed to appear at all,—with a bold and decided protest. That which presumes the guidance of professional thought and opinion must temper the liberal element with a healthful proportion of the conservative to command the respect of every hard laborer and close thinker. The superficial and shallow prattler

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must not be allowed to sit down, after he has stunned us with empty noise, under the delusive and hurtful impression, that he has proved himself the very fountain of genius and learning.—It should be the office of the editor to cure the self-delusion for the benefit of the patient, and to prevent the evil effects of the poison from spreading by a wholesome antidote.—But to return.—In therapeutics only *we* claim our distinctive characteristic; here we assert our preëminence; we claim a law of nature as our rule;—we stand upon the clear and undeniable demonstrations of that law, both in health and sickness. Millions of facts have proved its eternal truth! Step by step we accompany our brethren of the old school without a word of dissent, or one step of departure, till we have agreed as to the condition of the patient and the nature of his disease, and then only when the all-important question,—to the patient,—"what shall be done for him?"—is asked, that we must part company for ever; for while they take the left, we go to the right;—nor can we, like the patriarch of old, be so accommodating as to offer them a choice, for whatever direction they take, we must still "go to the right!" Whilst here the line of deviation is clearly defined, and broad enough for the general observation of mankind, there is a large and varied field, which we hold in common, and which we are, it is hoped cultivating with equal zeal and labor. Its departments are Chemistry, Pathology, Physiology, Anatomy and Obstetrics; and here, although we labor hard, we can yet claim no advantage, no preëminence; but let us with equal truth and generosity acknowledge their noble exertions, their vast discoveries, their valuable acquisitions and our own advantages and obligations. They have done more than we, because they are older, and their advantages are greater, and the facilities which they enjoy in all public institutions have been thus far to a great extent, unwisely and unjustly denied to us by the "powers that be!" still we cannot afford either to ignore, or be ignorant of these branches, much less of their results. To ignore the new light deduced from these branches would be to ignore ourselves, and prove our unfitness. Not to know them, argues ourselves unknown in the science and art of medicine! These are in fact the solid

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foundations on which our great medical temple stands, and he who cannot claim his right on that foundation is not one of us. It is well known that some of the most important discoveries of any age have been made within the last few years in almost all of these departments, and that for them we are mainly indebted to members of the old school. As these are, when published, the common property of all, and of equal value to us as to others, we should not show ourselves behind the times in still clinging to old errors, no longer tenable before the light of modern discovery. These remarks have, to some extent, been suggested by a late instance of this kind to which my attention was called whilst reading a very able and useful paper, by Dr. H. C. Angell, of Boston, in the North American Journal of Homœopathy, for February, 1861. It is a paper "on Homœopathic Dietetics," and contains the following very emphatic directions to those who treat cases of diabetes. "*In diabetes a rigorous animal diet should be enforced; if necessary to allow vegetable food at all, it should be of the description free from sugar, and also from starch which is convertible into saccharine matter.*" For this advice Dr. Angell is no more responsible than all who have gone the same road before him. It is the stereotyped routine of the text-books and professors of the old school, and thus far, I have reason to believe, of a majority of our own; and the object of this paper is to prove that it is not only useless, but injurious in practice, and founded on ignorance of the real cause of the disease which it is intended to remove or modify. Since Dr. Rollo, about sixty years ago, laid down this mode of dietetic treatment in this disease, it is not too much to say, that if all those who have adopted it since then, and given it the most careful trials should declare the honest results of their experiments, we should not have a single case in which it has been attended with beneficial results; but on the other hand, a vast number where the vitality and stamina of the patients had been so reduced as to cut short the career, which, in spite even of this fatal malady, nature might have prolonged. My own small experience, as well as that of a large number of physicians with whom I have from time to time consulted on the subject, corroborate this assertion. It has been admitted by

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those authors who have most strongly recommended this mode of diet, that little or nothing is known of the *causes* of diabetes; and it may be added, that little of theirs is mere conjecture. In all cases of remedial or curative action it is necessary that the motto,—"*Ferre causas*,"—should be kept in view, and indeed wholly or partially complied with. But where the cause is unknown, cure would seem impossible. Now those very authors who direct us as above, are wholly unable, and confess themselves to be so, to inform us where or how this sugar in diabetes is formed in the human body; they know neither the origin nor source of the disease itself, they are out at sea as to "whether the sugar is formed in the kidneys or in the stomach," or in some other dark recess which they had not penetrated, and are, therefore, obliged to acknowledge themselves only "blind leaders of the blind;" which indeed most of them do with ingenuous candor. If, then, the above were all the light we had now to guide us, the student or practitioner of to-day would be as blameless as he who had learned his medical creed from the text-books or lectures of twenty years ago. But medical science, though perhaps the slowest of all sciences, can move a great distance in that time. And it is not an unreasonable requirement that those who take upon themselves to write her history, should have closely watched her foreign and domestic policy. And again, I would say, that we who profess to be her favored children and subjects, should be most careful to do no detriment to her cause, by neglect or misrepresentation. I turn from this digression to state as briefly as possible the following facts, for which the reading medical world are indebted to the talent and industry of Bernard, Lehmann, Beale, &c.; illustrative of the cause, nature and treatment of this very extraordinary disease. It is plain that I can, within the small space of a short paper, give only a simple outline, leaving it to your readers to pursue the subject for themselves in all its bearings. The labor will fully repay them; they will find it useful and interesting, and the acquisition of the knowledge will redound alike to the good of humanity and the respectability of the practitioners of our school. It will, of course, be clearly understood that I only refer to those who have not yet become acquainted

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with the works from which I shall now quote. But first it must be remembered that these facts are the results of actual experiments on dogs, horses and rabbits, that nothing has been taken for granted, nothing left to conjecture.

It will be remembered that the liver is a reservoir placed between the stomach and the heart and lungs, that the liver is supplied with blood through the medium of the hepatic artery and the portal vein; and that in the lobules of the liver an analysis takes place, by which bile is separated from the blood and sent off through the biliary ducts, and *sugar formed*, which passes into the venous blood, which conveys it to the heart and lungs through the medium of the hepatic veins, which pass it into the *vena cava inferior* and into the right auricle of the heart, from which it passes into the right ventricle, and from this into the lungs. Now this process is carried on by what is called the vital or nervous forces, and the nerves which communicate the force are the *cerebro-spinal* and *sympathetic*. This much being comprehended, let us now follow the experimentor in his analysis of the blood before it passes into the liver and after it passes out of it. Lehmann has shown by a series of carefully conducted experiments on animals, that blood taken from the *portal* vein *before* passing into the liver, contains a large proportion of fibrine, albumen, fat, and a small quantity of blood globules, *but no sugar!* and, that the blood in the *hepatic* veins, after passing *out of the liver*, contains a large quantity of sugar, some blood globules, *no fibrine*, and no fat; but that the fat is found in the bile, whilst there is a total disappearance of the fibrine. Hence it follows, that the fibrine of the blood is converted into sugar in the liver. It has also been shown that the *quality* of the food, whether vegetable, animal, or indeed sugar itself, does not materially effect the production of the sugar; but that the presence of *fever* arrests the production of sugar. That the sugar contained in the blood before it passes into the heart and lungs disappears in its passage through these organs, so that none has been found in the arterial blood; or, in such minute quantities as not to effect the conclusion, that as the liver possesses the property of manufacturing

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sugar, so have the lungs the power to convert it into some other material for the use and nourishment of the body; though what this material precisely is, remains yet *sub judice*. It was believed by some, to be converted into carbonic acid by combination with oxygen in the lungs, but M. Bernard believes that it is transformed into lactic acid by a process similar to fermentation. But with this point, though interesting in itself, we have not now to do. We have now arrived at the following facts, viz.: *first*, the blood on its passage from the stomach to the liver is *without* sugar; *second*, the blood in passing from the liver to the heart and lungs is *heavily loaded* with sugar; *third*, the blood on leaving the lungs is found *to be deprived* of its sugar!

By a series of experiments instituted by M. Bernard, remarkable alike for their ingenuity and their anatomical skill, the following facts were arrived at. But, first, it is necessary to bear in mind that the liver is principally supplied by the *pneumogastric nerves*, that these nerves originate in the *medulla oblongata*, very near the *restiform* bodies; they pass down and enter the thorax, thence to the stomach, where they disappear in a plexus of nerves, from which plexus they spread themselves over the liver; but, before descending to these organs, it should be stated, that a branch is given off which supplies the lungs.

First.—M. Bernard having cut the nerve above-named at the neck, and killed the animal on the day after the operation, *no sugar* was found in the liver.

Second.—He divided the branch of the same nerve which comes off from it, at a point below the origin of the pulmonary branches, thus leaving intact the connection between the lungs and the liver, and cutting off the direct connection between the brain and liver; after this operation the formation of sugar went on as usual.

Third.—By a series of experiments with a sharp-pointed instrument, he produced an irritation of the spinal cord, at the spot where the pneumogastric nerves arise, which in a very short time had the effect of making the urine diabetic.

Fourth.—After the first experiment he passed a current of galvanism *downwards* to the liver, which had no effect, but

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when the same current was passed *upwards* towards the origin of the nerves, sugar was formed in the liver, but in a proportion far in excess of the normal or healthy condition.

From these facts the following deductions are undeniable: 1st, That the nerves cut at the neck were the channels through which the vital force passed into the liver, enabling it to convert the fibrine of the blood into sugar. 2d, That before the liver will act in producing sugar it must receive instructions (so to speak) from the lungs through the nerves, making it evident that the glycogenic function begins at the lungs. 3d, That a deranged condition of the nerve-centre, either by disease or injury, produces a surplus quantity of sugar, which, not being consumed in the lungs, passes on into the renal arteries to the kidneys, by which it is separated with the water that holds it in solution, and thus passing from the body as diabetic urine. 4th, That the disease called diabetes is caused by a diseased state of that part of the brain with which the pneumogastric nerve is immediately connected, or by a disease of the nerve itself. 5th, That no change in the diet of the patient can produce any curative effects, inasmuch as it is merely treating a symptom, instead of the cause of the disease.

Illustration 1.—Mrs. C——, aged about sixty years, who had suffered from general dropsy for several years, had a severe attack of apoplexy, on the evening of the 18th of June, 1856; I was summoned to attend immediately. The usual homœopathic treatment was resorted to at once; partial recovery followed in a few hours, and after close and careful attention for several days, the result declared itself in paralysis of the whole of the left side—a complete *hemiphlegia*—the cause of which was clearly a greater or less degree of effusion on the brain. Steady and gradual, but slow, improvement took place, till about the early part of March, 1858. During this period she recovered the partial use of her tongue so as to be able to articulate tolerably well, and the use of the leg so as to be able to move about with the aid of a cane. The arm remained almost entirely powerless; her appetite was good, and she enjoyed her frequent rides in a carriage very greatly. The treatment was specially directed to the

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brain, with the hope of producing at least partial, if not total, absorption of the effusion. The remedies chiefly used were, Cuprum-acet., Nux-v., Carb.-bar., Phos.-acid., Hell.-nig., Ars., Bry., and Calcar.-carb., with frequent use of Galvanism. The result is seen above.

In the early part of April, 1857, it was found that she had more frequent calls to pass water than usual, and that the quantity was unusually large. My attention having been called to the circumstance I found it to be confirmed diabetes. She passed from eight to ten pints in twenty-four hours steadily, the specific gravity on the 20th of April was 1044—the urine having been recently passed; on the 21st, it was 1050, the urine having been one day old. By evaporation it yielded about one-third of its weight of crystalized diabetic sugar. I continued these tests till the 7th of September following, and though the specific gravity varied from time to time, it never fell any lower than 1035, and never exceeded 1050. I tested it every two or three days, and subjected it to evaporation about once a week. During this time I used the utmost care in the mode of diet; giving to the regimen laid down in the books, and quoted by Dr. Angell, a full and fair trial, without a single particle of encouragement or hope. It made no difference in the specific gravity, and there was no diminution of the usual quantity. I varied, modified and combined the different articles of food recommended with no better results. The general health and comfort of my patient always suffered when put on the routine diet, and showed marked improvement when allowed that which she was accustomed to live on when in perfect health. She had a slight recurrence of apoplexy on the 10th of October, 1858. Two or three slight spasms succeeded each other at intervals of a few minutes, which terminated her suffering, and the most interesting case of the kind I have seen or heard of. How clearly it corroborates and illustrates what has been laid down on the subject in the preceding article will be evident to every intelligent and careful observer. I may state here, that the experience of all I have consulted in reference to this matter—and they are not few—does not differ from my own.

Illustration 2.—R. M——, aged eleven years, the son of a

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New-York banker, was staying in this city on a visit to his grandmother, in the summer of 1858. He was an interesting boy, of a highly nervous temperament and exceedingly restless habits. On the 14th of July, when called to attend him, he was suffering from a very severe dysentery, supposed to be caused by taking cold; he was very feverish, delirious and exceedingly talkative. There were all the symptoms of bilious fever with the complication of bowel complaint. In three or four days, under the usual remedies in such cases his symptoms showed marked signs of improvement, especially the bowel complaint; at this time he showed a tendency to pass large quantities of water, the calls were very frequent and almost day and night. This, as I learned from his mother, had been a very common trouble "whenever he had any fever, or even a bad cold." He now had intense thirst, still considerable fever, and passed from eighteen to twenty pints of water in the twenty-four hours; the color was light, the odor natural, the specific gravity 1010, without any trace of sugar. This was evidently a case of diabetes *insipidus*, the first I had ever seen. I called, in consultation, Drs. Kitchen and Brooks, who had not met with any case of the disease in practice, though the former has, I believe, been actively engaged in his profession for over thirty years, and the latter seventeen or eighteen, from which, as well as from the testimony of others, we may infer the infrequency of the disease; and the few cases I have seen recorded prove that its treatment under the old school has been totally ineffective. Having at the time been well acquainted with the experiments of Bernard, &c., &c., I proposed to my consulting friends, that, taking their conclusions as a guide, the only hope seemed to be in directing the treatment at once to the brain and nervous system, as well as to the febrile condition of the boy, and to disregard the diabetes altogether, viewing it only as a symptom. Both the gentlemen above-named encouraged me in this view of the case and generously allowed me my own way, promising to stand by me and give me the benefit of all their experience and assistance. I commenced with Acon. 2, and Ars. 6, in alternation; which produced some slight improvement. After this, finding that the condition of the brain did not yield as rapidly as I wished, I had re-

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course to Ignat. 2, and Bell. 2, every hour, and a powder of Cuprum-acet. 3, every six hours; the improvement became at once evident, it was steady and progressive, and in about eight days the patient was free from every trace and symptom of the disease, to the great delight of all, and to the astonishment, I must say, of those of us who grappled with a new and dangerous malady by untried means. But success crowned our efforts, because the deductions of science lit the way before the therapeutics of Hippocrates and Hahnemann, and proved that the law, *Similia*, is unfailing when directed *towards the cause*, as well as the symptoms of disease.

I may add that I had a friendly visit from the above patient yesterday morning, (December 29, 1861,) which indeed he has not failed to make once or twice a year since his recovery. He is a fine, healthy, active, and intelligent lad, of about thirteen years of age, and has not shown any tendency to his old trouble since his recovery; and, as he is quite a good classical and English scholar, I infer that he has now a "sound mind in a sound body;" and that, therefore, the brain and nervous system are free from all disease.

It must not be forgotten that the absence of sugar in this patient's urine sustains the deductions already referred to,—that is, that in these morbid or abnormal states, attended by a high degree of fever, the sugar disappears from the urine of diabetic patients.

Having thus hastily thrown together these gleanings, I trust they may lead the members of our school not yet conversant with the works to which I have here called attention, to a careful perusal of them, and that the result shall hereafter be seen in the more rational and successful treatment of diabetes; and that, at least, *to starve a patient to cure a symptom* shall no longer stand as advice in our standard books, nor be enforced on our young and inexperienced brethren.

ARTICLE XLIX.—*Malaria; Heat, appreciated as a Factor in the Generation of Fevers.* By E. M. LAZARUS, M. D., of New-York.

VIERORDT and other reliable physiologists have ascertained that warm-blooded animals exhale twice as much carbonic acid at 30° F. as at 80° or 90°. In warm climates, a rarified at-

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mosphere coincides with the moderate respiration of people disinclined to great physical activity, and exempted from labor to a considerable extent by a prolific nature and the institution of slavery. Hence too little oxygen is breathed to eliminate by the lungs the hydro-carbons of copious nutrition of such blood as belongs to the northern population.

The hydro-carbons not eliminated by the lungs are separated by the liver. The functional activity of the liver thus tasked predisposes to disease. The retention in the blood of either bile itself, or the elements of bile, causes the evacuation of bile in excess; causes bilious vomitings, diarrhœas, sweaty and other phenomena of bilious fever. The accumulation of animal heat by continued exercise in a high temperature, kills by suppressing the pulsations of the heart. In lesser degrees, but still abnormal, it must occasion pernicious effects.

A committee, appointed by the Board of Health, of London, and headed by Southwood Smith, reports as the cause of yellow fever—"Heat and northern blood." That is to say, blood loaded with carbo-hydrates, rather venous than arterial. Cold air prevents or removes this relative overcharge by increased oxygenation. No more yellow fever after frost or a low temperature. Bilious remittents, plague, and generally speaking, other pestilences of warm climates obey the same law.

Decaying vegetation abstracts the atmospheric oxygen and increases the carbonic acid, and though in a degree too limited for us to insist on, this agency is very important, and is to be regarded as an adjuvant. The accumulation of the carbo-hydrates in the blood, with predominance of venosity, characterizes the cold stage of fevers, especially. Their accelerated combustion and elimination coincides with the hot stage.

Northerners bear alcohol better than southerners. Alcohol, like fatty nourishment, increases the carbo-hydrates of the blood and the animal heat while retarding the circulation; but, having a powerful affinity for oxygen, it stimulates respiration, and so facilitates the elimination of the other carbo-hydrates. This goes to account for the usefulness of brandy in the typhoid phases of fevers, as well as for the favorable

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light in which it is viewed as a prophylactic during exposure to the usual causes of fever. During its stimulant action it raises the electrical tension of the organism. The decisive objection to its use is the impossibility of sustaining this stimulant action without irritation and serious mischief to the delicate tissues which it traverses, and to organs whose secretions it impairs.—See *Poisseuille's Experiments.*

Influence of Climate, Season, and Locality.—Given the predisposing influences of climate and soil, the continued remittent and irritative types of fever, which prevail during the dry season of the torrid zone, as the typhoid, the remittent and intermittent during the wet season, while the most formidable epidemics coincide with the full solar action upon soils converted into mud.

The καυσος of Hippocrates is our bilious fever in its most intense form. With this coincide rapid congestions to the encephalic or visceral centres, combining in one series the groups of local maladies, either febrile or apyretic, to which isolation exposes the various organs, viz.: meningitis, encephalites, apoplexies, opthalmias, the exanthematas, many of which have originated in hot climates; and lesions of the digestive and biliary apparatus, gastro-enterites, colites, dysenteries and hepatites, all of which, as even on simple transmutations, the malarial constitution does not fail to set its seal, communicating to them its pathological idiom.

The rainy season completes, by its solvent influence, the prostration of organisms exhausted by the unremitting heats of the preceding hot season. Its first showers slack the pulverized soil, cause active fermentation in its upper stratum of organic refuse, and soon it is all a fetid mud; the torrid zone reeks with pernicious exhalations, chiefly along its marshy coasts, its low grounds, and its tangled forests. Now fall, like thunder strokes, the epidemic fevers, followed or complicated by hepatitis, dysentery, cholera morbus—the local lesions manifesting greater tendencies to suppuration and to gangrene.

While the fevers of the dry season are remarkable for the persistence of their initial excitement up to the moment of their final solution, those of the wet season commence by symptoms of depression and prostration, increasing with the

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decomposition of the organic fluids; thus has it been called the putrid bilious fever, by many observers in hot climates. The extreme danger of this season, even for the indigenous and acclimated populations, is well known to the Africans, who, on the approach of the rains, retire within their huts and light their fires. They attribute pernicious qualities to the rain, and if wet in going out, wash and dry themselves as quickly as possible. Foreigners pay their full tribute of deaths from the second summer to the second autumn month inclusive, the yellow fever harvests them at the Antilles and corresponding cities of the Continent. Escaping this scourge, they run the gauntlet of the other tropic fevers, dysenteries, and the cholera stroke. During the rains very many Europeans at Calcutta, at Chandernagor, Java, Batavia, and Senegal perish. Four-fifths of the whole mortality at Senegal, says Thevenot, correspond to the rainy months.

During the intermediary seasons of the torrid zone, atmospheric commotions disturb the equilibrium between the cutaneous transpirations and the mucous secretions. Malarious influences now less directly preponderate, and act but as a predisponent to the bronchites, pleurisies, pneumonias, anginas, and rheumatisms, the eruptive fevers, neuralgias, and convulsive types, which attack the debilitated natives and creoles in preference to new comers. Phlegmasias of the air passages often lead to pulmonary phthisis, which then runs through its fatal course most rapidly. Let us note in this connection, that in temperate climates it is especially on the exterior borders of malarious districts where intermittents are less frequent, that phthisis most prevails. This subject will receive more ample development.

Besides the influences of altitude and latitude on the temperature of climates, it is necessary to observe the isothermal lines, which are far from practically coinciding with the geographical parallels. Intermittent fevers, rare at St. Petersburg, which is built among marshes, in lat. 59°, and which are absent in Asia above 57°, prevail in Sweden beyond 63°; and reach, McKenzie tells us, the Shetland Islands to the west. The boreal limit of intermittent fever is then confounded with the isotherm represented by a mean annual

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temperature of 5° C., with a medium of 0 in winter and of 10° in summer.

Between the extreme limits where their reign expires, paludal fevers manifest a frequency and an intensity proportioned to the atmospheric heat. This rule, according to M.M. Fournier and Begin, suffers few exceptions, and results from the history of endemics in the different marshy countries. In Holland, intermittent fevers, quartan, tertian, or quotidian, attack a great many individuals; but their march is slow and permits free range to the resources of therapeutic art. In Alsace, intermittents abound, but their pernicious form is very rare. Pass into Hungary, and you will see these maladies assuming frequently the remittent type, and complicated with symptoms of the dysentery called putrid. About the Pontine Marshes at Rome, and in the Maremma of Tuscany the intermittent type is rare, while the remittent and continued often break forth with ataxic phenomena. Spain reflects in its endemics that scourge which desolates the coasts of Africa and America—black vomit, icteric surface, violent delirium, &c. In countries still nearer the line, which undergo at certain seasons the maximum of miasmatic influence, under the two-fold conditions of humidity and excessive heat, accelerating the putrefaction of organic matters within the spherical limits peculiar to febrile diseases, we have the yellow fever, the putrid dysentery, the cholera, terrible masks of one essential malady under a certain number of special conditions, inherent to localities, but the first of which is indisputably the exuberance of the toxic principle of marshes. It will not escape the observer, that in this progression from temperate countries towards the torrid zone, the phases of vegetation become at once more vigorous and more varied, and the generation of all kinds of insects and of reptiles more abundant. The circulation of matter is more rapid, the foci of organic fermentation multiplied, and a more deleterious energy imparted by the nature of their materials. In one and the same country the succession of seasons repeats, up to a certain point, the effects of climatic progression in temperature.

In temperate climates the winter annihilates the influence

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of marshes by crusting them with ice. In the spring, nearly submerged by copious rains or by the melting of snows, their influence is feeble. During the great heats of summer most of the liquid mass evaporates, the muddy bottom is exposed, its polluting myriads of plant and animal organisms perish and putrefy, filling the air with their effluvia; the close of summer and the early fall bring the explosion of those endemics proper to the site. In Algeria, Corsica, and Italy, as in the swampy districts of our Eastern States, it is healthy enough through the spring and early summer; then, progressively, until the end of October or the early frosts, maladies increase in ratio to the temperature, pass from the intermittent type to the remittent and continued, simulating the pathologic forms which belong to warmer climates.

In marshy locations the greatest mortality corresponds to the hot months; in the absence of marshes, to the cold and humid months. In the climate and local conditions of Paris, whose miasms are chiefly those of confined air and animal or fæcal effluvia, generating the typhoid and not the paludal types, the number of sick and the greatest mortality is from November to April, the least from May to October, just the opposite to what is observed in Algeria and other climatic spheres where paludism exerts a considerable influence. While, with regard to fevers of the western hemisphere, the late summer and fall months are most fatal, local peculiarities render the spring months more dangerous in the Oriental spheres of the plague. For it is in June that the Nile periodically overflows, reduces to their minima the phenomena of decomposition and evaporation from the soil, and gives the inhabitants fresh instead of putrescent water to drink. As soon, says M. L. Roche,* as the season of the inundation terminates that of vegetation begins, and with it the plague reappears. The disease disappears in proportion as the heat becomes intense and as humidity is banished; plague ceases completely when the earth is made dry by the heat of the burning sun. The country is cracked throughout its whole extent, as if to open its breast to the approaching inundation.

* Dict. de Med. et de Chir. Prat.

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Constantinople has in its vicinity twenty square miles of marsh, surrounded with a level country. The plague, whose occasional visits coincide with the time when it ceases in Egypt, generally disappears with the frosts of October and November.

Hippocrates, Mercurialis, Gassendus, Dr. Mead, and our cotemporary authorities all agree concerning the pestilential constitution of the air during the prevalence of the Egyptian plague. It is stopped, says Dr. Mead, while the heat of the season increases upon the emendation of the air in other respects. At Smyrna, the plague, which is yearly carried thither by ships, constantly ceases about the 24th of June, by the clear and dry weather they have at that time, the unwholesome damps that annoy the country in the spring being then dissipated. The heat of the air is, however, of so much consequence, that if a ship brings it in the winter months, from November to February, it never spreads until later in the year. The seeds of the last plague in London, upon its first entrance, confined to a house or two, were preserved through a hard frosty winter, and again put forth their malignant quality as soon as the warmth of the spring gave them force; but, at the latter end of the next winter they were so suppressed as to return no more, though in the month of December more than half the parishes were infected. Thus, in the great plague of Genoa, eighty years ago, the first summer, about 10,000 died; the winter following, hardly any; but the summer after not less than 60,000. Likewise the last plague in London appeared at the latter end of the year 1664, and was stopped during the winter by a hard frost of nearly three month's continuance, so that there remained no farther appearance of it till the ensuing spring.

The plague is a type of the warm season, essentially malarial, yet a type of transition between these and the annual septic poisons, which it simulates by its march, and its special affection for the lymphatic system.

The yellow fever and the cholera are twin types of the eastern and western hemispheres, both effecting the prompt decomposition of the blood, of which the former evacuates the cruor, the latter the serum into the intestinal cavities.

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The cholera is in the highest degree the exponent of the electrical factor in malarial diseases, and gives points of close contact with the algid pernicious remittent, the "*collapse*" being common to this with the yellow fever and cholera. Yellow fever is the most intense febrile expression of those unknown malarial poisons characterized by incubation and the generation of circumscribed local infections. These three intense types are neutralized by very moderate altitudes; the yellow fever requires the highest temperature. The cholera is less dependent on importation for its propagation than the other two, yet has often been reproduced by contagion during its prevalence as an epidemic. It is less exactly amenable to climate and season than either of the others. Craig pretends that the electrical variation is more sudden and intense for yellow fever than for plague, while cholera depends on a permanent reduction of the electric tension whether by evaporation or meteorologic causes.

The soil of cultivated Egypt, or that of Syria and Europe, lying under milder climates, will in fact undergo a slower but more constant evaporation than that which is either untilled or exposed to a dryer atmosphere and intenser sun; a very low electric tension will here rapidly alternate with insolation, especially on the Pacific coast, where the nights are so cool.

Rio Janeiro, placed near an extensive swamp, is not a focus of yellow fever. Agues there reveal malari of less intensity. Although in the torrid zone, Rio is south of the line and in the direction of those latitudes where neither hemisphere presents the febrile types of malaria, but the Western Oceanica (Tahiti, &c.) remarkable proclivities to pulmonary phthisis. Now Rio has a special hospital for phthisis, which holds, say Drs. Sigaud and Jubier, cited by Michel Levy, a prominent rank in the pathology of Brazil, and especially of southern Brazil. We naturally expect to see the malarial fevers diminish in intensity before entirely disappearing, and under the sun of Brazil, with its abundant rains and overflowing rivers, the rarity of pernicious fevers is equivalent to that of simple ague, in the cooler climates of Europe or New England, where phthisis has been seen to prefer the outlying borders of malarial spheres.

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Acclimation.—We must distinguish in this question the susceptibilities and immunities dependent on *race* or individual constitution from those of habits within a limited term of years. The negro is by privilege of race, comparatively safe where the white man is quickly destroyed by remitteut or yellow fever. The negro enjoys no such immunity from the Egyptian plague; to generalizefrom certain observations, he would seem to be peculiarly susceptible to it.

The natives of Hindostan suffer by cholera more than the Europeans among them. The acclimation of a local population with regard to intermittent and remittent fevers is a real guaranty, so far as regards violent disease and immediate danger to life, but not as preventing deterioration of constitution. A given number of generations reveal this among the population of malarious regions. They are notably inferior in vigor and health to those of other districts.

Population and Depopulation.—Under this head are naturally combined many influences, positive or negative, only a part of which can be separately appreciated. The modification of the air by numerous fires, by the chemism of various effluvia from factories, the protection afforded by walls, the impression of different morbific miasms of animal origin, &c., &c., account for the comparative rarity of intermittent and remittent fevers in populous towns; and, it would seem, that even in rural districts, the same influences may be very potent. The Italians date the malarious fevers of their Maremna back to the great plague of the sixteenth century, which depopulated that district; since then the inhabitants have never been sufficiently numerous to counteract the bad air, and the pestilence increases as agriculture declines.

In 1805, says Bishop Heber, Meer Khan laid waste all the Pergunnahs, amid which stands the city of Ruderpoor; before that invasion a large and healthy place, inhabited all the year through without danger or disease. But the population has never recovered from the check it then sustained; the country has become since then continually more and more unhealthy, and the Police Thanna can hardly keep up its establishment because its soldiers and servants die off so fast at Ruderpoor. Some diseases particularly affect dense popula-

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tions, others sparse populations. Cholera, typhoid fever, and typhus are in the first category; intermittent and remittent fevers in the second. Thus they mutually respect each others' local spheres, to a very considerable extent at least.

Waters in Vapor.—Great mists or fogs obscuring the air have been almost invariably concomitants of pestilence, viz.: that of Egypt, in the time of the Pharaohs; those of Rome, A. D. 252 and 746; also, B. C. 296, when there was a remarkable darkness, under cover of which the Samnites attacked the Roman lines. During the prevalence of the black death of the fourteenth century, we hear of the black stinking mist that overhung its march. A dense and awful fog, says one writer, was seen in the heavens rising in the east and descending upon Italy. So, on the first appearance of cholera, at Dantzic, on the 27th of May, there was a very unusual dense mist, and it became dark long before sun-set. This mist was reported as having a peculiarly disagreeable taste and smell, so that those exposed to it had to wash the mouth with water. A similar mist appeared just before the cholera broke out at Rheinfelt, and again in Dantzic, on the 8th of June following. The cholera touched very lightly the classic ague ground of Cambridge, and others of England.

The miasm of yellow fever, remarks Dr Wood, whether ferment or animalcular in its nature must be in some way connected with animal matter; for it is generated, or at least is effective only where men congregate. Hence its origin in cities, garrisons or ships where animal excrements and their effluvia are mingled along wharves in docks with vegetable decay, or in ship's-holds with bilge water and confined air. only after the growth of modern cities since the Spanish conquest do we hear of it along the Mexican coast. Endemic or original, like the special organic germs, plants or animals, only in a limited region of the globe, it has like them its possible sphere of propagation, more extended but still limited and within which alone it finds the proper materials and conditions from which, or in which, to generate its own likeness. Hygienic indication: to attack the forests and swampy districts to be reclaimed for culture never by isolated families but by industrial armies, who commence by erecting

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a unitary quadrangle, triangle, &c., presenting no windows or doors to the side of the dangerous quarter, and concentrating their social and industrial operations as far as possible in their interior.

Huc has the following account of the origin of the cholera from a great number of the inhabitants of the province of *Chautong* who were witnesses of what they related. In the first year of the reign of the deceased Emperor—*i. e*, in the year 1820—a mass of reddish vapor was noticed one day upon the surface of the yellow sea on the coast of Chautong. These vapors were at first light, but gradually increased, became condensed; rose little by little above the surface of the water, and at last formed an immense red cloud which remained for several hours floating in the air. The Chinese were seized with terror and by superstitious practices, such as burning vast quantities of magic paper, which they flung into the sea, and by frightful vociferations, &c, sought to conjure away this unknown misfortune, but a violent wind began suddenly to blow, and dividing the clouds into various columns, drove them on towards the land. These red vapors spread in a winding course along the hills and valleys, and swept over the towns and villages and wherever they passed, men found themselves attacked suddenly by a frightful disease, which in a moment deranged the entire organization and changed a living man into a hideous corpse. Striking alike on rich and poor, on old and young, and apparently in the most capricious manner, but always affecting in its march the most populous towns. According to all that the Chinese have told us of this terrible malady, it was incontestibly the cholera. It ravaged first the province of Chautong, then turned northward to Pekin, where its victims were proportionally more numerous than elsewhere. Thence it crossed the great wall and faded away in the land of Grass. It probably followed the route of the caravans as far as the Russian station at Kiathka, and after passing through Siberia, invaded Russia and Poland, whence it made a bound to France, after the revolution of 1830, just ten years after it had issued from the bosom of the Yellow Sea. The first appearance of the cholera in India is signalized in 1781, (41 years previous to the Chinese date)

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when this malady raged in a regiment stationed at Ganjam, a town on the Malabar coast, 535 miles N. E. from Madras. The following year it attacked the garrison of Madras, then after a quiescence of nearly 35 years, it appeared again in 1817 at Jessora, a small town of Bengal. Four years after it had reached the mouths of the Indus and the next year ascended the Persian Gulf, arriving at Bagdad, Bassora and Ispahan in 1821. After this fashion it pursued its general course to the northwest, over Asia, Europe and America, at the same time that it gained a sphere of radiation along the coasts, river courses and recent geologic formations of each of the countries invaded, exhibiting in these local sides alternations of absolute or relative quiescence and of recrudescence in all its intensity. On one of these recrudescences in 1827 it first crossed the Himmelaya chain towards its western expansions. The Caucasus was evaded by coasting the Caspian sea in its passage from Georgia to Russia in Europe. The Alps of the Tyrol again arrested it in its westward course; it did not pass southern nor central Germany, Bavaria or Franconia, but only found an outlet to the northwest through Riga. Old Prussia, the Elbe, and Hamburg, which it reached in 1831, while the same year it reached Vienna, through Odessa, Moldavia, and Hungary. London, Edinburgh, Dublin, and Paris were all attacked early in 1831. The radiation from Paris had reached Quimper, one hundred and twenty leagues to the northwest, before it had traversed thirty leagues southward, and it had crossed the ocean to Canada before arriving at Dijon, in June, sixty leagues south of Paris. The summer sufficed for the occupation of our Northern States. New-Orleans was reached in November; next year Mexico and the Isthmus of Panama; when, as if returning by a southern route to its point of departure, it appeared for the first time in Lisbon, June, 1833, thence radiating eastward along the countries of the Mediterranean. The radiation northward was on this occasion as slight as the year before had been its radiation southward. Two years were each time occupied by its passage through Europe, from east to west, then from west to east, and the form of this passage was a long ellipse like the orbit of a comet, the central regions of which re-

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mained nearly intact as well as the countries which lie beyond it on either side. Thus Switzerland, which forms with its Alps, the nucleus of Europe, was exempt, as well as those countries, France, Germany, and Austria, including Tyrol, Savoy, and the Voralberg, which constitute prolongations of the Alpine lands, and are watered by the Rhine and Rhone from these sources.

The same general field and routes were resumed by the cholera of '48 and '49, although with many subordinate differences of route, the most remarkable of which was its direct transmission from England to New-Orleans, the first American city attacked in '48, while France was this time the first European country attacked in its return from west to east. Both epidemics were preceded by the grippe, as a forerunner westward, and this is the more remarkable, from the correspondence of the grippe with an excess of ozone in the atmosphere, while the cholera and other gastro-enteric epidemics coincide with a deficiency of ozone. In the three cholera epidemics of '32, '49, and '53, the most striking similitude has been observed of the action of the cholera miasm at all points of the city of Paris, so that the same dates and almost the same hours mark the commencement, the apogee, and the decline of each of these periods, for all the quarters as for all the categories of inhabitants. In Belgium, it was remarked that the cholera generally spared those localities where the intermittent fever is regarded as endemic, and those most covered with water. Over all Russia, intermittent fevers preceded the advent of cholera as well as the usual predisposition to gastric disorders. From the statistics of cholera taken in all parts of the world, we are led to conclude, that its atmospheric miasm cannot dispense with certain endemic conditions, the chief of which are the presence of fermentescible organic matters, hence the chief prophylaxy consists in cleanliness, internal and external. Its power of communication by personal contagion, is dependent on the presence of matters, whether of the soil, excrements, or garments, capable of constituting a sphere of infection. It is not impossible that the air respired, or the sweat exuded by a cholera patient, should act as the exciting cause of

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cholera in another subject of the same atmospheric constitution; but there is, properly speaking, no personal virus susceptible of inoculation, and the report of the English Board of Health for 1848–49, is consonant with general experience, to the purport that the cholera is propagated exclusively by infection. This infection may have numerous sources—the miasms of sinks, of ponds, of privies, of cemeteries—it may emanate from a mass of human beings crowded together, but not from one individual to another without the intervention of a favorable local sphere. It is essential to disseminate populations, to transport them to well-aired mansions, or to the open fields, while the different sources, or media of infection should be removed, the streets and sinks purified with running water, all parts of all buildings aërated, and a free use of lime and other disinfectants be made wherever putrescible matters may exist.

Among the facts ascertained, is that of infection by handling the clothes of a cholera patient, as in the following case. A woman, residing at Nogent, died of cholera on the 2d of June, 1849. Her husband hurried in, removing to Condé-sur-Huisne, a bourg in the department of the Orne, distant sixteen miles from Nogent, carrying there the personal effects and linen of his wife, without the precaution of having them previously bleached. A neighbor, in Condé-sur-Huisne took the clothes to wash them, and within fifty hours died of cholera. Neither before nor after this case did any other occur in the whole Commune of Condé.

That the English Board of Health was far too exclusive in its denial that cholera could be transmitted simply from one individual to another, is evident from facts like the following: On the first of June, 1849, a woman left Courville, where the cholera prevailed, and repaired to Aubées, one hundred and fifty miles distant. She was seized the same evening with the cholera, and died on the 3d instant. Her neighbor, who alone had taken care of her, was attacked on the 5th, and died on 7th. On the 9th, her daughter, who had come from the village of Brivollière, near Aubées, to nurse her, was struck in turn, and died on the 14th. Neither before nor afterwards was there any other case of cholera in all the country.

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The only true safe-guard which quarantines can afford, consists in the absolute prevention of approach, such as the bad state of the roads on the Isthmus of Panama, which, in suppressing communications between its farms and villages, and the route of transit, effectively prevented the extension of cholera to them, while it raged at Chagres, Carthagena, St. Martha, ascended the Rio Magdalena, sole route open to commerce, and devastated all the villages upon its banks, until arrested by the high table-lands on which stands Santa Fe de Bogota. It followed the main route of travellers, taking Cruces, Gorgona, and Panama in its way to the Pacific coast.

Mr. Thom, of the British Army, mentions the comparative effects of dry and of moist air on a party of soldiers descending the Indus. "It is a curious fact, that the influence of the sea breeze is seldom felt higher than Schwan. Descending the Indus, in April, we did not meet this till near Hydrabad, after which we encountered a westerly wind of great strength and steadiness, as far as Tatta, where cholera often prevails. The effects of this wind on our men, cooped up in steamers, and coming down from the dry air of Upper Scinde, was by no means unlike mild attacks of cholera, and on board one of the vessels the sudden appearance of many cases of diarrhœa in one night, led them to apprehend an outbreak of the disease in a grave form. Still more marked, on another occasion, was an attack of cholera, limited to part of a boat load of men who kept on their wet clothes all day, after having been drenched by a shower. The abstraction of heat and electricity from the skin in evaporation, was here the only appreciable cause. The weather, in June, at Kurrachee, at the time the cholera broke out, was such as to constitute a permanent vapor-bath. The thermometer stood 86° at night, in good houses, while in the tents of the soldiers, on a central pole, five feet above the ground, and in a thorough draught, between the doors, it stood at 104°. The dew point was at 83°, giving 12·19 grains of vapor to each cubic foot of air. The winds were light and unsteady. The slightest clothing could hardly be borne; the skin was corrugated and thickened, as though long immersed in water. There was a stifling oppression of breathing, and the slightest fatigue caused exhaustion. It

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was impossible to sleep at night, or to throw off a sort of torpor during the day. Before the cholera appeared it was generally expected."

Connected with the topography of cholera there are certain facts which remain insufficiently explained, and on which, only travellers acquainted with the sites in question, can comment. Such are its manner of keeping either to one side of a stream, leaving the other untouched, or suddenly passing from a town on the left bank, to one on the right, and reappearing as unexpectedly at some distant town on the left bank, leaving the intermediate towns unvisited. The direction, up or down stream, seems to have been indifferent; for, as Mr. Ross remarks, it travelled up the Ganges and Volga, down the Nerbudda, the Don, and the Rhine. The inundations to which almost all the Indian rivers are subject, place the towns and cities in the centre of immense collections of water, which, during their subsidence, send up a copious evaporation. Is this equally the case with the towns that were visited and those that were spared? Mr. Gendrin, in his work on the cholera of 1832, shows that in Paris, the mortality in particular districts bore an exact relation to their proximity to the river, irrespective of the character of the habitations or the trades and pursuits of their occupants, and was greater on the lower floors than the upper, and worst in the basements.

More than half the deaths in the whole country occurred in London, Liverpool, Hull, Bristol, Plymouth, Portsmouth, Southhampton, and Tynemouth. On the low alluvial soil of the deltas the mortality was as 125 to 10,000 individuals, this includes the large ports. In the secondary ports, it was 47 to 10,000. In the small ports and other coast districts 15 to 10,000. After abstraction of the sea and river margins and the large towns, the mortality in the rest of England was as 12 to 10,000.

The marshy districts of Lincolnshire and Cambridgeshire suffered very little; North Witchford, Whittlesea, and Wisbeach, Romney, and some of those of Essex and Kent escaped altogether. So did eighty five districts remarkable for their elevation. In seventy-five districts there was no cholera, but some diarrhœa. In these two classes the average annual mor-

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tality is only 1·75 to 1·90 per cent. In London, under twenty feet above high-water mark, it is 2½ per cent.

London, on the south side of the Thames, was once a marsh, and has a much lower level than the north side; in large districts, even six inches below high-water mark, and very ill-drained. The proportion of cholera cases on the south side, as stated by Mr. Ross, was nearly four to one on the north side—respectively; south side, one case to sixty-four inhabitants; north side, one case to two hundred and thirty-six.

Similar local conditions have invited, he observes, the ravages of cholera in the Sunderbunds, on the Delta of the Ganges, and along the other rivers of Hindostan, at Bagdad, Bassora, and Bushire, towns in the Delta of the Euphrates, and on the Persian Gulf, where from one-sixth to one-third of the inhabitants perished. Again, on the delta of the Nile, and in Syria, in Moscow, situated in a plain, and St. Petersburg, built on piles driven into a marsh. In England, the cholera was three times more fatal on the coast than in the interior, the fatality was greatest in the chief seaport districts.

A most distinctive feature of cholera, says Mr. Jameson, is its tendency to spread along the banks of rivers independently of human intercourse. It may pass along one bank without touching the other, although free intercourse goes on, and then suddenly crossing the river, traverses in an opposite direction, the bank hitherto untouched. When it enters a town, it selects the lowest and dampest quarters for its attacks. This was the case in India, Persia, Russia, Hungary, Prussia, and England. Jungle or marshy country, however, by itself, is not always the most favorable for its development. Tabular statements show that, the greatest number of attacks have occurred on cotton soil, which is described as open country, nearly one-third on the banks of rivers and one-half within five miles of them. For the first three years in India, the Himmelayas resisted its progress. It afterwards attacked the towns on the lower plateau, and it is a singular circumstance, which after observation has confirmed, that the percentage of attacks to the number of inhabitants was much less than in the lower regions, while the fatality was exceedingly great. Dry, sandy soils, however unfavorable to its development, are

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not exempt, as was witnessed both in Arabia and India." It remains to be examined whether water here existed a little below the surface, giving rise to evaporation and nocturnal reduction in the electric tension beyond the normal limits of health. Moisture, however favorable, is not essential in excess at least, to the development of cholera. In Russia it broke out two or three times when the thermometer was 20° Fah. and where the air must have been nearly dry. Here, however, the problem is complicated by the in-door life of a people known to be filthy in their habits, and whose stove-heated rooms may have been damp. Occult influences of volcanic origin might also diminish the electric tension of the atmosphere at a low as well as at a high temperature. Mr. Thorn, an army surgeon, writing in the *Med. Times*, for 1848, states that "cholera is found to prevail with greatest intensity and extensive diffusion where a high temperature succeeds to dry winds, the air saturated, or nearly so, and the winds feeble or checked by natural obstacles. A predisposition to the disease is exhibited in the gastric derangements, which are frequently found when the moist winds prevail." Livingstone, in his African Travels notices the prevalence of fevers under exposure to the cold east winds, coming over extensive flats inundated by the Chobe, and in other districts where rain-pools were being dried up. They commenced with the usual symptoms of stopped secretion, shivering and chill, while the skin remained hot to the touch of another's hand. Occasionally the quantity of moisture in the atmosphere is greatly increased without visible cause: this imparts a sensation of considerable cold, and causes among the natives so much disease, that the season is called "*casueirado*," (the *sheep slaughter*.) Beyond the Orange river "rain very seldom falls during winter, cold and damp are never combined." That is the true Cape or Bechuana climate, highly salubrious.

Influence of Winds.—At Constantinople, says Dr Copland, (Dict. Vol. III. p. 219) the north-wind, called the Tramontana, which is dry and cool, prevents or arrests the progress of the distemper, whilst the sirocco or south-wind, which is both warm and moist, favors the development and spread of the malady. High winds, especially when they are

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dry, remarkably diminish the infectious disposition, and arrest the propagation of the disease. The Harmattan, a remarkably dry north-east wind, occasionally blowing for several days on the west coast of Africa, has repeatedly been observed to suspend the infection of small-pox, and even the inoculation of that disease is usually inoperative while it blows. Inferences of practical hygiene lead to the ventilation, natural or artificial, of streets, houses, or tents, under which the winds in passing, may dissipate or dilute morbid emanations, and contribute to elevate the electrical tension. Other precautions, the best of which are the kindling of fires in closed apartments, and the use of non-conducting garments, are indicated against the depressing influences of the moist sirocco, during the prevalence of which the hygrometer falls as Dr. Hennen informs us from 10° to 20°, while stone floors and other condensing surfaces are wet; and either physical or mental energy is suspended, exhausted, and prostrate, the sick and weakly convalescent suffering most. This wind blows from the Lybian desert over the Mediterranean about the end of summer, or early autumn. A medical committee reporting on epidemic fever in Hindostan, remarks, that marshy situations do not appear of themselves to be sufficient to render such affections epidemic; but also the super-agency of a close, moist, sultry heat, and imperfect ventilation, copious rains, falling out of season, after hot weather and in calms.

Mr. Orme, "History of Hindostan," tells us that in March, 1857, the south-west monsoon was so violent as to break completely over the western Ghauts, and descend in vast floods into the Coromandel side of the peninsula, destroying crops just ready to be cut—sweeping away many of the inhabitants—and ultimately, by creating a powerful evaporation during a sultry heat, producing an epidemic very fatal in its consequences.

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ARTICLE L.—*Surgery.—Immobility of the Jaws of seven years' duration.— Operation.— Cure.* By WM. TOD HELMUTH, M.D., of St. Louis.

IMMOBILITY of the inferior maxillary bone, causing closing of the jaws, is an affection which fortunately is of comparatively rare occurrence; and as gradually the employment of poisonous doses of Mercury is becoming unfavorably regarded by the allopathic portion of the profession, there is no doubt that such unfortunate occurrences will be still less frequent. Speaking of this deformity, Dr. Gross, (*Operative Surgery*, vol. ii., p. 584,) remarks: "The most common cause, according to my observation, is profuse ptyalism, followed by gangrene of the lips, cheek and jaw, and the formation of a firm, dense, unyielding inodular tissue, by which the lower jaw is closed and tightly pressed against the other. Such an occurrence *used to be* extremely frequent in our Southwestern States, *during the prevalence of the Calomel practice*, as it was termed, but it is now fortunately *rapidly diminishing*."* The same author appears to have encountered quite a number of such cases during his residence in Kentucky, and, upon referring to Dr. Mott's record, which he has published in the appendix to *Velpeau's Surgery*, it will be found that many persons suffering from this affection, who applied to him for relief, resided in the southern and western portions of the United States. The prevalence, therefore, of such disorders in the west and south, can very truly be attributed to the too free exhibition of mercurials in the fevers peculiar to those sections of country.

Besides these abuses of Mercury just referred to, other causes may be enumerated, as anchylosis of the tempero-maxillary articulation, in consequence either of arthritic disease or traumatic lesion, in either of which cases an effusion of plastic element may be thrown out around the joint, which finally may be converted to cartilaginous or osseous formations, effectually impeding the motion of the jaws. Again,

* The italics are not in the original text, but are inserted here to call the attention of the reader to a candid confession.

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the pressure of a neighboring tumor may produce a similar result, and an entire osseous connection may take place between the jaws in any part where the previous disease has manifested itself,—either between the ramus of the inferior and the boss of the superior maxillary, or between the alveolar processes; or, as Mott observes, "by means of a bony plate which extends from the coronoid process to the superior maxillary bone."

From no matter which of the above-mentioned causes the closure proceeds, it is certainly a difficult and tedious affection to treat, and the prognosis at all events very doubtful. A patient presents himself with very imperfect speech, partial or total immobility of the jaws, the gums, cheeks, and lips grown firmly together, with considerable deformity of the chin, and says to you, or rather endeavors to say to you, "Doctor, what can you do for me?" If the physician understands his calling, is acquainted with surgical literature, and the experience of those who have treated such diseases, he will say, "I don't know." The humiliation of such a confession will not be of long duration, and will be infinitely more pleasing to the poor patient than a broken promise of immediate and permanent relief. A prognosis cannot be hastily formed in such cases, because it is impossible to state certainly, by what means above-mentioned the jaws are closed; perhaps it may be one, perhaps another; or, as in the case about to be recorded, two or three substances may firmly unite the maxillæ. In his chapter on this subject, Dr. Mott says, "It is in our opinion an important surgical subject, and especially so, since it is one which is frequently very difficult to treat." Gross, also, in his article writes as follows: "When the immobility depends upon the presence of inodular tissue, the proper remedy is excision of the offending substance, an operation which is both tedious, painful, and bloody, and unfortunately not often followed by any but the most transient relief, owing to the tendency of the parts to reproduce the adhesions, however carefully and thoroughly they may have been removed. * * * * * The great difficulty, however, is *the obscurity of the diagnosis.*"

In general, however, it may be considered that the joint is

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affected with spurious anchylosis, true synostosis not having occurred within the capsule, while along some portions of the bone osseous connections may have been thrown out—while, nevertheless, muscular contraction, fibrous tissue, cicatrices, or even fibrous degeneration of the articular cartilages, may hold the jaw perfectly immoveable. In the diagnosis of such cases it is well to bear in mind the advice of Brodhurst,* who thus writes, p. 32: "False anchylosis is the rule, it is so common, that adhesions should always be held to be fibrous until they are proved to be bony. Immobility alone is not a sign of synostosis; it not unfrequently exists where the adhesions are fibrous. And even where Chloroform has been administered immobility may be as great as before.. * * * * * Whenever the muscles can be thrown into action, so as to render the tendons prominent and tense about a joint, the adhesions are not bony."

With these remarks upon the affection, we will proceed to the details of the case, presuming, however, that in many instances, when there is complete immobility of the temporo-maxillary articulæ, there also exists more or less deformity of the face, and sometimes quite hideous appearances presented by former loss of the soft parts in the vicinity of the mouth.

Mary C——, a resident of a small town in the interior of Illinois, was sent to me by a physician of that State, to ascertain if any means could be devised to alleviate her condition, which certainly was extremely distressing.

About nine years ago she supposed herself to have been severely salivated, at all events, from cross-questioning, I learn that there was profuse ptyalism, and to use her own expression, "a great sore appeared on the inside of the right cheek," the gum being affected and the bone involved. Her friends state, that her life was one of acute and continued suffering for two years, during which period there was a constant discharge from the diseased surfaces, of a thin sanious fluid, of such offensive character, that she was disgusting to herself and her attendants, and an object of pity to all who were ac-

* "Practical Observations on the Diseases of the Joints involving Anchylosis, and on the Treatment for the Restoration of Motion." London: John Churchill. 1861.

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quainted with her condition. For about twelve months all efforts to heal this ulceration proved ineffectual, until finally, disheartened at the unsuccessful attempts of a scientific profession, she made application to a root-doctor, who, by the use of a vegetable salve, healed the sore, but neglected the precaution of interposing foreign material between the ulcerated surfaces of the cheek and gum. The result was, as should have been anticipated, firm adhesion of the cheek to the gum of both jaws, which, by the contraction of the cicatrix, were drawn tightly together, until finally, when the healing process was completed, the cheek of the right side presented a hard unyielding surface, with a scar from three to four inches in length and resembling cartilage, on its lower border. The inferior maxillæ was drawn backwards, the teeth of the lower jaw were forced upwards under those of the upper, the chin shortened, and the line of the inferior maxillary, on the right side, impaired—it curving slightly inwards. These adhesions extended to the vermillion border of the lips on the same side, and the commissure of the mouth was converted from an angle to a semi-circular border of firm tissue, connected to both jaws, and about half an inch to the right of the original point of the commissure.

After this portion of the sore had healed, leaving the parts in the condition mentioned, disease attacked the globe of the right eye, ulceration and perforation of the tunics followed, the humors were evacuated and sight was necessarily destroyed; necrosis of the external angular and orbital process of the frontal bone then supervened, pieces of which came away with the discharge. The entire eye now was destroyed, and the upper lid, throughout a part of its extent, has grown to the bone. In about twelve months these ulcerations were healed—by what means I am not aware—and since that period to the present, a space of over seven years, this poor woman has been unable to move her jaws, her speech being necessarily much impaired, and the power of masticating entirely wanting. During all this time she has subsisted by taking liquid nourishment, soup, tea, coffee, milk, &c., through a slight irregularity of the teeth of the left side, and has enjoyed tolerable health. During this period several teeth and pieces

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of necrosed bone were cast off into the cavity of the mouth; these *she was obliged to swallow*, from the total inability to open the jaws to a width sufficient to expel them.

Such then was the case, and such the history thereof. Though it was a question as to the character and quantity of the substance that held the jaws so firmly together, I determined at all hazards to risk an operation, that might perhaps relieve the miserable condition of the patient; and, accordingly, on Monday, 23d of September, in the presence of Drs. Fellerer, Comstock, Vastine, Godfrie, and others, the patient, having been placed fully under the influence of Chloroform, and being seated under a window, I proceeded to dissect up the cheek from the jaws. It was thought advisable to make the whole of this separation without an external wound, which would necessarily be torn apart, or at least put upon considerable strain at every forcible attempt to depress the inferior maxilla. The adhesions were extremely dense, extending in firm cartilaginous bands from jaw to jaw. There was considerable flow of blood during this operation, after which the endeavor was made to depress the lower jaw, and although all the force I could command was applied in various ways, not the slightest movement could be accomplished. In these frequent trials portions of bone came away from the right side of the jaw and one of the lateral incisors was broken. The operation was here discontinued, as it was evident that *bony union* had been effected; the osseous bridge being distinctly felt by the finger. It was then concluded to defer any further operative procedure for the present, and a piece of gutta percha was inserted between the raw surfaces to prevent the reunion of the parts.

On the next day, the wound began to discharge a most unhealthy and ill-conditioned matter of great fœtor, the apartment which she occupied was noisome from the smell, and it became necessary to use disinfectants to counteract the effluvia. On the 25th I removed the gutta percha from the cheeks, took away several portions of the bone, ordered the inside of the mouth to be syringed with Calendula water two or three times during the day, and with weak Kreosote-water at night. A thin, small stream of water could be poured into the mouth

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between the irregularities of the teeth on the left side, through which, however, the thin blade of a small spatula could not pass; but the closure was so perfect on the right side that no fluid could find entrance, no matter how small the stream or how forcibly injected. During the next few days the fœtor from the wound began to be less intense, and the discharge to assume a more healthy aspect. During which time I had prepared some iron wedges, quite long and with a gentle bevel, coming to a fine edge, and the instrument recommended by Dr. Mott, to be used in these operations.

On the next day, the patient being under the influence of Chloroform, by gradual, but very forcible pressure, the wedge was entered on the sound side and the jaw very slightly depressed; but the extension appeared only to be on that side, and to be caused by the strain on the tendon of the temporal and fibres of the masseter. These operations were continued daily for a week, the patient being at each period under anæsthetic influence, but complaining bitterly at each time of the severe pain. Several teeth were broken during these procedures and were afterwards extracted. During this period the wounds from the recent dissection had almost healed, the fœtor had disappeared, and I accordingly determined to sever the bony bridge of connection between the jaws. This was effected, first by the introduction of a small awl, then by a chisel and a metacarpal saw, the latter being used from within outwards, with the back of the instrument to the cheek. Notwithstanding, there was not the slightest trace of motion. By extracting a molar tooth, and by a tremendous force applied to the left side, a slight aperture was made on the right side, into which a thin slip of hickory wood was inserted; this was allowed to remain for two days, and the operation again repeated, each time a large wedge being forced between the jaws. This process was continued for about ten days, at each time the patient suffering very severe pain from the traction, although in the majority of the operations she was almost fully under the influence of Chloroform. Toward the end of the fifth week from the date of the first operation, the plug was taken out for several hours, and the patient was ordered to chew hard biscuit, &c. This order, however, at first was

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not obeyed, because of the inability of the muscles to perform their function after so many years of quiescence. The power, however, gradually returned, and she began to masticate well and to speak much better, although the rounded aperture at the right commissure of the lips prevented perfect articulation.

The next step was to remedy this deformity, and on Monday, the 28th of October, in the presence of Drs. Godfrie, Loague, Morrison, and Spalding, (to the latter of whom I am under obligation for his essential service in extracting and filing teeth, the insertion of wedges, after I had depressed the jaw, and the administration of the anæsthetic fluid) I took from the right side a triangular portion of the flesh, cutting directly through the old cicatrix. The sides of this triangle were a little over an inch in length, its base was the rounded aperture above noticed, and its apex pointing toward the angle of the jaws. The cartilaginous hardness of this tissue was surprising to every one present; indeed so unyielding was its texture that the insertion of the pins through it was a matter of time and difficulty; however, the wound was brought carefully together after some delay, and has healed perfectly, leaving a very slight scar, and one far less observable than the hard shining cicatrix already mentioned as resulting from the treating of the former ulcerations. Before this operation, and to prevent any closure of the jaws, resulting from the healing process, a wedge of hickory wood was inserted on the sound side and allowed to remain. The wound healed very well, though slowly, from the diminished circulation of the part, and on the night of the sixth day I extracted the first pin. During this period I have regularly inserted the wedge during the night, and had the patient moving the jaws, either in masticating, talking, &c., during the day.

In a few days more the second pin was removed, and the patient allowed to depart to her home, after being under treatment seven weeks, and almost daily undergoing severe operative processes.

It is satisfactory to observe the change that has been produced, not only in the outward appearance of the face, but in the amelioration that surgery has effected in rendering com-

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fortable the former miserable condition of the patient. The jaws work well, she can articulate much more distinctly, and masticate her food, even apples, crackers, &c., with perfect ease. The jaws are not capable of so wide a distention as in their former natural condition, but are able to be sufficiently opened for all purposes. She is still to depress the inferior maxillary bone each day, with an instrument given her for the purpose, and is never, for the space of two months, to sleep without the wedge between her teeth. These injunctions were particularly mentioned to prevent any tendency to contraction.

She is to return to us after some time, for the purpose, if possible, of having an artificial eye inserted. This, however, will perhaps be impossible, and at all events a work of great difficulty. The eye-lid of the affected side has grown closely to the bone, and the previous loss of osseous substance has been repaired by a deposit below the ordinary site of the outer rim of the orbit, which will have to be cut away before an eye could be fitted to produce the desired effect.

If this operation, however, be successful, and by the application of some of the wonderful hair restoratives, capillary substance can be produced on the supercillary ridge, which at present is as bare as the topmost rocks of the Andes—the patient may yet captivate the tender heart, perhaps, of some *doctor of physic*, and end her days in matrimonial bliss—a consummation devoutly to be wished, and up to the present not much anticipated.

ARTICLE LI.—*The Anatomy of the Gums.* By WM. TOD HELMUTH, M. D., of St. Louis, Mo.

THE GUMS.—GINGIVÆ.—*ουλα.*—CARNICULA.—GENCIVES.

THE structure which covers the alveolar margins of the superior and inferior maxillary bones, receives the name of gingivæ, from *gignere*, to beget, probably from the reason that the teeth were supposed to be developed by the gums, or that at least a portion of their sustenence was derived from them.

Several structures enter into the formation of the gums;

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viz.: mucous membrane, a pecular fibrous dense tissue, and the periosteum of the bone beneath, called alveolar-dental. These are blended together into an almost inseparable formation. The first-named structure appears to differ in different localities, being more delicate and more extensible where the papillæ are most numerous.

The sub-mucous cellular tissue also has a somewhat similar variation, on the anterior surfaces of the epiglottis, and also on the folds of the lips and tongue it is thin and elastic; where glands occur in its structure, as in the cheeks, it is said to be of a more dense formation; but where it lies upon bony surfaces, as upon the alveoli of the superior and inferior maxillary bones, or where it enters into the formation of the hard palate, it becomes extremely firm. Within the alveoli, however, the structure appears to be merged in the internal periostum, lining those cavities.

Gums.—In the infant, (and also in the fœtus,) before the eruption of the milk teeth, the gum is whitish, very firm, and appears bevelled on the edges, being marked around the rims of the jaws by a slightly elevated raphe. The structure is so dense that it resembles ordinary cartilage, hence many anatomists have given it the term *gum-cartilage.* After the loss of the teeth in advanced age, the gums appear to regain this peculiar hardness and are used to masticate the food. It consists, however, as before stated, of ordinary mucous membrane, with tendinous tissue beneath.

The peculiar substance called *Tartar*, was supposed to be secreted by the gums, and follicles scattered throughout their extent were mistaken for glands which produced the deposit; hence they were termed by Serres, Tartar glands (glandulæ tartaricæ.) It is asserted, however,* that the tartar is simply a deposit of calcarous matter from the saliva, and that the follicles themselves are aggregations of epithelium, and are probably pathological in character.†

This substance, however formed, generally begins around the necks of the teeth, beneath the margin of the gum; and is said to be most abundantly deposited on the inferior incisor

* Handy, "Text Book of Anatomy," p. 322.

† Kolliker, "Manual of Human Histology," vol. ii., p. 64.

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and superior molar teeth, which lie, the former in the immediate vicinity of the duct of Wharton, the latter opposite to the duct of the parotid. The gums are very vascular, and are supplied with vessels, most of which are terminal twigs of arterial branches. At first sight one would scarcely suppose that these apparently insensible structures were so well supplied with blood vessels; they may be considered as follows:

Arteries supplying the Gums.—First we have for the gums of the lower jaw, the *sublingual* branch of the lingual artery, the latter, it being remembered, is a common trunk, given off from the inside of the external carotid, half an inch to an inch above the superior thyroid. This vessel, the *sublingual* artery, runs outward between the mylo-hyoid and genio-hyo-glossus muscles, to be distributed to the gland of the same name, and to the lower parts of the gums. The *submental* branch of the faciæ runs forward over the digastric muscle, and underneath the origin of the mylo-hyoideus to reach the symphisis of the jaw, here it sends branches right and left to the gum of the inferior maxillary, and also anastemoses with another important vessel supplying these parts, viz.: the *inferior maxillary*, (a branch of the internal maxillary,) which enters the bone at the posterior mental foramen, escapes (after having traversed the bone and supplied the teeth of the lower jaw,) at the anterior mental foramen, being distributed largely around the alveolar margins of the bone.

These are the vessels by which the gums of the lower jaw receive their blood; the structures of the upper parts deriving their sustenence from different arterial twigs, viz.:

First.—The *alveolaris*, commonly called the superior maxillary; which, after having taken a tortuous course on the face and cheek, and having sent branches into the anterior, supplies the buccinator and the areolar tissue beneath it, enters the foramina of the superior maxillary, supplies the alveoli, and gives branches to the teeth. This vessel is a branch of the internal maxillary, and I have found it one of the most difficult vessels in the body to trace out entire. In the first place, as it comes off at the tubercle of the lower jaw, it is extremely tortuous in its course, and is difficult to manage in the flabby texture of the buccinator, and is still less

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easily dissected in the fat usually found beneath that muscle; it enters by minute divisions into the antrum, which, from its position, is difficult to explore, and finally anastomoses in the spongy parts of the alveola, sending branches to the gums. It will be plainly evident to the student that difficult dissection is required to display the course of this branch of the internal maxillary; but if the reader is disposed to have this difficulty impressed for ever on his mind, or, on the contrary, supposes it has been exaggerated, *let him dissect it for himself.*

Second.—The *infra orbital artery*, also a branch of the internal maxillary; it receives its name from the foramen through which it passes, (the infra-orbital,) and after sending branches upward which supply the muscles of the eye and the lachrymal gland, a branch goes downward to the *gum*, together also, with a twig to the canine and incisor teeth. The rest of its course on the facial muscles needs no description in this place.

Third.—The *descending palatine* is the next vessel of import to the gum. It descends through the posterior palatine canal, passes along the roof of the mouth, and sends many inosculating branches on the posterior parts of the gum of the upper maxilla.

These are the arteries which form the net-work of capillaries on that structure, already mentioned as being firm and fibrous in character. It will be seen, therefore, that although the lips are in close proximity to the gums, yet that the blood that circulates in these parts of the mouth is derived from entirely different vessels.

Veins.—Having understood the use of the arteries, the veins are readily comprehended. The *sub-mental* and *palatine* veins, which are of the pterygoid plexus, discharge themselves into the *facial*, the ultimate course of which has been already described. The branches from the gums of both jaws form a part of the internal maxillary vein, which, corresponding in its course in a general manner, joins with the temporal vein in the substance of the parotid gland.

The number of blood-vessels, the names and direction of which have just been mentioned, will account for the great vascularity of this structure. In Handy's "Text-book of Ana-

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tomy," p. 321, will be found some diagrams representing the beautiful arrangement of the capillary net-work of the gum.

Glands.—Kolliker,—(Special Histiology, vol. ii., p. 59,) states that there are no glands upon the gums, but remarks that care must be taken in the examinations, not to confound them with certain rounded depressions of the epithelium,—or with corniferei cells, which occur, not unfrequently, upon its upper portions.

Nerves.—Although the teeth are so liberally supplied with nerves, the gums are rather destitute in this respect.—The filaments, however, which are distributed throughout their structure, come from the second and third divisions of the fifth pair. The branches of the second divisions of the trigeminus, which are chiefly noticed as terminating upon the upper gums, are the posterior dental branches which are given off in the spheno-maxillary fossa, and are divided into anterior and posterior.

Nerves of the Gums.—The posterior branch gives off filaments, which form a plexus on the *outer* wall of the superior maxillary bone immediately above the alveoli: from this plexus, twigs are sent off, which supply the anterior portion of the gums of the upper jaw, while the *anterior dental* branch supplies the lateral parts of the gum and the buccinator muscle. The *terminal branches* also of the labial filaments anastomose on the gum of the upper jaw anteriorly. The *large palatine nerve* takes its course through the posterior palatine canal, (which is described in the next section) over the roof of the mouth, and supplies the posterior portion of the gums. The gingivæ of the lower jaw, receive the nerves from the third division of the fifth pair,—viz., the *inferior maxillary nerve.* Branches of the *buccal*, *gustatory*, and *inferior dental*, are those that chiefly deserve notice.

ANATOMICAL RECAPITULATION.

Synonyms.—Gums. Gingivæ, *ovλα*, carnicula, gencives.

Structure. { Mucous membrane. Dense fibrous tissue. Alveolar-dental periosteum.

Changes.—In the infant and aged hard and cartilaginous.

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Tartar.—Not secreted by the gums. The glandulæ tartaricæ probably aggregation of epithelium and pathological.

Arteries.

Upper gum.	Alveolaris.	Branches of the spheno-maxillary portion of the internal maxillary.
	Infra orbital.	
	Descending palatine.	
Lower gum.	Sublingual branch of lingual, ...	External carotid.
	Submental branch of facial, ...	External carotid.
	Inferior dental, .	Internal maxillary.

GUMS. ANATOMICAL RECAPITULATION.

Veins.

Submental, Palatine	of pterygoid plexus.
Internal maxillary—going to temporal.	

Nerves.

Upper gum.	Posterior dental, Anterior dental, Labial (terminal branches) large palatine-spheno palatine ganglion.	2d division, 5th pair.
Lower gum.	Buccal, Gustatory Inferior dental,	3d division, 3d pair.

Glands.—None. Rounded depressions in epithelium have been mistaken for them.

Article LII.—*An Anomalous Case of Irritation (Inflammation?) of the Stomach.* By Edwin M. Hale, M.D., of Jonesville, Mich.

On one of the most terrible nights I have ever known; a night of intense cold; the roads almost impassible from the drifting snow; I was called up to visit a patient, distant ten miles, who was said to be dying from exhaustion, caused by

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six weeks of violent and incessant *vomiting!* The messenger gave me a brief history of the case, which so aroused my sympathies and curiosity, that I determined to see the patient forthwith. Getting into my "cutter," and behind my brave strong horse, I faced the driving snow, half blinded nearly all the way, and in a short time was by the bedside of my patient. what a sight! There she lay, a wan wasted woman; her large brilliant eyes fixed upon me, waiting to hear my opinion whether that night was to be her last on earth. She said she wished to know the worst, for she had suffered long enough, and truly I thought she had, and so will the reader when he has read the history of her case. Two months previously, while in a state of perfect health, apparently, and in the third month of pregnancy, she was seized with the symptoms of an impending *abortion.* She supposed it was caused by unusual efforts at lifting, being a farmer's wife, accustomed to hard labor, and not considering it imprudent. These symptoms were made up of pains in the back, thighs, hypogastrium, and were accompanied by chills and fevers, nausea, &c. For many years she had been accustomed to be treated with homœopathic remedies, but no physician of that system being nearer than myself, an allopathic practitioner was called in. He gave her large doses of morphine with blue pills. The symptoms were not relieved, but ended in an abortion in a few days, accompanied by profuse flooding, which the physician vainly attempted to check by the use of astringents. This flooding reduced her very low, and continued several weeks. At this period, about two weeks after the first seizure, the stomach became very irritable. At first the food only was ejected, a short time after meals, but soon neither food or drink could be tolerated. The nausea was *constant*, not a moment's relief was obtained, nor sleep, except while under the influence of large doses of morphine, the secondary effects of which always aggravated her symptoms. Here begins a series of inhumanities, perpetrated under the name of *medical treatment*, horrid enough to shake the nerves of the strongest physician. And

> "Make each separate hair to stand on end
> Like quills upon the fretful porcupine."

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The attendant allopath finding his morphine and blue mass inadequate to the cure, called in to their aid enormous doses of calomel, sufficient to produce profuse purgation. This renewed the flooding for a few days, and still more reduced the already prostrated patient. His treatment was followed by brandy, quinine, muriated tincture of iron, and *small* doses of calomel, sufficient to induce salivation, with the inevitable morphine as before. All this torture was of no avail, the vomiting continued until *nothing*, not even a few drops of bland mucilage could be retained a minute! At this juncture, counsel was had, and another allopath was called to give his scientific opinion. He coincided with his colleague in pronouncing it a case of *gastric irritation*, from an "unhealthy state of the secretions," and after due deliberations advised blisters upon the epigastrium, and abdomen, *and calomel!* But how to give the calomel was the question. The stomach would not tolerate the infernal stuff, so they rubbed it into the blistered surfaces, and "plastered it upon the dry and cracked tongue!" (These were the patient's own words.) Does not this remind one of those horrible relations to be found in Fox's "Book of the Martyrs." Is it possible that the intelligence and humanity of this age will long tolerate such cruelties? God forbid!

The reader will ask why this was submitted to, in a family of homœopathic proclivities? The only explanation will be, that they were surrounded by a population ignorant of any but the allopathic system, and who placed implicit reliance in the attending physicians and their treatment.

But, about this time, the patient became aware that she could not hold out much longer, and she formed the desperate resolution of "dying naturally," and utterly refused to take any medicine whatever. In this state she lived a week, receiving no nourishment, but a spoonful of water-gruel a few times daily. But the incessant vomiting never ceased; the retching was brought on by the least movement, or the taste, and even odor of food. Officious neighbors now interfered, and owing to the importunities of some relations, another old allopath was called. He diagnosed "debility of the stomach," and proposed for her nearly two quarts of "bitters;" a nause-

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ous, disgusting mess, a sort of "devil's broth," and which he strongly advised her to take, even if it aggravated the symptoms. It did aggravate with a vengeance. Hitherto, but little pain had been felt in the stomach or bowels; but now the latter became griped, and sensitive to pressure; the former affected with lancinating, burning pains, which were aggravated by the smallest quantity of any liquid aliment, or even cool water.

This brings the history of the case up to the night of my first visit. The following was her condition: extreme emaciation; complete loss of adipose tissue; skin loose, dry, and of a sallow hue; extremities cold, blue, and feeling like those of a dead person; upon the abdomen, when the blisters had been applied, were deep, unhealthy ulcers; region of the stomach sensitive to pressure; pressure caused a deep-seated burning; bed sores appeared upon the back and ischia; great mental and physical prostration; she had no hopes of recovery, yet was anxious to know how long she could live. Could not be raised in a sitting posture without fainting; inability to lift her hand to her head; retching upon the least movement; no pain, except in the stomach, and then it consisted of a burning pain, which extended up the entire track of the œsophagus, and was aggravated by the act of empty deglutition, or swallowing of a little liquid. The face wore a wan, pinched expression, denoting extreme anxiety; the tongue was dry, red, and deeply cracked, and bled upon being moved, before being moistened. The *nausea*, "deathlike," was *constant*, the efforts to vomit only on being moved; no evacuation from the bowels for six days; urine scanty and red; pulse small and very feeble.

I frankly informed the patient, at her urgent request, that I had but little hope of being able to do more than palliate her symptoms. I had no idea of any permanent curative action from any remedy. I apprehended incurable disorganization of the gastric mucous membrane.

Before proceeding to the treatment of the case, I propose to consider the probable cause of this abnormal condition of the stomach. Was this gastric irritation due originally to reflex action? Did it depend on irritability of the uterus? The

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woman had borne several children, but had now suffered much from nausea and vomiting during pregnancy; nor were these symptoms present before the symptoms of impending abortion set in. We know that women in labor are often attacked with severe vomiting; and, although I do not find that vomiting is set down as a symptom occurring during abortion in the early months, I have often seen it obtain in my practice, and it would continue until the expulsion of the ovum. Sometimes I have known persistent nausea to be present after the expulsion of the fœtus, and when the placenta was retained. This nausea would cease when the uterus was rid of it, either by its escape entire, or after the slower process of disintegration.

I believe that in some constitutions, the most obstinate gastric irritation may be caused by any substance in the interior of the uterus, be it fœtus, polypus, hydatids, or any other tumor. I have known the introduction of the uterine sound to cause severe nausea while it remained.

In consideration of these facts, I deemed it of importance to ascertain, in this case, whether the placenta, or a portion of it, had not been retained, and was the original cause of this irritability of the stomach. An examination was therefore made. The vagina was found healthy; no leucorrhœa; os closed; no apparent enlargement or induration of the cervix uteri; the uterus did not seem to be increased in size, nor was it tender on pressure. Not having Simpson's Uterine Sound with me I had no means of exploring the interior of the uterus, but I could not consider it probable that any portion of the placenta remained.

Treatment.—No other course was left me but to select the remedy or remedies strictly according to the homœopathic law, and await with confidence their specific action. I selected Arsenicum and Pulsatilla, ten drops of the sixth decimal dilution of the former was mixed with about four ounces of iced water, and ten pellets of the latter were dissolved in a like quantity. These remedies were ordered to be given in teaspoonful doses two hours apart, in alternation. No aliment or beverage was allowed except a spoonful of weak beef-tea, and infusion of slippery elm, both to be iced when given.

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Forty-eight hours afterwards I saw this patient again; upon entering the room I was received with a smile, and the cheerful remark that she had not vomited since four hours after I had left her, nor had she had any nausea for the last twelve hours! Need I say that I was astonished? Strong as was my confidence in the healing powers of our remedies, when properly selected, I confess I was astounded at the efficacy of those I had administered.

The patient informed me that the first dose of medicine (Pulsatilla) was vomited immediately. It was repeated in half an hour and retained with considerable effort. The first dose of Arsenicum was also ejected, and repeated but retained, after which no vomiting had taken place. The nausea, however, had continued, decreasingly, for thirty-six hours. During the last twelve hours considerable beef-tea had been taken, with evident good effect. She expressed herself as feeling much stronger—the pulse was evidently stronger. The same remedies were ordered to be continued, and beef-tea, rice-water, and even rice, (all cold,) in gradually increased quantities. At my next visit, forty-eight hours after, the improvement was still persistent. Gave China 1, one drop three times a day, and continued the Ars. and Puls., each every six hours. Ordered a weak wash of Chlorate of Potash for the still red and cracked tongue and soreness of the mouth. The ulcerated surfaces where the blister had been, were healing rapidly under the use of Calendula-cerate. From this time the convalescence was rapid and uniform, and in a few weeks she was able to sit up and superintend her household duties.

Remarks.—What other conclusion can we arrive at regarding the cause of the severe and peculiar gastric irritation in this case, than that it was caused primarily by the abortion and its concomitants? There may have been retention of the placenta for a time, for the flooding was severe *after* the expulsion of the ovum. A physician should never take it for granted that the placenta has been expelled with the fœtus, or at any time, upon the mere evidence of the patient or the nurse. If any reliance is placed upon such testimony we are constantly liable to be deceived. Clots of blood are often mistaken for the placenta. An examination of *all* the clots,

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napkins, &c., should be made daily by the physician, and he should never believe it has been expelled until he *sees* it. Flooding rarely occurs *after* the escape of the placenta.

Retention of the placenta then, in this case, may have kept up the nausea and vomiting for some time, but it ought to have ceased after its expulsion. In my opinion it *would*, had it not been kept up and aggravated by the *diabolical drugging to which the patient had been subjected.*

Is it strange that the mucous membrane of the stomach and œsophagus, should become inflamed and even ulcerated after such reckless abuse of *Mercury* as we find in the case related? Is it not wonderful, rather, that the stomach should resist the action of such an acrid poison so long without being disorganized? I consider the last stage of the case as one of mercurial poisoning, and a perusal of the pathogenetic and toxicological effects of that drug will substantiate the assertion.

But the prompt action of the remedies selected—was it not wonderful? The dose too, how minute! With what delicate, yet powerful influence must they have touched the ultimate nerve filaments, or the almost invisible capillaries! How rapidly must the infinitesimal molecules of the medicine become mixed with, and circulated in the vital fluid!

In all the annals of allopathy, running through many centuries, no *cure*, as prompt and brilliant as the above has ever been recorded. And yet, homœopathy is denounced as a delusion, a fraud, and a system destitute of science!

Article LIII.—*The Hæmorrhagic Diathesis.* By Bushrod W. James, M.D., of Philadelphia, Pa.

A case seriously complicated by this peculiar diathesis, having lately come under my observation, I send you a report of it, as it may be of some interest to your readers. A child, aged about one year, was attacked with what appeared to be an abscess of the scalp, presenting itself over the inferior portion of the left parietal region. When first called in, it seemed to be a hard unyielding tumor of considerable size. In a few days it became quite soft, fluctuation was perceptible, and it

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assumed the character of an abscess "pointing" and accordingly a lance was thrust into it, when a large quantity of bright arterial blood made its escape, and upon slight pressure the entire contents, composed purely of light fluid blood, were removed. The cold water dressing was then applied, and Hamamelis-virg., administered internally. About four hours after, a message was received that the wound was bleeding, and that the child had lost a large amount of blood. In a short time the tumor had refilled, arterial blood began to flow through the opening, and had continued uninterruptedly during this time,—the child was very weak and pale, the lips having very little color in them. Finding adhesive strips of no use, the hæmorrhage was controlled by means of the needle and figure of 8 suture. After the wound had healed and several days had elapsed, the needle was cautiously withdrawn, when blood began to flow through the orifices. This was arrested by covering the part over with the soft fibrous material cut from the under surface of sole leather. The following day the child received a fall, striking its head directly on the tumor, against the floor;—this brought on the hæmorrhage again; but a fresh covering of the same kind of dressing with a tight bandage applied over it, soon checked the bleeding. This was kept on for two weeks, at which time the tumor had somewhat diminished in size, and was finally entirely removed by means of the continued pressure. Further inquiry into the case revealed the fact, that a slight scratch on the skin would bleed for a long time, and that the child had from birth been subject to purple spots, which came out occasionally, and bled profusely if by accident the surface became ruptured. The mother has always been accustomed to high-living, and has had six children, one of which died of purpura hæmorrhagica about three years ago. The others are healthy, and do not present any appearance or symptoms of the hæmorrhagic diathesis, except the case related.

As surgical cases presenting this peculiarity of constitution probably come under the observation of nearly every practitioner, it would be well to allow it to have great weight in determining whether or not resort shall be had to the knife, inasmuch as the evidence is almost positive, that secondary hæmorrhage will occur.

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ARTICLE LIV.—*The Trigeminus. Its Relative, Physiological, Emotional, and Pathological Anatomy.* By JAMES A. CARMICHAEL, M.D., Prof. of Anatomy, in the New-York Hom. Med. College.

THERE is no nerve in the whole human economy, with the exception perhaps of the vagus, of more complex association or protean function than that which we propose under the above heading to consider. In order fully to appreciate the important role played by this nerve—or more properly these nerves, for the word trigeminus indicates its tri-partite division, it will be necessary to study them in the various departments above indicated. The co-ordination of what would otherwise seem the unintelligible phenomena of nervous action must of necessity depend upon a clear understanding of the anatomical relations existing between nerves, even to their remotest ramifications. At the present time when nervous experimentalism is unfolding the arcana of these mysterious agencies, the acuteness and sagacity of the successful physiologist, must in a great degree be measured by his accurate knowledge in anatomical detail, for by it remote and seemingly inexplicable results may be satisfactorily solved, and many a physiological speculation removed. This becomes the more evident when we call to mind the fact, that by nervous intercommunications the primary conditions of nerves are essentially modified, and that what was orginally a nerve of simple elements, and consequent simple function, now becomes endowed with multiple, and in some instances specific properties. The modes by which nerves commingle have been severally denominated plexuses and anastomoses, the one applying to the union established between nervous cords, the other to the intricate interlacement of nervous fibrillæ. Let it not however be understood that the word anastomoses, as applied to nervous association, bears the same signification as when indicating vascular connection. In the coalition of artery, capillary, and vein, unity is the principle, whereas continuity is a law of the structure of nervous filaments, and the termination of the minutest ramuscule of an afferent nerve, and the initial existence of its corresponding efferent, exemplify this

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inherent principle of continuity, the mutual relations of nerves are maintained by juxta-position. These elements of nervous organization, however, will be more fully considered, when we reach the inquiry into the physiology of the trigeminus. Let us now proceed to the consideration of the relative, physiological, emotional, and pathological conditions of this interesting nerve.

First, The relative conditions or associations of the trigeminus refer of course to its minute anatomical detail, and the intimate connections existing between it and surrounding parts; one of the peculiarities appertaining to nerves, and especially to those denominated cranial, is what is called their apparent and their real origin. The apparent origin of a nerve serves to indicate its seeming connexion with the superficial part of the brain or medulla from which it issues, while its real origin signifies its associations with the more profound portions of cerebral or medullary substance. This distinction as we shall see, when we reach the consideration of the physiology of nervous action, is indispensable, inasmuch as the question of function is intimately involved in its proper apprehension. Upon a cursory inspection of the base of the brain, and an enumeration (adopting the nomenclature of Willis) from before backwards of the agents for the transmission of its various and specific intelligences and faculties, to which the term nerves has been applied, we reach in due order of succession the trigeminus, or fifth pair. This is the largest of the cranial nerves, excepting perhaps the optic, and its origin by *two roots*, the one being ganglionic, seems to establish not only an identity of anatomical structure, but also of function with the spinal nerves. Its apparent or superficial origin is from the side of the pons varolii, a little nearer its upper than its lower border, it has a posterior, larger or sensory root, the former consisting of numerous bundles of fibres, the latter possessing but few. The deep origin of the sensory root may be traced to the lateral tract of the medulla oblongata, behind the olivary body, it is connected with the gray nucleus at the back part of the medulla, between the fasciculi teretes and the restiform columns. "According to Forille, some of its fibres are connected with the transverse

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fibres of the pores, while others enter the cerebellum and spread out over the surface of its middle peduncle," the smaller or motor root has been traced to a connection with the corpus pyramidale. "The two roots pass forward through an oval opening in the dura-mater at the apex of the petrous portion of the temporal bone, and here the fibres of the larger root enter the ganglion of Gasser. The smaller has no connection with the ganglion, but passes beneath it, and outside of the cranium joins one of the trunks derived from it. The ganglion receives on its inner side filaments from the carotid plexus of the sympathetic, and from it proceed the three great ultimate divisions of the trigeminus, viz., the ophthalmic, superior and inferior maxillary nerves. The first two divisions consist exclusively of fibres derived from the larger root and ganglion, and are solely nerves of common sensation. The third or inferior maxillary is supplied with fibres from both roots, consequently is a compound nerve, and hence analogous to a spinal nerve."

A. The ophthalmic nerve, as its name imports, is especially destined to the eye and its surroundings, it enters the orbit through the spheroidal fissure and there divides into the lachrymal, frontal, and nasal nerves. The lachrymal passes to the lachrymal gland, and is chiefly expended upon its substance; one of its branches, however, pierces the palpebral ligament, and forms an anastomosis with a filament of the facial nerve—a point to be remembered. The frontal nerve soon divides into its supra-orbital and supra-trochlear branches, the former is distributed upon the muscles and integuments of the forehead by muscular and cutaneous branches, and establishes a connexion with corresponding distributions of the facial; the latter unites with the nasal, and is also distributed to the forehead. The nasal nerve supplies the internal and external surfaces of the nose and equally unites with branches of the facial. It is by a branch of this nerve (nasal) that the *first ganglionic* association within the cranium is formed, the ciliary or ophthalmic ganglion deriving its superioror long root from the nasal branch of the ophthalmic division of the trigeminus. This is the first link in the chain of cranio-ganglionic association, so to speak, and which, when lengthened and con-

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sidered in its integrity, will reveal many of the physiological, pathological, and emotional phenomena manifested by the action of the fifth pair.

B. The superior maxillary nerve, by its dental branches, supplies the teeth and the adjacent parts of the upper jaw, it emerges at the infra-orbital foramen, and by its palpebral, nasal, and labial divisions, becomes intimately associated with the facial; by two of its descending branches the second cranio-ganglionic link is formed, viz.: with the spheno-palatine, or Meckel's ganglion, by its orbital branch a communication is established within the orbit with the lachrymal, and externally with the facial and auriculo-temporal branch of the inferior maxillary nerve.

C. The inferior maxillary differs from the preceding in being a compound nerve, its sensory property being derived from the ganglion of Gasser, its motor being supplied by the the motor root of the trigeminus; a close examination of its associations is essential.

Immediately after its exit from the cranium through the foramen ovale of the sphenoid, the trunk of the nerve divides anteriorly and posteriorly; the anterior receives nearly the whole of the motor root, and is expended upon the muscles of mastication, hence there are masseteric, buccal, pterygoid, and temporal nerves. The first supplies the muscle of the same name, the buccal or bucco-labial, (Chaussier,) sends communicating filaments to the temporal, forms an anastomic arch with the facial behind Steno's duct, and by its labial branch unites with the facial near the mental foramen. The pterygoid, external and internal, supply the pterygoid muscles. The third cranio-ganglionic link is formed by a connection of the internal pterygoid with the otic ganglion. The temporal unites with and forms a plexus with the masseteric and buccal, with the lachrymal branch of the ophthalmic, and orbital branch of the superior maxillary, thus forming a communication between the branches of the three divisions of the trigeminus, (another interesting point to be remembered,) other filaments of the temporal unite also with the auriculo-temporal and facial nerves. The posterior division of the inferior maxillary receives a few fibres from the motor root,—it divides

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into the auriculo-temporal, gustatory, and inferior dental. By the union of the ascending branches of the auriculo-temporal with the facial, one of the most important anastomoses of this last nerve with the trigeminus is established. The otic ganglion is also here reinforced by the auriculo-temporal—the fourth cranio-ganglionic link—it also communicates with the orbital branch of the superior maxillary. The descending branch of the auriculo-temporal forms a plexus around the internal maxillary artery, behind the condyle of the jaw, which presents a ganglionic appearance, and sends filaments to communicate with the auricularis magnus of the cervical plexus, also to unite with the dental before it passes into its proper canal; the parotid gland receives its nervous supply too from this nerve. The gustatory, or lingual nerve, is that branch of the inferior maxillary which indicates the specific function of this nerve, or rather its compound properties; it passes between the pterygoid muscles, and proceeds to its minute distribution upon the papillæ of the tongue and the lingual mucous membrane; in its passage between the pterygoid muscles the most interesting of the many associations formed by this nerve with the facial, occurs; the chorda tympani, after its circuitous course through the tympanum of the ear unites with the gustatory at this point, accompanies it to the sub-maxillary gland, there parts from it, joins the sub-maxillary ganglion, (fifth cranio-ganglionic link,) and terminates in the lingualis muscle. An association is also formed between the gustatory and the hypoglossal; the sublingual glands receive gustatory filaments likewise, which assume a plexiform arrangement within their substance,—the form of association with the hypoglossal is by an anastomic arch or loop. The inferior dental, the last of the divisions of the inferior maxillary soon enters its canal after detaching a mylo-hyoid branch, supplies the teeth and emerges at the mental foramen, and forms a mental plexus with the facial.

Frequent mention has been made of certain ganglia as being intimately associated with the divisions of the trigeminus, and in order to appreciate the various influences exercised by the trigeminus, it behoves us to have a clear comprehension of these ganglionic associations. When we enter upon the

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physiology of the nerves, we shall be convinced by the results of modern experimentation, that many of the properties of which it seems possessed, are derived mainly from its ganglionic affinities. The first in order properly seems the ciliary or opthalmic ganglion.

The opthalmic ganglion is a small, grayish enlargement, of a lenticular form, on the outside of the optic nerve, and near the optic foramen, it seems to consist of a simple miliary enlargement, and is a point of origin and termination for a certain number of nerves, it has two posterior and two anterior angles, by its posterior superior it receives its long root from the nasal branch of the opthalmic, by the posterior inferior its short root from the motor communis or third pair is conveyed to it, from its two anterior angles it gives off two bundles of nerves, the ciliary, long and short, which do not anastomose with each other, with the exception of the ciliary nerve which is derived from the nasal nerve, and which unites with a nerve from the ganglion itself, they perforate the sclerotic, pass between it and the choroid coat, on reaching the ciliary ligament they bifurcate, anastomose with each other and are lost in the ciliary circle, which is considered by some anatomists as a nervous ganglion, (ganglion annulare, Soemmering). Besides the above associations, the opthalmic ganglion has a soft root from the superior cervical ganglion of the sympathetic, which arises from the cavernous plexus, and unites sometimes with the long or nasal root of the ganglion, and sometimes with the ganglion itself. The next ganglion in the order of association with the trigeminus, is the spheno-palatine or Rickel's ganglion, (the removal of which for a distressing neuralgic affection, has been successfully practiced by our distinguished surgeon, Dr. Carnochan, an operation of no slight difficulty, when its location deep in the spheno-maxillary fossa is remembered.) From the superior maxillary, two nervous branches descend and are lost in the substance of the ganglion, from the ganglion also proceed various nerves in the anterior, middle, and posterior palatine nerves, which supply the hard and soft palate, the internal and external spheno-palatine, (the former the naso-palatine of Scarpa), which are distributed upon the septum, turbinated bones and meatuses, and by some

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anatomists are said to anastomose with the divisions of the olfactory, the remaining nerves proceeding from the ganglion are the vidian and pharyngeal, the latter is distributed upon the lining membrane of the pharynx, behind the eustachian tube, by the former or vidian nerve, (which in its course through the vidian canal also sends filaments to the root of the nose, septum and eustachian tube), an association of a complex nature, and one by which a community of action and influence between the fifth, sixth, portio dura of the seventh, the superior cervical ganglion of the sympathetic, and its carotid plexus, is established; not only so, it is through the agency of the vidian nerve that an association is formed by means of its union with the nerve of Jacobson, with the first division of the eighth pair (glosso-pharyngeal). The importance of a clear understanding of this most interesting nervous association must be seen at a glance, in view of the explanation of various nervous phenomena, at the risk of being tedious, we shall examine it in detail. "The vidian nerve arises from the back part of Meckel's ganglion (spheno-palatine), passes back to the vidian or pterygoid canal, at the base of the pterygoid processes of the sphenoid, after emerging from which it perforates the cartilaginous plate of the foramen lacerum basis cranii, and divides into an inferior or carotid branch, which enters the carotid canal, is applied to the outside of the artery, anastomoses with nerves from the superior cervical ganglion of the sympathetic, with the motor externus of the eye, and with them forms the carotid plexus; the other division of the vidian, the great superficial petrosal, enters the cranium between the temporal and sphenoid bones, runs backward and outward beneath the dura mater, in a groove on the upper surface of the petrous portion of the temporal bone, passes through the hiatus Fallopii into the aqueduct of Fallopius, where it meets the facial, and anastomoses with it;" during its course through the bone it encounters Jacobson's nerve (a branch from the glosso-pharyngeal), and thus forms a connection between the fifth and eighth nerves, (a branch from Jacobson's nerve passes also to the otic ganglion, thus establishing another association between these nerves); so much then for the second cranial ganglion and its dependencies and associations. The otic or ganglion of Arnold, is the next in

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order of demonstration. We shall dismiss it, however, in a few words; it is situated immediately below the foramen ovale, on the inner side of the inferior maxillary nerve, it is covered by the cartilaginous portion of the eustachian tube, and the origin of the circumflexus palati muscle, behind it is in contact with the middle meningeal artery. It is connected with the trigeminus by the internal pterygoid branch of its inferior maxillary division, with the glosso-pharyngeal by Jacobson's nerve, and also with the auriculo-temporal branch of the inferior maxillary. The last of the ganglia having any connection with the trigeminus in the submaxillary. It is principally formed by the gustatory branch of the inferior maxillary, and as we have already stated is a medium of association by means of the chordo tympanic, between the facial and trigeminus; from it branches pass to unite with others coming from the carotid plexus.

We have thus in as succinct a form as possible, described the complex nervous associations of the trigeminus, we shall endeavor to convince the reader, however, that where there seemed a prolixity of anatomical detail, that the physiological, emotional and pathological requirements of the trigeminus demand a clear apprehension of its entire anatomy, as regards the consideration of the various ganglia directly and indirectly connected with it, whether they be mere media of association between it and other nerves, a rendezvous of meeting as it were, or whether they have any inherent power of imparting to the nerves passing to them, some specific property, is still a *questio vexata.* Without a proper understanding of them, however, the anatomy of the trigeminus seemed imperfect, and hence the minuteness of our detail.

ARTICLE LV.—*Clinical Lecture on Chronic Muco-Enteritis, Traumatic Lesion of Cerebro-Spinal Apparatus, Irritable Ulcer, Sub-Acute Rheumatism, and Galactorrhœa.* By R. LUDLAM, M.D., Professor of Physiology, Pathology, and Clinical Medicine, in the Hahnemann Medical College, of Chicago, Illinois.

GENTLEMEN,—Derangements of the alimentary mucous membrane, whether functional or organic, are among the more

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frequent and troublesome disorders which the physician is required to treat. Physiologically speaking, digestion is a compound function. The organs associated together for its performance are the mouth, the teeth, the tongue, the salivary glands, the pharynx, the œsophagus, the stomach, the pancreas, the liver, and the large and small intestines.

When we reflect that each of these several organs has its own specific labor to perform, and that the aggregate results of these labors make up the process named, there is no question that the physiology of digestion constitutes one of the most important topics which can engage the attention of the medical student.

It is sufficient for our present purpose to remark that the alimentary tract is lined throughout, from the mouth to the anus, with mucous membrane. Histologically, this membrane is but a continuation, inversion, or reflection of the epidermal surfaces. It is, so to speak, the inner skin of the body. A quaint author says, that the man himself is to be found between these surfaces, a prisoner for life!

The intestinal mucous membrane differs from the cuticle in one important particular—it is much more readily permeated by liquids from without. The physiological value of this arrangement has its explanation in the fact that, while the epidermal surface has other and more important duties as an eliminative structure,—a surface through which fluids, as the perspiration, may find their way *out of* the body, the alimentary mucous membrane is a septum through which nutritious fluids may pass *into* the organism.

The digestive mucous membrane is lined by an epithelium—a surface composed essentially of a continuous expansion of cells. And, although these cells are found to vary in shape, character and function in different portions of the alimentary tract, it remains true that epithelial cells do not differ essentially from other cells, *id est*, they are composed of a cell-wall, and contain fluid, granules, nuclei, and nucleoli.

There are three varieties of these cells found on the surface of the digestive mucous membrane: first, the squamous, or scaly variety; second, the cylindrical or columnar, and third, the glandular. The first of these three orders is located on

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the supra-diaphragmatic mucous membrane,—above the stomach; the second below that viscus, and the third in all the glandular digestive organs. The office of the two former is simply to secrete a lubricating mucus, and to afford a septum in their cell-wall for the absorption of nutrient elements into the organism; of the latter, to elaborate or secure the characteristic products of each of the various glands. Thus the glandular cells of the salivary glands secrete the salivary fluid; those of the stomach, the gastric juice; of the pancreas, the pancreatic fluid of the intestines, *succus entericus*.

As I have demonstrated in the field of the microscope, this mucous membrane is very vascular. It lies immediately adjacent to the cellular coat of the bowel which, as you know, is composed almost entirely of blood-vessels and nerves enveloped in areolar tissue. For this reason, among others, you would infer its liability to various degrees of irritation and of inflammation, as well as of disorders different in kind and degree. So delicate a tissue, spread over so extensive a surface, and exposed to such an endless variety of irritants as must be introduced along with the food and drink, one would suppose to be prone to disease in some portion of its great extent almost continually. And this we find to be the case,—more especially among children. There is a large class of diseases which have their source in gastric or intestinal irritation, both among children and adults. With the former, the cholera-infantum, diarrhœa, dysentery, colic, convulsions, as well as most of the symptomatic disturbances consequent upon dentition, spring, directly or indirectly, from some implication of the alimentary mucous membrane in the disordered action.

Nor is it essentially different in case of the adult, in whom the process of histogenetic development has been in a measure completed. Here the nutritive operations are scarcely less active and important, and we find that the functions of organic life must be carried on here also, notwithstanding those of the animal and intellectual systems have been superadded to the single order of functional existence peculiar to the new-born infant. As a consequence, the susceptibility of the digestive membrane of the adult, is very marked, and irritating influences are frequently productive of disease. Broussais taught

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that inflammation of the mucous coat of the stomach and bowels was the proximate cause of fevers of whatever variety.

The case herewith presented affords some interesting features for clinical study, which, in the light of what has been already said, will hardly fail to be instructive.

James C——, a Scotchman, aged twenty-three years, of a sanguineo-bilious temperament, complains of what he calls a chronic dysentery, of two years' standing. Says, he contracted the disease at New-Orleans. Thinks the water and the climate of that city disagreed with him. His symptoms are as follows: constant thirst, which at times is excessive and almost insatiable, accompanied by a burning sensation in the epigastrium, and at times also in the abdomen. Appetite capricious, with anorexia, which alternates at intervals, with a voracious craving for food. Food, and especially meats of whatever variety, occasion great distress at the scrobiculis cordis. If such aliment is taken, it seems to lie like a dead weight in the stomach, causing almost constant suffering until the mass is gotten rid of by its passing out at the pylorus. Has occasional nausea, with eructations of flatus, but never vomits. His stools are sometimes very frequent, as many as eight or ten during the day, at other times less numerous; the dejections are large in amount and thin and watery in character; they are so acrid also as to excoriate the anus, and in this way to occasion him much of suffering. This latter symptom has been so marked that he has frequently been compelled to apply cold water locally in order to its relief.

At intervals the relaxed condition of the bowels will be relieved somewhat; but, upon the least exposure to vicissitudes of weather, especially to a damp night air, after being overheated, the attack returns with increased severity. He has, also, a slight tenesmus, most marked in the day-time,—indeed it is never experienced at night, with rumbling in the bowels, and occasional transient, colicky pains, which are more annoying than serious. The abdomen, as you will remark, is not tympanitic, neither relaxed, nor yet tender upon pressure. The urinary function is quite normal. Has never had any hæmorrhoidal difficulty. Pulse 75; tongue slightly red about the tip and edges; otherwise healthy in appearance.

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Here, gentlemen, is a practical case for you,—one in which a knowledge of the physiology and pathology of the digestive process will aid us greatly in the employment of remedies designed for its relief. The physician should be a correct reasoner, as well as an acute observer of the phenomena of disease.

The differential diagnosis in this case, although easily made out, is nevertheless, of considerable interest and importance. Acute enteritis would be recognized by violent abdominal pains, aggravated by pressure and accompanied by vomiting, along with marked symptoms of inflammatory fever. The more numerous the coats of the intestine implicated in the inflammatory process, the more acute and violent the symptoms. The mucous coat being less sensitive than the serous or peritoneal coat, the suffering and danger are less extreme and threatening. A symptom by which you may diagnose a case of uncomplicated peritonitis from one of muco-enteritis is that, while the former is almost invariably attended with constipation, the latter is not. Inflammation of the gastro-enteric mucous membrane is almost invariably characterized by diarrhœa or dysentery, in one or another of its Protean forms.

Treatment.—To the mind of the physician versed in the pathogenesy of drugs, some half a dozen remedies, more or less, may suggest themselves as the more appropriate, when he has begun to examine a patient. As he progresses, however, step by step, the number diminishes one by one, until finally he feels himself forced to settle down upon this or that single agent as the more appropriate one for him to employ. For this reason, if for none other, your examination of each individual example of disease should be as thorough and discriminating as possible. It will yield you the greater satisfaction to determine as nearly as may be which is *the* proper remedy in a given case. And it is a rule which I recommend to your adoption that, having settled in your own minds, as the result of the most careful study, upon the remedy or remedies most promising of good results, and which the more nearly fulfil the prominent indications presented, you shall persevere with it until you have given it a fair trial. Some-

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times, to exchange the attenuation of the same remedy may produce the desired result. Or, we may increase or shorten the interval of its repetition. Some authorities recommend the alternation of different potencies of the same drug, an experiment which we have certainly known to be productive of the happiest results.

The examination of the case before us has suggested to my own mind, and probably to yours also, that one of three remedies would be most appropriate to his case. These remedies are, the Mercurius-solubilis, Nux-vomica, and Arsenicum-album.

Mercurius, in some form, is more or less indicated in almost all dysenteric affections. But it seems the more appropriate to such examples of genuine dysentery as are characterized by evidences of acute, sthenic inflammation. The peculiarities of stool which call for Mercurius in this disorder, are such as consist of an admixture of blood and mucus. Urging, tenesmus, with febrile and inflammatory, or bilious symptoms, marked by rheumatic lesion of the muscular coat of the lower bowels, indicate it more strongly than any other symptoms. But none of these are present,—at least in a marked degree. The case for which we are prescribing presents itself in the chronic form, and evinces but few constitutional symptoms of an inflammatory character. If the symptoms were of recent origin, and aggravated at night, while the patient was lying down, we might decide upon Mercurius as being the better remedy.

Nux-vomica would be indicated in preference to either of the others, if the discharges from the bowels consisted of simple mucus, small in amount, voided with considerable pain in the rectum and urging which is sometimes ineffectual. Also, if the mucus were green in color, and at the same time excoriating in character. If the dyspeptic symptoms were accompanied by a persistent anorexia, with a sallow complexion, and some colic, it would promise relief. The colic should be marked and decided in nature, and not of that indefinite character accompanied by borborygmi of which the patient complains. Since, however, this photograph of the alimentary disorders curable by Nux-vomica does not correspond to that

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presented in morbid detail by the case before us, let us examine the next remedy in order.

Arsenicum-album is admirably adapted to the relief of certain pathological lesions of the alimentary mucous membrane. Indeed it appears possessed of the most remarkable powers when applied to the regulation of certain of the vegetative organic processes of the economy. It seems to have some especial therapeutical relation to the gastric mucous membrane, as well as to that of the intestinal tract throughout its whole extent. Sensitiveness of the præcordial region, irritability of the stomach, accompanied by more or less of thirst, with inability to retain the fluid which is drunken; alternate constipation and diarrhœa, with yellow slimy stools, with tenesmus, a sense of excoriation at the anus, with debility and emaciation, are among the more prominent symptoms named in the chylopoietic chart of this drug. And these are they which the more nearly correspond with this patient's case. Arsenicum, therefore, is the remedy for Mr C——. Let him take of the third decimal trituration, two grains dry upon the tongue, to be repeated every three hours.

His diet should be plain and easy of digestion. Here, again, your knowledge of physiology will be of service. The gastric juice is secreted only under the stimulus of the presence of food. This patient complains that, almost immediately after the introduction of animal food into the stomach, he is tortured with pains and sufferings of a dyspeptic nature, which continue until the mass has left the gastric cavity. The sense of weight of which he complains is evidently due to the fact, that, for some unknown reason, the solvent for the aliment taken is not secreted in proper amount or quality. It would be folly to thrust upon the stomach such materials of growth to the tissues as could not be dissolved by it, but must necessarily prove a source of pain and discomfort. The gastric mucous membrane being inflamed, it is not susceptible to the normal stimulus of the food, and the secretion of the solvent is perverted, or, it may be, entirely arrested. Under these circumstances we should take the precaution to recommend a diet for our patients which, in process of solution and of absorption, would produce the least inconvenience to him.

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Instead of taxing the gastric organ to dissolve the albumenoid bodies, in the shape of solid meats, we shall recommend him a weak mutton broth, free from fatty matter, and containing a little very soft-boiled rice. Oily substances should not be given for the reason, that, passing along the canal to its inferior portion before being digested, they are a constant source of irritation to the inflamed mucous membrane, being in certain cases alone capable of creating and keeping alive a troublesome tenesmus. In addition to the mutton-broth, he might partake of plain boiled rice, some farinaceous article, and toast or cracker-water. Butter is forbidden, and so also are malt or spirituous liquors.

TRAUMATIC LESION OF THE CEREBRO-SPINAL APPARATUS.

Philip J——, Irish, thirty-five years of age, a stout and ruddy looking man, reports that three years since, while at work upon a railway tunnel, the embankment fell in, burying himself and his comrades in the ruins. He was sorely bruised all over the body, but experienced the most serious injury from a blow upon the occiput. This blow rendered him senseless, in which state he was removed to a hospital in New-Orleans, where his injuries were first treated by a physician. "Do you know anything concerning the treatment you first received at the hospital?" "I do not, Sir." "For how long a time were you in that unconscious state?" "I can't say, Sir; I think for several days." "Were you sick in bed after you began to know your whereabouts?" "No, Sir, was never sick in bed in my life."

He has informed me that, in all he remained in the hospital about one month. After this he went to California, and, six months subsequently to the date already given, while at work on Fraser river, contracted a severe cold for which he again fell under medical treatment. What the nature of this treatment was we can best gather from his own lips. "My good man, did the California Doctor blister your head after you had taken cold?" "He did, Sir." "Did he order your head to be shaved?" "Yes, Sir." "And how many blisters did you have applied, one after another, over the whole scalp?" "There were *six* of them in all, Sir." Quite a sufficient cause,

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one would think, for disease of the brain! At that time he experienced considerable pain with a sense of fulness in the occipital region, and says that, in addition to these symptoms, there was a partial loss of muscular power and of sensibility also in the left half of the body and extremities. This attack of hæmiplegia appears not to have been a very decided or obstinate one, as he reports that its symptoms disappeared after a brief period and that he has never suffered any return of it.

The cerebro-spinal apparatus, gentlemen, like every other system of the bodily organs, is vulnerable to the assaults of disease. And although itself, in a certain sense, the generator and regulator of the dynamic forces of the economy, it does not constitute an exception to the rule that, all the various tissues are subject to accidental disorders arising from crude mechanical causes. This nervous system of animal life, like the digestive system, is of the compound order. The brain, which is the psychological organ, the nervous centre of the sensori-volitional functions, is perhaps the more important of all the bodily organs. We cannot do more in the present connection than merely to take a glance at some of the physiological and pathological peculiarities of this cerebro-spinal apparatus, as in these we shall expect to find an illustration in the case before us.

For the maintenance of its functional activity the encephalon depends upon a free and copious supply of healthy arterial blood. Authorities estimate that about one-fifth of the whole quantity of the circulating fluid contained within the body is sent to that organ. But we are to remember that the rapidity of motion in the blood-current through the brain is held in check by the sinuous course of the vessels, with their great number of anastomosing and capillary branches.

Now, whatever causes may interrupt the due supply of blood to the brain, or preternaturally retard its progress through this organ, whether resulting from changes in the blood-current itself, or from mechanical or accidental influences, as from a fall or a blow upon the skull, there will certainly follow a greater or less derangement of its functional activity. The brain has been defined as a double and symmetrical series of nervous ganglia, which are linked together and with the spinal

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cord by transverse and longitudinal commissures. The delicate functions of these associate ganglia are readily disordered through, or because of an irregular circulation of the blood, so lavishly supplied and so carefully conveyed to this organ. Hence it is not unusual to meet with examples of cerebral lesion attributable to accidental causes, as in the case of Mr. J., our patient. Nor is the severity of the lesion to be adjudged as in proportion to the shock which may have been received, any more than its characteristic features are to be recognized by a simple phrenological examination of the bump or "organ" more directly involved.

There is an almost unlimited variety of morbid consequences having their origin in certain mechanical injuries to the brain. A blow upon the occiput of two different individuals might occasion a very different and peculiar train of symptoms in each. Many serious diseases of the brain and nervous system have their source in causes analogous to that which befel the patient before you, and this fact explains my reason for bringing him here in preference to other and less knotty cases awaiting treatment in the next room. Dr. Winslow* remarks that, "The importance of this subject cannot be exaggerated. Repeatedly have I had cases of epilepsy bidding defiance to all treatment, tumors, abscesses, cancer, softening of the brain, as well as insanity in its more formidable types, under my care, whose origin could unquestionably be traced back, for varying periods of one, two, five, eight, ten, fifteen, and even twenty years, to damage done to the delicate structure of the brain by injuries inflicted upon the head!" * * * * "Injuries of this character occurring in persons of a strumous habit, or to those suffering from long-continued debilitating diseases, impaired and perverted nutrition, over-wrought and anxious minds, or inheriting a constitutional liability to mental or cerebral disease, are frequently followed by serious and often fatal results."

The remarks already made concerning the brain apply equally well to the spinal cord, which latter, indeed, is *but* a prolongation of the former. Its membranes and material are

* "Obscure Diseases of the Brain and Disorders of the Mind."

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the same. And, although contained in a different cavity, it is equally liable to those accidental influences which interrupt or otherwise disorder its functional integrity. It is perhaps, equally vascular, and consequently, like the brain, is very prone to derangements in regard of its nutrition. It is also liable to suffer from concussion or compression, while its intimate connection with every part of the organism, through nerves arising from, or communicating directly with it, will render any injury to its delicate structure almost certain to engender a train of morbid processes whose name is legion.

As an indirect result of mechanical causes, the cerebro-spinal fluid may be found either in excess or deficiency. Here, on the one hand, we should have a form of dropsical effusion, and on the other, a manifest danger of atrophy, or wasting away of the tissue. It sometimes happens that this latter affection runs a latent course for months or years, the obscure infirmity dating back to some trivial injury sustained by the spine or skull, and which has passed by unnoticed, or has been indeed forgotten. One of my most intimate professional friends and counsellors* fell a victim to disease produced in this manner, characterized by the most obscure and least satisfactory symptoms, finally resulting in a very decided atrophy of the superior portion of the medulla spinalis.

Treatment.—In all examples of injury to the brain and spinal cord, whether of recent or remote origin, the first care of the physician should be to anticipate and if possible to avert a fatal disorganization therein. As Dr. Graves has remarked, when referring to the obscure cerebral affections observed in certain cases of fever, "It is not enough to treat them when they come, they *must be seen and met coming.*" Promptness, conjoined with proper precaution against overdoing in the matter of treatment, may prevent a vast deal of suffering otherwise so certain to result from these unfortunate causes.

The varieties of morbid conditions which are so prone to result from mechanical injuries to the cerebro-spinal apparatus, teach us the impossibility of relying implicitly upon a mere

* The late Dr. S. Seymour, of this city.

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classification of their more minute symptoms, as indicative of the remedy to be chosen. The disorder is of *mechanical* origin, and its phenomena may sometimes be perpetuated by mechanical causes and obstructions, which should be removed or remedied by appropriate means. You might as reasonably endeavor successfully to treat a case of luxated hip-joint by the attenuations, giving the most scrupulous care to each shade of sensation of suffering experienced by the patient, as to expect the curative powers of nature in such cases as that before us, always to respond to remedies administered upon this exclusive principle alone. Here it will be more difficult to prescribe according to the principle *Similia.* If there were manifest phrenitis, myelitis, or inflammation of the cerebro-spinal meninges, it would not prove so troublesome a matter to select the appropriate remedy, one which would, in all probability, afford the most marked relief. But this is not the case. The evidences of disease presented by this patient are such as result in part from the accidental cause which originated the disorder, and in part also from the means which have been employed to cure it. For blisters, as well as blows upon the occiput may produce disease. This man has survived the martyrdom of six successive blisters, which were applied over the entire scalp. And the question is really, whether this artificial cause may not of itself be sufficient to account in great part for the protracted nature of his sufferings.

Having determined the significance of the symptoms, both as regards their source, their nature, and their severity, it remains to select the most appropriate means for their relief. We shall recommend for his case the Hypericum-perfoliatum in the second decimal attenuation, to be repeated once in four hours. This remedy is reputed to be as appropriate to traumatic lesions of the nervous tissue as Arnica is to those of the muscular or vascular systems.

These general indications in examples where it is impossible to get the detail of symptoms which might demand some other remedy, will frequently serve to point you to the proper medicine to be given.* But, it is homœopathic to this case,

* For two interesting cases illustrative of the fact that the morbid results of mechanical injury to the cerebro-spinal system, may fail to appear before

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as we shall discover. Dr. Müller, in his proving of the Hypericum-perfoliatum, finds it possessed of considerable power to induce an irritation of the nervous centres, with vascular erethism and congestion. He says it acts particularly upon the head, causing heaviness therein, with a sensation as if the head were elongated. It may also occasion violent cerebral congestions, flushed, bloated face, changeable mood, &c., as well as weakness and trembling of all the limbs. It should relieve our patient of the local pain in the region of the occiput, and so along the nape of the neck; tone up his limbs and enable him to walk with greater firmness of step. This remedy seems to act in a specific manner upon the cerebellum, regulating its function of coördinating or associating the different voluntary movements; and, for this reason among others, promises to become one of the most important in our already lengthened list of curative agents.

IRRITABLE ULCER.

This patient, Oscar McK——, Irish, aged twenty-two years, a painter by trade, fell from a scaffolding while at work upon the Tremont House in this city some three months ago. In his fall he was thrown upon a quantity of old lumber, and his left leg was wounded and torn in eight or ten different places by the nails which protruded from it. This compound wound bled but a very little, for the reason perhaps, that a considerable quantity of fresh paint was thrown upon the limb, and which almost covered the wounded portion of it.

You will observe that some of the more slight among these lacerations have entirely healed, while the larger ones remain open and continue to discharge an ichorous pus. One of these latter,—that nearest the ankle, is of the size of a quarter of a dollar, and presents the true characteristics of an irritable ulcer. The edges are ragged and somewhat serrated, while the bottom of the ulcer is occupied with irregular hollows,

a considerable length of time has elapsed, and also of the efficacy of the above-named remedy under these circumstances, see the author's report upon this subject, contained in the "Transactions of the Chicago Homœopathic Medical Society," No. I., p. 9, and also in the "British Journal of Homœopathy," vol. xvii., p. 523.

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and is less deep and distant than one would at first suppose. The discharge, which is not very considerable in amount, differs from healthy pus in being of so acrid and sanious a nature as to produce considerable excoriation of the skin wherever it may chance to come into contact with it. This ulcerated surface is very tender and bleeds upon the slightest touch. It is both sensitive and vascular, possessing, as an old author has said, "an excess of organizing action with a deficiency of organizable material." It burns and itches at times almost intolerably.

In order to diagnose an irritable from an indolent ulcer, you should bear in mind the following characteristics of the latter class. Indolent ulcers, examples of which you have frequently seen in this Clinique, occur among filthy and dissolute persons, and most commonly result from the bad treatment or neglect of a simple, harmless sore. The margin of an indolent ulcer is elevated, smooth, rounded, and callous, whitish in color, and in appearance not unlike a cartilaginous ring. Its granulating surface, although in reality equally shallow, is not so sensitive and vascular as in the irritable variety, and besides, is partly covered with a pellicle or crust which, in some respects, resembles a coating of mucous membrane.

"Have you made any attempt to heal your limb?" "Yes, Sir, I have not tried to do anything else since my fall, I have spent all my money, twenty-five dollars, in trying to be cured." "what did the doctors do for you?" "They gave me all sorts of washes and plasters for my leg, but it don't get any better, Sir." "Do you ever have chills or fever?" "I have felt very chilly, Sir, once or twice lately, since this sore has grown so bad." "How is your appetite?" "Very good, Sir."

This, gentleman, is an example of ulceration of the cutaneous integument along the anterior face of the tibia, due to local rather than to constitutional causes, and characterized almost solely by local symptoms. Patients from among the extreme lower orders in our cities are the more commonly afflicted with this disease, but we occasionally meet with a case in which a depraved habit of body has necessarily had but little to do with the origin or peculiar type of the disorder.

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Our patient is of a sound constitution, and addicted neither to the excesses of high life, nor yet necessitated to subsist upon a meagre and impoverished diet. Like most young men, however, he is addicted to habits which may minister somewhat to the intractable nature of his complaint. I allude to the drinking of malt and spirituous liquors, and also to the filthy custom of smoking. These habits, although esteemed polite,—if restricted in their indulgence within certain visionary limits, will sometimes occasion a species of dyscrasia which is next to impossible to remedy or overcome. There are cases in which a single glass of liquor, or a single cigar daily, may serve to perpetuate such a lesion as the one before us, despite the best medical means at command. The cure would not be retarded more certainly and effectually if he were to stick pins into the sore each day of his life, than if he continue to pursue the habits of which I have spoken.

The only danger in such a case as this is that, if neglected, the ulceration might extend to the bone, and so give rise to suppurative inflammation, or caries of that structure. That the periosteum has not already been involved in the disorganizing process is evident from the fact that our patient is privileged to rest well at night. There could not be a lesion of the periosteum, threatening the integrity of its texture, without the occurrence of what are called nightly "bone-pains." This item it is worth your while to remember.

Treatment.—The treatment proper to irritable ulcers may be divided into *constitutional* and *local*. Although Mr. McK's general health seems but slightly impaired, we shall yet find it proper to employ our remedies as well internally as locally. This mode of prescription is frequently of service when employed with a view to prevent such injurious consequences as might result to the general economy from the too sudden drying up of a local issue. Of the ill effects of healing indolent ulcers too rapidly, before the system can accustom itself to the removal, or rather the sealing up, of an old drain, which has served to filter away effete and deleterious matters, it may be for months or years, I have before spoken. Something of the same care is appropriate in the treatment of the irritable variety also.

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Both the local and general indications for the treatment of this case are met in the employment of the Arsenicum-album. He should take two grains of the third trituration of that substance three times daily. In addition to this, I recommend the topical use of the same remedy in the same trituration,—a little pinch of the dry powder should be sprinkled upon the surface of the ulcer morning and evening.

From the latter means I believe much good is sometimes to be derived. The practice of applying the same remedy locally that is administered constitutionally, has not come into general vogue with the profession, for the simple reason that all physicians are not yet convinced of its superior efficacy. But, does it not appear reasonable that when we desire to obtain the specific effect of any drug upon a local disorder, circumscribed, as in the case before you, and hence so readily reached, because of its situation upon the exterior surface of the body, that we should sometimes apply it as immediately as possible to the seat of diseased action? To order the Arsenicum in both these ways, providing we are careful not to over-dose our patient, ought certainly to insure to him its more complete curative results. I am much in the practice of this twin application of our remedies in various local cachexiæ.

Perhaps there is no other agent in our materia medica which has such a wide range of curative influences in nutritive disorders of the cutaneous textures as the Arsenicum. What is wanted to effect the cure of this irritable ulcer is specifically to stimulate the normal restitutional power of the parts involved. The remedy must act in a line with the law of healthy histogenetic repair to the structures, through the function of cell-growth and development. The disease is one of nutrition simply,—a disorder in the assimilative growth and repair of the integument,—an excess of organizing action, (irritation), with a deficiency of organizing material (healthy plasma.) And we are quite confident this patient would have made a better investment of time and of money had he come hither immediately after his first accident. Nevertheless, if faithfully applied, our prescription may be worth more than the twenty-five dollars both to yourselves and to him.

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SUB-ACUTE RHEUMATISM.

Mrs. F——, an apple-woman, forty-eight years of age, is afflicted with one of the many varieties of rheumatic inflammation. She has been ill for five weeks. Contracted a severe cold, as the phrase is, from exposure in a rain-storm. The day following she had rheumatism in both the superior extremities. A day or two later the pains travelled up the sides of the neck to the head, and her sufferings increased almost beyond the point of endurance. Then followed another metastasis, which relieved the head and neck, but located the trouble in the left limb, from which it was soon translated back again to the scalp and sides of the neck. This is the seat of her present suffering. The sterno-cleido mastoid muscle is affected, producing by its contraction a species of *torticollis*, or wry-neck.

The pains are seated in the muscles, the bones and articulations being quite exempt. It is, therefore, the muscular, and not the articular variety of rheumatism with which this poor woman is afflicted. Her neck, as you will observe, is quite stiff, indeed almost immovable either to the right hand or to the left. The suffering is increased upon motion, and violent exercise is quite impossible. The pains continue night and day, but are more severe at night. The throat is sore, inflamed, congested, she swallows with difficulty, and expectorates a tough mucus from it, which is sometimes streaked with blood. Tongue coated yellowish-white. No appetite, is gloomy and hypochondriacal, is certain she can never recover. Pulse 68, slow, but full. Says that her mother died suddenly some years since from rheumatism of the heart.

She has been under treatment at the hands of a German Doctor, of another school, but without deriving any perceptible benefit from his prescriptions. The only local means employed has been one which was used at the suggestion of a neighbor, and which bears the suggestive name of "rattlesnake-oil." The effect of this "specific" appears to have been to add somewhat to the erratic nature of the disease.

Rheumatism, gentlemen, is a perplexing complaint. We talk of the protean forms of intermittent fever, of gastric, or

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of uterine irritation, but rheumatism is quite as various in the mode of its appearance, the phenomena presented, and in its almost endless complications as are any or all of these. It belongs properly to the order of general cachexiæ, and hence is one of those infirmities which have a diathesis of their own, and are liable to impress some of their peculiarities upon other and different disorders. Rheumatism, as the word is ordinarily employed, implies a specific inflammation which is constitutional in nature, but liable to be seated locally in either the muscular, the fibrous, or the serous textures. It may involve either or all of these tissues at the same moment, but is ordinarily confined to one or another of them singly. In this patient the lesion is located in the structure of the muscles, and hence may very appropriately be styled *muscular* rheumatism. In other examples, it is limited to the synovial membranes, or perhaps to the ligaments in the immediate vicinity of the joints, whence the name of *articular* rheumatism. If seated in the nerves, a form of the disease which is very prevalent in this city at certain seasons of the year, we should denominate it *rheumatic neuralgia.*

Rheumatism may be either acute, sub-acute, or chronic. In the second of these types there is generally but little febrile action, although with or without any evidence of strong constitutional sympathy with the local lesion, the disease is frequently styled *rheumatic fever.* There is little or none of the redness and tumefaction of the parts affected which we meet with in the acute form. The pain is less intense and agonizing, although a movement in certain directions may occasion extreme suffering, and at times also severe lancinating pains of a spasmodic, or cramp-like nature. In muscular rheumatism the suffering from sudden movement of the part affected is perhaps more marked than in either of the other varieties, although, in the articular variety, it will sometimes happen that you will find the joints are very tender of performing their hinge-like functions. Acute articular rheumatism is one of the most painful and trying diseases incident to humanity.

There are but two peculiarities of this disorder to which we have time to direct your attention. One of these is its here-

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ditary nature. In evidence that a predisposition thereto may be transmitted from parent to child, and from one generation to another, we have the story of this patient that her mother fell a victim to this same disease. Authors have contended that the rheumatic, or uric-acid diathesis, impressed its peculiar characteristics upon the blood, and that, this fluid being contaminated, it became the channel through which the *materies morbi*, or morbific cause must affect the health and well-being of posterity. If it be true, as Sir Henry Holland argues,* that the series of actions or changes peculiar to those diseases which occur but once during life, and are sufficient to prevent their recurrence, have their seat in the blood and are carried on throughout by the circulation, would it not appear equally probable that this same vital fluid is the channel for the predisposition in question?

The second of these peculiarities which I would have you remark is the shifting and migratory nature of the disease. This latter feature is quite peculiar, in some respects at least, to the rheumatic inflammation. Other affections, as neuralgia, the gout, &c., may change their seat, and sometimes very suddenly, but there are some characteristic peculiarities which pertain especially to the migratory disposition of rheumatism. You prescribe for a patient afflicted with this disease, and take your departure. In a few hours you may find him with every symptom of a local lesion of the most decided stamp wanting, the disease having shifted by metastasis to some remote part, it may be to one which is entirely disconnected, either by continuity of surface or similarity of texture, with the original seat of suffering.

This "erratic tendency," as Dr Todd prefers to style it, while it facilitates our making a correct diagnosis in many examples of this disease, is not unfrequently a source of embarassment as regards its treatment. In certain instances it may occasion serious complications. Thus, in muscular rheumatism, there is always more or less danger to be apprehended from a sudden translation from an external to an internal surface or organ, from a less to a more vital part. The heart,

* *Vide* "Medical Notes and Reflections," page 85.

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being muscular, is especially prone to become the seat of such a metastasis. The muscular coat of the alimentary tract is sometimes affected in this manner. In either case, if the grade of the inflammation were severe the suffering and danger might be very considerable.

It is always desirable, therefore, not to minister to the erratic propensity of the complaint by such local applications and surroundings as might indirectly hazard the life of your patient. It will, as a matter of course prove true that the sufferer is not satisfied with its location,—as boils and blotches are invariably in the wrong place,—but the muscles of the head, the neck, or of either of the extremities had better suffer than that you should drive it upon the heart or the stomach, or other of the vital organs.

Treatment.—Mrs. F——will receive of the Rhus-toxicodendron, three, and Mercurius-vivus, three, a dose once in two hours, alternately. The Rhus is well indicated in cases of muscular rheumatism referable to exposure such as this patient experienced in the commencement of her illness. We should be at a loss if obliged to treat most cases of rheumatism without the Rhus-tox. In this capricious climate, along the shores of the great lakes, it is more frequently called for in this disease than is any other remedy. In other localities it may be less generally useful. The throat symptoms, as well as the characteristic bone-pains, will be best remedied by the Mercurius.

You will not always expect a prompt response to remedies administered for the cure of rheumatism, however carefully chosen. Certain cases recover almost immediately, while with others it is far otherwise. The intractable nature of the complaint has led some physicians to become skeptical of the best treatment for it. Old Dr. Warren was one of these, for, when asked what was good for acute rheumatism, he replied "six weeks."

The most effective local application which I have ever employed in this disease is the carded cotton, or cotton batting of the dry-good shops. When caused or perpetuated by vicissitudes of weather, sudden cold, various electrical changes, and the like, it will sometimes act like a charm. A thick,

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dry layer of it should be bound about the affected part so as to exclude the atmosphere. Of course it should be worn both day and night, or its occasional removal would insure a relapse. I am confident that its employment in the present instance would be of greater service than all the "rattlesnake-oil" in the kingdom.

GALACTORRHŒA, PROFUSE SECRETION OF MILK FOLLOWING AN ABORTION.

Mrs. K., Irish, at twenty-two, of sanguineo-nervous temperament and scrofulous habit, is weak and anæmic. Has suffered two miscarriages, the last of which happened five months ago. When the mishap occurred she was confined to her room some three weeks, was not very ill, however, and had no unusual flooding. Since that time with the return of each menstrual period she has had severe pains in the back and loins, a scanty flow continuing for three days, and recurring once in three weeks. The breasts are full and swollen and at times painful. This latter suffering follows upon exercise or the taking of some slight cold, but appears to have no particular relation to the catamenial irregularity. The secretion of milk in the mammary gland is sometimes so excessive in amount that she is obliged to pump it out for fear of a resulting inflammation. The glands will even discharge themselves freely of this surplus secretion upon being pressed by the hand. The product is depraved in quality, thin and serous, resembling an admixture of milk and water, say in about equal proportions. This patient has never borne a child at full term, and, consequently, has never suckled one. The function of lactation was not established with her until subsequent to the last miscarriage. She is nervous, irritable and petulant. Complains of a sense of weight and oppression at the epigastrium, especially after a meal, which symptom sometimes lasts for two or three hours. Bowels regular, and in other regards is apparently well.

Lactation, like all the remaining bodily functions, is liable to derangement. The mammary glands are subject to inflammation with its train of morbid sequelæ, and to abnormal growths and disorders of structure, as cancer, &c. In my

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lectures upon the physiology of secretion you have been made acquainted with the function which in this case is so seriously deranged. You are therefore prepared to estimate the significancy of the symptoms already presented. Here you see a young woman who has never yet become a mother, in the true sense of that term, suffering the consequences of an undue lactation. In certain states of system any excess of secretion, or indeed it may be that any secretion of milk whatever, may prove a source of debility and indirectly, of serious organic diseases. Nervous and digestive derangements in great variety will sometimes result from this cause alone. The *tabes lactea* and *tabes nutricum* of the old authors originate in a redundant and exhaustive flow of milk.

The mammary gland secerns, or separates from the blood the very materials of structure which are necessary to the development of the young organism. Now, in this patient's case, a drain is established which saps the liquor sanguinis of its nutritive supplies. And not only is the aliment which, in shape of the various peptones has been approximatively assimilated into the texture of organs subtracted from this general reservoir, but fats and other components of the food have been detected unchanged in this secretion. The anemia of this patient results from no other cause. There is no menorrhagia, no other drain upon her vital resources. The red globules are in deficiency, but the cause is apparent. Her appetite is unimpaired and she is confident of eating enough food to keep her in better flesh. Besides this, if her food were not tolerably well digested, notwithstanding the gastric distress, we should have more decided evidence of muco-enteritic irritation or inflammation.

In brief, what is true of the possible consequences of over-lactation in the parent, is also true of its results upon the organism under such circumstances as those which have befallen Mrs. K. It matters not, therefore, if the woman be nursing her offspring; if she may have weaned it; or if, in reality she has never been blessed with a full-term child, that she might share with it her own life-forces through a function at once the most grateful to her and beneficent to the little one; wherever we find a train of symptoms referable to an exces-

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sive drain upon the system through this particular channel, we should at once proceed to remedy the evil, and in an understanding manner.

Treatment.—Having already taken, Belladonna, 3, with some slight palliation of her nervous symptoms, but, without more than a transient relief to these, she is now to have Calcarea-carbonica, 3d, dec., trituration, once in six hours. If you will turn to the pathogenesy of this remedy its appropriateness to this case will not fail to be recognized. It suits her constitutional tendencies, the secretory disorders of the mammary gland and ovaries, as well as the digestive and nutritive embarassments under which her system is laboring. Before dismissing this subject, I may remark that local measures are sometimes of service as adjuncts to internal remedies for the relief of this troublesome infirmity. A domestic application which I have frequently employed with advantage consists of a lotion of brandy or spirit, in which black pepper, in the grains has previously been infused. It may be applied by means of compresses wet in this fluid and placed over the gland. Another means is to resort to dry friction of the glands, in order that the lymphatic vessels which are so numerous therein, may be stimulated to absorb the watery portion of the milk when it is first secreted.

General Record of Medical Science.

Sanitary Reform.

Facts and memoranda which show some of the leading features of the social diseases which afflict civilized society have been accumulating on our hands in immense numbers within the last twenty years. Not many months since we gave a lengthy review of some of the materials collected by British and American observers within a few years only. (See *United States Journal of Homœopathy*, vol. 2, p. 418, &c.) Hereafter, we shall occasionally "post the books," to see how the running account stands in the deadly warfare between *half-living humanity* and *old mortality*. We glean a few noticeable *symptoms* from the later *provings* and observations. When remedies for social diseases are proposed, we shall be happy to publish them.

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Mortality of children in London.—According to an official report just published, the numbers are in the annual proportion of 23·1 per 1000 of the inhabitants of the Eastern district, 23·6 of the Western, and 21 of the Central, making together an annual death rate of 22·4 per 1000 for the entire city. The average mortality in all England, during the autumn quarter, is at a yearly rate of 21·8 per 1000, and in the chief towns of England it is 24·9. Thirty-eight per cent. of all the deaths were among children of less than five years old, and nearly twenty per cent. among old persons of sixty and upwards; thirteen per cent. were among adults at from twenty to forty years of age, and nineteen per cent. at forty to sixty. These are nearly the proportions of former years.

Comparative Mortality at different ages in the different districts.—In the Eastern district, for example, the mortality of children has been fifty per cent. of all the deaths, whereas in the Western it has been only thirty-six per cent. Both of these divisions of the city have nearly the same kind of population, and we cannot point to any especial cause for this high death-rate of children in the first-named district but the great density of the population. In the Eastern district there are two hundred and sixty-six persons to the acre, whereas in the Western there are only two hundred, and in the rest of the city but one hundred and fifty. In the whole metropolis, with a density of only thirty-six persons to an acre, the mortality of children under five years of age is nearly forty-two per cent. of all the deaths. What wonder, then, that in a district so closely packed as the Eastern the infant mortality should rise above fifty per cent.!—*Lancet.*

The death of Prince Albert from typhoid fever continues to be a topic of interesting discussion in the British Medical Journals. It seems to be thought remarkable that an individual whose surroundings, in a hygienic view, had always been of the most favorable character, and who had been unusually careful of his health, should perish from an affection which seems so generally associated with neglect of cleanliness, impoverished diet, and foul emanations. It seems to be conceded that there are, in the vicinity of the residence of the royal family, at Windsor, local causes to which the illness might be attributed. An epidemic of typhoid fever prevailed in that neighborhood two years ago, which was clearly traceable to bad drainage as its cause. It is asserted that the drainage and ventilation of the castle itself are as perfect as under the circumstances they can be, yet it is at the same time admitted that, "bad smells very frequently occur there, and are a source of annoyance." Typhoid fever is regarded as a "Zymotic, and generally preventible disease," and experience has almost invariably associated it in towns "with defective drainage." It is also observed that the drainage of the castle into the Thames, though shown by Mr. Murchison in his report, two years ago, to be quite good, extends only to one-half of the Royal Mews; and, also, that while that half which has the benefit of the drainage remained free from fever, in the other ill-drained block there occurred thirty cases of fever and three deaths.

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The public mind was taken by surprise when the death of the Prince Consort was announced; and the surprise was not lessened when the bulletins which had been occasionally issued during his illness were perused. On Sunday, (December 8th, 1861,) the public were first told that the prince had been "suffering for the last week from a feverish cold, with pains in the limbs;" though there were "no unfavorable symptoms." December 11th, the report was, "fever unattended by unfavorable symptoms." On the 12th there had been "little change." On the 13th, "the symptoms have assumed an unfavorable character." On the 14th, 9 A. M., "a mitigation of the severity of the symptoms." At 3 P. M., he was "in a critical state." During the "evening the Prince Consort became rapidly weaker," and "expired without suffering, at ten minutes before 11 o'clock." These official bulletins had all been signed by James Clark, M. D., Henry Holland, M. D., Thomas Watson, M. D., William Jenner, M. D. After reviewing the history of the case, the attending physicians came to the conclusion that the disease was "typhoid fever; duration twenty-one days." The cause of the disease has not been well agreed upon by the British medical public. Dr. Watson, "the Cicero of British medicine," is rather an unbeliever in *malaria;* and he will, no doubt, be as much perplexed with the melancholy termination of a case in the royal household of England as the learned physicians of Portugal were, near the same time, with the inexplicable death of the King of Portugal and his royal brother. It is difficult for men who deny the power of infinitesimal attenuations of poisons to see how malaria can cause fatal disease. They, therefore, suspected that the Portugese king and his brother had been poisoned, and the bodies were disinterred for examination, while the people made an assault on the drug shops, and broke many offensive bottles, which were no doubt guilty of other murders, though innocent of the identical one in question.

We have had a few cases in this country in which the effects of homœopathic doses of malaria were attributed to allopathic doses of mineral poisons. The National Hotel epidemic at Washington, in March, 1857, was a notorious instance, well remembered, at least by those who *lived* through it. More than fifty died while the faculty were debating about the origin of the disease; but they could no more explain its cause without the aid of Arsenic than they could cure it *with* or *without* blue pill and Opium.

Slavery of White Children in Factories.—This subject begins to attract attention as one that must soon engage the earnest thought of the best minds in all christian countries. We condense from various periodicals a few notes bearing on the subject. The poor white factory child, instead of spending its early years like a negro slave in playing among the rice swamps, is blighted in infancy. He is broken down in health and spirit by toil and restraint. Such children become scrofulous, cachectic, and, after wearing out a few years among the wheels and spindles of the factory, they find their way to the

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charity dispensaries; and, when they can find no home at which to rest, and no food that can longer support life, they seek rest and food in a public hospital.

Several years ago the subject of the abuse of child-labor attracted the attention of the British Government, and a commission was appointed to investigate the condition of laboring children. There was an exposure of great evils, and some reforms were the result. More recently the subject has been brought up by the publication of many facts which showed that the cruelty of employers and of parents was increasing, that new manufactures had come into use, and new abuses called for more positive reforms. A new investigation was called for, and further facts were elicited. It was ascertained: "That children were set to work by hard-hearted and rapacious parents as early as three and four years of age; and that, in general, regular employment commenced between seven and eight. Pins, earthen-ware, machine-lace, hosiery, &c., were made in part by mere infants. Sometimes this forced and monotonous labor was continued from thirteen to fourteen hours consecutively, whilst the instances were rare in which the regular hours for work were less than twelve. Corporeal punishment was often inflicted upon children, they being sometimes severely and occasionally cruelly used. In one branch of manufacture, in a particular district, the treatment was found to be oppressive and brutal to the last degree. It was also found in one town, that hundreds of men were supported by the earnings of their wives and children, the former too often spending for purposes of drink the money they might occasionally earn themselves. Where physical wretchedness and suffering as great as this exists, the condition of morals is necessarily of the lowest kind; and this it was ascertained to be. Education in such homes as were described by the Commissioners was either useless or impossible; and the state of the females was deplorable in the extreme. Early death, crippled forms, distorted limbs, with all their disabilities and protracted suffering prevented most of these wretched creatures from ever rising to the dignity of a wife or mother."

So terrible was the picture presented by the effects of allowing parents and guardians to put young children to manufacturing labor that, after an attentive consideration of the reports of the several commissions, Mr. Senior remarked. "WE LOOK WITH SHAME AND INDIGNATION AT THE PICTURE OF AMERICAN SLAVERY, BUT FIRMLY BELIEVE THAT THE CHILDREN AT THE WORST PLANTATIONS ARE LESS OVER-WORKED, LESS TORTURED, BETTER FED, AND QUITE AS WELL INSTRUCTED, AS THE UNHAPPY INFANTS WHOSE EARLY AND LONG-CONTINUED LABOR OCCASIONS THE FABULOUS CHEAPNESS OF OUR HARDWARE AND LACE, AND WHOSE WAGES FEED THE INTEMPERANCE OF THEIR PARENTS."

Density of Population in the American Metropolis.—In the city of New-York 27,000 people live below the surface of the ground; and they cook, eat, sleep, and live together "in all the multitude without

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the neatness of the ant." We can select ten blocks of New-York which contain more people than the cities of Hartford, or Utica, though these latter-named flourishing cities each cover several square miles. In Laurens-street, New-York, there are eight buildings on each side of the street, called "Rotten-row." In a space of one hundred and eighty feet by fifty deep on each side, live 1,250 persons. In one room six people live, and hens were seen among these people "scratching on the bed." One house holds one hundred and twenty-six families, who pay a large aggregate rent for their miserable tenements. The block yields the landlord $7,680 per year. A little two story rear building, containing ten apartments, holds fourteen families, who unitedly pay two thousand dollars annually in rent.

Report of the Committee appointed by the Sanitary Commission to prepare a paper on the value of Vaccination in Armies.—This Committee, composed of two Philadelphia physicians, have collected a large mass of statistical information, and reached the following conclusions: "That vaccination is a positive protection against small-pox within certain limits; that there is a period of life when that influence declines, and hence the importance and necessity of re-protecting the system by re-vaccination." The general opinion now is, as stated by the Philadelphia *Medical Reporter*, "That vaccination is a positive and unlimited protection against small-pox, quite as much so as the disease itself is against a recurrent attack—*when the operation has been properly performed.* The reason why 're-vaccinations' so often prove effectual, we believe exists in the fact that the vaccination was not properly performed in the first instance. If the system is insufficiently protected by a half-performed operation, re-vaccination will produce a *vaccinoid*, not a true vaccine disease; and the person thus imperfectly protected is liable to, not variola, but *varioloid*, a disease of very little consequence as regards mortality, when compared with the former. If there is a period of life when the influence of thorough *vaccinia* declines, there is a period when the influence of thorough variola declines, and the person is liable to a second attack.

"It is well known that there are idiosyncracies of constitution which render their possessor liable to repeated attacks of small-pox, and that the same holds true in regard to others of the exanthemata.

"According to our observation, too, when small-pox prevails epidemically, the vaccine disease is more perfect, and more easily propagated. To our mind, the fact that so many persons who have been vaccinated have variola or varioloid, the vaccine or vaccinoid disease, proves that they were carelessly vaccinated at first, and either not protected *at all*, or but partially protected."

In Germany vaccination is generally more thoroughly performed than in this country. The statistics which should show the results with precision have not been published in sufficient detail.

Compulsory Vaccination in New-York City.—The Report of Dr. Sayre, resident physician, in February, 1862, to the Commissioners of Health, shows that, "Out of one million of persons, the lives of

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fifty-two thousand were saved by vaccination; and that in armies where, before vaccination was known, the mortality from small pox was enormous, at the present day, and with the strict attention paid to vaccination, the mortality was trifling. The absolute necessity of general vaccination is made so evident as to lead to the conclusion, that if people will not be vaccinated when the authorities are willing to cause it to be done free of charge, the law should, for the preservation of the general health, compel them to be vaccinated."

Protective power of Vaccination.—Berg, (Sydenham Soc. Year-Book, 1861, p. 496) gives the small-pox statistics of Sweden from 1748 to 1859. Vaccination appears to have first become general in 1805. After this period the annual mortality of small-pox only exceeded 1000 in five years.—Viz., 1825 it was 1243; in 1833 it was 1145: In 1838 it was 1805: In 1839 it was 1954: In 1850 1007. In all of these years small-pox prevails epidemically. Comparing these with epidemic years previous to 1805, we find in 1752 a mortality of 10,912; in 1784, 12,455; in 1765, 17,375; in 1800, 12,058. Dr. Berg says that no observations favor the idea that scrofulous eruptive fevers or other diseases have increased or become more malignant since the introduction of vaccination.

Resuscitation of Drowned Persons.

In 1794, Dr. Fothergill, in his "New Inquiry into the Suspension of Vital Action in cases of Drowning," &c., originated the doctrine which led physicians to seek for some mode of imitating the respiratory movements in cases of suspended animation from drowning. He taught indeed that, "The first grand indication should be to renew the action of the lungs;" but practitioners found it more easy to tell what was wanted than to put in operation any practical mode of reaching it. Mr. R. Hamilton, in his "Rules for Recovering Persons recently Drowned," says, "On taking up the body, we are not to wait for an increase of heat before we begin our operations. We are to commence them by expanding the lungs *immediately*. This is not only the first, but most important part of the process." He also recommended the very cautious and moderate application of heat, viz.: 60° or 70° F.;" but says, "it cannot supply the principle of life; this must be sought for from the common atmosphere." The desired vital principle was not so easily obtained "from the common atmosphere." The apparatus that seemed best to answer the purpose was not always at hand; and when it could be tried, the good effects of artificial respiration were defeated by the falling backwards of the tongue and closure of the glottis. It was, therefore, directed that the tongue should be drawn forwards, and the trachea pressed backwards, and by such means the process was sometimes successfully performed. But the difficulties to be encountered so often led to failure, that artificial respiration ceased to be much valued. The Royal Humane Society let it drop from the programme of measures directed to be

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tried; though some physicians tried to do what they could by pressing upon the chest to induce expiration, and waiting for the natural elasticity of the chest walls to cause inspiration. Generally, however, the tongue closed the glottis, and inspiration failed from its being opposed by two insurmountable obstacles. In this state of the question, Dr. Marshall Hall took it up. He saw, before trying it, that if the patient, instead of lying on his *back*, should be turned on his *face*, the tongue, instead of falling backwards would fall forwards; he found that *semi-rotation* would effect the pressure and relaxation required; and thus, that, without apparatus of any kind, artificial respiration could be performed at once and effectually, and continued for any length of time without the least danger to the patient.

The suspension of respiration being the cause of death, the effect of this suspension is measured by the quantity of oxygen received from the atmosphere, and the quantity of carbonic-acid retained in the blood. The quantity of carbonic-acid evolved is augmented with augmented rapidity of circulation; but if retained in the blood it poisons in proportion to the rapidity of circulation. Respiration is the exhalation of carbonic-acid, and inhalation of oxygen. Drowning or strangulation stop both, but exhalation is of much greater immediate value to life.

"A mouse," says Dr. Hall, "will *live* in an atmosphere of nitrogen and oxygen, in which there is *so little* oxygen that a lighted taper is immediately extinguished, flame and spark; and *die* in an atmosphere of carbonic-acid and oxygen, in which there is *so much* oxygen that a taper blown out, leaving a spark, is immediately re-inflamed. It is not the want of oxygen, but the excess of carbonic-acid which proves fatal."* There are, however, facts which appear to support the view that, the inhalation of oxygen is the more important in the respiratory process. (*British and Foreign Medical Chirurgical Review*, April, 1858, p. 223.) The phenomena of "blood-poisoning," from suspended respiration in an animal submerged in water, are: "1st, *voluntary* efforts to escape; 2d, stillness, or anæsthesia; 3d, gasping; 4th, lingering circulation, but apparent death." If the animal be placed in a limited quantity of air, there are: 1st, natural breathing, unless excited emotionally; 2d, "panting;" and 3d, gasping. The anæsthesia depends on poisoning of the brain; the "panting" on respiration of carbonic-acid; "gasping" upon poisoning of the spinal centre—the latter being also indicated by open mouth, starts, tottering gait, and paralytic weakness of the posterior extremities. These phenomena proceed with rapidity, inversely proportionate to age, temperature, degree of activity, and elevation in the zoological scale."

The length of time during which respiration may be suspended and the animal be susceptible of resuscitation varies greatly in different animals. "A lethargic bat was submerged in water at 40° F., was uninjured after sixteen minutes; a hedge-hog, submerged for

* "Prone and Postural Respiration in Drowning, and other forms of Apnœa, or Suspended Respiration." By Marshall Hall, M D., F. R. S., &c. London, 1857. P. 216.

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twenty minutes recovered under similar circumstances. But these animals die as speedily as other warm-blooded animals, if submerged in a state of activity."

Cases, says Marshall Hall, "are recorded of the human subject being restored after many minutes of submersion." It might well be doubted whether the facts so recorded were correctly observed.

The length of time that a patient may remain entirely submerged in water, and afterwards be restored by any known means of resuscitation has not been determined by medical experience. Perhaps one of the longest, *well authenticated*, submersions, after which restoration was affected, was that reported in the *London Medical Gazette*, for December 23, 1842. In that case *the time of submersion was fourteen minutes;* and the efforts to restore respiration were continued for *eight hours*, before the process of breathing was fully re-established. In ordinary cases, where the *supposed* time of submersion was much longer, the want of accurate observation leaves the actual time a question that cannot be decided; the witnesses, if any are present, are too much excited to note the minutes as they pass, and under such circumstances, time *seems* to pass slowly. One of the latest recorded cases is that reported by Dr. Alfred C. Garratt, in the *Boston Medical and Surgical Journal*, September 5, 1861. He says, that a patient who had been immersed in *ice-cold* water for *twenty* or *thirty minutes*, "some verily believing it was an hour," and taken out of the water cold, and apparently lifeless, was restored.

TREATMENT.—Remove the body to a convenient place, of a temperature of 65 or 70 degrees, and well ventilated; place him on the back, with head, shoulders, and chest slightly elevated; remove the clothing, and envelop him in a warm blanket. An immediate effort should be made to renew the respiration. And here the "Marshall Hall Method" merits our confidence. The application of external warmth should be made at the earliest possible moment; apply bottles of warm water to the feet, under the knee-joints, between the thighs, under the arm-pits, and especially dry warmth to the epigastrium, or apply to the whole body blankets wrung out of warm water; use dry frictions extensively, by the hands of assistants, over the chest and limbs; and occasionally touch the nostrils with a feather dipped in Spirits of Hartshorn or Aromatic Vinegar.

Stimulants may be introduced into the stomach through a flexible tube, and they are still more effectual introduced into the large intestines in the same manner. Warm spirits and water are the best stimulants. Galvanism is equally important. Copland directs that slight shocks be passed through the diaphragm, or heart; or strong shocks of electricity may be tried. Dr. Ure recommends that the galvanic current be directed through the *left phrenic nerve*, from the point at which it lies in the same sheath with the *par vagum*, at the outer edge of the *sterno-cleido-mastoid* muscle, about half-way between the clavicle and the angle of the lower jaw. Apply the positive conductor of the galvanic battery to the two nerves at this point, and at the same time moisten the skin, immediately under the cartilage of

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the seventh rib, with a solution of common salt, or a hot saturated solution of Sal-ammoniac, and apply firmly to the moistened skin the other, or negative conductor. The effort may first be made without making any incision to expose the nerves; and, if no immediate effects be produced, we may cut down at once through the insensible integuments, and apply the conductor to the phrenic nerve itself, which extends to the pericardium and even to the apex of the heart.

Electro-Magnetism has been employed by Dr. Todd, at King's College Hospital, London, in suspended animation from an overdose of Opium. Leroy d'Etoielles introduced a fine needle on each side into the fibres of the diaphragm, and established a galvanic current between the needles by means of a galvanic pile of thirty pairs of plates, an inch in diameter. By establishing the circuit and then interrupting it, he re-induced regular respiration.

The galvanic experiments of Dr. Ure, on the body of the criminal Clydesdale, after he had been suspended nearly an hour from the gallows, justify farther trials of this agent in cases of suspended animation. By passing the galvanic current through various sets of muscles to the nerves of which the electric conductors were applied, "the body was agitated by convulsive movements resembling a violent shuddering from cold;" the limbs were forcibly extended; full and laborious breathing was produced, the chest heaved and fell, the abdomen was protruded and again collapsed. When one conductor was applied to the supra-orbital nerve in the eye-brow, and the other conductor to the heel, and carrying the point of one conductor along the edges of the galvanic plates, the most extraordinary grimaces were exhibited; and "fifty shocks, each greater than the preceding one, were given in two seconds. Every muscle of the countenance was simultaneously thrown into fearful action; rage, horror, despair, anguish, and ghastly smiles united their hideous expression in the murderer's face." Some of the spectators were driven in terror from the apartment, and one gentleman fainted. In another experiment the fingers were made to move nimbly like those of a violin performer; a finger extended forcibly; and, "from the convulsive agitation of the arm, he seemed to point to the different spectators, some of whom thought he had come to life."—*Ure's Chem. Dictionary.*

The experiments of Ure were repeated by a Committee of the Medical Society of Lancaster County, Pennsylvania, on a criminal executed by hanging, in 1839. They produced violent action of the pectoral muscles, and established full respiratory action, the mouth opening and closing regularly. The breathing was so forcible that a candle applied to the nose was blown out instantly. This was repeated five times in succession, and the inspiration was so strong that the flame was drawn in with the breath, singing the hair in the nostrils. In other experiments the muscles of the face were drawn in various directions, elevating the angles of the mouth, closing the eyes with tremulous movements; the arms and hands were flexed and extended and moved from place to place; the muscles employed in

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mastication performed all the functions, imitating the actions of tasting and eating.—*Western Journal Med. Sciences*, p. 264, 1840.

As the mode of treatment devised by Dr. Marshall Hall has been found at least as successful as any other, we extract from his last work, as edited by his son, (1857,) such observations and facts as may enable us to estimate its value as compared with that which it proposes to supercede. The object of treatment in apnœa is, first to eliminate the carbonic-acid already in the blood; and, secondly, to check its further accumulation. For this purpose artificial respiration is the most important agent. Dr. Hall says:

"When the subject is kept in the *supine* position, events occur which render *every* attempt at inducing respiration absolutely nugatory. The tongue may fall backwards, carrying with it the epiglottis, and close the glottis or entrance into the windpipe and air passages! Fluids already in the mouth or fauces, or regurgitated from the stomach, may not only obstruct the air-passages, but be forced or drawn back into the windpipe, and so add a *new* source of apnœa. These obstacles are obviated at once by reversing the position from the supine to the prone."—P. 23.

It was shown by the experiments of Mr. George Webster that, when the body is placed in a prone position, inspiration and expiration can be readily produced, and continued at pleasure by the mere exercise and relaxation of pressure; and, such alternations being easily accomplished by rotating the body from the prone to the lateral posture. "Mr. Fox, Mr. Hunter, and Mr. Bowles, of St. George's Hospital, performed further experiments, and measuring the quantity of air respired, found it sufficient."

Upon the ideas developed by such researches as these, Dr. Hall constructed his system of Resuscitation of Drowned Persons. His rules of operating, which have now been often published, were first presented in an Essay sent to the Royal Humane Society, in January, 1856. The Society issued a circular to some of its members, requesting each to give his opinion of the new mode of treatment. From these gentlemen ten different answers were received, one of which was from Sir Benjamin Brodie; but they ventured to give no further advice than that the Society should not venture to try the method recommended, until somebody else would try it first and find it successful.

That Society, like most other large bodies, "moved slowly" in the path of improvement. In a year and a half more Dr. Marshall Hall was dead, and he left the Royal Humane Society still waiting for somebody to test the value and safety of the "Marshall Method" of treating Asphyxia. It had already been often tried with success. Dr. Hall had often tried it; and it had been recognized by the profession as the safest and most reliable method known. "It is singular enough," says the *Medical Monthly*, "that in the very place where Marshall Hall has drawn his last breath, two cases have lately occurred illustrating the superiority of this method over the empirical rules of the Royal Humane Society. In one case of drowning the

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warm bath was administered; in another, the method of Dr. Hall was resorted to. In the first case, death was the result; in the second, restoration to life. It is also remarkable, that in this number of our Journal should be recorded three more examples illustrative of the successful application of this method. It is curious, too, that one of them should have occurred at Nottingham."

The Serpent Charmers of Africa.—Among the curiosities of Medical History the subject of serpent charming and serpent worship, the exercise of occult magical influences, by persons of peculiar power, over the most dreaded and hated of living creatures, has always been conspicuous. We find this subject revived in *L'Art Medical*, for November, 1861, and add a few notes from older writers:

In no country did these snake charmers ever distinguish themselves as in the country north of the Great Desert, in Africa. One of the most powerful tribes here was the Psylli. From them the singular effect was also called psilli by the Greek and Roman writers.

Plutarch says that, when Cato pursued Juba over the Cyrenic desert, he took some of these people along with him to suck out the poison from those who should be bitten by the snakes. Later writers have supposed that these reputed magicians knew of medicinal plants which antidoted the serpent poison, though they preferred not to make them known to the Romans. They pretended at least, that their peculiar powers depended on their using certain words which they muttered or sung over the wounded.

Silius Italicas says, lib. 3: "Ad quorum *cantus* mites jacnere cerastus." "The horned snake lies harmless at their song." Virgil, (Æneid vii., 753,) ascribes the effect in part to the song and in part to the touch of the enchanter. The same view was taken of it by other Greek and Roman poets. The Sanscrit moralist, perhaps older than King David, says in the *Hitopadesa* of Vishno Surman, and David in Psalm 58, v. 5, says, "As the charmer draweth a serpent from a hole, so the good wife taking her husband from his place of torture, enjoyeth happiness with him."

The writers of the Universal Ancient History disbelieved in any occult power.—Vol. III., Appendix. Denon, who accompanied Napoleon Bonaparte to Egypt, ridicules the assertion that these Africans have any peculiar powers; but Bruce, the traveller, says, "All the blacks of Sennuar are perfectly armed by nature against the bite of either scorpions or vipers. They take the cerastes, or horned snake, one of the most common and fatal of the viper tribe, and throw them at one another as children do apples or balls; and if, when irritated, they bite, no mischief ensues from the wound. The Arabs of the same country have not this protective power by nature; but they avert the mortal consequences of the wounds by chewing a particular plant and washing the wound with the infusion." The condor and the wild boar eat the rattlesnake without being injured by the bite. In these the immunity from the effects of the poison seems natural. The serpent-hawk of South America always applies to the Ophirrhiza before beginning a battle, while the Ibis, mentioned by Cuvier, begins

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the battle without such preparation, but retires from the field, if wounded, to the plant which he knows will furnish him with an antidote; after this he renews the combat and conquers his enemy.

Now, through what medium are these extraordinary effects produced? There can be little doubt that there is in all these cases a peculiar emanation from the body of the animals protected. It seems not to be electricity nor voltaism, but that which operates in some manner analogous to those agents. It seems to act by exhausting, equally and altogether, the muscular and sensorial energy of the animal to which it is applied. The serpents, both in America and Africa, remain totally torpid and inactive beneath its influence; they cannot muster strength enough to make any resistance, even when eaten up alive, which could never happen in such a ferocious and courageous an animal unless deprived of all power of resistance. Bruce, (*Travels*, Appendix, p. 302,) says, "The serpents under the spell may be eaten up like a carrot, beginning with the tail end; that they constantly sicken the moment they are laid hold of, and are sometimes so exhausted by the invisible power of the serpent-charmer as to perish as effectually, though not as rapidly, as if overpowered by the electric battery or a stroke of lightning. I constantly observed," says he, "that however lively the viper was before, upon being seized by one of these barbarians he seemed as if taken with sickness and feebleness, frequently shutting his eyes, and never turned his mouth toward the arm of the person that held him." In another place he says he has seen the animal die under this invisible influence. Actual contact does not appear to have been ascertained. In the electric action of the fishes it does not seem necessary. The researches of Dr. Davasse in *L'Art Medical* support the authorities above referred to.

The New-Hampshire Observer, in 1828, published an account of a new and "curious disease" then prevailing, which has been supposed to be the same as that now known by the name of Diphtheria:

"Within the last three weeks Mr. Alvah S. Crafts, of Middlefield, has lost all his three children by a disease without a name in this country. The first symptoms show themselves 'in a cankerous humor near the root of the tongue; inflammation ensues, and the subject finally dies in all the agony of croup.'"

Styptic for Local Application.—The following formulæ has been published by M. Hannon, (*Bulletin Gen. de Therap.*) Benzoic-acid, 1 part; Sulphate of Alumina and Potash, 8 parts; Ergotine of Bonjean, 3 parts; water 25 parts. Mix. The whole is to be boiled for half an hour in a porcelain capsule, constantly stirring and replacing the evaporated water by hot water. Evaporated with the constant agitation to the consistence of an extract, it presents a chocolate-brown color, strongly astringent taste, and an odor of Ergotine. This, says M. Hannon, is the most energetic styptic at present known, whether applied externally or administered internally.

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Local Anæsthetic.—Dr. Fournier, of Paris, lately communicated to the French Academy of Science, a mode of producing local anæsthesia, consisting in what he calls *chloracetization*. He says, "If, in an apartment, the temperature of which marks more than 63° F., the orifice of a thin glass phial, containing a quantity of pure crystallizable Acetic-acid, equal to one-fourth of its capacity, and an equal quantity of Chloroform, be exactly applied to a healthy and clean skin, not deprived of its epidermis; and if this phial be constantly maintained at the temperature of the hand, a complete insensibility of that part, and some of the deeper ones, will be obtained in five minutes, and at the cost of a very slight sensation of pain. The vapors of Acetic-acid and Chloroform, mixed together, and applied with a glass retort to a part which it is intended to render insensible, the adjoining parts being protected by a diachylon plaster from the action of these vapors, may be employed as anæsthetics in all operations of low surgery, and in many of the higher branches, in all cases where general anæsthesia may be considered dangerous, or declined by the patient."

Reviews and Bibliographical Notices.

1. *A Letter to Sir Benjamin Brodie, Bart., F.R.S., in reply to his Letter in "Frazer's Magazine," &c.* By William Sharp, M.D. London: 1861. pp. 160.

The celebrated "Letter" of Sir Benjamin Brodie has already received, in our pages, all the attention that it deserves; elsewhere it has received much more. The present octavo volume was, therefore, not needed by the homœopathists of either hemisphere as a *defence of their principles*, or as an answer which may place our cause right before the world. The author, however, is a man who has done good service in an earlier stage of the battle. He is learned, able, and energetic, and will incidentally bring up new facts, and on individual points present clear reasonings, for which we and others may thank him. We address ourselves to these rather than to an analysis of the argument with which he feels himself bound, on *personal grounds*, to go over a field of controversy which has been already so often trodden by others. We regret (on page 63) to find him attempting to court the favor of his antagonist by trying to draw him to the middle ground of "giving comparatively substantial doses of the drug," which he thinks "is the specific in each case." As he finds that, by pursuing this compromise system, "without forfeiting any advantages, the prejudice against the new method is thereby diminished, and the confidence of the patient is increased." We have often noticed, with much mortification, that the men who put themselves forward as the self-nominated champions of homœopathy, are very often men who are afraid to attempt to defend her most important doctrines. If an author feels himself incompetent to prescribe the higher dilutions with success, let him yield the defence of that post of danger to some *abler man;* but let him not evacuate it to be occupied by the enemy, while he retires to establish some new line of defence where no attack was likely to be made.

Dr. Sharp is more afraid of the sword and spear of this giant of allopathy

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than many braver men of smaller pretensions. He thinks the explanation of the principle of homœopathy, in the Organon, is an "imaginary hypothesis." He thinks "the very definition itself of *the homœopathic law*," as given by Hahnemann, has "no trustworthy evidence to support it;" and that his statement of this law "is open to an insuperable objection; so that if it really expresses the principle of homœopathy, that principle itself must be rejected."

The young Israelite is certainly afraid of the giant. He does not wish to trust himself with only his sling and pebbles in such an unequal combat; if he can only induce this Collossus to meet him on some compromise ground; and there, if Goliah will condescend to shake hands, terms of peace can certainly be arranged.

But we will not forget that our author has done good service in his own sphere; and we find that he is yet disposed to do some work which, surely, homœopathy needs to have done. He says (page 56) "There is nothing so much wanted in medicine as a materia medica which shall contain a true picture of the sphere of action of each drug. This picture must not be like Hahnemann's, made up of dismembered and detached fragments, and crowded with insignificant, and often, perhaps, imaginary sensations and other trivial matters, which mingle with and hide the meaning of the real and important symptoms; but, a steadily drawn and well-defined exhibition of all that is characteristic and specific in the effects which each drug, in its various forms and doses, is capable of producing. For some time I have been attempting this, but it is a work of extreme difficulty and labor."

Here we may safely acknowledge that Dr. Sharp strikes the right trail again, except in his criticism on Hahnemann, who is never comprehended by men who can follow him no farther than to give small doses of crude drugs. "As to the redundancy of symptoms in Hahnemann's provings, no doubt, many are trivial, and many narrated with superfluous minuteness. On this subject, however, there is not so much to be said as is thought; for such criticism as can be made with scissors and pen, with the mere guide of common sense, is easily done by us all; and when that is done, the difficulty will remain just as great as before; for the number of symptoms necessary to express the real character of any drug is, and forever must remain very large, just as we cannot expect to obtain a full knowledge of a plant by looking merely at the seed, but must have the whole stem, leaves, flower, and fruit. The fact is, we had better all make up our minds at once that the idea of discovering some plan which will do away with the trouble and difficulty of those enormous masses of symptoms, is nothing but a chimera, like the perpetual motion—a vain dream of the indolent and incapable."—*British Journal of Homœopathy*, Jan., 1862, p. 98.

At page 94 of Dr. Sharp's book we are introduced to a "new remedy," which, the author says, he proved on himself several years ago.

"TITANIUM—AS A POISON.

"Titanium was discovered by Gregor, in 1791, but we are indebted to Wollaston's experiments, in 1822, for a better acquaintance with it. This rare metal is obtained chiefly from the bottom of the large smelting furnaces in iron works. Several years ago, when one of the Low Moor Iron Works, in Yorkshire, which had been burning without intermission for many years, was blown out for the purpose of undergoing repairs, through the kindness of Mr. Wickham, I obtained a considerable lump of Titanium. The metal was in beautiful cubic crystals, of a deep-red copper color, and very brilliant metallic lustre. I had some of these crystals triturated by the late Mr. Turner, of Manchester, and experimented with this trituration upon himself. The proportion was one grain to ninety-nine of sugar of milk. I am not aware of any other proving.

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"From these experiments I am assured that Titanium has a powerful action upon the human body. After taking the preparation I have described, in doses of two grains, once a day for a week, I became greatly disordered, and felt and looked wretchedly ill. On a careful consideration of my indisposition, I am justified in summing up the action of the drug, as being upon—

"1. The *stomach*, bringing on nausea, loss of appetite, and feeling of discomfort.

"2. The *brain* and *nerves:* giddiness, imperfect vision, the peculiarity being that *half an object* only could be seen at once, desire to keep the eyelids closed.

"3. The *blood:* a perceptible derangement of the whole system, which could not, without danger, be carried further."

"TITANIUM—AS A REMEDY.

"I have found Titanium a most valuable remedy for certain cases, for which no good remedy was known before. They are cases of degeneration of the blood. A time will come when, with a more refined chemistry, our knowledge of the constitution of the circulating fluid which is the life of man's body, and the changes it undergoes in disease, will be better understood than they are at present. We can now speak of the morbid conditions of the blood only in a crude and general manner. We know that the blood is altered from its healthy state in typhus, in chlorosis, in jaundice, in cholera, in inflammatory fever, and in some other diseases; and, we can describe, in an imperfect manner, some of these changes; but, there remains an inexhaustible field of research in this department of physiology and pathology. The morbid condition of the blood, which may be called the Titanium condition, will be understood with some degree of accuracy by a careful study of the following case, which was the first in which it was given as a remedy.

"1. *Blood Disease.*—Mr. C. F——, a middle-aged and formerly stout and healthy man, seven years ago, had an attack of typhus fever, recovered imperfectly, and has not been thoroughly well since; during the last five years, has gradually and steadily become worse. He vomits a great deal, but not food; the matter rejected is a sour, watery phlegm; he has diarrhœa, the stools consisting of a yellow, frothy, slimy matter; the secretion of the kidneys is high-colored and thick, (in some other cases it has been albuminous); he spits blood, and sometimes has hæmorrhage from the bowels; he has pain in the region of the liver and kidneys, and also in the lower bowels, with much cramp; the eyes slightly jaundiced; there has been great loss of strength and flesh, twenty-eight pounds in weight. The tongue is not much furred; the pulse is eighty. This gentleman tells me he has had a great deal of medical advice, but as yet he has derived no benefit either from medicines or from careful diet, or from change of air, having during the five years paid two or three long visits to the sea-side, and also one to the Welsh mountains. This account I received April 28, 1858. I prescribed half a grain of the first trituration (one grain in a hundred) three times a day, for a week, being moved to this by the vivid recollection his narrative produced in my mind of the condition I was myself falling into while proving Titanium. At the end of the week he wrote to me that he was 'altogether a different man;' and, without any repetition of the remedy, and without the use of any other means, in a very short time he regained perfect health. He continued well a year; in the spring of 1859, he made himself ill by hunting too much, and some of the former symptoms showed themselves again, but they were immediately removed by the same remedy; he has continued generally well since."—p. 97.

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2. *Valedictory Address to the Graduating Class of the Homœopathic Medical College of Pennsylvania at its Fourteenth Annual Commencement, March* 3, 1862. By Prof. J. K. Lee, M.D., of Philadelphia.

This address comes to us from the oldest of the colleges devoted to the teaching of the doctrines of Hahnemann. We find it occupied with the lessons that future years are very likely to teach the aspiring student. It is highly proper that the last words of instructors who have presided over his pupilage should be employed in pointing out to him the appropriate object of medical ambition, and the principal glories and dangers of the homœopathic school. They are thus set forth by the author of this address. On the progress of Homœopathy he says:

"But divested of all the coloring of metaphor or the garniture of rhetoric, let us revert to the circumstances that surrounded its conception, its struggles for life and recognition, and with these, briefly contrast its present position and power, and we must conclude that it requires not the aid of prophetic vision to look down the vista of coming years, and foresee the early dawn of that period when the tricolor of Homœopathy will make the circuit of the world and receive the homage of every grateful heart. At first friendless and proscribed, it now enjoys the patronage of royalty and the protecting ægis of the civil law. Then its votaries were few and despised, now they comprize millions, and are distinguished for their intelligence and virtue. In its infancy it was derided and persecuted, in its manhood it is caressed and honored. In almost every populous city, hospitals are open where its benefactions are dispensed and in many, colleges are erected where its principles are expounded and its lessons of instruction are imparted. 'Men commendable for their scientific distinction and medical attainments, members of faculties, hospital physicians and eminent practitioners have embraced it.' Journals have been established and societies instituted in various countries for the purpose of disseminating its doctrines and promoting its practice, and as a tribute to its illustrious founder, he has been enthroned in bronze amid the plaudits of a grateful world. In short, we everywhere discover indubitable evidences, strong as holy writ, to convince us that its march is onward to final victory, and that Allopathy with its dark and bloody memories, its unexpiated sacrifice of human life, is ever retreating at its approach, and must ultimately succumb to its authority.

"But to achieve this devoutly wished for result, we must labor to preserve our system intact, free from interpolation or abridgment; and not suffer it to be emasculated or shorn of its virtues by those who would inaugurate what they would dignify with the imposing appellation of a rational Homœopathy, in which fancy weaves her gossamer web, and sophistry constructs her perplexing mazes. This, gentlemen, is the wooden horse, which, if not teeming with armed men, contains at least the elements of destruction, and in relation to which, it behooves us to heed the admonition of Virgil,

'Timeo Danaos et dona ferentes.'

It is just as true in medicine as in moral ethics, that he that is not for us is against us; and those are to be regarded as the most dangerous foes who would explain away even the minor principles of our school, and thus lower its standard and pluck the well-earned laurel wreath from the brow of its illustrious author, in order to conciliate opposition or with the less

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honorable motive of promoting their personal aggrandizement or pecuniary profit. We very much fear that too many of this class are as indifferent about the *true* interests of Homœopathy, as was that honest Hibernian, who being in bed in a violent storm and told the house would tumble over his head, made answer, "What care I for the house? I am only a lodger."

"But whilst it is our imperative duty to repudiate and goad with the barbed arrows of truth till they cry out in utter agony, all those whose teachings are subversive of the distinctive and essential tenets of our school, yet we must beware lest we vibrate to an opposite extreme, and in a spirit of intolerance and mistaken zeal, repress mental activity and rational controversy, and thus blight and scathe the first budding of truth; for even excessive agitation is less to be deprecated than the undisturbed calm which broods over the Dead Sea.

"Although the principles of our science are fixed and immutable, still there underlie and spring from it questions that admit of an honest difference of opinion and are the legitimate subjects of discussion. But unfortunately our discussions are too prone to degenerate into bitter personalities and become a mere contest for victory, instead of having for their great paramount object the elimination of truth and the increase of knowledge. "That there is a fearful amount of illiberality, narrowness and cant, of contemptuous and scornful invective, of self-satisfied and haughty condemnation in the tone and conduct of medical men, no one well acquainted with them can for a moment doubt. And although this condition of things is painful and humiliating to acknowledge it is nevertheless so patent and notorious that it cannot be disguised or gainsaid. It ramifies throughout our ranks and is the prolific parent of nearly all the evils that afflict and curse our profession. It checks and drives back upon the ingenuous heart the free issues of spontaneous feeling and renders our intercourse frigid and conventional. It applies the keen edge of the dissecting knife of cynical criticism to the characters and productions of our associates and searches for their follies and peccadilloes with inquisitorial rigor. In short, it is the fountain from which flows the bitter waters of dissension and acrimony, and the incubus which presses with leaden weight upon our cause and retards its onward march. And instead of being extenuated or justified as an inevitable necessity, we should earnestly labor for its banishment and extirpation, since it is not in sympathy with the spirit of Christianity that willeth no evil to his neighbor, or in accordance with the well established principles of criticism; for as Lord Kames properly observes, "to censure works, not men, is the true prerogative of this science. Instead of indulging in unholy strife over empty abstractions and wasting our energies in futile endeavors to solve abstruse questions of no vital importance, we should harmonize our efforts and emulate each other in our devotion to the noble science that has for its lofty aim the enfranchisement of our race and the promotion and conservation af its dearest interests, our sole ambition being to increase its facilities for usefulness and better qualify it for the accomplishment of the high mission for which heaven has ordained it. Let us rise superior to the baleful influence of petty jealousy and turbulent passion and recognize all as brethren and colaborers who acknowledge the validity and supremacy of the great central law of *similia similibus curantur*. Let this be our shibboleth and not lateral issues upon which there never can be a coincidence of opinion. Then and only then, can we participate in the true irrepressible conflict, in which reason is arrayed against prejudice, truth against error, and light against darkness. Then will our unity and fraternity be a prelude to a new era in our history, when our embattled hosts will become

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formidable and strike terror into the ranks of our common foe, and our cause advance with ever-increasing power, until in its peaceful triumph it has reduced all mankind to its sway and belted the world with a fairer and richer zone than ever clasped the waist of Cytheria."

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3. *Summary of Medical Science.* Edited by WALTER J. WELLS, M.D., Compiler of "Epitome of Braithwaite's Retrospect," &c. Part I. April, 1861. New-York: C. T. EVANS, 532 Broadway.

WE have here a very respectable semi-annual of over 300 8vo pages. It proposes to "present to the profession a semi-annual digest of the essentially practical articles embraced in the principal European and American Journals, commencing with the year 1860, together with contributions from eminent surgeons and physicians." The subsequent numbers of this valuable periodical have not reached us.

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4. *The British American Journal, Devoted to the Advancement of the Medical and Physical Sciences in the British American Provinces.* Dec. 1861. Montreal, published by JOHN LOVELL. 1861.

THIS number of a very interesting journal of which later issues have not reached us, contains several able papers which show that medical science is progressing in British America. We take the following from a report of Dr. Paton, of Canada West, on the "*cause of the extinction of life in asphyxia.*" From a series of well conducted experiments he concludes: "That the time required to produce asphyxia in an animal varies according to its physiological condition, and the rapidity with which the function of respiration is effected, and that the power which a cold-blooded animal possesses of resisting the deprivation of oxygen depends on the state of its system at the moment. For during the warmest period of the season, when the functions of the body are carried on with the greatest energy, if respiration be simultaneously arrested in the skin and the lungs of a cold-blooded animal, it will die almost as soon as a warm-blooded one: so powerful is the effect, that it seems to act almost like concussion of the brain. Insensibility is produced and at the same time the action of the heart is depressed.

"What is the immediate cause of the insensibility that is thus produced? It does not arise from the deficient supply of blood to the heart and the brain, for the heart continues to beat, and dark venous blood to circulate through the arterial system long after the animal has become insensible: and if the non-aërated blood had been finally arrested in the capillaries of the lungs or the skin,—the seat of the respiratory process in cold-blooded animals—or so arrested that it could not be sent forward to the heart in sufficient quantity to maintain the circulation, these phenomena could not have been witnessed. But we have seen from experiment VI. that at the time asphyxia was introduced, the heart continued to beat at forty pulsations per minute, and, in another experiment the dark venous blood passed along the arch of the aorta when the pulsations of the heart were only thirty per minute, the animal remaining in a state of deep insensibility.

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Whereas, if an animal die from another cause—when the function of respiration is not affected, the pulsations of the heart may be reduced to ten or twelve per minute, and yet we have distinct evidence of sensation or irritation applied to the integuments. From these facts, it appears, that it is not from the deficient action of the heart, or diminished supply of blood to the brain, that insensibility, the first stage of asphyxia is produced.

In other experiments it was seen that in "resuscitating an animal from asphyxia, the action of the heart may increase, and the circulation of dark venous blood be maintained with considerable vigor, but insensibility is not recovered from till there is a greater influx of arterial blood to the brain. In experiment 1. the pulsations of the heart rose as high as forty-two per minute, and remained at that rate for a considerable time: but it was only after the respirations became more frequent and a greater amount of oxygen was consumed, rendering the blood more highly arterialized, that the first signs of returning sensibility were witnessed—a fact which seems to prove that in asphyxia insensibility is produced by the action of dark venous blood on the brain."

"What is the immediate cause of death in asphyxia, or on what does the failure of the circulation depend?"

The experiments show that "shortly before the action of the ventricle ceases, the blood begins to accumulate in the large veins around the heart: and after the circulation has been finally arrested, both the auricle, the venæ cavæ and pulmonary veins remain gorged with dark venous blood, whilst the aorta is comparatively empty, indicating that there a stop had been put to the general circulation. For if the blood passing through the lungs had been ultimately arrested in their capillaries on not meeting with oxygen, we should expect to find at the moment of death the pulmonary veins and the left auricle nearly destitute of blood, but the reverse is the case. And, on the same principle, if the circulation of the cutaneous capillaries had been equally impeded, neither the right auricle nor the venæ cavæ would have been distended with blood. Whatever then may be the effect which the non-supply of oxygen exerts on the function of respiration, dark blood still appears to circulate till it is ultimately arrested at the heart: and the whole of the phenomena presented to our view seems to indicate that the failure of the circulation depends on the ventricle ceasing to perform its functions, and transmits the blood forwards."

But "what is the cause of the cessation of the movement of the ventricle? When unaërated blood circulates through the body, the action of the heart rapidly falls in strength and frequency till the movements are arrested." We know that venous blood has less influence than arterial blood in stimulating the heart to contraction; but the venous blood "exerts a positively noxious influence upon the heart, and impairs its irritability; and this influence must be greater when the blood is more deteriorated in quality." Dr. Cartwright states that, "the heart of an alligator loses its power of contractibility much sooner under the influence of impure venous blood than when it is altogether deprived of blood as a stimulus." "The heart always lives longer than sensational phenomena continue. It will throb with force for hours on the slightest touch after it has been cut out of the body. If left in the body it will continue to pulsate for several hours at the rate of some three or four beats in a minute, instead of twenty-five or thirty; but its action ceases in about an hour if the animal has been killed by suffocation." These facts "prove that the circulation of dark venous blood exerts a most depressing influence on the action of the heart and gradually arrests its movements."

The phenomena of asphyxia do not then depend on the retention of car-

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bonic-acid in the lungs; as it has been proved by experiment,* that if a frog be compelled to breathe in hydrogen or in nitrogen, carbonic-acid is exhaled in no less degree than during respiration in atmospheric air, and yet the animal equally falls into asphyxia, rendering it certain that it is not the retention of carbonic-acid in the blood, but the want of oxygen from the blood, as a stimulus to the different parts of the body on which asphyxia depends."

What are the conditions under which resuscitation is possible? Dr. Paton says he has "not been able by artificial respiration to revivify a cold-blooded animal after the pulsations of the heart had fallen below eight per minute, and the commencement of sensibility is always preceded by natural respiration." Dr Cartwright says, "an alligator may be resuscitated half an hour after apparent death from asphyxia by inflating the lungs." Müller states that, "in a warm-blooded animal, dying by asphyxia, the heart will continue to contract for half an hour after apparent death. But, undoubtedly, there would be no hope of recovery after that period, though it has been repeatedly stated by physiologists that warm-blooded animals may be recovered from asphyxia after the heart has ceased to beat."†

"The truth is," says Dr. Paton, "that in all these cases where the circulation has been suppressed to be restored by artificial respiration after the heart ceased to beat, it was only the first stage of asphyxia that had been reached, that of insensibility, and the cessation of the function of respiration. The heart still continued to contract and the venous blood to circulate, however feeble may have been the power by which it was maintained."

It is evident then that "asphyxia depends on the want of oxygen to the blood; and that the most important remedial measure is its speedy restoration, and this will be accomplished by inflating the chest with atmospheric air. But every precaution must be taken in employing force in the use of the remedy, or it will be apt to rupture the air cells and produce emphysema of the lungs. I have even seen injury produced by blowing the air too forcibly into the lungs of cold-blooded animals; the animal, though recovering at the time, never regaining complete power over the function of respiration, but dying shortly afterwards from the effects of the means employed for its respiration. It has also been proposed to open the external jugular vein, and abstract blood as a means of unloading the distended state of the right auricle, and thereby increasing the action of the heart. But these measures, to prove efficacious, must be used at an early period of asphyxia, before the circulation has been arrested, or the heart ceased to beat."

Galvanism cannot "stimulate the heart to action," nor can "external heat maintain the temperature of the body if the means of supplying oxygen to the blood be neglected. This must be considered as an object of great and primary importance, and all other remedial agents must be subsidiary to it."‡

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5. *Valedictory Address to the Graduating Class of the Hahnemann Medical College.* Delivered Feb. 27, 1862. By R. Ludlam, M.D., Prof. &c., of Chicago, Ill., 1862.

The Valedictory of Prof. Ludlam is principally devoted to the delineation of the characteristics of the true physician; and there are certainly

* Bayley's Müller, p. 338. † Watson's Lectures, vol. i., p. 67.
‡ Dr. George Paton, "British American Journal." December, 1861.

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many features of the model practitioner here, which old students, as well as young ones, may study with propriety. Our limits permit us to refer to some of these: comments upon any of them would diminish rather than add to their importance and value. The great characteristics of the true physician are *earnestness, honesty,* and *thoughtfulness.* Of the *earnest* physician it is said that "he is a *producer*, never a professional shirk. You shall find him always at work to develop the old and to discover new resources, testing this and that theory in the light of experience, venturing new combinations of old elements and ventilating his views through the proper media of medical societies and journals."

"I commend to you, therefore, the exercise of the virtue of professional earnestness. It is the magnet which will attract the pure gold from the dross of medical theory and hypothesis, and render available the most coveted resources of our noble old Art of Healing. It will establish your feet upon the firm foundation expressed in the maxim that 'what is worth doing at all is worth doing well.' It will evidence your sincerity and honesty of purpose in the desire that your competency shall at least square with your idea of the responsibilities assumed. It will brighten your pathway through dark and discouraging experiences; keep you aglow with a love for your calling; warm your hearts against the chilling influences of keen ingratitude; aye, and your own physical selves against suffering from the cold tempest through which your errands of mercy must often be made.

"Be in earnest, gentlemen. Strive to excel. See to it that the tread-mill round of every-day duty shall never make you routinists, selfish and skeptical of individual and general efforts to dignify and to ennoble our common cause. The earnest man wherever found, is the one who succeeds, and for the simple reason that he deserves it. To be zealous is as necessary a condition of professional development as are a due supply of air, water and combustible matter to the maintenance of animal life.

"The physician should be *honest*, and not alone in the sense of scorning to steal his neighbor's coin, his character, or his 'contrabands,' but in that broader meaning which bespeaks a relation to, and a responsibility towards him, which is nearer and dearer than all beside. In a word, he should be honest towards his *patients*, his *profession*, and *himself*."

"The physician who is honest toward his patients will devote his time and talents to their welfare exclusively. He will have enough to occupy his best powers in the exercise and improvement of his legitimate profession. 'One science only,' is his motto. It is as incompatible with the proper pursuit of his calling to be a semi-stock-jobber, as it would be for the parson to turn semi-stock-actor. Your amateur singer is seldom a good surgeon; nor is it in the range of probabilities that the witty Wendell Holmes would make a good homœopathist.

"With regard to your extra-professional acquirements and aspirations, a quaint writer of our own times gives the following advice: 'I would not have you known as the best fiddler in the village, and yet you may love and understand music. I would not that you should scribble verses, and fancy yourself a second Milton, and yet you may read and appreciate poetry. It were better not to write a novel, although there is no harm in admiring Scott or Irving. It is best to leave preaching to the clergymen, and yet you should attend church."

"Meddle not with the law, for fear the law may meddle with you when you least expect it. 'Above all—and this advice is especially appropriate to the present time—'above all, shun military titles, for there is nothing more ridiculous than Col. Jones, M. D.'

"It is an accepted belief that the trials, discouragements and adversities of the present life afford the test of, and are really a means of purification of the Christian character in man. Now it is not less true that his physical infirmities are fitted to draw out and develop the higher moral principles of his medical adviser. The true physician is *honest at the bedside.* Here, where the most precious of mortal interests are at issue, his behavior bespeaks his mental and moral qualifications for the post assumed. And just here it is that we shall learn that a calm consciousness of one's own uprightness will sometimes prove the only solace left him.

"Having done our best, it will remain as impossible always to predict, as it is to prevent the fatal termination of disease. Doctors are fallible, and I warn you, gentlemen, not to forget this fact. Otherwise, you may sometimes promise a cure, while death—as inevitable as one's shadow—stands ready at the door to decide against you.

"Our minds are not sufficiently comprehensive to grasp, nor are our means ample enough to control the thousand contingencies which attach to diseased action. Common

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honesty towards those who confide in you, while it exacts candor on your part, permits also of discretion. And you will not unfrequently have occasion to temper the former virtue with the latter. Only be hopeful, be kind, be honest, and your ability as well as your fidelity will not fail of a reward.

"The physician should be of a hopeful spirit. By this it is not meant that he should be induced to promise a cure for every case of disease, but simply that he give the patient the advantage of an emotion at once so grateful and beneficent. Picture to yourselves the effect of a prescription upon a frail invalid who imagines her physician to hold the issues of life, when gravely informed that she is to—'take two pills hourly *until death!*' The manner and bearing of a certain class of lugubrious doctors in the sick chamber, to say nothing of their wares or the method of their introduction, is not less sepulchral in regard of either tone, taste, or ultimate effect. You can never receive a more appreciative compliment from your patients than to be told that your very presence ministers to their relief, and that they are always rejoiced to see you.

"A good criterion of one's practical integrity is found in his conduct towards his professional brethren."

"Standing upon the very threshold of your professional career, it is no marvel if you are led to expect too much from the profession which you have chosen. The cream of Percival's code of ethics is embraced in the single, golden precept—'Do unto others as you would that they should do unto you.' Let me recommend you to adopt this precept. Make it the rule of your lives as men, as medical men. It will adjudicate all your difficulties, place you in your true likeness before your brother, and give you the coveted umpire of one whose real character and motives are unimpeachable. Moreover, were we to appeal to the baser motives which too often influence human action, we might establish the fact, confirmed by observation and experience, that a violation of professional courtesy, no matter how adroitly effected, is as certain of its appropriate reward as is the infraction of any of the known laws of Nature."

"In other words, suppose every medical man were a gentleman! What a millenium among the doctors, to be sure. But, what is a gentleman? 'A gentleman,' says Bishop Doane, 'is but a *gentle* man—no more, no less; a diamond polished that was a diamond in the rough; a gentleman is courteous; a gentleman is generous; a gentleman is slow to take offence, as being one that never gives it; a gentleman is slow to surmise evil, as being one that never thinks it; a gentleman goes armed only in consciousness of right; a gentleman subjects his appetites; a gentleman refines his tastes; a gentleman subdues his feelings; a gentleman controls his speech; and, finally, a gentleman deems every other better than himself.'

"But the type of a genuine medical character is not complete without the element of *thoughtfulness*. Say what we may of the skilful application of practical means to the relief of human infirmities,—of genius in medicine, and among its practitioners nevertheless, each one, like Aristotle, is obliged 'to find his way to truth through the safe places of observation.' The physician should be a thinking, observing, and reflecting man. There is no mind in community upon whose decisions there may hinge more of happiness or of misery, than upon his. None are so continually occupied with questions involving the life and welfare of their fellows.

"How important, then, that the best energies of the physician's mind should not be wasted upon other pursuits. If judge and jury must interpret the evidence and balance most carefully the endless detail of a labyrinthine testimony, before they may decide upon the penalty due an offender; what shall we say of the physician who personates both these authorities, and is competent to acquit or convict those who, either by accident or design, are already suffering the consequences of nature's violated laws. The physician must be cool, collected, self-possessed, thoughtful. If his mind is distracted and his thoughts diverted, if 'the roaring loom of life,' have more of charm for him than his calling, it is morally certain that his patients and his reputation must suffer for it.'

"The phenomena and specific results of diseased action are so variously modified by circumstances over which we have little or no control as to demand the utmost care in the use of our remedial measures. There are no two cases of disease which are in all respects exactly alike. To remedy such an endless variety of morbid action requires an unremitting exercise of intellect on the part of the physician, in order that he may properly adapt his curative resources to the needs of each individual patient. He must do his own thinking. A jury may defer to the judge, as patriots too often do to politicians, but I charge you, gentlemen, not to perform this function by proxy. Think for yourselves. 'Lay the patient file to shackles that hold the wings of thought' and ascertain if it is not possible greatly to lighten the chain which is weighing your neighbor to the earth. You should examine every example of disease as if it were essentially different from all those which you have before seen, and labor to anticipate and to antidote its modifications by the most

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appropriate means at command. The *ipse dixit* of a professional brother, no matter how celebrated, should be placed on trial before the court of your own judgment. Analyze your cases, and analyze your gathered experience also. Compare your observations with those of others, and distil the reflections growing out of such comparison in the alembic of your minds."

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6. *The British Journal of Homœopathy.* London, January, 1862.

This valuable quarterly, in bringing from the Old World to the New its usual cargo of new facts and well established principles, furnishes us in this number among other valuable articles one on the new remedy for cancer.

HYDRASTIS CANADENSIS. By Dr. Bayes of Cambridge.

The author begins by referring to his communication published in the same journal a year ago, and also to another paper by Dr. Hastings. (April 1860.) Dr. Bayes stated a year ago that he "had found the Hydrastis exercise a marked influence in relieving the pain of cancer, while at the same time, it had improved the general health of the patient." But he also saw "that very sudden prostration of strength had accompanied the continued use of the remedy beyond a certain point." He has now had further experience which confirms the views formerly expressed. Dr. Bradshaw, (Brit. Journal of Homœopathy, Oct. 1861,) gives five cases in which Hydrastis was used with the following results: In case No. 1. the patient suffered from "unmistakeable carcinoma" of the left breast. He "gave her a pilule of Hydrastis 1. four times a day," with benefit to her general health: and he speaks of the remedy as "evidently exerting an absorbing counteracting influence over the scirrhous tumor."

In another case of scirrhous tumor in the left breast, the disease "remained stationary."

In a third case of cancerous ulceration of the cervix and os-uteri. "There was some mitigation for a few weeks, but, ultimately the patient died." A fourth case received no benefit. In a sixth case of cancerous disease of the os and cervix uteri, Hydrastis was given for six months. The patient "lingers on, suffering less, and the disease seems arrested."

In the second case (by Mr. Bradshaw) he says "the medicine made the patient feel so wretchedly ill that she feared it would kill her," "the heart was beating irregularly and tumultuously, and she looked nervous and ill." Dr. Bayes now says this corresponds with his observation of "the rapid prostration which often follows the administration of too large a dose of Hydrastis." This train of symptoms he has "met with in several cases where the mother tincture was given." He therefore thinks that the medicine should not be administered in too frequent doses or in too low dilutions. The plan he has found most beneficial was "to begin with the thirtieth dilution, giving three globules every night, for a fortnight, followed by the sixth, the third, and finally half-drop doses of the mother tincture, in the same way, giving a fortnight to each dilution, &c. He approves Dr. Pattison's suggestion to avoid rubbing the tumor, but to apply "a lotion over the parts by means of moistened linen rags."

A cold infusion of the remedy is thus prepared: "℥ii, of the powdered Hydrastis to a half pint of water. Allow it to stand four days, then strain and keep in a cool place." This is said to be of great service as an application to ulcerated surfaces.

The later experience of Dr. Bayes with this remedy is highly important: A case of cancer of the left breast in a young unmarried woman, referred

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to in his first paper, came under his care March 19, 1860. "The tumor was as large as a small hen's egg: the nipple retracted and the skin puckered. She had been for two years under allopathic care, and was strongly advised to submit to an operation. The tumor soon ceased to be painful, and had totally disappeared on Feb. 20, 1861.

Cases at the Cambridge Homœopathic Dispensary.—Case 1, a lady aged thirty-one, married—inflamed indurated breast—found on the 17, Feb. to be scirrhus. Hydrastis 3, iv. gtt. to a half pint of water. A table-spoonful twice a day. Up to March 20, no change. Hydrastis tinct., gtt. xii. Aqua dist. ʒii, a tea-spoonful every night.

This treatment was continued without much variation, till June 11. "The tumor has rapidly disappeared, there is still some slight pain. A pilule of Arnica every morning, Conium 30, every third night. July 4, the breast remains quite well: some slight indigestion.

Case 2.—A married woman, has ovarian tumor of the right side, with severe pain especially in walking. Has had a cancer excised from the right breast. May 4, prescribed Hydrastis-can. 30, every third night. Aconite twice a day. May 11.—Pain lessened though still severe at night. Rhus. 26.—Pain almost gone: tumor still remains, and is weighty. Hydrastis 3, given three times a day. June 4.—Still better.—continue. 13.—Much the same. Iodine 3, gtt. in a pint of water, a table-spoonful twice a day. 26—Better. Mercur-sol., 6, every night. July 4.—Still better. Repeat, and give Merc-iod., 1, gr. ii. every third night. 9.—Discharged cured.

Case 3.—Mrs. L——July 2, 1860—Cancer of the right breast, hard, nodulated, very painful at times; skin hard, a bluish appearance over the tumor; is puckered, and adherent over a portion of the surface the size of a shilling; tumor not adherent to the ribs. December 24.—She has been under the influence of Hydrastis, and is better: the tumor under its use has decreased in size, and was scarcely ever painful, has still a bluish appearance, and is yet adherent to the skin. Occasional intercurrent remedies have been given to meet occasional symptoms.

Case 4.—A widow aged 77, has cancer of the right breast. The tumor is unattached to the skin or ribs. There is a small hard moveable tumor, also, just above the clavicle. She has occasionally severe pains. Hydrastis was used externally and internally from August 24, 1860 to October 1861. The tumors have not increased, are less painful, and the patient is in excellent health. The Hydrastis has been used in the thirtieth dilution, also as low as the mother-tincture. A lotion of Hydrast. mother-tincture, gtt. x. Aq. dist. ʒxvi, has been applied twice a day.

Case 5.—Mrs. B., aged twenty-five. Admitted Sept. 12, 1860. The cervical glands of the left side of the neck are enlarged, apparently three, and have a stony, hard feeling. A tumor of similar character was excised at the allopathic hospital some years since, and a deep scar remains. Some months after the operation these glands enlarged, and are now very painful. Calcarea Carb. 30. gtt. iii; every third night &c. Oct. 3.—Better. Calc.-carb. 12. a pilule every second night. 24.—The hardness remains; there is occasional shooting pain. Hydrastis, 3, a pilule every night. Nov. 5.—Much better; the swelling decidedly less. Continue. 23. Better.—Suffers from indigestion. Repeat Hydrastis, and Nux.-vom. 6, a pilule twice a day. Dec. 7.—Greatly better. Repeat pil. Hydrast. 26. Remains better; no pain. Repeat the pilule. Feb. 13.—Still better, and feels so well she is allowed to return to her home, (sixteen miles away) to remain if there be no return of the pain or increase of tumor. Hydrast., Mother tincture ʒii. Two drops in a little water twice a day when in pain.

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Case 6.—Mrs. D., aged 55. Admitted Dec. 10, 1860. Tumor on the dorsum of the foot; occasionally painful; has had it two years; it is stony hard, the size of a walnut, and nodulated, excision had been advised at the hospital. Hydras. Can. 3, a pilule twice a day. Tinct. Hydras. ℥i. Aqua dist. ℥ijs to be rubbed in every night. May 6.—The tumor was almost removed, not being larger than a pea.

Case 7.—Mrs. A., aged 45. Admitted Dec. 10, 1860. Scirrhus of the breast. Hydrastis lotion, and Arsenicum 6, a pilule twice a day. This patient was suffering also from phthisis, for which she took Bryonia, Phosphorus and other medicines. The Hydrastis lotion always removes the pain in the scirrhous breast. Continues under treatment.

Case 8.—Mrs. G., aged fifty. Admitted April 28, 1860. Confined to bed with a large open cancer of the left breast. Under the use of Hydrastis she continued to improve till, on March 5, 1860, she was so far recovered as to be able to go out daily and to do her house-work." "The cancerous ulceration has considerably diminished; it secretes a far healthier pus, and her general health has greatly improved. In her case the Hydrastis has been discontinued at times, from its producing the depressing effect on the heart's action alluded to before.

Case 9.—Admitted July 21, 1860. Mr. Freeman, the surgeon's, notes say: "Mrs. I, aged 37. Health good. Has strong hard tumor in left breast, unattached to skin, perfectly moveable, the size of a large filbert, surface somewhat nodulated; suffers from lancinating pains. Had first Hydrastis 12, a pilule twice a day; afterwards, Hydrast. Mother-tincture, a third of a drop three times a day; she had intercurrently, a few doses of Nux-v. for dyspeptic symptoms. The tumor became painless and gradually lessened till a portion, like a vein filled with congulum, the size of a crow quill, and a third of an inch long, remained. I wished her to continue the treatment, but she thought herself well and remained away. I saw her in May, 1861, and she then was quite well, neither pain nor induration remaining."

Dr. Bayes gives the following cases from his private practice:

Case 10.—A lady, aged forty-eight, of fair complexion and fair hair, Dec. 7. 1860. Has cancer of right breast. The tumor is stony hard, firmly adherent to the subjacent tissues and the skin; the nipple was retracted, and a little yellowish watery fluid occasionally exuded. Treated with Hydras., beginning with the 30., and running down to the Mother-tincture. On one occasion she took five drop-doses of the Mother-tincture, and these produced extreme prostration, with palpitation. The disease remained stationary for some months, then slowly progressed. I saw her last in May, 1861. The Hydrastis had a marked influence in relieving her pain; indeed, she scarcely suffered at all from it while taking it; and the tumor had scarcely increased, though the whole of the mamma became absorbed. I regret to say that the patient was afterwards seized with pleurodynia, and neuralgia of the whole side, for which she consulted her local surgeon, and after a month's blistering, &c., died.

Case 11.—Miss G., aged thirty-eight. Feb. 26, 1861. Has two extremely hard knotty tumors in the right breast, about the size of eggs, and one on the left, rather smaller; they gave a feeling of metalic hardness to the touch; the axillary glands, on both sides, were also enlarged and painful, and hard strings appeared to lead from each breast to the glands in the axilla. Has been long under allopathic care; suffered great pain at times, and general health much broken down; is highly nervous, tongue loaded, general health disordered, and she looks dark and almost dusky. Ordered Hydrastis in increasing doses. In March her general health was greatly improved; the pains had almost entirely subsided, and the tumors were less.

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In April: still further improvement. May 14.—Considers herself quite well, but the tumors in the right breast are still the size of a walnut, that in the left is but little diminished; the mammæ have enlarged, and she is much stouter. She is still under treatment, and improving steadily.

Case 12.—Mrs. H., aged forty-eight. Mother of several children.—After two months treatment for constitutional ailments, she directed attention to "a fixed, burning pain in the left inguinal region, accompanied with shooting, darting pains up the vagina, from which she has at times suffered during the past five or six years. On examination, I found the os uteri greatly enlarged, and presenting a stony, hard sensation to the touch; it felt like a hard stony ring. Hydrastis-can. 6, was given, and a lotion applied locally; but the latter gave great pain, and was discontinued. The Hydrastis had no effect, was discontinued, and Arsen-iod. was substituted. A rapid change for the better in all the symptoms followed. Ten weeks afterwards the os uteri had become softer, had regained its natural shape though still greatly enlarged. Continues improving.

Case. 13.—Miss W., aged fifty-six. Has been ill for several years. Disease pronounced by a London surgeon of eminence one of uterine tumor. It is found to be one of cancerous ulceration of the uterus which has already destroyed the tissues so far, that an opening between the vagina and rectum of more than an inch in diameter exists. "Though feeling that nothing could save her life, I ordered Hydrastis with a hope that it might alleviate the pain. I regret to say that it had no influence whatever over the disease." She lived, though in a state of great misery, only alleviated by opiates and sedatives, for many months (in allopathic hands).

Case 14.—Miss I., aged forty-two. Has had induration of the body of the uterus for many years, feared as scirrhus. Pains often very severe, shooting into the vagina, and often extending over the whole left side. She has been under treatment nearly twenty years, latterly under homœopathic. Hydrastis internally alone has as yet given no relief.

Case 15.—A stout lady, aged sixty. November 6, 1860. Fungous hæmatodes of the right thigh. For some years she has suffered from the accession of tumors on this thigh, the first coming just above the knee. Had been operated upon by a London surgeon who in seven operations had removed nine tumors. He now refuses to operate any further; the thigh showing large and deep cicatrices remaining. The case had been pronounced hopeless. There was a large and rapidly forming fungoid mass from which dead portions frequently detached themselves. The fungus was as large as the first. Also in the upper and inner part of the thigh there was a large tumor threatening to break. The stench from the fungus was overpowering. The Hydrastis seemed to exert no influence whatever on this case. The patient gradually became worse, and sank in a typhoid condition on the 29th of January, or nearly three months after Dr. Bayes first saw her, from the poisonous influence of the cancerous matter entering the circulation."

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7. *The Monthly Homœopathic Review.* London: Henry Turner & Co. January, 1862.

This spirited serial begins the new year by enlarging its capacity from forty-eight to sixty-four pages; and it launches forth more bravely than ever into the wide field "appertaining to the literature and practice of homœopathy, its passing history, translations from foreign journals, and medical news generally." The talented editor, who is very generally right in reviewing the events of the past year, finds among its remarkable incidents

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that "The kingdom of Italy has been established, and the great American republic has been broken up." If we could suppose that so intelligent a man as Dr. Ryan was not already better informed on the latter of these two items we would at least send him a penny newspaper. We will omit this however, and venture only the promise that when this number of our JOURNAL shall reach him, he will have learned through some other channel that the AMERICAN EAGLE IS STILL ALIVE.

On the progress of homœopathy in England, the Review is wide awake. Not only have Mr. William Ferguson and Sir Benjamin Brodie *pronounced* against this spreading heresy; but, "A far greater man in reality than either Sir Benjamin Brodie or Mr. Ferguson—a man of science, as well as a consummate surgeon—has bowed to the tyranny of the *strike* of the doctors." This eminent man thus writes to the editor of the Review:—"I beg you to let me take this occasion of requesting that I *may not again appear as if acting in consultation with you.* The opinion of so large a majority of the profession has been declared against all coöperation with those who practice homœopathy, that I think it better to decline even to write opinions to those who are engaged in that practice. *I am not aware, indeed, that any harm has occurred in the two or three cases in which I have done so, but I feel bound to act in accordance with the directly expressed opinions of my profession.*"

The popular belief that *grief* and mental anxiety may blanch the *hair white* in a few hours has, we think, never been demonstrated by science; but the opinion is very generally entertained that the largest viscus of the abdomen either *becomes white* or has always been so in men who suffer greatly from *fear.* As this disease is certainly a *fearful* one, we hope if they have a good clairvoyant or trance medium on the other side of the water, that a careful *introspection* of the case of this eminent surgeon will be made.

Miscellaneous Items.

Medical Department of the United States Army.

A DEMAND has been made by a large portion of the American people that our officers and soldiers engaged in the service of the nation, should have the opportunity to obtain as good medical treatment when sick as they were accustomed to at home. Petitions, signed by uncounted thousands of the citizens of the North and West, have been laid before Congress, asking for the recognition of *Homœopathy* as, at least, one of the known modes of curing disease, and one that might be employed by such men as might prefer it from former experience as proved to be the best mode. It has been claimed that homœopathists, if equally qualified in all other respects, should not be disqualified by the fact of their happening to possess some important knowledge that some other physicians had not troubled themselves to acquire. It has been claimed that many thousands of the men serving in the army of the great republic had enough of old school treatment at home, and have repudiated it for years. It has been claimed that homœopathic treatment is more successful than any other; and that the average mortality of hospital diseases, which under allopathic treatment is *ten* per cent., would be reduced to *six* per cent. under homœopathic practice. It is claimed that no law of Congress had ever specified the precise system of practice that must *forever* be employed in the army; and that there was no more justice in compelling the soldiers who have often suffered from over-medication, to endure it again when far from the comforts of their homes, than there would be in compelling them when at home to accept with gratitude the same health-destroying treatment from

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which they had in former years suffered so much, and which they could not again be hired to submit to.

It has been urged in the Senate Chamber that, reform in the medical department of the army in some shape, is necessary, and that the nation will not be satisfied without it. In a debate on the subject, Senator Wilson said: "There are complaints from all over the country about the medical department of the army, and he (Wilson) had no doubt that department was entirely inadequate to meet the wants of the army. He has seen certificates from sick soldiers that they had actually to go to the swill-tubs to enable them to live in the hospital at Alexandria. There were reports from all the hospitals that were disgraceful to the country."

Senator Hale, in continuing the discussion, said: "There is a perfect jam of dead logs at the head of the medical department. The Senator from Massachusetts (Mr. Wilson) had not gone far enough. The old fogy notion of promoting doctors who had dosed and dosed for forty years in the same old way, ought to be discarded, and we ought to call in to our relief the best medical talent of the country."

Now what are the obstacles to, at least, making some effort at the introduction of the latest improvements in medical practice among the physicians and surgeons of the army. They are entrusted with the lives of the half million of devoted men on whose health and patriotism are suspended the fortunes of war and the national destiny. Why shall not all known means be employed that can save life and hasten recovery from disease? There is but one obstacle: the men who have hitherto had power to make improvements did not wish any made. Are they now satisfied as they are?

REBEL ARMY SURGEONS.

On the subject of the medical and surgical attainments of the confederate army surgeons we have the following from one of their number. He writes from a fortress, in which he is at present detained as a prisoner, to the Cincinnati *Lancet and Observer:*

"If the appointing officers have made as injudicious selections as the rebels, there would be but little use for any other ammunition. The practice having been to commission fledgelings, (favorites of course,) while hundreds of eminent practical physicians are serving in the ranks as privates. If such has been the course of favoritism on your side of the line, I should think that there would be but little need of powder and lead to put a speedy end to the war. I see though, that you have made some excellent appointments, among whom are many of my class mates" One of these he says was at the battle of "Cross Lanes." He "did not have the pleasure of speaking to him, though in sight of his regiment at the time of the battle."

Of the diseases prevalent in the confederate camps, he says: "The type of disease most prevalent is a grave form of typhoid fever, induced more from the want of sanitary precaution than exposure of the soldiers; the camps and environs being public *privies*, and cess-pools of filth and stench from decaying beef-heads, entrails, and other refuse of the camp. But as there is always a *distinguished* surgeon at the head of medical affairs in camp, who prides himself upon his cutting and picking capacities, such minor things as cleanliness in camp, and rational treatment of the unfortunate sufferers, are either carelessly or wilfully overlooked."

Chelidonium Majus.—Great Celandine.

THIS beautiful plant so little noticed in allopathic practice, has maintained a precarious reputation in the homœopathic school since it was brought into notice by Hahnemann. (Materia Medica, Vol. II.) His proving and all later ones are unsatisfactory. The summaries given by Teste, (pp. 425 to 433,) correspond best with what we have seen of its effects in practice. The true *Chelidonium* we have not found in the United States, except as an exotic, but its most nearly affiliated genus, the *Meconopsis*, is common in all the Western States. They belong to

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the natural order Papaveraceæ, which embraces eight other genera, including all the poppy-like plants. They are all narcotic and anodyne, in the words of the old books, and all are well known in empirical practice. Rademacher professes to have cured some febrile and hepatic diseases with Chelidonium-majus, and concludes that, "it is a hepatic remedy, acting on the internal structure of the liver." He says he began to use it in 1827, in a peculiar form of fever which he "discovered to be a primary affection of the internal structure of the liver." He thinks he can distinguish between this affection of the internal structure of the liver and disease of the external surfaces of the organ; thus: "The perfect form of the internal hepatic disease is distinguished by white, quite colorless fæces, as in jaundice, and by the complete absence of all the other symptoms of jaundice. The skin is, and continues white, has not even a dirty appearance, and the urine is merely straw-colored, as in healthy persons." Of this disease he saw five cases. In jaundice, even in its slightest degree, we always find "the golden color of the urine; and the skin, especially that of the face, has a more or less dirty appearance. In the above-described disease, the white fæces incontrovertibly proved that the bile ceased to be poured into the intestinal canal, so the absence of the slightest symptoms of jaundice proved just as incontrovertibly that, here not only was no bile poured into the duodenum, but that the unknown organ whereby the bile is formed from the blood was itself diseased; that in fact, there was no bile present, therefore, there was none absorbed, deposited in the skin, or evacuated by the urine." After all this minuteness Rademacher does not pretend to know positively what part of the liver is the seat of disease in a given case. The detailed description of the fever which Rademacher considered successfully treated shows it to have been one that we think would be treated with more precision by ordinary homœopathic remedies. We would rather trust to the remedies now habitually used by homœopathists in the most common cases of typhoid fever, than in Chelidonium in his doses; though he thinks "the administration of this drug, shortened the duration of the disease to one-third of its natural course," or cured the disease in fourteen to eighteen days, which, if left to nature, would have required forty, sixty, or even eighty days. He prepared the remedy by mixing one drachm of the tincture of Chelidonium with eight ounces of water, and gave a spoonful every hour when there was no diarrhœa, when diarrhœa was present he lessened the proportion of Chelidonium to one scruple to eight ounces of water.

In homœopathic practice Chelidonium is again growing into favor. Dr. Francesco Ferinat, of Madrid, gives some clinical experiences with it in *neuralgia*.* It may yet become as popular again as it was in the time of Dioscorides, when it was said to be used by the swallows for restoring sight to their young who happened to become blind. Dr. Ferinat says he has been successful with it in "acute inflammation of the eyes when the organ is swollen, injected, with a sensation of burning as if from the presence of a foreign body—when there is excessive photophobia, lachrymation, abundant sebaceous secretion, agglutination of the eyelids in the morning, shivering from time to time, pain which generally extends not only to the forehead, but sometimes over all the head; this pain beginning to be felt towards two or three, P. M., is at its height about eight or nine, and prevents sleep or even lying down till nearly day-break."

This author proposes to show the efficacy of Chelidonium in neuralgia of the temple and eye-brow, chiefly of the right side. Bœnninghausen thinks the action of this remedy is more fully shown on the right than on the left side, but Dr. Ferinat says he has seen its effects well displayed on the left side also. He gives the following cases:

Case 1.—A man, aged thirty, tall, sanguine, of a lively and irritable temper, with fair whitish-grey hair, grey eyes, and affected with herpes. Every morning, on waking, he felt some shivering, followed by a pulsative pain in the right eyebrow and temple. This pain, slight at first, increased so as to drive him almost to distraction; it extended to the forehead, and especially to the eye on the same

* "Bulletin de la Societé Medicale." "British Journal Homœopathy," Jan., 1862.

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side. The patient complained of a bruised sensation in the eye from the front to the back. The eye became red, watery, and very sensitive to light; pressure with the hand relieved the pain for a little, while light, exposure to the air, and especially moving and holding down the head, produced a considerable aggravation. The attack usually terminated about two or three, P.M., at times with sour perspiration, and only left a certain sensibility of the eye to light. On considering that the attacks returned periodically in the morning on waking, that the right side was alone affected, that the patient was of a sanguine temperament and of a lively and irritable temper, addicted to alcoholic drinks, and that the pain was increased by moving and holding down the head, I selected Nux-vomica, and gave it in the fifteenth dilution; it stopped the fits for some time, but they returned. Remembering the two cases mentioned by Dr. Teste, of neuralgic affection of the right eye-brow and temple, treated with *Chelidonium-majus*, directed it in the second dilution, a spoonful to be taken every two hours. The result was so favorable that the attacks disappeared after the second day of treatment. This neuralgia, which had been going on for more than twelve years, returned every two or three months with increased intensity, in spite of allopathic treatment. In the space of two years after the Chelidonium had been given, they returned only twice; but the symptoms, though the same, were much less intense, thus proving the efficacy of the medicine.

Case 2.—A man, aged twenty-six, lymphatic, sanguine, stout and tall, with black eyes and hair, gentle disposition, but affected with herpes, brother of the last patient. The pain, preceded by some shivering, commenced about eleven, A.M., in the right eye-brow, and increased in severity till noon. It then became insupportable and extended to the forehead and the eye on the same side; the eye was red, burning, protuberant, as if coming out of the socket, and watery; the attack ended about three. P.M., sometimes accompanied by a slight perspiration. Quinine and Veratrine Ointment, prescribed by an old-school practitioner, far from relieving these terrible paroxysms, only aggravated them. At length the patient, in spite of a prejudice against homœopathy, determined to try it. Prescribed Chelidonium as in the preceding case. The next attack was so slight, that to his great surprise, he could go out in the street, and since then more than a year has passed and it has not returned, whereas, before, such attacks frequently occurred.

Case 3.—A woman, aged sixty-four, small, lymphatic, with fair skin, grey eyes, and fickle character; every day, about nine, A.M., she felt in the right eye-brow and temple a pulsative pain, which gradually increased until it became intolerable; it extended to the forehead, and became tearing round the orbit. The eye was injected, burning, watery, and excessively sensitive to the light; the eye-lids were contracted. Pressure with the hand relieved for a little; whereas, light, movement, and free air, aggravated the pain. The patient had yawnings and shiverings during the paroxysm. Chelidonium removed the attack on the second day of its administration. It returned six months afterwards, but with less intensity, and yielded to the same medicine; no return after for a year and a half.

Case 4.—A girl, age ten, fair, pale, with blue eyes and amiable character; every day, about three, P.M., she was obliged to lie down on account of a pain in the left eye-brow and temple, accompanied by yawning and shivering. This pain, as described by the child, was pulsative; it increased gradually, causing her to utter sharp cries; she complained of suffering in the left side of the head; her eye was injected, watery, and very sensitive to light. It is probable that pressure with the hand relieved it some, as it was impossible to make her take it away from her forehead. About four or five o'clock, P.M., a slight perspiration came on, and the attack disappeared so completely that the child returned to her usual games. Chelidonium, third dilution, cured this neuralgia after being given for two days.

Case 5.—A woman, aged thirty-four, of ordinary height, thin, bilious, dark and irritable; when getting out of bed in the morning she felt some uneasiness in the right eye-brow and temple, accompanied with yawning and shivering. This uneasiness soon changed into a shooting pain which extended to the forehead and

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eye of the same side. The eye became red, watery, and sensitive to the light. Pressure relieved the pain a little; while air, movement of the head, and particularly stooping, increased it considerably; taking food also aggravated the pain. The pain, after arriving at its maximum intensity, diminished by degrees, and terminated about four, P. M., sometimes by a little perspiration. The attack did not return after the second day of the administration of Chelidonium.

From these cases Dr. Ferinat concludes, that Chelidonium is a "most useful remedy for removing neuralgic pains of the eye-brow and temple, especially of the right side, but sometimes of the left;" that it is applicable to all ages, sexes, and temperaments, at short intervals between the paroxysms. The characteristics are: the pain must be "generally pulsative and burning, less frequently lancinating and tearing. The attacks are periodic, preceded generally by yawning and shivering, occasionally continued during the paroxysms, and terminating most frequently by perspiration, sometimes sour. It "always begins in the eye-brow and temple, extending chiefly, in proportion as it becomes more intense, to the forehead, the orbit, and the eye of the same side; the eye becomes injected, at times prominent, and very sensitive to light." Pressure with the hand "relieves the pain slightly; while light, fresh air, movements of the head, especially stooping, aggravate."

Homœopathy in Spain.

"H. R. H. the Infanta Donna Maria de la Conception sank under her severe illness on the 21st of October, 1861. In the latter stage of her malady, when the cerebral structures had already undergone serious alterations in the course of the disease, which, according to the opinion of the court physicians, scarcely allowed any hope from the resources of art, her Majesty, inspired by maternal affection, decided on calling in the aid of the homœopathic system, and consigned the treatment of the august child to the care of Dr. Joaquin de Hysern. On undertaking the case Dr. Hysern had a consultation with Dr. José Nunez, Dr. Andres Merino, Dr. Juan de Lartega, and Dr. Bernardo Sacristan. They all agreed in considering the state of the princess to be very serious, and indeed, almost beyond the reach of art. Dr Hysern, assisted by Dr. Rivas, was most assiduous in his attention on the august patient; but all the distinguished talent, the skill, and experience of our respectable countryman were destined to fail, in consequence of the intrinsic gravity of the disease, its advanced stage, and the consequent exhaustion of the strength of the vital reaction during so many months of suffering.

We deplore sincerely the misfortune that has befallen tho royal family, and all the more because we have the firm conviction that homœopathy possesses gentle and effectual means for modifying, when employed early enough, the morbid diatheses of children before they have effected profound changes in the organs essential to life."—*El Criterio Medico.*

Natural History of the Tape-worm.

In the new medical periodical, published at St. Petersburg, Russia, (*Petersburger Medizinische Zeitschrift*, 1. Jahrgang, 1861,) Dr. Knock gives a minute and learned article on the "Helminthologia of Russia." On the subject of *tænia* he says: "It is a remarkable fact, that amongst the many investigations hitherto made, both in Russia and out of it, relative to the cestoid worms, that of these only the *tænia*—even the very inoffensive (according to Von Siebold) tænia cucumerina of the dog—have been objects of the multifarious experiments made in connection with food. In respect to *bothriocephalus latus*, as yet no investigations have been undertaken, even in countries like Russia, Switzerland, and Sweden where this parasite of man so abundantly occurs, which demonstrate the hitherto quite unknown method of development and metamorphosis of this parasite in the human frame. Even amongst the repeated experiments in connection with the

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cestoidea and food which the professor of veterinary art, Ostrowsky in Charkow, instituted with his colleagues, the *bothriocephali* were unfortunately overlooked. Nevertheless it is directly the province of Russia as it is of Switzerland and Sweden to throw light upon the still enigmatical development and metamorphoses of the *bothriocephalus latus* in man, thereby at length setting aside the usually accepted hypotheses which possess but very little probability, or are even entirely false.

"Switzerland has as yet done less than even Sweden and France to solve the interesting problem, although the learned Harlem Society of Holland offered in 1859 a double prize relative to the natural history of the broad tape-worm; although Professor Sparkes, as far back as 1824, in his "Historia Helmintheca," especially reminded physicians, and particularly those of Russia, '*ut animi attentionem bothriocephala lata non denegent;*' and although Kuchenmeister, in his work 'On Parasites' expressed with the greatest confidence his belief that his 'colleagues who reside in bothriocephalous districts, particularly on the sea-coast, would not allow us to be long destitute of the desired solution.'

"Of Russia we can say, with much satisfaction, quite the opposite. Eighty years since, Pallas—Russia's most eminent investigator—as before him, the great naturalists, Linnæus of Sweden, and Bonnet of France—earned considerable repute on account of their descriptions of bothriocephalus latus and its varieties.

"We ourselves, during a residence at St. Petersburg, had the desired opportunity of observing the development of this entozoon, and the metamorphoses of its ciliated embryo in water, as also its ultimate transference to the mammalia through the medium of river water as drink. The results of these observations, which were in 1859, and 1861 partly detailed in the "Bulletin" of the St. Petersburg Academy of Science, are about to appear in a complete and illustrated form in the "Memoirs of the Academy" and in the *Military Medical Journal*. Whilst referring my respected colleagues and such naturalists as may be particularly interested in these inquiries to the sources of information in question, I may here bring forward the attained results—two of which are of general importance, and just now invite our particular attention.

"The *first* is, that the embryos of *bothriocephalus latus* develop their *ova* only after remaining months in fresh water (*i. e.*, of rivers and lakes); in river water as infusorial, ciliated organisms, moving actively about by means of their cilia for several days, and finally becoming transferred in a passive way through the same medium (river water as a drink) to the human system. *Secondly*, according to our own observations, there are two species of *bothriocephali* common to man, and not a single one only, as hitherto supposed. Three species of the broad tape-worm, as Pallas describes, are not to be found in man."

We may hope then that the mystery of the origin of the tape-worm is, at least, *about to be* solved. We shall welcome every ray of scientific light that this new "*Northern Light*" may be able to throw upon this subject, as well as every other.

Productiveness of Animalcules.

PRITCHARD tells us that Ehrenburg found that a single animalcule lived nine days; during the first twenty-four hours it was developed by transverse self-division, into three animals; these in twenty-four hours formed two each in the same manner; so that by self-division (without *ova*,) these animalcules increase three- or fourfold in twenty-four hours, and may thus produce a million from a single animalcule in ten days. Such are the amazing powers of reproduction conferred upon these humble creatures, powers which are fully employed when the surrounding circumstances are favorable, and which, in the aggregate, change the condition of large masses of matter, and bring within the circle of life millions and millions of particles every minute of the day.—*Slack's Marvels of Pond Life.*

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Annual Meeting of the Homœopathic Medical Society of the State of New-York.

The Annual Meeting of this Society was held at the City Hall, in Albany, February, 18, 1862. Delegates were present from the following County Societies, viz:—

ALBANY—Drs. H. D. Paine, E. D. Jones, J. W. Cox, W. H. Randell.
COLUMBIA—Drs. T. T. Calkins, A. P. Cook, S. M. Samson, C. A Stevens.
CHEMUNG—Dr. H. S. Benedict.
DUTCHESS—Dr. E. F. Hoffmann.
ERIE—Dr. L. M. Kenyon.
NEW-YORK—Drs. D. D. Smith, J. Beakley, T. Franklin Smith, H. M. Smith.
OTSEGO—Drs. J. R. White, C. W. Fox.
ONEIDA—Drs. E. A. Munger, J. C. Raymond, W. H. Watson, J. A. Paine, H. M. Paine.
RENSSELAER—Dr. W. S. Searle.
SARATOGA—Dr. M. W. Campbell.

Upwards of twenty County Societies have been organised under the act of the Legislature authorising their formation, passed in 1857.

In the absence of the President, Dr. E. A. Munger was called to the Chair.

The reports of the Secretary and Treasurer were read and referred.

The committee appointed at the last meeting to make application to the Legislature for an act of incorporation, reported progress, and on motion were continued.

Drs. Watson, H. M. Paine and Munger were appointed a Committee of Correspondence.

Prof. D. D. Smith presented a report on the present state of Homœopathy throughout the world. This paper, which embodied a large amount of interesting information, was heard with marked satisfaction.

Dr. Searle called attention to the importance of establishing a uniform system of preparing medicine by all Homœopathic pharmaceutists throughout the country, enforcing his position by remarks upon the inconvenience arising from the present want of such a uniformity.

Dr. Hoffman occupied the remaining portion of the morning session with an interesting account of several improved instruments and operations in Lithorsity, with cases and illustrations. Also, a description of some improvements in operations upon the Lachrymal duct.

AFTERNOON SESSION.—The following were elected officers for the ensuing year:—

President—Dr. J. Beakley, New-York.
First Vice-President—Dr. A. R. Wright, Erie.
Second Vice-President—Dr. E. A. Munger, Oneida.
Third Vice-President—Dr. W. S. Searle, Rensselaer.
Secretary—Dr. H. M. Paine, Utica.
Treasurer—Dr. L. B. Wells, Utica.

The Censors for the several districts were reëlected.

The Secretary, Treasurer and nearest Vice-President were constituted an Executive Committee to conduct the business of the Society during the intervals between the meetings.

Dr. Searle renewed the consideration of the question relative to the uniform preparation of Homœopathic medicines. The subject was exciting the attention of practitioners and medical societies, and it was highly desirable that some concurrent action should be generally agreed upon.

Some discussion ensued, in which several members participated, but action was postponed to a future meeting.

The history. pathology, and treatment of Diphtheria, were the subjects of an extended discussion, which occupied the attention of the society during the greater part of the session.

Dr. Watson offered the following resolutions, which were unanimously adopted:—

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Resolved, That the Homœopathic Medical Society of the State of New-York would respectfully urge upon Congress the importance of passing a bill at its present session making Homœopathic physicians equally eligible with other practitioners for the appointment of Surgeons in the army and navy: for the following reasons:—

1. *The extensive diffusion and general recognition of Homœopathy.*

Homœopathy is now practised in all portions of the civilized world; Homœopathic journals are published in almost all European languages; Homœopathic hospitals and dispensaries are acknowledged and supported by governments in various countries in Europe, and many of these countries have sanctioned and encouraged this mode of practice by special legislative enactments; it has its Professors in European Universities, and its numerous Court physicians at Continental Courts, and while almost unknown at the commencement of this century, has since been spreading with a rapidity unparalleled in the history of medicine. Homœopathy has also for many years been generally known in this country, and now numbers its practitioners by thousands and its adherents by millions, a very large proportion of whom are among the most intelligent and wealthy class in every community in the loyal States, whose means and influence are now given to the Administration in all its measures.

2. *As an act of justice to a large number of soldiers in the army and navy who prefer the Homœopathic treatment.*

Many thousands of our citizens who are accustomed to Homœopathic treatment are enlisted in the regular and volunteer forces, and consider it one of the most severe privations of the service, that they are prevented from enjoying the benefits of this humane method of treatment. While these citizens are devoting their lives to the service of their country in this her hour of peril, they have a right to ask when stricken down by disease or casualty, that they may have that system of practice in which alone they have confidence.

3. *On account of the far larger per centage of cures in all Hospital diseases under the Homœopathic, than under the Allopathic treatment.*

The most reliable statistics have shown that the average mortality of hospital diseases is only *six per cent.* under Homœopathic, while it amounts to *ten* per cent. under Allopathic treatment, and that the proportion of deaths from inflammation of the lungs is *three* times as great, and that from typhus fever twice as great under Allopathic treatment as it is under Homœopathic; and, that even of those who do recover under the former, the duration of disease is far longer than under the latter. Is it then of no importance that *four* out of every *ten* of our brave soldiers who now die might be saved.

4 *On account of the recognised legal status of Homœopathy in several States.*

The Homœopathic profession has in most, if not in all the loyal States, the same recognised legal status as the Allopathic, is composed of equally well qualified and well educated physicians—graduates of legally incorporated Medical Colleges, most of whom were formerly practitioners in, and are now converts from the Allopathic school. To the knowledge of Allopathy thus acquired, they have merely superadded a knowledge of Homœopathy, and believing the latter the more successful method, choose to practice it.

The States of New-York, Pennsylvania, Ohio, Illinois and Missouri, have each Homœopathic Colleges within their limits, incorporated by their respective Legislatures, with all the rights of Allopathic Colleges, including the privilege of conferring diplomas on their graduates, entitling them to practice Medicine and Surgery. Under State laws, therefore, Homœopathists are equally eligible to all appointments within the gift of the Government, as other physicians. There is no more valid reason for any discrimination in favor of the Allopathic, and adverse to the Homœopathic profession in respect to appointments in the army and navy, than there would be in refusing a chaplain a commission because not a member of a particular religious sect.

5. *It will elevate the standard of medical skill in the army and navy.*

The introduction of Homœopathy will afford the country an opportunity of witnessing the benefits of this mode of treatment as compared with that now employed: and, by creating a generous emulation, will elevate the standard of medical skill, and cause a better system of practice to prevail even in that portion of the army which remains under the mode of treatment at present in use.

Resolved, That a copy of the above resolutions be sent to Hon. Ira Harris, of the United States Senate, and Hon. Erastus Corning, of the House of Representatives, with the request that they be presented to the two Houses of congress.

The President announced the Standing Committee on the enlargement and improvement of the materia medica, as follows:—

Drs. H. M. Smith, Henry Minton, A. P. Cook, M. W. Campbell, J. G. Bigelow, J. R. White, C. W. Boyce and L. M. Kenyon.

A number of topics of professional interest were assigned to different members, who are expected to report upon them at the next meeting.

After making provision for necessary expenses of the Society for the next year, and the adoption of resolution of thanks to the retiring officers, the Society adjourned.

H. M. Paine, *Secretary*.

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Oneida County Homœopathic Medical Society.

This Society held its Fifth Annual Meeting at the office of Dr. J. C. Raymond, in the city of Utica, Oct. 15. 1861; the President, Dr. Wm. H. Watson in the chair. Twelve members were present. Dr. C. W. Boyce, delegate from the Cayuga County Homœopathic Medical Society was also present.

Dr. Wells reported full and interesting provings of Æsculus-hip., communicated by Dr. Boyce. The Society resolved to continue the proving of this drug another year.

Dr. Munger related in detail the history of a severe contusion produced by falling more than twenty feet upon a hard floor. The injury, though very extensive and serious, rapidly yielded to ordinary treatment.

Dr. Wells reported a case illustrative of the efficacy of homœopathic treatment. Two men were about equally injured by falling upon frozen ground. Under homœopathic treatment recovery took place in ten or twelve days, while under the opposite practice restoration to health was not fully accomplished at the end of several weeks.

Dr. Stebbins requested the members present to state the results of their experience in reference to the most reliable and useful remedies for the relief of after-pains. The request occasioned a lengthened and animated debate on the influence of various remedies upon the uterus both previous to and after labor.

Dr. Bishop believes Pulsatilla usually increases the expulsive power of the uterus previous to delivery.

Dr. Boyce regards its influence with distrust, as the secondary effect may be to relax the uterus, prolong after-pains, and favor a tendency to hæmorrhage. He would cautiously employ it previous to confinement to prepare the system, but not during labor to increase the pains.

Dr. Wells generally succeeds better with it than with any other remedy. He has found it very useful in some conditions of atony during labor, and employs it in place of Secale.

Dr. J. A. Paine believes it relaxes the tincæ, promotes a secretion of mucus, and prepares the parts for labor, without producing contraction of the uterus. In a case of premature pain Pulsatilla evidently produced a relaxed condition of the tincæ, which continued during a period of about two weeks, when delivery took place. He has found Secale, 3, much more efficacious than Pulsatilla in stimulating the contractive efforts of the uterus previous to delivery. Colocynth has proved more serviceable than any other remedy in controlling excessive pain either before or after labor.

Dr. Gardner read a very interesting paper on the Eruptive diseases to which children are peculiarly liable; his remarks having especial reference to the history, symptoms, and treatment of measles.

Dr. Younglove communicated a very instructive paper on Infantile Marasmus. The causes of the disease, and its connection with scrofulosis were fully delineated, and the treatment clearly illustrated by cases from practice.

Dr. J. A. Paine communicated a full and elaborately prepared report on the Diseases of Females. The treatment consists of the internal administration and application of homœopathic remedies, and was illustrated by an abstract of numerous cases.

Dr. Raymond read an interesting and instructive paper on the Treatment of Whooping-cough and Measles.

Dr. Boyce reported a case of mania à potu, cured by Opium alone, four doses in twelve days.

Dr. Hill read a very full and carefully reported case of fatal poisoning by Ergot.

Dr. Munger called attention to Dr. Gregg's theory of boils, in connection with convalescence from phthisis. He has in two or three instances observed the presence of furunculi during recovery from this disease.

The balloting for officers for the ensuing year resulted in the election of the following named gentlemen:

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President: Dr. Wm. B. Stebbins.
Vice-President: Dr. J. C. Raymond.
Secretary and Treasurer: Dr. H. M. Paine.
Censors: Drs. Wells, Munger, Warren, and Bishop.
Delegates to the State-Society: Drs. Raymond, Wells, Watson, and Munger; *Alternates:* Drs. H. M. Paine, Hill, Hadley, and Gardner.

The Society unanimously adopted a resolution of thanks to Prof. T. M. Dwight, of Columbia College, for the form of an act to incorporate the State Homœopathic Medical Society.

Resolutions approving the movement, inaugurated by Prof. Beebe, for the introduction of the homœopathic practice into the army, were unanimously adopted.

The semi-annual meeting was appointed to be held at Little Falls, the third Tuesday in June, 1862. H. M. PAINE, *Secretary.*

Bond-street Homœopathic Dispensary.

No. 59 Bond-st., N. Y., for the year ending Feb. 1, 1862.

The Seventh Annual Report of this most flourishing of New-York Homœopathic Charities gives the following interesting and encouraging statistics. The increase in the number of patients during the last year, as will be seen, has been unprecedentedly large: 5,130 cases were treated, 13,660 prescriptions given, against 3,018 cases and 9,132 prescriptions the year previous.

This Institution, after having for seven years been the means of great usefulness as a private charity, under the supervision and direction of its zealous founder, Dr. Otto Fullgraff, has just been incorporated. The Corporators are A. Oakley Hall, (District Attorney,) John P. Hone, Alexander Holland, Rufus F. Andrews, (Surveyor of the Port,) Shepherd F. Knapp, (Street Commissioner,) and Otto Fullgraff, M. D. The names of these well known and influential citizens will be a sufficient guarantee—were any such needed—that the funds contributed for the support of the Institution will be wisely and frugally disbursed. It is to be hoped that, under their supervision, the usefulness of the Dispensary will be vastly increased. The Common Council of the City have donated $500 towards its support during the past year, and application will be made for the placing of this Dispensary on a par with similar institutions supported by the city. From the tabular statement of the forms of disease and the results of treatment, we select a few of those which presented themselves most frequently:

Constipation,	360	cases;	cured	252;	relieved	51;	result unknown	35;	died	
Diarrhœa,	345	"	"	301	"	0	"	"	39	"
Dyspepsia,	215	"	"	110	"	62	"	"	31	"
Dysentery,	168	"	"	121	"	0	"	"	44	3
Bronchitis,	211	"	"	140	"	41	"	"	19	8
Influenza,	126	"	"	119	"	0	"	"	7	"
Leucorrhœa,	148	"	"	103	"	20	"	"	10	"
Phthisis Pulmonalis,	29	"	"	2	"	18	"	"	9	2
Rheumatism,	218	"	"	160	"	29	"	"	19	"
Scarlatina,	19	"	"	15	"	0	"	"	4	"
Surgical cases,	188	"	"	170	"	0	"	"	15	"
Syphilis,	29	"	"	21	"	0	"	"	4	"
Whooping Cough,	68	"	"	46	"	0	"	"	7	1

The whole amount of subscriptions, including $500 from the city, ... $1,041 75—$2 25
Total expenses, ... 967 05

New-York Homœopathic Dispensary.

No. 65, West 34th Street, New-York.

Incorporated March 13th, 1860; opened May 28th, 1860.

Annual Report for the year ending December 31st, 1861: Up to January 1st, 1861, a period of seven months, there were treated 1,080 patients. During the

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year 1861, there were treated 2,548 patients; the rate of the annual increase over the first seven months being about 700.

A Visiting Physician is now employed at a moderate salary, whose duty consists in attending to the sick who are unable to visit the Dispensary, and who reside within the district included between 27th and 39th streets, and the 6th and 10th avenues.

The results of treatment generally have been of the most gratifying character. The mortality among the patients treated during the year has not exceeded eight or nine, and these deaths occurred among badly nourished infants, or patients ill with chronic diseases.

Patients treated during the year ending December 31, 1861:

Diseases of Women and Children,	692	Dental Department,	98
" Head and Abdomen;	456	Vaccinated,	206
Surgical Department,	271	Visiting Department,	230
Diseases of Chest and Throat,	317	Miscellaneous,	65
" Eye and Ear,	75		
" Skin,	188	Total,	2,548

It will gratify the friends of Homœopathy every where to learn that this Dispensary as well as that in Bond-street has now been placed upon the list of public charities of the American Metropolis. An Appropriation of $1000 by the Common Council to the New-York Homœopathic Dispensary for the present year, not only proves, that the self-sacrificing efforts of individuals to give to the poor of New-York the benefit of Homœopathic treatment are beginning to be appreciated, but also settles the policy of the city government for the future.

An event so important to Homœopathy was not permitted by the trustees to pass unhonored. On the evening of March 27th, they prepared at their own personal expense a grand entertainment in the Dining Hall of the Fifth Avenue Hotel; the whole corps of attending and consulting physicians were present by invitation; and the Pulpit, the Press, the Bar, and the City government were also represented in the supper and in the speeches that followed it.

Sufferings of the wounded at the Capture of Fort Donelson.

The physical suffering of all who were engaged in the attack on and capture of Fort Donelson probably exceeds that of any previous battle on this continent. The temperature was lower than on the occasion of the famous winter fight at Eylau, and the misery of the men, from wet amd frozen clothing, and insufficient food was perhaps as great. On Thursday, the first day of the fight, the temperature was but ten degrees, Fahrenheit, and snow fell during the day and the succeeding night. Feet and hands were in many instances frozen. It is believed that many of the wounded died where they fell from freezing, as the armies were so near each other that neither belligerent could venture out to relieve the wounded or remove the dead. It is said that some of the wounded lay on the field from Friday until late on Sunday, and when rescued, were stiff with cold and covered with snow.—(*Reporter.*)

Physiological Effects of the Electric Telegraph.—

It appears that constant watching of the needles of electric dial-plates begins at length to produce an unpleasant effect upon the eyes of some of the operators. After laborious service, and especially after service at night, the retina is frequently so affected that for a considerable time all objects appear double, and shrouded in a haze. This affection is developed only at those stations where the needle telegraph is employed. This telegraph is no longer used in France; it is but little used in England, except the needle telegraph at Wheatstone. In France the printing telegraph is preferred. Two new systems are about to be adopted; the first that of Hughes, an American, the other that of Caselli, of Florence. The first prints the Roman letters with a velocity which permits the transmission of twenty or thirty words per minute; the second called the *pantelegraph*, reproduces every thing autographically, writing, linear drawings, portraits, landscapes, &c, &c., with a velocity of eight or ten words of ordinary writing, or sixty words written with the characters of Morse.—(*Medical and Surgical Reporter.* A farther improvement has been made by Dr. L. Bradley of New-York.

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Obituary.

WILLIAM RADDE, JR.

It is with much pain that we announce the decease of this young gentleman, in Philadelphia, on the 15th of March, of typhoid fever. He was the eldest son of our respected publisher, William Radde, Esq., of this city.

William Radde, Jr., was born in New-York city, on the 16th October, 1836, and received his education partly at Columbia College, and partly in Germany and France. Several years after his return from Germany he purchased the well-known Homœopathic Pharmacy of Rademacher & Sheek, of Philadelphia, and carried on the business in a most successful and satisfactory manner up to the period of his death.

We had the pleasure of a personal acquaintance with Mr. Radde, and esteemed him as an accomplished, talented, and worthy gentleman. By the physicians of our school he was highly esteemed, and his early death will be sincerely mourned by them.

Materia Medica.

PATHOGENETIC CHARACTERISTICS OF DRUGS.

By J. S. Douglas, M.D., of Milwaukee.

Murex-purpurea.

Urine smelling almost like Valerian, with white sediment and discharge of mucus after urinating. Violent excitement of the female sexual organs, and excessive desire for an embrace almost unto madness, excited by the least contact of the parts. Feeling of dryness and constriction of the uterus. Sore pain as if wounded by cutting instruments in the uterus. Violent pain in the right side of the uterus, through the abdomen to the chest. Violent stitches in the left side of the uterus, from below upwards in the evening. Feeling of heaviness and enlargement in the labia majora. Feeling of heaviness in the vagina during the colic.

Muriatic-acid.

Such a kind of headache as occurs in putrid fevers, as if the whole brain and head were torn and dashed to pieces. (See Æthusa.)

Pimples on the forehead and round the lips and dorsa of the hands and fingers, forming a scurf in twenty-four hours. One half of objects looked at appear to be cut off in a perpendicular line. (He sees only the left half of objects. Lycopod.)

The tongue becomes sore and bluish. Painful, burning blister on the tongue. (See Sulph.) Deep ulcer on the tongue, with black base and inverted edges. Wasting away of the tongue. Everything tastes sweet. Even beer tastes as honey. Taste in the throat like rancid grease. Bitter or acrid and putrid taste like rotten eggs. Burning round the ulcers and fœtid odor of ulcers though covered with scurf. He lies on his back and has a tendency to slide down in bed.

Natrum-carbonicum.

Red nose with white pimples on it. Taste of pus in the throat; taste of blood in the mouth. The skin of the whole body becomes dry, rough, and cracked. Vesicular places on the tips of all the fingers and toes as if scalded, extending round the nails as if they would come off.

Natrum-muriaticum.

Has few individual peculiarities. In its general action closely resembles Lye. He tries to recollect past disagreeable occurrences for the purpose of thinking

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on them and indulging the grief which it causes. Spasmodic closing of the eye-lids. Face shining as from grease. Cold feeling about the heart when exerting the mind.

Natrum-sulphuricum.

The gums burn like fire. Painless, moveable tumor on the lower gums. Blister on the upper gums, suppurating and then drying up.

Niccolum?

Nitric-acid.

Scaly skin of the whole face. Black pores on the face. (See Digit., Chin., Graph., Sep., Sulph.) Cold urine. Dark urine soon becoming turbid white. Brown urine, leaving spots on the linen like coffee spots. Urine emitting an intolerable strong smell, smarting, brownish. Acrid smell of urine like that of tobacco. Fœtid smell like that of horses. The orifice of the urethra is dark-red, swollen like a pad. Red spots on the glans becoming covered with scabs. Several brown painful spots on the corona glandis emitting a fœtid humor and bleeding when touched. Deep ulcer on the glans with elevated, lead-colored, extremely sensitive edges. Flat ulcers on the corona glandis looking clean but emitting a fœtid pus. Irritation and inflammation of the labia majora and vagina. Burning and swelling itching of one side of the vagina and labia minora. (See Puls. and Sulph.) Ulcer in the vagina on a level of the skin, looking as if covered with yellow pus, with burning, itching pain. During the menses, burning of the eyes every day, toothache, swelling of the gums, violent pressing in the region of the liver, pressure in the abdomen and pain in the small of the back, violent cramp pain in the hypogastrium as though it would burst, and constant eructations. Violent pains, first like labor-pains, afterwards more like a pressing in the hypogastrium extending into the vagina. Violent pressing at the hypogastrium as if everything would come out at the pudendum, with pain in the small of the back, through the hips, down the thighs. Leucorrhœa which can be drawn out, flesh-colored. Leucorrhœa of greenish mucus, *immediately after* the menses. Cherry-brown and fœtid leucorrhœa. Hard knots in the mammæ. White spots on the finger-nails.—Sour, very fœtid sweat like the urine of horses.—Frequent, mostly large boils on the scapula, nape of the neck, nates, thighs and legs.—*Dark* freckles. Great falling off of the hair of the genital organs. (See Phos.-acid.)

Nuphar-luteum.

Excessive moral sensibility giving one great pain in witnessing the sufferings of animals. Very painful, bruised shaking of the brain at every step; painful bruising shocks in the right anterior side of the brain in walking. Remarkable diminution and even extinction of the sexual instinct and power for two months; penis contracted and scrotum relaxed. (See Agnus-cast.) On different parts of the body, red blotches, tolerably regular in outline, ovoid or circular, prominent, and covered with little scales of a silvery white color, itching violently, especially at night.

Nux-juglans.

Great fullness, inflation, tension and weight in the abdomen, *immense fullness* both before and after meals. Hard tympanitic abdomen.—Exceedingly increased secretion of urine *without increase* of *thirst*. Eruption on the shoulders and neck of little red pimples, of which some grew larger, containing a thick fluid. (A species of acne.) Small vesicles in the axillæ appearing suddenly with burning and itching, slightly exuding, with soreness and abrasion of the skin. (Eczema rubrum.) Great boils on the shoulder and region of the liver, suppurating violently and painful. On the left instep redness of the size of a dollar, with little knobs which discharge no fluid, but form a little hard scab rendering the whole spot gradually elevated and painful. In a few months these knobs vanished but the spots remained bluish-red and a little indurated. The same in the right instep, but in a less degree. On the arm a small red,

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round spot in the middle of which a little knob is formed which burns and itches violently. Red spots on the arm with a little pimple in the middle.—A small, hard, ball-like swelling on the arm, (like an indurated gland.)—A small erosion on the penis is transformed into a violently suppurating ulcer, extending round the whole penis, with thick, hard edges, the surface bleeding easily and requiring five weeks to heal, whilst scurf was forming.

Nux-vomica.

No drug produces a group of symptoms which so accurately correspond with certain very common forms of catarrh as Nux. Take the following group: Swelling of the velum palati and uvula, especially felt when swallowing. Sore throat, with sensation of swelling in the pharynx; itching-pricking in the fauces; feeling of a plug in the throat; when inhaling cold air feeling of rawness in the fauces; burning in the throat and œsophagus; scraping, scratching sensation in the throat as if eroded. Though many of these symptoms are caused separately by other drugs, yet no drug presents such a group. Kali-hyd. presents an equally good picture of another form of catarrh. The same may be said of the numerous group of symptoms, including, of course, the convulsive. The whole, taken together, is quite peculiar to Nux, but is too long to be given here. Taste of Sulphur. Taste compounded of that of foul herbs and metalic. Thirst, with aversion to water and beer. Aversion to food, with hunger. Aching, spasmodic pain from the fauces to the stomach. A slight weight upon the stomach produces pain and nausea. Pricking pain in the liver, as in the spleen, from Ruta. Beating sensation in the stomach, and in and below the liver, as if an ulcer was forming. Jaundice, with aversion to food and short fainting fits. Pain in the epigastrium and bowels, as if bruised, early in the morning. Incarceration of flatulence under the short ribs. Flatulent distention after eating or drinking, ascending into and oppressing the chest. Sensation of shaking and falling of the bowels when walking. Itching of the anus, immediately changing to a sore, smarting pain. In two hours, burning and pricking, with hæmorrhoidal tumors; whitish evacuations, mixed with tenacious mucus, streaked with blood and tenesmus. Evacuations partly hard and partly liquid. The group of symptoms relating to the evacuations and the anus is peculiar. Copious, watery, pale urine, followed by a discharge of a whitish, thick, purulent matter, with violent, burning pains. Discharge of *tenacious* mucus. (See Calc., Merc., Murex.) Smarting of the glans is common to Nux and Berberis; smarting of the prepuce to Nux and Puls. Swelling of the vagina is common to Nux and Merc.; swelling of the uterus to Nux, Canth, and Secale. Spasmodic uterine pains are produced in an eminent degree by Nux. After an indulgence in the sexual passion, dry restless heat of the body, or persistent coldness of the feet and languor of the lower limbs.

Febrile.—Chilliness during motion, (also Rhus.) Sleep during the chill, Nux and Op. During the heat, burning in the hands and humming in the ears. During the sweat, vomiting of food, mucus, and water, and tingling in the skin. Delirium, with violent vertigo; strange gestures, improper talk, with a loud tone; cannot be quieted. Depression of spirits; moans piteously without assigning any cause. Palpitation of the heart after midnight, with anguish and desire to kill himself. It produces, in a pre-eminent degree, sensitiveness to external impressions; noise, talk, odors, and light become intolerable. The least ailments affect him beyond measure. The temper is peculiar. He is quarrelsome even to violence; obstinately resists what is desired by others; is hasty; looks at every body that asks him a question in an angry manner without answering, as if he had to make an effort not to insult the questioner. He is so irritated that it seems he would like to strike any one in the face who asks him a question. Groaning and smashing sensation in the head when walking and running. Sweat all over, except the face, night and morning, smelling like musty straw. Sweat, with desire to vomit. During the morning sweat, all the parts on which he lies are painful. Morning sweat, with colic, when he uncovers himself ever so little. Sour night sweat. Sweat on one side of the

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head and face. Collapse of pulse, with consciousness. Excessive yawning and stretching. Sweat, then chilliness, then sweat again. Nux acts with such fearful energy upon the spinal column as to throw into violent convulsive and spasmodic actions all the muscles dependent upon it for nervous supply, and death may occur during the primary action from spasm of the heart and respiratory organs. Paralysis follows as the secondary effect when the dose is not quite sufficient to produce death as a primary effect, and death may result from paralysis of the heart and respiratory organs.

Oleum-animale?

Opium.

We can scarcely name any absolute individual peculiarity of Opium except in degree. It causes *more* profound stupor and sopor than any other drug—more insensibility and stupefaction of the senses—a state more resembling apoplectic stupor, with stertorous and rattling respiration, with pulse diminished one-half or two-thirds in frequency. There is a peculiar appearance of the face of the Opium-eater, difficult to describe. All the muscles of the face are relaxed, which gives the face a peculiar expression. Blueish, clay-colored face; red, bloated, swollen face; cherry-colored face.

Paris Quadrifolia.

Headache, which is worse in the morning, attended with dullness of the whole sinciput, and a sensation as if the skin of the forehead were contracted and the bone scraped sore. Sensation as if the eye-balls were too large or swollen and the orbits too narrow, with unsteadiness of sight as if the objects were in motion. The tongue is coated white as if covered with millet seed. Paroxysms of hoarseness every quarter or half hour, so violent that he is unable to utter a loud word. The cough commences as soon as he turns upon the left side. Coldness of the right half of the body. Internal coldness, as if the parts were contracted by cold and were trembling.

Petroleum.

Feeling in the head as if full of living things, whirling and turning in the head. Numbness of the outer part of the head as if made of wood. Soft tumors on the hairy scalp. Sensation about the head as if a cold breeze were blowing on it. Numb feeling of the teeth. Diarrhœa, of a fetid, camphor-like odor. Disagreeable itching in the abdomen. Going to sleep and tingling in the abdominal muscles. Red sediment in the urine, which is, at the same time, covered with a shining pellicle. Dark-brown flocks in the urine after standing. Canine hunger after an evacuation. Rigidity, first of one finger, then of others, extending up the arm, with inclination to faint. Chapped tips of the fingers. Pain of the finger nails as if bruised. A cold spot on the knee from which a cold current pervades the limb.

Errata.

In the Lecture of Prof. Payne, published in our February No., the following typographical errors were overlooked:

Page 392, line 1, top, for "loveliness" read lowliness.
" " " 16, from bottom; for "recovered" read received.
" " " 10, " " for. "just" " great.
" 395, " 22, from top, for "hand" " hard.
" 399, " 9, from bottom, for, "plant" " planet.
" " " 8, " " for, "exciting" " exerting.
" " " 6, " " " "exciting" " exerting.
" 401, " 7, " " " "singing" " surgery.
" 404, " 8, from top, " "inhuman" " inhumed.
" " " 2, from bottom after the word mind, insert "it enters into"
" 405, " 3, from top, for food read feet.
" 406, " 8, " " " "attenuates" read alternates.
" " " 17, from bottom, for beat " heart.
" 407, " 10, " top, " "altered" " attuned.
" 408, " 11, " bottom " "sound" " round.

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