









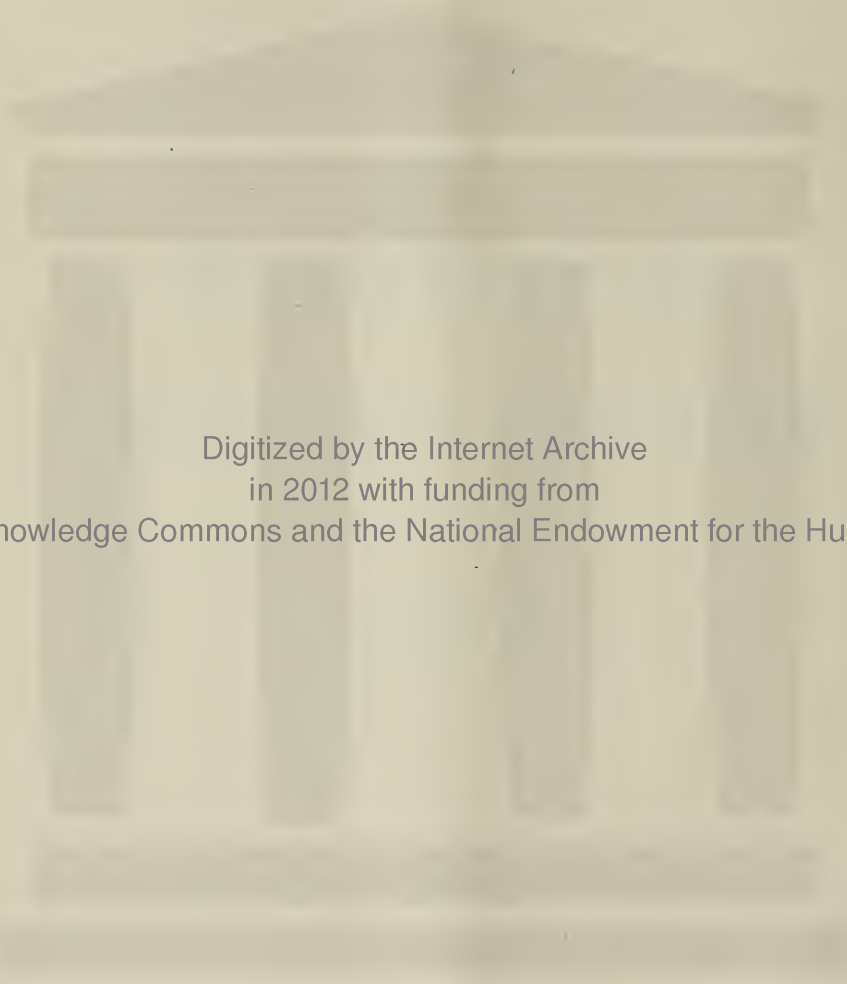


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THE NEW-ENGLAND  
MEDICAL GAZETTE.

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VOLUME IX.



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THE  
NEW-ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,  
SURGERY AND THE COLLATERAL SCIENCES.

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C. F. NICHOLS, M.D., GENERAL EDITOR.

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VOLUME IX.

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*“ Die milde Macht ist gross.”*

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BOSTON:  
OTIS CLAPP & SON, 3 BEACON STREET.

NEW YORK: HENRY M. SMITH & BROTHER, 107 FOURTH AVENUE.

PHILADELPHIA: A. J. TAFEL, 48 NORTH NINTH STREET.

CHICAGO: C. S. HALSEY, 704 STATE STREET.

LONDON: JAMES EPPS, 112 GREAT RUSSELL STREET.

1874.



THE  
New England Medical Gazette.

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No. 1.]

BOSTON, JANUARY, 1874.

[VOL. IX.

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ADDRESS

*At the Opening of the Boston University School of Medicine, Nov. 5, 1873.*

BY PROF. W. E. PAYNE, M.D., BATH, ME.

GENTLEMEN AND LADIES, PHYSICIANS AND STUDENTS : —

THE occasion which has brought us together to-night is one of peculiar significance. It is the establishment of a new school of medicine, in which the comparatively newly-discovered truths in therapeutics, characterizing a new epoch in medical science, are to be taught.

The founding of an educational institution is always an event full of interest and importance, not only to those directly concerned, but also to all true friends of culture and human advancement. But the auspices under which this school is about to be established makes the present occasion one of more than ordinary interest.

The Boston University, an institution largely endowed, the educational aim and purpose of which is the building up of a series of collegiate and professional schools, for the purpose of bestowing upon all those who may enter its portals the highest attainable degree of intellectual, æsthetic, moral, and physical development and culture, has, through an intelligent foresight of its trustees, decided to place its first medical department under the guidance and control of the homœopathic school. This is a distinction to which homœopathy has never before attained. Though homœopathic schools and societies have been chartered by State governments, hospitals recog-

nized, and chairs for the teaching of homœopathy established in a few of the continental schools of Europe, and, in a single instance, in this country, yet this is the first instance in which a university has voluntarily given such a tribute of confidence to this school of medicine. This advanced step indicates that the distinctive truths of homœopathy are being recognized by the learned cultivators of science, as well as by those philanthropic promoters of human advancement who establish and control our higher institutions of learning. And the generous support given to the homœopathic schools already in operation shows a great advance in popular recognition and favor.

The medical profession, as is well known, is divided into two distinct schools, popularly known as the allopathic and the homœopathic. But the reason of the separation, and the exact point where it occurs, are not perhaps so well understood. We shall therefore endeavor to point out the distinctive character and relative position of the two schools, by showing in what they agree, and in what they differ.

The science of medicine in its perfection is the sum of all the sciences; but in a more restricted sense, as at present formulated, it embraces anatomy, physiology, pathology, symptomatology, surgery, midwifery, botany, chemistry, etc., and is crowned with the science of therapeutics, towards which all the others tend, and in which they culminate.

All educated members of the medical profession, whether homœopathic or allopathic, accept fully, and without reserve, the sciences of anatomy, physiology, pathology, surgery, midwifery, chemistry, and botany.

Each and every succeeding generation of physicians claims as its inheritance all of the established facts and principles discovered by preceding generations in the several departments above named. They all consult the same authorities; they use the same text-books, and together work on to advance the whole to a greater degree of perfection. So far, both schools agree. But when they come to therapeutics, — that department which relates to the healing of diseases and the choice of the remedy, — they separate into two distinct schools, the one maintaining that there is no law to guide the physician in the

choice of his remedies, and the other that there is a law, which was discovered by Hahnemann, in 1790, and which he aphoristically expressed by the Latin phrase, *Similia similibus curantur*, or, Like cures like.

This law, when formulated in our own language, stands thus: Every disease which arises in the system from natural causes is to be cured by that medicine which has the power of producing in the healthy body a disease in every way similar. It is the realization of the popular and common-sense idea that every disease has its remedy; that is, until it arrives at a certain point, — for there is a point in the course of disease beyond which a restoration to health is not possible.

A misapprehension prevails in the public mind with reference to the true character of the homœopathic law. The idea quite extensively entertained is, that the homœopathic law demands that whatever operates to produce disease must be used in smaller quantities to cure it. For example, in case of poisoning by arsenic smaller doses of *arsenic*, should be given for the cure, provided the homœopathic law be true; or, if made sick by opium, opium in smaller doses would be homœopathic to the case. And, strange as it may seem to the thoughtful, this obviously false interpretation has been given, by medical men, to the homœopathic maxim, "Like cures like."

In vain does the homœopath insist that this is not homœopathy; but that homœopathy is the curing of diseases produced by extraneous or constitutional causes, with drugs that have the power of producing in the healthy body diseases having SIMILAR but not IDENTICAL symptoms.

Notwithstanding denials, explanations, and affirmations on the part of the homœopath, the opponent continues his antagonism, not by rational argument, not from experimentation at the bedside, — the only place where he can ever settle this question, — but by sarcasms, innuendoes, and flippant witticisms.

That we have not mistaken the position of the allopathic branch of the profession with reference to the law of cure, a few quotations from their acknowledged authorities will testify.

Dr. John Hughes Bennett, Professor of the Institutes of Medicine in the University of Edinburgh, and author of a highly-

esteemed work on clinical medicine which has run through several editions, in discussing the principles and practice of medicine before his class, says, "All sciences possessing a primitive fact or law are called *exact*, . . . and those which do not, are called *inexact*. . . . Medicine belongs to the latter class. . . . In its present state, it possesses no primitive fact, or law. . . . We know that quinine cures ague, lemon juice scurvy, and sulphur the itch; but why they do so, we are entirely ignorant. . . . A truly scientific medicine is yet to be created. . . . Is it not possible that this may be the case at some future time?"

Dr. Jacob Bigelow, of this city, a man who has attained to considerable eminence in the profession, as you all know, in a little volume which he published a few years ago, entitled "Nature in Disease," says, "Pre-eminent among the *inexact* sciences stands practical medicine, — a science older than civilization; cultivated and honored in all ages; powerful for good or evil; progressive in its character, but *unsettled* in its principles."

Dr. John Forbes, the very able ex-editor of the "British and Foreign Medical Review," in discussing the subject of homœopathy with Prof. Henderson, of Edinburgh, who had become a convert to homœopathy, and had published a book entitled, "An Inquiry into the Homœopathic Practice of Medicine," said in his famous editorial, denominated "Young Physic," which made a good deal of stir in the medical world at the time, "I admit it is not going much beyond the truth to assert that the whole practice of medicine, in as far as it consists in the administration of drugs, is a system of traditionary routine and conservatism, hap-hazard and guess-work;" and still he looked forward to a hopeful future for so-called "regular medicine" in the line that the profession was then, and had been pursuing for more than two thousand years, and denounced homœopathy, for the reason, forsooth, that it professed to be governed by law in the choice of its remedies.

In the appendix to Renouard's "History of Medicine," the most recent work on the subject, a writer, in discussing the different and various methods of prescribing medicines for the sick,

says, "This branch of the science (meaning therapeutics) is without contradiction the least advanced of all the departments of medicine. Only a few feeble gleams of light pierce the thick darkness." This opinion was not expressed with reference to any uncertainty in the condition of the subsidiary and collateral branches of medicine, but on account of the uncertainty of therapeutics.

Dr. Palmer, a Professor of Theory and Practice of Medicine in the Medical Department of the University of Michigan, and who on this account may be quoted as authority, said to the Senate committee of the Legislature which was sent to inquire into the affairs of the University, with the view of establishing two chairs of homœopathy in that institution, that "no general rule was given in his lectures as applicable to the therapeutical use of medicine. The medical faculty adopts no exclusive system of teaching," meaning that no general law of cure was recognized or acknowledged.

In a recent work "on the present state of therapeutics," the author, Dr. James Rogers, who has held some posts of professional eminence under the British government, says, "There are no fixed principles in therapeutics."

But proof coming more directly under your cognizance may be found in the charges preferred by the Massachusetts Medical Society against its obnoxious homœopathic members. In the 29th of May issue of the "Boston Medical and Surgical Journal" is a summary of the reasons, both positive and negative, upon which the arraignment, trial, and expulsion of its recusant members were based. "No one," says that journal, "objected to their [the homœopaths] giving any medicine they chose; no one cared if they thought that a curative effect was produced by the ten-billionth of a grain of anything; no one had anything to say because they pretended to believe that the more a medicine is diluted the more its power is developed; no one disputed their right to believe that chronic diseases all originate in the itch. The fault found was, that, having signed an agreement to do certain things, they violated that agreement by professing to practise according to a certain dogma." In other words, the homœopaths were obnoxious to the members

of the Massachusetts Medical Society, arraigned and expelled, because they publicly professed to practise medicine in accordance with settled principles, that is, in accordance with law. Not a word was said in the charge about disqualification on account of defective medical education, no charge of immorality was brought against the accused members; but the head and front of their offending was, that they professed to treat diseases according to fixed principles, as though our Heavenly Father had brought us into being through an organization far more intricate and delicate in its construction than any instrument made by human hands, and surrounded us with influences that constantly tend to work disorganization and generate disease, and left us to the caprices of poor human judgment in the choice of the means by which to protect ourselves. Such a view is not only inconsistent with reason, but a reproach upon the beneficence, the ever-watchful care of the Creator over His helpless children, without whose notice, we are told, not a sparrow falls to the ground, and by whom even the very hairs of our head are all numbered.

In the August number of the same journal, the editor, in replying to a correspondent who had criticised a previous article "on the suppression of quackery" says, "We regret very much that it should be necessary to inform our correspondent that there are no systems in regular medicine." The boast of our allopathic brethren has always been, that they are the only representatives and custodians of "regular medicine." But it would appear, from these voluntary confessions of the unreliableness of their therapeutic rules, that there is no great regularity in so claimed "regular medicine" after all.

Similar declarations and confessions might be cited, to an indefinite extent.

No class of scientists have more striking and convincing proofs of the existence of law and order in the works of the Creator than the physician. In his anatomical, physiological, and pathological investigations, he sees law and order written everywhere; and the more deeply he is imbued with knowledge of this wonderful piece of mechanism, the more he perceives that a great plan,—that law and order underlie and

govern the whole fabric. In his study of the anatomy of the human organism, he sees symmetry and order at every step. The same structure, shape and relative position, and general uses of the various organs of which the human body is composed have appeared with wonderful precision in every generation throughout the whole history of the human race. The same orderly and undeviating processes are observed in its physiological movements: digestion, assimilation, the motions of the heart, and the respiratory processes are all carried on by the same unvarying laws, and under similar conditions. The same diseases recur, run their course, and terminate without variation, modified only by change of circumstances and condition. And still, with his own observations to confirm it, and the accumulated evidence of centuries before him, he denies the existence of principle, — of law, in that most important of all the duties he is called upon to perform, viz., the selection of the means by which to restore the human body from a state of disease and suffering to a state of health.

I have said that the discovery of the law of cure separates the medical profession into two distinct and irreconcilable parties or schools. There are, however, other important differences; but they have all grown out of the discovery and acceptance of the law of cure. They are the legitimate results of the acceptance of law on the one hand, and non-acceptance on the other. Thus the *materia medica* of each school differs widely from the other in its construction and use. It is the result — the exponent — of a law of nature on the one side, and of theories and speculations on the other. The mode of preparing drugs for use is also unlike. And symptoms, as a guide in ascertaining the true character of disease, and its locality, and in the choice of the remedy, are held in very different estimates in the two schools.

The *materia medica* is the armament of the physician. He can do nothing without it. However learned he may be in all the other departments of medical science, if he has not a proper *materia medica*, and a thorough knowledge of his remedies, he stands comparatively helpless before disease; yea,

more than this, he is constantly liable to do absolute harm. Moreover, a formulated *materia medica* accords with the ideas entertained about the nature of disease, and the proper way of removing it.

The difference between the *materia medica* of the two schools in general is this: the homœopathic is made up of provings upon the healthy human body; and the allopathic is the record of observations upon the sick.

If it be true that diseases are to be cured by those medicines which are capable of producing similar diseases in the healthy body, it became, at once, obvious to the discoverer of the homœopathic law, that the disease-begetting power of drugs must be, first of all, ascertained before they could be made available in the treatment of natural diseases; and it was no less obvious that this knowledge could be ascertained only by trials upon the healthy human body.

What a field of labor here opened before Hahnemann! Scarcely a footprint was discernible. Absolutely nothing had been accomplished in this direction in the centuries that had gone before. Self-sacrifice, bodily and mental suffering, were the offerings to be laid upon the altar. Undaunted at the prospect before him, he, together with the members of his own household and a few intimate friends, who were in sound health, entered at once upon the work. A drug was selected, and, under the close supervision of Hahnemann, was taken by each of those who had consented to make the trial. At length the effects began to develop. Every symptom, every sensation, both physical and mental, that could be reasonably referred to the influence of the drug, was carefully noted. The time of day or night in which it occurred, the length of time of its continuance, the circumstances under which it was aggravated or diminished, its precise locality, together with all its conditions and concomitants, was recorded. In this critical and painstaking way, the proving of drugs upon the healthy body was carried on, the provers often suffering severely, and sometimes dangerously, from the diseases thus induced.

After a sufficient number of drugs had been proved in this

way, Hahnemann proceeded to test the truth of his surmises with reference to the law of cure.

He noted every attainable symptom of the disease which he was about to treat, in the same critical way that had been followed in noting the symptoms of the drugs. After obtaining a complete picture of his case, he went to the drug symptoms as they had been developed and recorded by the provers; and, when he had made out an exact correspondence, — an exact likeness between the symptoms of the drug and the symptoms of his case, — he gave the drug, and the result was a rapid and permanent cure.

Hahnemann and his co-laborers followed this course of rigid experimentation, — proving drugs upon themselves, and confirming them at the bedside, — until what was at first conjecture merely was seen to be a settled principle: what was hypothesis, was proved to be a law of cure.

This proving of drugs upon the healthy body has been carried on by the homœopathic school down to the present moment, and every year is adding new remedies to the list.

Between ten and eleven hundred different drugs have been more or less proved, many of them exhaustively so. The provings thus obtained constitute the homœopathic materia medica; and it is a splendid and enduring monument to the industry, pains-taking, and self-sacrifice of the homœopathic profession.

The allopathic materia medica is a very different instrument. Instead of being a record of the effects of drugs upon the healthy human body, as is the case with the homœopathic materia medica, it is the record of the effect of drugs upon the sick, as observed at the bedside, and of their irritating and poisonous qualities, as exhibited when taken by accident or design.

Most of the drugs of which this materia medica is composed owe their acceptance by the profession, and introduction into the materia medica, mainly to chance and a venturesome employment in domestic practice.

Prof. Dunglison, than whom there is no better authority in the allopathic ranks, in the preface to his work on the materia medica, says, "It is only by empirical trials that we become informed of the properties of any medicinal agent."

Two effects, the opposites of each other, follow the introduction into the system of all medicinal agents. Indeed, this seems to be a general law of nature. Action and reaction is an accepted axiom in mechanics, but is no less true of all known vital and vitalizing forces. Plunge your hand into cold water or snow, and the first effect is a cold, pale, and shrunken condition of the parts; but soon, by the reactive power of the vital forces, the hand becomes, in a corresponding degree, red, hot, and swollen. A violent and liquid disgorgement of the contents of the bowels is the result of the irritating and poisonous properties of all cathartic drugs; but the opposite condition, constipation, as surely follows. Deep sleep, and its opposite, inordinate wakefulness, are the result of massive doses of opium. Over-stimulation is sure to be followed by a corresponding degree of depression of the vital forces; and so on through the whole catalogue of medicinal agents.

This first or impressive effect of drugs alone is recognized by the allopathic school; and this only when given in massive and irritating doses. For example, the first or impressive effect of ipecacuanha is nausea and vomiting, when taken in massive doses. It is therefore put down in the allopathic materia medica as an emetic, for which purpose it is mainly used; though, in combination with other drugs, it is sometimes used for other purposes, but with the idea that it is effective only by virtue of its emetic properties. Now, instead of a single symptom or property, the provings of this drug, as recorded in the homœopathic materia medica, show it to be capable of producing not only nausea and vomiting, but also great oppression of the chest, resembling asthma, spasmodic cough, convulsions, hæmorrhage from various organs of the body, chills, fever, diarrhœa, dysentery, vertigo, headache, scarlet rash, together with many other forms of disease which may be known by consulting the provings.

Now each of the above-named ipecacuanha diseases has a counterpart in natural diseases, and it should cure them, if the homœopathic law be true, whenever a proper application is made. And this it will do. It has been abundantly confirmed in practice that ipecacuanha will cure nausea and vomiting,

spasmodic asthma, convulsions, hæmorrhages from internal organs, intermittent and gastric fevers. It will bring out a retarded, and restore a receded rash, when these conditions are accompanied by oppressed breathing, which threatens suffocation. It will cure certain kinds of diarrhœa, cholera, and dysentery, and that kind of vertigo which is brought on or aggravated by turning the head suddenly, and attended by sudden interruption of thought. But in all these cases the condition of success is, the drug must be used strictly in accordance with the homœopathic law.

By these few illustrations, it may be seen that there is a wide and radical difference between the materia medica of the two schools.

Having no law to guide in the choice of the remedy, the materia medica of the old school has constantly undergone varied and conflicting fortunes. Selected, as the drug is, in accordance with some theory instead of a specific law, now it commands the confidence of the profession; but, failing to meet all the expectations of the theorist, it is at length consigned to forgetfulness, being replaced by other drugs, which, in due time, share a similar fortune. A few remedies only have survived the wreck; and these have maintained their ground by virtue of their homœopathic relation to the diseases for which they are held by the old school as specific. For example, *Cinchona*, or its salt — *Quinine*, — which maintains its position as a specific in fever and ague, does so simply because it has the power of producing in the healthy organism a disease in every way similar; and the same is true of a few other remedies only.

But stimulated, perhaps, by disappointment in the workings of their materia medica, and by knowledge obtained from the homœopathic school of a more rational method of acquiring information about the properties of drugs, namely, by provings upon the healthy body, the allopathic branch of the profession have latterly entered upon, and are prosecuting with considerable zeal the work of proving drugs, mainly upon the lower order of animals. This undoubtedly is a step in the right direction. But however extensively and thoroughly this work may be carried on, upon both quadruped and biped, it can

result in no essential benefit to the sick without the law of cure to guide in the selection of the remedy.

But, with all its imperfections, it is but just to say that the allopathic materia medica has performed an important use; and he who looks upon it as useless, or as an instrument of evil only, has but a limited comprehension of its true character, and its hitherto indispensable relation to the necessities of mankind. It seems to have been adapted to that period in the progressive evolution of medical science when simple palliation was the extreme limit to which the profession had advanced in real therapeutic knowledge. Moreover, it is the work of able and self-sacrificing men, — men who, with immense labor, have laid the stepping-stones over which we, as a school, have advanced to the commanding position we now occupy, and entered a new and more fruitful field, and rejoice in the possession of a clearer light.

Another important and wide difference between the two schools is the comparative estimate in which they hold the symptoms of disease.

The allopathic branch of the profession regard symptoms as valuable only so far as they render aid in obtaining knowledge of the pathology of the disease; and even here they hold them as corroborative only of the evidence afforded by the sense of touch, sight, and hearing.

But the homœopaths regard symptoms as of the utmost importance, — not only as revealing the locality, the nature, and all that can be known of disease, but as the only sure guide to the selection of the remedy. Symptoms are the language of disease. This proposition let us briefly define: Language, in a universal sense, is the expression of interior states and conditions. The interior states and conditions of every object in nature, from the highest to the lowest, are revealed by certain signs or expressions, which may be appropriately termed language. In this sense, language is not peculiar to the human race. With the human family, language is, to a greater or less extent artificial, conventional, and varied, — made up to express the whole interior condition of the mind, both as to thoughts and affections: it varies in accordance with the ever-

changing mental and interior states of the individual man, or mankind collectively.

The language of the animal world is more circumscribed; not artificial in the same sense, but is the natural *outbirth*, or expression of the instincts and passions of the creature.

The vegetable and mineral worlds have their language, which is no less expressive, but growing in simplicity as we descend the scale.

The language of disease is not less emphatic and discriminative. It is made up of those signs or symptoms which the disease exhibits, either to the internal consciousness of the sufferer, or the cognizance of the observer: it is the way in which distressed Nature tells the story of her sufferings; and we can know nothing of the intrinsic nature, distinctive character, or locality of disease, except through their agency. As well might we expect to comprehend what is going on in the mind of a dumb or paralyzed man, — a man totally unable to speak or move, — as to understand what is going on in the interior of the human organism, either in health or disease, except through the medium of those signs or symptoms which the disease exhibits; or to understand the national characteristics of the German or French people, without first learning their language; or to understand the character of the individual German or Frenchman, without studying him through his words and acts.

While, therefore, the allopathic school gives to the symptoms of disease a very subordinate position, the homœopathic, from highly rational grounds, and from long observation and experience, holds them as of paramount importance in gaining a true knowledge of disease, and in the selection of the remedy.

Hence the great particularity with which the homœopathic physician inquires into the symptoms of disease, — a minuteness which appears, to those who do not see the groundwork, almost like affectation. But upon a minute knowledge of the symptoms of both disease and remedy depends his success at the bedside.

By taking pathology, instead of symptoms, as the guide in the selection of the remedy, mistakes may, and often do occur

in the treatment of diseases. A disease may be mistaken, and treated for a disease which differs entirely in its character from that which the physician supposes he has in hand, so prone to error is human judgment.

I cite the following case, which is entirely reliable, but is only one among thousands, as an instance in point: A physician of considerable celebrity, who relied upon the accredited and ordinary methods of his school for investigating diseases, mistook a diseased kidney for a diseased ovary, as was proved by an examination of the body after death. In this case the physician relied, for his diagnosis, mainly upon the senses of touch and sight. Seeing a prominence, and feeling a tumefaction in the right side of the lower part of the abdomen, in the region of the ovary as he supposed, he assumed that this swelling indicated a disease of that organ; and forthwith directed his treatment accordingly. But, failing to afford the expected relief, the case in due time passed into the hands of a professor of anatomy and surgery of some note, who, differing from his predecessor in his opinion of the disease, but relying upon the same method of diagnosis, pronounced it a lumbar abscess, and directed his treatment in accordance with this decision. Poultices were ordered to bring the abscess to maturity, with the view of opening it; but, while this process was going on, the patient unexpectedly passed beyond the skill of her medical attendant; and a *post mortem* examination revealed, instead of a diseased ovary, or a lumbar abscess, a diseased kidney, which the husband, who witnessed the examination, likened to a "good sized melon, with the inside thoroughly scooped out."

Now if this case had been investigated in accordance with the requirements of homœopathy, — if its history had been traced step by step from the beginning, — if the symptoms as they had exhibited themselves had been carefully collected and weighed, and their significance fully comprehended before a decision was reached, it is quite certain that such mistakes would not have happened. Or, if the homœopath had failed to locate the disease in the proper organ, or to have rightly comprehended its real character, there could have been no mistake in the

treatment, if, in the selection of the remedies, the symptoms were followed strictly in accordance with the homœopathic law.

But the critical thinker and observer doubtless queries: If there be an unfailing law for the selection of the remedy, and that law is the homœopathic, why do homœopathic physicians fail to cure all curable diseases which they are called upon to treat? The answer in general is this: In cases where failures occur, the remedies have not been properly chosen, — have not been selected and used in accordance with the homœopathic law. The law is not at fault; but the circumstances, the conditions by which it is surrounded, render the law inoperative. The difficulty, in the first place, may lie wholly with the patient. He may not have described his case intelligibly. Owing to a limited knowledge of the exact signification of words, or feeble perceptive faculties, he fails to convey to the physician a true idea of his case. When investigating the case, the physician notes the symptoms as they are given to him; and obtains, as he supposes, a true picture of the case. With this record, he goes to the materia medica for the remedy; and, when he has found what he regards as the *similimum*, — the true homœopathic remedy, — he gives it; but no good results. Here the physician has been prescribing for a case, and not THE case in hand; and of course nothing but failure could follow. In this case, the law is not at fault, the physician is not at fault; but the cause of failure lies wholly with the patient: the law has not touched the case. Here the true homœopath does not despair. He knows the law has not failed him. He sees where the difficulty lies, and sets himself patiently and diligently to the work of reviewing the case, questioning and cross-questioning the patient, and obtains a new picture, and perhaps a more correct likeness of the disease. If successful in this renewed endeavor, he finds the true remedy, and cures the case. If not, still another more critical and searching examination is instituted; and so on, till success crowns his efforts. Failures to-day and to-morrow only stimulate the true homœopath to renewed efforts; confident that, by a closer study of his cases, success must eventually crown his endeavors.

But failures may arise from a different cause. The patient may detail his case in an unexceptionable manner, — as true a likeness of the disease may be given as painter ever portrayed upon the canvas, — and still he may be disappointed in his hopes. The physician may be careless, or indolent in the study of the materia medica, and thus fail to select the remedy which the homœopathic law requires. The case may have been under treatment for months, or even for years; and in all this time a remedy homœopathically adapted to the case may never have been given.

The materia medica must be the daily, yea, the hourly study of the physician, if he would attain to any considerable degree of success at the bedside. There are no kingly prerogatives here, — no royal road to this knowledge. It can be acquired only by hard, earnest, and constant study; and he or she who is not prepared for this devotion, this sacrifice, had better turn away from the profession of medicine at the threshold.

Failures may, and sometimes do, arise from other causes, but never from insufficiency of the homœopathic law. This is as true to disease as the needle is to the pole.

Thus, gentlemen and ladies, I have endeavored to set before you the prevailing characteristics of the two dominant schools of medicine; to show you in what they agree, and in what they disagree; how far they travel along together, and at what point they diverge. And, if I have succeeded in making this plain, it must be evident to you, though the two schools harmonize in the study and acceptance of nearly all the legitimate subsidiary and collateral branches of the science, that there is a radical and irreconcilable difference between them. No mutual concessions, no compromises, can ever heal the breach, and bring the contending parties together again. Either the homœopathic branch of the profession must give up the law of cure, the certainty of which it has demonstrated and confirmed in instances innumerable, and in practice lapse into the blind mazes from which it has emerged; or the allopathic branch must go forward with the advancing current of science, cease to be led in practice by theories and speculations, and accept the law of cure as the legitimate sequence

of evolving principles in medical science, and make it henceforth the rule of practice.

Upon such grounds and no other, upon an entire surrender of the one side or the other, can the contending parties ever come together. There is no middle ground upon which they can stand.

Will the homœopathic school ever become recreant to the great trust committed to its care? Will it ever renounce the great truth that has carried it triumphantly along by the bedside of slowly wasting disease, and over fields smitten with pestilence?

Under an abiding confidence in the truth of the homœopathic law, under an oppressive sense of the necessities of millions of God's children weighed down by sickness and suffering, under a firm conviction that the law is sustained by conscientious and inflexible men, in behalf of the profession, in the interests of humanity, I answer emphatically, No! Never will the firm men who have courageously dared the reproach of their professional brethren by leaving the paths marked out by Hippocrates and Galen and trod by the profession in all the centuries since, abandon the great truth that leads them, as the star led the shepherds by night along the plains of Judea.

It is incumbent upon you, gentlemen and ladies, who constitute the first faculty of this college, to demonstrate and sustain, to the best of your ability, the great law of cure, both in your teachings and in your practice. Having accepted the position tendered you by the Boston University, the persistent effort to make this college during your connection with it all that the true friends of homœopathy desire and expect rests upon your shoulders.

In all the universally acknowledged legitimate, collateral, and subsidiary departments of medical science, such as anatomy, physiology, pathology, surgery, midwifery, chemistry, botany, etc., it is expected of you that you make this institution the equal, to say the least, of the best allopathic colleges in the country, yea, in the world; and in therapeutics, and all that pertains thereto, — the materia medica, and the way in which it should be studied and used, *immensely superior*.

Give high or low dilutions in your practice, and teach it to your classes, if you will; but remember that a wilful departure from the law of cure is a recreancy to the great trust committed to your care, for which an intelligent and discerning public, as well as the profession of which you are members, will hold you responsible.

Moreover, I would counsel you to suffer not yourselves to be deluded by the clamor of those self-styled progressive homœopaths, who are sedulously seeking some common ground upon which the two schools of medicine may stand. No alliance can be effected without a surrender on the one side, or a sacrifice of principle on the other. Hold fast, then, to principle. So shall you be honored in this life, and your memory revered when you shall have passed on to the life which is to come.

Are you, then, at the outset, sufficiently impressed with the tremendous import of the duties and responsibilities which you have consented to assume, to pledge to the work before you the best energies of your lives? If so, go on; God helping you, you will succeed.

One word in closing, in relation to the necessities of the college and the duties of the public towards it.

To make the college all that the profession desires, and the public interest demands, ampler moneyed resources are needed.

Means to assure to the several chairs of the college the ablest minds of the profession, and to provide a large and well-appointed public hospital, to which students may repair daily, to see demonstrated at the bedside the truth of the teachings to which they have been listening, are indispensable to complete success. Of course, as the number of its students is enlarged, its ability will be increased; but the revenue from this quarter, unless this college prove an exception to all others, must, for a long time, prove inadequate to such requirements. To place the former beyond a doubt, and to accomplish the latter, the college must look for aid to an interested and generous public. Shall it look in vain? No worthier, no grander object than the advancement of the healing art can claim the benefactions of the opulent or the earnest support of the philanthropist.

## SARCOGNOMY.\*

BY J. R. BUCHANAN, M.D., LOUISVILLE, KY.

THE correlations or sympathies of mind have been so little known in science heretofore that it is well said by Prof. Smith, "Lost in the windings of this maze, is there no golden thread that can lead us to the light?" May I not say it is self-evident that such a thread exists,—a clew to all the mysteries of correlation between mind and body, and that we need only the bold experimental hand and the fearless step to follow it? Prof. Smith has well divined the direction in which to seek this clue, when he says that the great nervous centres "should be studied as the mechanism of the soul. We cannot but deprecate the evolutionary materialism which everywhere seeks to explain life as only a mode of chemical action, and thought as solely a movement of nervous molecules." It is refreshing to see such expressions in a medical magazine, when at least three-fourths of our medical literature are given up to the idea that the psychic action of the great nervous centres is beyond the sphere of science, and that movements of molecules are the only things embraced in the largest scope of biology. Indeed, this purely mechanical view may fairly be recognized as the dominant philosophy of the allopathic school.

It is doubtless self-evident that whenever the true correlations of soul and body are fully known, that knowledge will speedily amplify our conceptions, and guide our investigations of the *materia medica*, by showing that each corporeal symptom should be attended by a certain corresponding psychic symptom, with certainty and regularity proportioned to the degree

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\* *To the Editor of the N. E. Medical Gazette.*‡

In seeking a subject for a communication to the GAZETTE in accordance with your friendly invitation, I have been embarrassed and delayed for some time by a consciousness that the multiplicity of correlated subjects on which I have something to say may be too intimately connected with each other to permit a brief and detailed presentation of any one that would be satisfactory either to the reader or to myself.

While thus hesitating as to the propriety of writing anything at present, I have just seen in the GAZETTE an admirable essay, by Prof. J. Heber Smith, on the "Mental Symptoms of Drugs," which indicates that a few suggestions upon the subject of Sarcognomy would be appropriate at this time.

of sympathy between soul and body in that particular case, in accordance with the general law of such correlation, and by showing that each psychic symptom has its exact corporeal analogue, for which we should look, if it has not been casually recognized.

Moreover, the different psychic states are all related to each other by certain laws of co-operation, antagonism, and sequence, which, when understood, greatly simplify the study of psychology, and give it a degree of precision and clearness which few at present suppose to be possible. This philosophic precision or clearness extends its influence and jurisdiction over the correlated physical states, and thus gives a methodical plan to the vast chaos of symptomatology, in which, when we wander without a guide, we feel a painful sense of confusion and darkness. And although we may become accustomed to that confusion and darkness which impress us so painfully at first, and wander on in the twilight as if it were a satisfactory and normal condition, we cannot become entirely unconscious of the fact that it requires enormous powers of memory and singular intuitive sagacity to master the chaos of relevant and irrelevant facts, accurate and inaccurate reports, critical and decisive or unimportant and accidental phenomena, and draw from the whole as many well-defined and reliable conclusions as medical philosophy demands.

The above propositions, in reference to the different psychic states, are not speculative suggestions, but the results of patient experimental investigations, matured thirty years ago, publicly presented in Boston, New York, and other cities, taught for ten years in a medical school, everywhere urged upon the attention of medical and scientific inquirers, everywhere freely submitted to investigation and criticism, and everywhere sanctioned by all who have fully witnessed my teaching, or repeated my experiments, including many learned committees. These experiments were repeated in 1841 by the brilliant and learned Prof. J. K. Mitchell, of Jefferson Medical College, and were investigated by the venerable and learned Prof. Charles Caldwell, of Transylvania University (founder of that most successful college, the Medical Department of Louisville Uni-

versity) ; and his approving report upon the subject would have been presented to the American Medical Association, had it not been prevented by his death twenty years ago.

That these experimental investigations established the true correlations of soul and body, constituting a systematic ANTHROPOLOGY, should have entitled them to attention ; and they would probably have received it, had I gone to Paris and entered the arena of scientific propagandism. That I have not thus undertaken the mighty task of an intellectual revolution may be culpable on my part, but is not without apology. Surely no homœopathic physician needs to be informed of the singular stolidity with which the medical profession resists any fundamental change, or the introduction of revolutionary truths or experiments. The opposition is never limited to scientific criticism, but invariably becomes slanderous, malignant, and personal, however candidly and calmly the patient investigator of Nature may offer his researches and invite examination. Those who have taken the most philosophic course for the advancement of the healing art, by thorough investigation of the materia medica, and by clinically demonstrating the practical value of their researches, are to this day denounced as fraudulent and dishonorable members of the profession, unless by especial grace and extreme politeness they are simply recognized as "visionary pretenders."

I have not deemed it pleasant or expedient to encounter this hostility, or to do much more than impart my discoveries by Buchanan's "Journal of Man," by a published "System of Anthropology;" and by lectures to my medical pupils, more than five hundred of whom have been engaged in the practice of medicine for about twenty years.

I refer to these matters merely to explain why discoveries which revolutionize philosophy are so little known in the profession, and upon what basis, and with what scientific endorsement, I propose to illustrate the correlations of mind and body. The report of my illustrative experiments by the Faculty of the Indiana State University (or rather a selection of its most important portions) was published in the Boston newspapers of Nov. 4, 1843, in which the proposition was illustrated, that

“every part of the brain has a corresponding region on the body with which it is connected in excitement.” The committee, embracing the Faculty and two physicians, mention in their report that some of the experiments were made upon themselves, and that consequently they have a very “positive knowledge” of the truth of what they report of a new science, “which renders intelligible those things in physiology, disease, and insanity, which have heretofore been entirely inexplicable.”

New ideas often require new terms: the science which explains the corporeal sympathy with psychic operations and the indications of psychic character in the body having no representative in any current word, it became necessary for me to introduce the word SARCOGNOMY, to signify that portion of Anthropology which recognizes in the development of the person and its vital processes the correlations of our psychic faculties, the probable indications of psychic character, and the reflex associations with psychic conditions, either as cause or effect.

Of course it is not practicable in this essay to give any complete view of Sarcognomy; but a statement of some of its principles will render it intelligible to the reader, and enable him to observe many illustrations of its truth in the practice of medicine and in the study of character.

The fundamental proposition is, that all the faculties or impulses of the soul are connected with the brain in a regular and definite manner; in other words, that every portion of the encephalon has a definite psychic function, and that, as the brain corresponds to the soul, so does the body correspond to the brain. Hence, as the soul governs the brain, and the brain governs the body, the subordinate is influenced or moulded by the higher power, the line of causation being generally from the superior to the inferior; but, as the three are inseparably connected during life, neither can move in any direction without to some extent carrying the other with it, and the conditions of the subordinate necessarily affect the superior. The body affects the brain, and the brain the soul; and the reciprocal action of soul and body through the brain continue throughout life, — either of the three members of this trinity

being capable, under strong excitement, of exercising an irresistible influence on the others.

These correspondences being definite, and ascertainable by experiment and pathological research, the following general statements embody some of the principal relations thus determined:—

1. The basilar regions of the brain, lying below a line running horizontally back from the supraorbital plate of the frontal bone, correspond with the lower portion of the body, from the ribs downward.

2. The superior portion of the brain corresponds to the superior part of the body, above the zone just mentioned, extending around the waist about the level of the epigastrium.

3. The superior region with its 1st, frontal (intellectual), 2d, coronal (moral or amiable), and 3d, occipital (energetic) regions, corresponds with (1) the central region of the thorax along the sternum; (2) the lateral portion of the chest, at, above, and below the mammæ; and, (3) the arms, shoulders, and back.

In consequence of these locations and others which need not be specified at present, we may affirm that all excitements in the upper portion of the person have a more pleasant, cheering, and ennobling effect than those in the lower portion.

It is in consequence of these specific locations that the most malign influences upon the brain and nervous system are exercised by the irritations of the viscera in the pelvic region, that a melancholic influence is exerted by the liver, and a cheering influence exerted by the upper portion of the lungs.

Yet, when I come to specify these sympathetic relations, I find so much explanation necessary to avoid misconceptions that I must be rather reticent until I can illustrate Sarcognomy so fully as to make it entirely intelligible.

I would merely allude to three of these sympathies, which are so conspicuous as to have attracted the attention of every physician. That portion of the coronal region of the brain which exercises loving and friendly emotions, and which, to some extent, sympathizes with the uterus, has its direct sym-

pathy with the mammæ. Hence the mammæ are the corporeal region of loving emotions.

That portion of the lateral surface of the middle lobe of the cerebrum which is the organ of excitability, anxiety, and fear has its corporeal correspondence in the heart; and, as its excitement sets the heart into violent action, so does inflammatory irritation in the heart (endocarditis or pericarditis) reacting on the brain, make itself known by the pathognomic symptom of anxiety and alarm shown in the countenance and feelings of the patient.

The sexual function and passion, which has its controlling encephalic organ in the middle lobe of the cerebellum, especially in what is sometimes called the vermiform process, has its corporeal location at and just above the junction of the lumbar vertebræ and the sacrum. Probably no observant physician has failed to meet many illustrations of this, not only in sexual excesses, but in the uterine and menstrual troubles of women.

These sympathies or illustrations of Sarcognomy are very interesting and satisfactory in the study of disease; and the innumerable other correspondences, which bring every faculty of the soul and every structure of the body into correlation, become definite, positive, and satisfactory, when studied by the experimental method.

The singular effects of *Cannabis indica* are fully explained on the principles of Sarcognomy, by its influence on the front lobe, and on the organs near the parietal arch. Opium affects the anterior part of the middle lobe of the cerebrum, its posterior superior region, and the lateral region of the front lobe. Every drug has its specific, corporeal, and cerebral tendencies.

The gloomy, morbid, debilitating, and typhoid tendencies of the abdominal region, many of which are so well counteracted by *Belladonna*, are closely connected with the anterior portion of the middle lobe. To restrain and regulate these regions by sanative agencies is the business of the physician. I propose to show, by analytical experiments upon the susceptible, the connection of the functions, and the *rationale* of those effects which are produced by drugs in relieving disease, or in aggravating its attacks.

To prevent possible misconception, I would mention now, that experiments for the investigation of our psychic and physiological constitution are not to be made according to mesmeric formula, or upon sympathetically passive persons; they should be made upon persons of the highest intelligence and integrity attainable, and in a state entirely normal and independent. My experiments before a medical committee in Boston were made upon Dr. Lane, a member of the committee.

Perhaps the question may arise to the mind of a reader who has not seen my *Outlines of Anthropology*, whether my experimental investigations as regards the psychic functions of the brain confirm the doctrines of Gall and Spurzheim, derived from cranioscopy and cerebral anatomy. To this I unhesitatingly answer, that the substance of Gall's discoveries was true; and it is quite ungenerous to depreciate their value because he did not perform the transcendent miracle of creating and bringing forth a *complete and perfect* science, like Minerva from the brain of Jove. All history may be challenged to produce his equal; for he may be said to have created the anatomy of the brain and the science of the mind. His anatomical discoveries have been studiously neglected by the majority of writers who are following in the road he opened, and the treatment of Gall by the Emperors of Austria and France and the leaders of the medical profession in England can only be compared to the treatment of Hahnemann by his contemporaries.

Gall, as a simple naturalist or observer of facts, knew but little of psychology, and his ideas of mental philosophy were very meagre. Nevertheless he laid the true foundation of mental science, contributing great and incontestable facts,—the rough Cyclopean blocks upon which his successors must build. Who could have made fewer errors in so grand a work?

Gall discovered the sexual function in the cerebellum. That discovery is not dishonored by the fact that he supposed it to occupy the whole cerebellum, and that he did not discover the other functions. He knew nothing of the functions of the basilar surface of the brain, for it was not accessible to his method of exploration. He fell into several errors, also, in reference to the middle lobe and portions of the occiput; and

indeed he had no philosophy, nothing but the great law of mental manifestation through the brain, and a mass of important but frequently inaccurate facts for its illustration. He knew very little indeed of the relations of the brain to the body, or the relations of the organs to each other. Nevertheless, his labors made a new era, and rendered Anthropology a possible science, — a science destined to revolutionize mental philosophy, to give philosophy to medical science, and to guide us in perfecting our sociology.

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## CLINICAL MEDICINE.

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### THUYA IN ILEUS.

*Translated from Bönninghausen's Aphorisms of Hippocrates.*

THE friendly reader will pardon us, if we take this occasion to speak of ourselves and of our teacher and friend Hahnemann, whose memory we ever cherish. It was near the end of March, 1833, when we were ourselves attacked by this disease [ileus], the seat of the peculiarly painful affection being the right hypogastrium; the duration, fourteen days. Four homœopathic physicians, — of whom our revered friend Dr. Aegidi, at that time physician to the Princess of Friedrich, in Düsseldorf, alone lives to testify to the truth of this statement, — were kind enough to hasten to our assistance, and to consult together; but in vain. Not until the middle of the fourteenth night, suffering untold agony, had we the good fortune to find the right remedy, one which had not been previously used in this malady. This remedy was *Thuya*, to which the following circumstance especially called our attention: that only the uncovered parts of the body were bathed in perspiration, and that profuse, while the covered parts were dry and warm. This symptom belongs only to *Thuya*, and had been overlooked even by Wolff. One pellet of *Thuya*<sup>30</sup> brought alleviation of the pain in five minutes, and in ten minutes a copious stool. We immediately fell into a refreshing slumber,

from which we awoke on the following morning, feeling like a new man.

We were just enjoying a hearty breakfast, as our four friends, full of joy and astonishment, entered the room. They were still more amazed, when we gave them the name of the successful remedy. Shortly after this, we communicated the whole circumstance to our revered Hahnemann, but received no answer until April 28, 1833; because he himself, in consequence of anger, had suffered, from the 3d to the 24th of April, from a dangerous suffocative catarrh, which had nearly proved fatal. In this answer, now lying before us, six pages long, are the following words, as though given by inspiration: "Were I to give further advice with reference to establishing healthy action in your intestines, I would call your attention to *Conium* and *Lycopodium*, as well as daily walks in the open air. How glorious that you should have rendered justice to the wide scope and usefulness of *Thuya*, by your own example!" And how wonderfully did this counsel correspond with what had already occurred; for this course had been literally pursued before his advice reached us. For, two days after we sent our letter to Hahnemann, on account of a change in the symptoms we took *Conium*, and on the evening before the receipt of his answer, *Lycopodium*; and we took, beside these two remedies, no other medicine whatever: and indeed we needed no other, because every trace of the ileus had disappeared. Up to this hour, nothing of the difficulty has returned. Such an occurrence proves, as it appears to us, something more, than the most intimate knowledge of the course of a comparatively rare disease, and of the individual power of certain medicines; it justifies also the supposition of an especial inspiration, — one indeed of such a nature that the sagacious founder of homœopathy was led by it to recognize such things as gold, common salt, sepia, silica, lycopodium, and others, not only as true medicines, but also by means of his unsurpassed provings to demonstrate them to be among the most effectual and the most indispensable. We believe that the whole history of medicine contains no single instance which can be placed near this in point of its remarkable nature, or excel it in its wondrous significance.

## HYDRASTIS IN ERYSIPELAS.

BY D. G. WOODVINE, M. D., BOSTON.

## CASE I.

DEC. 12, 1866. — Miss R. was taken with erysipelas erratica. When I was called, I found her with the following symptoms: Chills passing down the back, followed by a burning fever; pulse 110; headache in the supraorbital region, and a most excruciating pain in the lumbar region; face red, with left side of the nose swollen; great tenderness of the cervical glands. Urine very high-colored; specific gravity, 1025. I prescribed, until the 19th, *Acon.*, *Bell.*, *Rhus*, *Puls.*, and *Apis*, as they were indicated.

Dec. 19. — The symptoms up to this time had steadily increased in severity. The nose, face, right ear, and scalp were all involved in the inflammation. The right eye is closed. The pain in the lumbar region seems almost unbearable. She groans at every breath. She is extremely restless; the least noise disturbs her; pulse 120. Her friends are very anxious about her. It was with this vivid picture before my mind, while reading Hale's remarks on Dr. Wilkinson's use of *Hydrastis* and *Veratrum* in variola, and of Dr. E. B. Warren's use of *Hydrastis* in erysipelas, and of the effect produced upon Dr. Burt in his proving of it, that I resolved to try the tincture, diluted with cold water. I put six drops of the mother tincture into a tumbler half full of cold water, and ordered a teaspoonful to be given once an hour, until there should be improvement or aggravation of the symptoms. I also ordered a tablespoonful of the mother tincture to be put in a pint of cold water, and cloths wet in it to be placed upon the parts affected, and to be changed every half hour. Her symptoms at this time were: pulse 120 and strong; the face and head very much swollen; no passage of urine for twenty-four hours; extreme pain in the lumbar region; delirium.

The effect of the *Hydrastis* was truly wonderful. In about four hours the pulse was reduced to 80, and the swelling rapidly disappeared. When the erysipelas attacked a new place, the application of *Hydrastis* arrested its progress almost imme-

diately. This was all the treatment used until the 25th, when she was dismissed.

#### CASE II.

Dec. 19, 1867. — Was called to see Mr. T. H., sick with erysipelas of the face. The left cheek was very much swollen; the left eye closed. He has chills, with flashes of heat; pulse 100, full and strong. He complains of a great deal of pain and burning. Prescribed *Hydrastis* internally and externally, as in the case of Miss R.

Dec. 20. — He is no worse; but the symptoms remain about the same. Continue the same treatment.

Dec. 21. — The symptoms are improving. There is less burning and pain. Continue the same treatment.

Dec. 22. — The case is improving rapidly. The swelling is very much reduced, and there is not much pain.

Dec. 23. — He is convalescent. I shall not see him again.

#### CASE III.

Dec. 17, 1868. — Mrs. M—— was taken with erysipelas of the lower extremities. She had the symptoms attending an ordinary attack; and the usual remedies were prescribed without apparent benefit.

Dec. 19. — I prescribed *Hydrastis* internally, and applied a dilution of it externally.

Dec. 21. — There is marked improvement. The swelling is much reduced, and the pain less.

Dec. 23. — The patient is worse, in consequence of imprudence in diet. Prescribed *Puls.* and *Hydrastis* alternately.

Dec. 24. — She is much better. Continue the *Hydrastis*. With no further treatment, she made a speedy recovery.

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#### TRAUMATIC TETANUS.

BY THOMAS CONANT, M.D., GLOUCESTER, MASS.

On the 4th of July last, a robust boy, three years of age, fell upon a sharp stone, cutting a gash an inch long on the right side of his forehead. On the 13th he began to experience a difficulty in swallowing, with stiffness of the muscles of the neck and jaw. These symptoms continued with increasing severity for

two days, when I was called up in the night by the father, who said that the boy had "choking fits." I sent some *Belladonna*.

I called the next day, and found the boy in the following condition: jaw rigidly closed; the head constantly thrown backward. At intervals of from half an hour to an hour, violent painful paroxysms would occur, during which the whole body was thrown into spasm. The limbs were extended, the hands and feet being drawn inwards,—that is towards the thumbs and great toes. The head and trunk bent backward like a bow, the muscles of the chest rigid, impeding respiration to a degree that caused the face to become purple, the intellect remaining clear. There was also, between the paroxysms, a harassing cough, which closely resembled a sneeze, owing to a spasmodic closure of the lips coming on with each attempt to cough. Almost any peripheral irritation—swallowing fluids, attempts to pry open the mouth, or moving the patient—would induce spasmodic action of the muscles of the face and upper part of the body, and, if long continued, would bring on violent contractions, involving the whole muscular system. The wound had scarcely healed any, and was filled with a black slough.

I did not entertain a very favorable prognosis, and concluded to give *Nux vomica* a clear field for action; for, as Da Costa says, "the symptoms of strychnia poisoning are almost identical with those of tetanus." And, as it is primarily homœopathic, I gave the 30th potency. For the next two days there was not much improvement; but, on the following day, there were longer intervals between the paroxysms, and the patient seemed rather more comfortable.

From this time the case improved steadily. The wound assumed a healthy appearance, and healed naturally. But for ten days the head was constantly thrown back, the jaw almost immovable, merely allowing a thin spoon-handle to be passed between the teeth; a general spasm might at any time be induced by much movement of the body, especially if the boy's obstinate will was at the same time opposed. On the 30th of July I left the patient cured, having used no remedy but *Nux*<sup>30</sup>, after the few doses of *Bell.*, given the night previous to my seeing the case.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, JANUARY, 1874.

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A YEAR ago THE GAZETTE inaugurated the experiment of a distributed editorship. Our music was not to be furnished alone by the choir, but there was, so to say, to be congregational singing, — medical notes in which the whole fraternity and sisterhood could join. In fulfilment of this plan, DR. I. T. TALBOT, as general editor, has added another year to his support of THE GAZETTE. To DR. TALBOT our journal owes so much, both of its past and present life, that we cannot justly omit to express here our appreciation of his eminent industry and skill. His multiplied cares have at last compelled him to resign the general editorship; but we have no reason to fear that he will forget THE GAZETTE.

As announced in the Prospectus, THE GAZETTE continues practically to be conducted as during the past year. The list of names of the associate editors for 1873 will be seen to include nearly all of the present Faculty of the Boston University School of Medicine. To be thus united in our interests with those of the college, securing the responsible and active assistance of its professors, is a matter for congratulation; but we are also exceedingly desirous to add to our working corps many whose distant residence or previous appointments have prevented them from taking an active part in the conduct of the Medical School. Others are urgently called upon to contribute to our columns. The General Editor will be pardoned for incessantly asking attention to the request of our Prospectus, — for material (essays, cases, personals, and items) from all our friends, in order that we may have the means for publishing an abundance of original matter of the best quality.

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SARCOGNOMY. — Bearing upon Prof. Buchanan's teachings are found in the actions of medicines many undoubted facts, and not a few hypotheses, gradually becoming confirmed. Bönninghausen's tables, comparing the relative importance of many remedies *according to the sides of the body*, are thought by many to be of great practical value. This is independent of the consideration that certain organs lie more upon one side than the other, so that those remedies which act upon the heart may affect also the whole left side of the body. But aside from

such considerations it is clinically true, — and by some the fact is held to be of no difficult explanation upon physiological grounds. — that certain remedies exert their influence solely, or in a great degree, upon one ovary, eye, limb, side of the chest, back, head, etc., rather than the other. We are constantly finding new proof also of special medicinal correlations between the upper left and lower right sides (and *vice versa*), and the passing of medical as well as natural diseases from one side to the other; while conflicting opinions are given as to the curative action of medicines from side to side. How far we shall be able to confirm other curious hints which may, after study, become of practical use, it is not easy to say. Dr. Hering has said something upon these points. And it will be seen that many of them are suggested by the doctrines of Swedenborg. It is maintained that the right side is affected especially by the north pole of the magnet (*Magn. arct.* medicinally employed); while the left is acted on by the south pole (*Magn. aust.*) Some contend that in practice the positive (north) pole affects only the right side of the male (the more positive) organism; others draw a distinction between external and internal parts of the opposite sides. Do drugs and other agents which act upon the left portion of the chest, in the region of the heart, have also special control over the emotions and affectional impulses? Also is Swedenborg (who is a close observer) medically correct in the declaration, that the hemispheres of the brain, the two lungs, two sides of the heart, with its two classes of blood-vessels in their distribution throughout the body, the two hands, feet, eyes, ears, and nostrils, etc. etc., have their distinct relations to the emotional (especially the affectional) and intellectual sides respectively?

Distinctions have been drawn between the front and back parts of each region; for instance, others beside phrenologists have considered the cerebrum as the seat of the intellectual functions, and the cerebellum that of the passional or physical; and this last is maintained by many to “correspond” with the left side of the chest in its medicinal indications.

Charts, like those of Dr. Gregg of Buffalo, indicating the directions of pains, etc., in internal parts, may become a convenient mode of guidance in the selection of remedies.

A full study of the actions of remedies from without inward, from within outward, from below upward, from above downward, in their separate effects on each organ and viscus, the primary seat of action, and earlier and later direction, would certainly be sufficiently complicated and formidable to confound those who affect to consider the mastery of our system to be the mere possession of “a little book and a box.”

To indulge in unpractical speculations may yet become a fault of our school; but we may safely consider Prof. Buchanan's field as one of great importance. He has shown much thought and great originality, not only in relation to the subject of his article in the foregoing pages, but in many others which his investigations have served to elucidate. His lectures, announced to be delivered during the present month before the School of Medicine of the Boston University, will therefore be of great interest, not only to the undergraduate student, but also to the educated physician. We are promised other articles from Prof. Buchanan's pen.

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"POISONOUS HOMŒOPATHIC PREPARATIONS." — Under this heading, *The Lancet* comments as follows on alleged cases of poisoning with so-called homœopathic preparations: "What would Hahnemann say if he could witness such things done in his name? He would not be satisfied with mere adhesion to the *similia similibus curantur*. He believed in the dilution of drugs; his successors in their concentration."

By paragraphs like the above, which are incessantly printed by the members of The Unwieldy School to show an amusing lack of versatility in their mode of attack, we are reminded of three things, —

The statements are usually lies.

If a "homœopath" gives a round allopathic dose, the patient is apt to die. (If he dies from the same dose given by the physician of the old school, the death is attributed to disease.)

Honesty is the basis of respect; so that nothing can injure us so much as the administration of powerful drugs under pretence of still giving the minute dose. While we believe Hahnemann's final teachings concerning the dose to have been no less earnest than his doctrine of The Similars, — that there must be at least a degree of potentization, — we cannot justly censure those who use, without concealment, in the distressing operations of surgery, or in the last stages of mortal disease, such means as may shorten intense pain, when we can hope for nothing from our science.

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UNDER the guise of a correspondent, PESTLE, the editors of *The Boston Medical and Surgical Journal* insert a note entitled "Medical Mules," which any pure-minded man, of whatever medical school, must condemn; because it is simply obscene and indecent. Had the editors sufficient wisdom, they would see that just such articles help us to positions of professional honor and trust.

AMERICAN PUBLIC HEALTH ASSOCIATION. — That form of gratitude which holds no large element of love is due from our school to yet another medical body. The action of the American Public Health Association, at its convention held lately in New York, in excluding from membership Drs. Verdi and Bliss, elicited such general censure from the press, both East and West, that we need only quote from the indignant comments of a few leading journals, to show the drift of public sentiment which thus frankly and instantly condemns the intolerance of our foes.

Recently there assembled in the city of New York a convention known as the American Public Health Association. From its objects, the usefulness of such a body is apparent; and the great good it could accomplish, if its efforts were directed in the right channel, would be marvellous. It appears from the proceedings, however, that great and learned men may belittle and place themselves, for trivial causes, in a ridiculous attitude before the public. — *Washington Daily Chronicle*. Two of the most prominent physicians of Washington, one of whom is known the country over, were refused admission upon report of the Committee on Membership. — *Albany Evening Times*. The names thus refused were those of DR. VERDI, a homœopathic physician of repute, member of the Health Board of the District of Columbia, and recently appointed by the President of the United States as Special Sanitary Commissioner to visit European cities; and DR. BLISS, an allopath, who was under a cloud for the horrible offence of having consulted with another allopath, who had in turn consulted with a homœopath! — *Utica Daily Observer*. We do not see the justice of making county, State, or national societies exclusively allopathic or homœopathic. The homœopaths are becoming more and more appreciated; and there is no doubt that public opinion will force the old school to acknowledge the new as brethren in the science of medicine. Men of the finest intellect, the most thorough culture, and most profound acquirements can be found among the believers in homœopathy; and it is mere dogmatism to denounce them as impostors. — *Chronicle*. The manly way in which Dr. Cox, the President of the Health Association, protested against such a cowardly, unprofessional way of doing business shows that he at least did not share the bigotries of the gentleman who moved for his (Dr. Cox's) expulsion, or those who raised the hue and cry against his inquiry. The association may assemble from year to year, its members discourse learnedly upon sanitary measures, read long dissertations on the science of medicine, laws of health, and the beneficial results to be derived from a perfect knowledge of such laws; but, the moment they attempt to confine the work of humanity to a particular class or school of medicine, they are acting like schoolboys, and bad ones at that. Such petty prejudices in men of supposed sound sense and erudition are lamentable, and indicate extreme ignorance, bigotry, and dotage. — *St. Louis Democrat*. It pleases us to observe, that the press in the East have taken up the question, and are denouncing the petty spirit which seems to have animated the advocates of the policy of exclusion.

We extract the following from the resolutions presented by a committee appointed to report at a meeting of the *Homœopathic Medical Society of Albany County* (N. Y.), held at the City Hospital, Dec. 9, 1873 : —

WHEREAS, Dr. T. S. Verdi, a graduate in medicine, holding diplomas from various medical colleges, and a practitioner in good and regular standing, has been duly appointed a member of the Board of Health of the District of Columbia by the President of the United States, and confirmed by the Senate of the United States ; and —

WHEREAS, Dr. Verdi, in the performance of said official functions, has exhibited, in his recent mission to European cities, unusual ability ; and has been proposed for a member of the American Sanitary Association ; and —

WHEREAS, Said association, at its annual convention held in New York from the 12th to the 15th of November, 1873, declined to elect Dr. Verdi a member for no cause except adherence to homœopathy in his private medical practice ; therefore —

*Resolved*, That the American Health Association, in refusing membership to two officers of the Board of Health of the District of Columbia, appointed thereto by the President, and confirmed by the Senate of the United States, as proposed by Dr. Cox, President of said Board of Health, has by that act subverted the very object of that organization, viz. the advancement of sanitary reform for the benefit of the people.

*Resolved*, That Drs. T. S. Verdi and D. W. Bliss, being both federal officers, exercising the prerogatives of their office for the people of the District of Columbia, the proscription from the Public Health Association is an insult to the President of the United States, the Governor and people of the District of Columbia.

*Resolved*, That this Society, as the representative of a large and respectable class of scientific medical practitioners, repels the insult offered to the school of medicine to which it adheres, and calls upon all just and fair men to condemn the course of this association.

*Resolved*, That the Homœopathic Medical Society of Albany County tenders its thanks to Dr. C. C. Cox for his manly defence of the rights of men before the American Public Health Association, and for his scathing denunciation of partisanship and sectarianism.

The action of Dr. Vanderpool, the Health Officer of the Port of New York, has been such in this matter as to forfeit any claim on his part to a public position in which he might treat us with injustice ; and, without doubt, a reckoning day will come, and that soon, as in the case of Van Aernam. A petition has been largely signed, and presented to Governor Dix, requesting the removal of Dr. Vanderpool.

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THE BROOKLYN (N. Y.) HOMŒOPATHIC MATERNITY has done a good work during the past year ; and the institution gives fair promise of

future usefulness. In the last report of this establishment, we observe that there will be, in connection with the maternity, a department for the training of nurses. The adequate training of nurses for their duties is a matter of so great importance that we should regard with much satisfaction every judicious effort in this direction.

N. Y. STATE HOM. MED. SOC. — The twenty-third annual session of the New York State Homœopathic Medical Society will be held in the City Hall at Albany, Tuesday and Wednesday, Feb. 10 and 11, 1874. The annual address will be delivered by T. F. Allen, M. D., of New York City. Delegates from the several county societies are specially requested to be in attendance. Full reports are expected from the bureaus; special notice of subjects will be hereafter announced.

FRANK L. VINCENT,  
*Recording Secretary.*

## BOSTON UNIVERSITY SCHOOL OF MEDICINE.

### APPEAL IN AID OF A MEDICAL LIBRARY.

The Medical Library of Boston University has received essential aid in its beginning by the gift of several hundred volumes from the Massachusetts Homœopathic Medical Society. This forms a nucleus, around which we hope to gather a large and valuable library for the use of the students, and also for the benefit of physicians.

Authors, publishers, and members of the profession are urgently solicited to contribute such books, periodicals, etc., as shall be of practical value to students seeking a thorough medical education, and such as may be important as works of reference. In every case, the donors will be duly credited.

Contributions may be sent to the Medical Department of Boston University, East Concord St., directed to

D. G. WOODVINE, M.D.,  
*Librarian.*

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*\*\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M.D., Secretary.*

OCT. 22, 1873. — HYDROCEPHALUS. — Dr. T. S. Scales said that he had chosen this subject, for the reason that he had lately lost two lingering cases, with effusion into the ventricles. He had intended to give the subject thorough investigation, and to write a paper; but he had

been prevented by lack of time. Most of the young children he loses die from dropsical effusion into the brain, often during dentition, with more or less of paralytic symptoms. Indeed, if we watch such cases closely, we shall find more paralysis than we previously had any idea of.

Dr. J. H. Smith. — Prof. Raue used to say that he never knew a patient to recover who had pus in the corner of the eye; and I, myself, have found it so. Another bad symptom is, a cranberry-like redness of the palmar surface, often connected with the raising of the leg in bed. One of my patients lived five months after this symptom, but then died.

Dr. Sanders. — I have had about thirty cases, — as many as any one else in my term of practice. The great majority of them, of course, died. One child, who had been sick for five weeks under allopathic treatment, was so low when I was first called that I thought he must die before morning. *Arsenicum* was prescribed. For a week he lay perfectly motionless. At the end of this time, his hand went up to the head; and in three months he could go through a few other motions, and began to talk a little; then his feet and legs became œdematous, and the dropsy lasted six months. It was a whole year before he walked. Most of my patients have been ill-nourished, — fully two-thirds of them, — with large heads, dentition late. The disease is a common sequel to cholera infantum among the poorer children. Whether the cholera infantum is idiopathic, or symptomatic, it is hard to say. Probably in many cases the cause is in the brain.

Dr. Carruthers reported the case of a little girl whom he had treated successfully last summer for cholera infantum. One day, while she was convalescing, the servant took her to ride in the hot sun; at night her face puffed out, and brain symptoms set in. There had been a tendency to brain trouble before. She lived four days.

Dr. Sanders stated that the discharges in that form of cholera infantum which is liable to be followed by brain symptoms are tar-like, or a waxy green.

Dr. Chase remarked that an effusion into the brain is generally the result of a tuberculous deposit on the meninges, the deposit occurring also in the mesentery, lungs, and other organs. It generally takes place in a patient who is of a strumous diathesis, one whose blood has become impoverished. They almost always die.

Dr. Woodbury stated, in addition to Dr. Chase's remarks, that, when the blood is in such a poor condition, it is no wonder that the brain, which is the largest organ in the body, and which is unusually taxed by dentition and by exhausting discharges, should break down. "Soothing syrups," which are now used so commonly by mothers, have a great deal to answer for in causing and aggravating brain troubles. A patient of his had been taken into the country, and died under allopathic treatment. The allopathic physician afterwards told him privately that he might have escaped censure by giving opium. Then the disease, in popular parlance, would have gone to the brain, and been impossible to cure. Dr. Epps, of London, thought he could remove the predisposition to hydrocephalus by giving *Calcarea carb.* to a pregnant woman, whose previous children had been affected with the disease.

Dr. Spalding attended, three years ago, a child four months old, with cholera infantum. Ten days afterwards brain symptoms manifested themselves; and the child grew rapidly worse for two or three days. It became wholly unconscious, with pupils insensible to light. It vomited, if given more than a teaspoonful at a time. There was so much pressure on the brain that the sutures and fontanelles were elevated instead of being depressed,—so much so, indeed, as to be observed across the room. The *ice pack* was used, also *Opium* and *Hyoscyamus*. The last was particularly indicated by rapid contraction of pupils independently of light. The child got well,—really a wonderful recovery. Dr. Spalding has found *pop-corn tea*, with sugar and a little cream, very serviceable in stopping the vomiting of cholera morbus, and as a nutriment. It is an old-fashioned remedy that he learned from his mother.

Dr. Chase remembered a symptom given by old Dr. Ware in one of his lectures. If a little child suddenly leaves off playing, and turns to the right or left with staring eyes, and begins to cry, especially if the bowels are constipated, keep a sharp look out; hydrocephalus is not inevitable, but much to be feared.

Dr. Woodbury reported the case of a child, eighteen months old, who was taken with cholera infantum. After four or five days, numerous convulsions came on. The extremities became very cold. For forty days, it lay entirely unconscious. The eyes were filled with a mucous exudation. It could swallow; and the bowels moved. These were the only signs of life. Finally it got well; but ever since that time (twelve years ago) it has been idiotic; before, it was quite precocious. In order to support life, it was necessary to give brandy in enormous quantities, even one bottle in forty-eight hours. The moment wine whey or beef tea was substituted, signs of sinking appeared. The remedies used were *Helleb.*, *Iodine*, and *Zinc*. The head is now under the normal size.

Nov. 13, 1873. — Dr. Chase read a paper on Hydrocephalus. After the paper, he remarked that there are several diseases, simulating the commencement of hydrocephalus, which are liable to deceive us,—such as abscess in the ear, neuralgia of the facial nerve, etc. In hydrocephalus, the head is hot; but the heat is not pungent. He gives for the purpose of warding off a suspected attack *Opium*<sup>6</sup>, *Digitalis*<sup>3</sup>, or a high potency of *Calcareæ carb.* or *Phosphorus*. The best authorities consider the disease really dependent on a deposit of tubercles; and that, if the genuine disease is once really settled, no skill can cure it. If the child gets well, the recovery is to be attributed to good luck.

Dr. Underwood had one successful case,—a child ten or eleven years old whose brother and sister had died of the disease.

Dr. T. S. Scales has had a number of cases. He often prescribes *Calcareæ* and *Phosphorus*. The head of his son, nine years old, is now one size larger than his own. When two years old, after vomiting and other brain symptoms, in three weeks' time the head filled out to almost its present size. He called it hydrocephalus.

Dr. Packard, three years ago, attended a child affected with the

disease. It was paralyzed on one side ; blind ; also, deaf and dumb. After he had told the family, one morning, that it could not get well, it began to improve, and actually recovered. He remembered Dr. Angell's telling him of a similar case. He had informed the mother that there was no need of his coming again, as her little girl must die. Four years afterwards, he went to the same house, to see another member of the family, and referred to the loss of her child, when the resurrected daughter came bounding into the room with the rosiest of cheeks. A year and a half ago, Dr. P. was called to see a child, seven months old, whose head measured twenty-two inches. He has measured it again to-day, and finds it the same size. The child will probably get well. He has never given any particular treatment for the head, except when he was first called.

Dr. Talbot had two or three times erroneously inferred the beginning of hydrocephalus from such symptoms as the following : fractiousness, crying, fever, dilated pupils, almost unconsciousness. They all pointed to brain trouble ; and all were suddenly relieved by a discharge from the ear. In this connection, there are to be recognized three distinct brain troubles, according to many authorities : 1, pure hydrocephalus ; 2, meningitis ; 3, tuberculous meningitis, with or without effusion. There is some kind of analogy between diseases of the head, and diseases of the chest. As we may have hydrothorax without pleuritis, so we may have true hydrocephalus attended with very little inflammation. He recollected two cases of meningitis, simulating hydrocephalus, occurring in two overworked school-children, both at the North End, living near each other. One lay on an ice pillow unconscious for eighteen days ; the other, for twenty-four days. One recovered her ordinary health in six weeks ; the other, a bright girl of seven years, lost all power of speech, and was confined to the house six months. He did not consider the disease incurable. Fifteen years ago, Dr. Fuller attended a boy, now in very good health, whom two allopathic physicians had given up. He remained unconscious until the tenth day after he first saw him, being the twenty-fourth day of the disease. Under *Cuprum acet.*, he made a good recovery.

Dr. Holt had just been attending a child affected with an effusion, but without enlargement of the head. It had vomited everything for a week. Three or four days afterwards, it died, in an unconscious condition, with dilated pupils.

Dr. Mercy B. Jackson had treated seven cases of hydrocephalus, of which five recovered, and two died ; and these two, she was inclined to think, were not cases of simple hydrocephalus, but also of softening of the brain. One patient, a child, five weeks old, was attended by the physician who had presided at its birth. The sutures were all open, and the fontanelles were raised up an inch from the skull. The prescription was two pellets of *Bell.*<sup>900</sup> (Jenichen) in eight teaspoonfuls of water, a teaspoonful every three hours. Next morning the membrane of the fontanelle was less tense : there were no more convulsions ; and in ten days the sutures were joined together. Two years afterwards she was sent for to see a child a week old, apparently

idiotic, and with certain evidence of water on the brain. The head was considerably enlarged, with pupils dilated. The recovery, under *Bell*.<sup>900</sup>, was good. The patient is now in a store in Boston.

Dr. Krebs had been misunderstood in a remark made at a previous meeting on the subject of potency. He did not state that Dr. Holcombe prefers the low because he has never used the high; but because he is probably more familiar with the use of the low. Not knowing what his custom is, of course he could make no positive assertion.

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### COMMITTEE ON MEDICAL COLLEGE.

*Report to the Massachusetts Homœopathic Medical Society, October 8, 1873.*

THIS Committee, appointed one year ago, to whom was intrusted full power in organizing and establishing a Homœopathic Medical College, report that they have completed their work. At the last annual meeting of this Society, they made a partial report, asked further instructions, and have since acted in accordance therewith. The new school has been established in connection with the Boston University, an institution of the broadest and most extensive scope, which has been largely endowed, and which is sustained by a large circle of friends. It will be known as the Boston University School of Medicine. Its corps of professors are nearly all members of this Society; and its teachings will be thoroughly in sympathy therewith.

Now, for the first time, the members of this Society can send their students to a medical school in New England where they will receive what we believe to be advanced and correct medical instruction, without the sneers and scoffs and derision which the professors in the dominant medical schools have seen fit to bestow upon homœopathy in times past. The advantages of being associated with and receiving the diploma of a well-known university are of the highest importance to students; and already congratulations have been received from the profession in various parts of the country, that here in Boston, for the first time in the history of medicine, a fully-equipped homœopathic medical college forms an integral portion of a University. This is progress for which, a few years ago, we could have hardly dared to hope.

At the last meeting of this Society, the Committee had reached the point when it became necessary to nominate to the Trustees of the University a medical faculty. They requested instructions from this Society as to how this should be done. The Society, by a unanimous vote, instructed the Committee to perform this work. Unwilling still to do this without the advice of their fellow-physicians, they called a meeting of the Boston Homœopathic Medical Society to consult and advise in relation to this subject. At a very full meeting, nominations were made for all the various chairs, and the qualifications of the nominees were presented. These were carefully considered by the Committee, the Faculty selected, and the report again made to the same Society, by whom the nominations were unanimously approved.

The Faculty thus selected was cordially approved and appointed by the Trustees of Boston University. The Faculty has organized and arranged its work; and the first session of this school will commence on Wednesday, November 5th, and continue sixteen weeks.

The commencement of this school is peculiarly fortunate. Occupying as we do a liberal position in medicine, it was the original intention of the Committee to establish a school open to females as well as males. A medical school for the education of women had been in existence in Boston for a quarter of a century. It had struggled on under the most adverse circumstances, sustaining itself and gradually accumulating property, until it had acquired a building on a large and valuable lot, and other real estate. But the death of the founder, Dr. Samuel Gregory, left the institution in debt, and took away the strong hand which had reared and sustained it. The debt was rapidly increasing; and, unless some aid could be extended, the efforts of a quarter of a century would soon come to naught. Although the school had never been homœopathic in its teachings, yet many of its strongest supporters were of that faith, and twelve of its fifteen Trustees were found to be believers in homœopathy. As the school was originally designed to give to women a medical education, without being confined to any particular theory, there could be no perversion of the trust committed to its guardians in placing it under homœopathic auspices, if thereby it could not only be saved from ruin, but made far more efficient and valuable in its legitimate work. Accordingly it was offered to the Boston University, on condition that it would pay the debts and fulfil the object of its charter.

It was thought that an enabling act from the Legislature was needed to allow these two corporations to unite; and it was purposed to obtain this at the last session of the General Court. But, as the application was not presented until the time for introducing new business had expired, it was necessarily postponed until the next session. It is found, however, that no legislative action is absolutely necessary to unite the corporations; and this has already been practically done. The new school thus formed commences under most favorable auspices, with the prospect of having one of the largest classes ever present at the first session of any medical school. While the Society may congratulate itself and the profession upon this measure of success, it seems to your Committee that the work and the responsibility are not ended. The school is perhaps already established on a better basis than any other similar institution in this country has ever been at the outset; yet there is an opportunity of doing far more for it, and of placing it in a better position pecuniarily than any other medical school. Nearly all of these are without any endowment, or one of a very meagre amount. They are therefore dependent for their support either on the tuition-fees of its pupils, or, what is sometimes more precarious, the will or possibly the political complexion of a State legislature.

The wants and necessities of medical institutions are very great; and, to meet them, there should be a large permanent fund. Already a considerable amount has been secured for this school. But this should be very largely increased; and the work can be easily accomplished

by the earnest, united, and persistent effort of the members of this Society. There is nothing which can so increase our numbers and strengthen our cause as an institution which can yearly give us a full class of well-educated physicians. Now there is no charity to which we should more liberally subscribe than to an institution which shall enable our sons and our successors to obtain a better education than we have received. There is scarcely a member of this Society who could not, at least in the course of a few years, contribute *one thousand dollars* for such an object; while there are those of our number who could give ten times that amount. Then, too, there are thousands of individuals in the community whose lives—or lives dearer than their own—have been saved to them by the blessing of homœopathy. Such persons would contribute cheerfully, and oftentimes generously, by the mere asking. Now, ought we, can we, suffer this golden opportunity to pass? Let every member feel that he has a duty to perform, and rest not until he has done it.

There are other ways in which this Society and its members may assist in this important undertaking. A library is to be made up, to which every member may contribute something. A museum must be established, and its shelves filled with all the needed illustrations for study and instruction. Important and unusual cases for study and observation should be sent to its clinics.

Your Committee feel that they have accomplished the work assigned them in much less time than they anticipated. And, in presenting their report, they wish again to remind every member of the Society of the duties and obligations which this new success imposes upon them.

It is not enough that this Society has taken the initiative, and, now that the College is well established, leave it to work out its own destiny. There can be little doubt as to its ultimate success; but that success will be measured, to some extent, by the hearty interest which this Society and the friends of the College, outside as well as inside its walls, feel in its prosperity. Year by year the connection between the College and the Society should become more and more intimate. Through its Committee, the Society, like a kind and solicitous parent, should be kept constantly informed of the progress of the College, and should seek to strengthen and support an institution which, from its very nature, will in return strengthen and support this Society.

Respectfully submitted.

I. T. TALBOT, *for the Committee.*

The Faculty of the Boston University School of Medicine have unanimously decided to have a summer session of the School for daily recitations,—reading and study. It will commence on Monday, March 16, and continue fifteen weeks, to Saturday, June 27, without additional tuition fees.

RHODE ISLAND.—We hope to give in our next the results of a homœopathic meeting called to meet in Providence, January 2, 1874. Rhode Island is the only State in New England which has no State Homœopathic Society. Though least in area, she is not least in energy and ability. We expect more from her in future.

## REVIEWS AND NOTICES OF BOOKS.

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

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PRINCIPLES AND PRACTICE OF MEDICINE. By Austin Flint, M.D.  
Fourth edition, carefully revised. Philadelphia: Henry C. Lea.  
Pp. 1070, octavo.

To keep the vast subject of disease within the scope of one volume, Dr. Flint has referred the student to special works on dermatology, syphilography, gynæcology, infantile diseases, surgery, etc. The special pathology, or consideration of individual diseases, is preceded by a general pathology, with chapters on etiology, symptomatology, prophylaxis and general treatment. Each special disease has of course its "treatment." But it would surprise one to note how small a part of the book is thrown away by prescriptions which homœopathy, notwithstanding the "three thousand years of experience," has to reject as worthless. In the study and description of disease, Dr. Flint has few superiors; and his carefully-elaborated volume is well worthy of study.

DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D.,  
Professor in Bellevue Hospital Medical College, New York. Second  
edition, enlarged and thoroughly revised. Philadelphia: Henry C.  
Lea. Pp. 741, octavo.

Four or five per cent of the children born alive die before they are a month old, and about fifteen per cent. before completing the first year. In the city of New York, more than one-fourth of the children die in their first year. Much of this slaughter is preventible; wholesome food and warm clean clothes would save a large proportion of infantile disease, and a still greater of death. It is common for believers in allopathy to charge no small part of the mortality to "medicine." Certainly a proper knowledge of medicine would save a vast amount of infantile suffering and death. It is therefore the duty of every physician to obtain all the light he can upon the diseases of infancy. Few have had better opportunities of studying them than the author, to whom they have long been a specialty. It is not necessary to adopt his views of treatment because we are satisfied with his etiology. The present edition exceeds that of 1859 by more than a hundred pages, and treats of nearly twenty diseases not included in that volume. The results of more than three years' observation since that was written have added more to its value than to its extent or bulk. This book is in many respects a good one; but what we, as homœopathists need, is a better,—a treatise on diseases of children which shall give not only the etiology, hygiene, and general management, but add thereto the most perfect therapeutics known to our art. Who is ready to write such a book?

**DISEASES OF THE EYE.** By J. Soelberg Wells, F. R. C. S., Prof. King's Coll., London. Second American from the third English edition. Illustrated with 248 engravings on wood, and six colored plates; with selections from the test-types of Jaeger and Snellen. Philadelphia: H. C. Lea. Pp. 836, 8vo.

We had the pleasure of noticing the first American edition of this valuable work in the *GAZETTE* for Sept. 1869, page 342. Dr. I. Minis Hays, who so carefully prepared that edition for the American public, has done the same kind service for this. The new edition contains exactly a hundred more pages than the old, with thirty-two more plates. This does not, of course, represent the total improvement. A more accurate measure of that would be the total advance that ophthalmology has made in a period of four years; for no pains has been spared to secure every particle of knowledge that has been communicated to the public in the time. Still the new edition is to us of less importance than the first one was in its day; for then we had not Dr. Angell's valuable contribution to this most important branch of medical science. Armed with either of the two, the diligent physician stands at a great advantage over the most expert oculist of the last generation as to diagnosis. With the pathology of both, the treatment of the homœopath, and the experience of our best practitioners, we may hope to do more to relieve and save these precious organs than any man can who knows not the "mild power" of homœopathy.

**A MANUAL OF MEDICAL JURISPRUDENCE.**—By Alfred Swaine Taylor, M. D., F. R. S. Seventh American edition, revised from the author's latest notes, and edited, with additional notes and references, by John J. Reese, M.D., Professor of Medical Jurisprudence, University of Pennsylvania. With illustrations on wood. Philadelphia: H. C. Lea. Pp. 879, 8vo.

The expert and the detective have become fearfully prominent, of late, in the administration of law. If the entire wealth of a bank has been abstracted, the detective inquires how much the plunderers will disgorge. If a man be shot obliquely through the abdomen, the expert steps in to ascertain which killed, the bullet or the surgeon. Never was the study of medical jurisprudence more needful than now. Dr. Taylor's Manual has long been a standard work; and the progress of microscopy and microscopic anatomy has necessitated frequent editions of it. The advance sheets of a new edition of his larger work — *The Principles and Practice of Medical Jurisprudence* — have been used in preparing this new American edition from the eighth London one. The range of subjects in such a work is necessarily vast; and the importance of its correct treatment is measured only by the value of property, liberty, and life; for each of these in turn is made to depend upon medico-legal knowledge. Dr. Taylor, in his long study of these subjects, has become a specialist of no ordinary character; and his works are the highest English authority. In the adaptation to the United States, no suppression nor changes in the text have been made. Dr. Hartshorne, Mr. Penrose, and Prof. Reese have successively incorporated in the numerous American editions whatever was sug-

gested in our legal practice, in bracketed clauses, with their several initials. Hard is the case of the respectable practitioner, who, in an unimportant case, is summoned to leave his proper duties with no other compensation than the witness-fee which a hod-carrier can claim; but in no branch of his duty is it more difficult or more important to avoid mistakes. The necessity of such a book as this, copious, well classified, and thoroughly indexed, is obvious. And the physician who has once gone upon the witness-stand just as he would go to vaccinate a patient, or to prescribe for a tooth-ache, will be apt to take counsel with Dr. Taylor the next time.

**HAND-BOOK OF PHYSIOLOGY, BY WILLIAM SENHOUSE KIRKES, M.D.**  
 Edited by W. Marrant Baker, F. R. C. S. With 248 illustrations.  
 A new American, from the eighth enlarged English edition. Philadelphia: H. C. Lea. Pp. 656, 12mo.

Many have felt that there might be a place for a smaller work on physiology than those of Carpenter, Dalton, Marshall, or Draper, which, without any serious omission, would bring the essential facts closer together. However desirable the fullest details may be in a book of reference, a great text-book is a great evil, even when a necessary one. In this light we think this Handbook of Physiology must be a very desirable companion for the student as well as the practitioner. It contains enough of histology and microscopic anatomy to meet the wants of the ordinary student; and we do not see why the book will not prove extensively useful.

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## ITEMS AND EXTRACTS.

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**THE GLOBULE.** — *Multum in Parvo.*

**THE ABUSE OF ATHLETIC EXERCISES.** — Mr. Hewetson, M.B.C.S., writing in *The Lancet* upon the sports of rowing, racing, etc., in England, is of opinion that certain parts of these exercises are fraught with risk, or often serious injury, as conducted by students and others. He argues justly that athletic exercises were instituted in our schools, colleges, and universities as a relaxation, not as a substitute for mental study. Nowadays, they take the form of hard work, and tend to withdraw those who excel in them from graver pursuits, or, what is perhaps worse, they tempt them to combine the two, and to ruin their health in the attempt. He mentions in this connection the danger of contracting organic disease. "I have frequently witnessed the faintness, vomiting, palpitation, giddiness, and considerable exhaustion that follow a hard race. A gentleman of note in athletics, running in a severe contest, felt a sudden pain in his chest, followed by more than usual exhaustion. Subsequent examination showed a diastolic aortic bruit. It was concluded that the semilunar valves of the

aorta had given away under the strain. A second 'pulled' in one of the university races, and at the same time attempted to engage in study, — undertaking the same amount of study, and perhaps more, from his being in arrears." The effort proved too great; and he became mentally deranged. Mr. Hewetson approves of gymnastic exercise under supervision.

VOCAL GYMNASTICS. — The methods of voice-culture, pursued under the guidance of a competent teacher, may often be used with great benefit in diseases of the throat and chest. Indeed, Prof. L. B. Monroe, Dean of the B. University School of Oratory, whose teachings are especially esteemed, earnestly advocates certain positions and exercises, not only for students of elocution, but also for those who are afflicted with some forms of weakness or diseases of the vocal organs.

CASSIA ALATA. — The juice of the leaf of this plant is used in India in treating diseases of the skin. It is said to be peculiarly serviceable in curing virulent *ringworm*.

GUN COTTON. — In the *Boston Journal of Chemistry*, it is stated that combustion travels in this substance about 20,000 feet per second. If a girdle of it be packed around the trunk of a tree, its explosion by a percussion fuse cuts the tree off instantly. Its action is said to take the character of the source of ignition, — most violent when fired by percussion. In this way it can be exploded when saturated with water, or even lying in a wad at the bottom of a river.

ALBUMEN is now known to exist temporarily in the urine with no other symptoms of Bright's disease of the kidneys, and without other serious disease, so that its discovery in small quantity, or its presence for a short time, is held to be a matter of little dangerous import. In illustration of this, a discussion at a late meeting of The Clinical Society, reported in the *London Medical Times and Gazette*, is interesting. Dr. Johnson read a paper "On Cases of Temporary Albumenuria the result of Cold Bathing," wherein he detailed numerous instances in which albumen had appeared in urine (previously examined and found normal) shortly after a cold bath. His paper reads: "And it is suggested that, as acute Bright's disease is not unfrequently excited by exposure to cold and wet, there is danger lest the repeated occurrence of temporary albumenuria, the result of prolonged cold bathing, and the consequent repression of the cutaneous secretions, may lead to permanent mischief and structural degeneration of the kidney." Dr. Southey remarked, on the effect of swimming in producing this condition, that he thought it unlikely to be a potent cause of disease, but many acute cases had arisen where there was previous lesion of the kidney. Cases were related of the temporary presence of albumenuria with and without hæmaturia, or casts. The query is, how far the substance of the kidney suffers disorganization in this condition. Dr. Johnson spoke of the existance of albumen in the urine of famished rabbits. No allusion was made to treatment.

## PERSONAL.

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AGASSIZ. — The death of Louis John Rudolph Agassiz, in the zenith of his fame, and but lately in full possession of his powers, occurred on the 14th of last month. He was born at Mottier, Switzerland; and his early years, from his birth, May 28, 1807, were passed in the rural purity of his mountain home. His parents were descendants of Huguenots who had been driven from France by Louis the Fourteenth. His father was a Protestant clergyman; and to the wise care of a noble mother he owed much of the development of those powers that have made his life an era in the history of zoölogy.

We are told of his early interest in the study of natural objects, which was pursued as a pastime after he entered upon a course of medical study at the age of seventeen. These studies were continued for seven years at the medical school of Zurich, and at the universities of Heidelberg and Munich. During the latter part of this time he assisted Martius in the preparation of the ichthyological part of his work on Brazil; not long after his graduation, in 1831, he devoted himself entirely to the great subjects toward which his studies had always inclined. He became Professor of Natural History at Neufchatel, in 1832. While here, he composed elaborate works upon Ichthyology and his *Glacial Theory*. An associate of Humboldt, Cuvier, Oken, Schelling, and Dollinger, he gained a reputation as a leader among the scientific men of Europe, and was loaded with the honors of the learned societies of Germany, England, and France; thus “when Agassiz came to this country to commence the work, which he has so sadly and prematurely laid down, he brought with him a contribution to American institutions which has never been equaled.”

This history of his coming to America, in 1846, the curiosity with which he beheld its fields for exploration, and the delight with which he entered them when the means for conducting his researches were placed in his hands, his unwearied investigations, his skill in training others, the establishment of the great Museum at Cambridge, and the commencement of the School of Natural History at Penikese, are known to all.

In reference to Agassiz's opposition to the theories of Darwin, accustomed as he had always been to establish his own conclusions by an unbroken chain of confirming facts, it was natural for him to doubt theories which he believed to depend upon arguments of a negative nature, and to say:—

“The more I look at the great complex of the animal world, the more sure do I feel that we have not yet reached its hidden meaning, and the more do I regret that the young and ardent spirits of our day give themselves to speculation rather than to close and accurate investigation.”

To quote again from Dr. Loring's address before the Trustees of the Museum of Comparative Zoölogy:—

“We are grateful for the scientific wealth which Agassiz brought to our shores, and lavished upon our people. We admire the imperial march of his mind through all the realms of philosophical knowledge. We accept the cosmical laws which he found written all over the earth's surface by the moving glaciers; we follow his classifications, which pointed out to each animal group its place in creation, and made zoölogical order out of speculative and theoretical chaos; we are subdued into entire submission by that mental power which could arrange the long and intricate and half-hidden record of paleontology, and point out where this ends and anatomy begins, in the great continuous line of a fossil and living animal kingdom. The rapid and patient industry to collect facts; the grasping and judicious comprehension to classify them; the lofty survey which deduces the general law, — who can measure the scientific genius of him who possesses all these faculties in healthy combination? These Agassiz had, and more

But there are those who cannot forget the influence which Agassiz exerted by the force and quality of his character alone. Actuated by high motives

himself, he always appealed to the high motives of others. He carried with him an elevating and refining and cheering influence, and an overflowing sympathy with his friends in all their joys and sorrows. His countenance beamed with the light of triumphant endeavor, and with the warmth of a kind and generous and understanding heart. . . . His countenance bore the marks of many joys. The calmness of great faith, resting on great knowledge; the consciousness of a purpose based on honor and right; of a desire to shed light upon the path of man; of a fraternal regard for all the sons of men; of a belief in right as superior to authority; of a lofty recognition of the grandeur of truth, when compared with the glittering accidents of life, — this gave him an inspiring force and a charm which will never be forgotten.”

Following, among other marvellous events of his life, Agassiz's journey in Brazil, where, as if in another world, he found himself among a multitude of new forms, — so many of them hitherto even unnamed, and constituting the abundant materials to confirm or establish the theories of the enthusiastic naturalist, we are naturally led to compare with his another career of investigation. A few years before, Constantine Hering was led into a neighboring region of the same continent, and there exercised not a little of the same glorious power to penetrate the secrets of Nature, and to interpret them for the good of mankind. Surrounded by sufferers from leprosy and other obstinate diseases which he longed to relieve, he questioned Nature, and not in vain. Among the other contributions to our materia medica which we owe to his residence in Guiana is the knowledge of *Lachesis*.

The early termination of a life so wise and good appears to involve a loss so great as to entail a more than ordinary responsibility upon his physicians. Reviewing the accounts of his illness, the mild character of the attack, and the appearances after death, we must, in the light of numberless similar cases in which the patient has been raised as from the grave by the subtle miracles of our homœopathic remedial agents, regret that they were not employed in this case.

REMOVALS. — MARY SAFFORD BLAKE, M.D., from No. 4 Boylston Place to No. 16.


P. K. GUILD, M.D., formerly of Jamaica Plain, to Columbia, S. C., on account of his health.

H. B. CROSS, M.D., has removed from Seaverns Avenue to Harris Avenue.

A. F. SQUIER, M.D., from Boston to Newport, where he is associated with F. Staunton, M.D.

HON. GEORGE L. HILLARD. — We regret to have to record the illness of the Dean of B. U. School of Law; an attack of paralysis, from which, however, under homœopathic treatment, he is rapidly recovering.

DAVID JAMES, M.D. — The loss of this excellent man, and highly-esteemed physician, which occurred June 6, 1873, at the age of sixty-eight years, has been the occasion of sincere sorrow to a large circle. The recognition of his many virtues and of his professional skill is publicly made in a memorial notice, published by order of the Homœopathic Medical Society of Pennsylvania, the State of his birth and subsequent labors. The paper, prepared by Drs. McClatchey and Dudley, gives the history of a life well worthy of our imitation; for the deceased exhibited that constant love for the truth, and that ability to wield it in the matters of his calling, which together constitute the success of the worthy physician. A convert from the allopathic ranks, Dr. James was a consistent believer in the practice which he had adopted. He was a fluent speaker, and a most agreeable man. He was moreover endowed with unusual physical strength to fit him for the labors of his large practice. Let us all secure at least this, that our intention may, like his accomplishment, deserve praise.

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

THE  
New England Medical Gazette.

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No. 2.]

BOSTON, FEBRUARY, 1874.

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CLINICAL MEDICINE.

J. H. GALLINGER, M.D., EDITOR.

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CANCER OF THE RECTUM.

BY J. H. GALLINGER, M.D., CONCORD, N. H.

THE superiority of the homœopathic over the so-called "regular" practice of the present day, is perhaps as clearly demonstrated in the treatment of diseases ordinarily regarded as incurable, such as cancer and consumption, as in any other class of cases. In the treatment of cancer, for instance; allopathy depends almost wholly upon the knife; and, as a result, most cases affecting internal organs prove fatal; but homœopathy, with the means that a system of exact therapeutics furnishes, strikes, by constitutional treatment, at the root of the disease, and often extirpates it without the aid of caustics or the knife. Every experienced physician of our school will bear testimony to the truthfulness of this assertion; and, if our benign system of therapeutics could lay claim to no other triumphs than those achieved in the treatment of cases ordinarily regarded as incurable, it would still be a boon of inestimable value to suffering humanity. The following case may serve as an illustration.

Mrs. G., of Franklin, N. H., aged thirty-one, married, of nervous-bilious temperament, having formerly enjoyed good health, and belonging to a family free from scrofulous and hereditary diseases, became ill in March, 1873. The symptoms at first were pain in the stomach and lower portion of the abdomen, with obstinate nausea and considerable thirst. There

was also present a constipated condition, and in one instance the patient fainted while at stool from the severity of the pain during evacuation. An allopathic physician was called, and under his treatment the pain and nausea subsided at the end of a week, and the patient was comparatively comfortable for a fortnight, when they returned worse than ever, salivation being added to the list, and for two months the most "heroic" treatment failed to give relief. The pain again ceased for a short time, the salivary discharge continuing, and decided symptoms of debility presenting themselves. Again the pain and nausea appeared, which resisted treatment; emaciation rapidly progressed, the strength failed greatly, the patient becoming so weak as to require to be moved in bed by assistants, in the most careful manner. Meanwhile the bowels had become more regular, but thirst continued uninterruptedly.

Up to this time she had been treated by several allopathic physicians, the treatment largely consisting of cathartic and narcotic medicines, and the diagnosis being *intrauterine abscess*, the regular attendant regaling the family each day with a minute description of the size the abscess had attained, and the probable quantity it would discharge when it burst. Among those who were called to the case was a professor of surgery in two different "regular" schools, and he agreed with both the diagnosis and treatment of the other physicians.

Failing to find relief from the means employed, the patient at this time (August 14th) came under the care of Dr. E. L. Styles, a homœopathic physician of Hartford, Vt. The symptoms present were those above enumerated, — prostration, emaciation, thirst, distress and pain in lower portion of abdomen, nausea, profuse salivation, etc. The latter symptom, which was very troublesome, yielded promptly to *Lobelia*. During his first visit, Dr. S. examined the patient with a speculum, and failed to find any evidence of uterine disease, and hence the presumption was that the seat of the trouble must be in the bowels. *Arsenicum* and *Nux vomica* were prescribed, and in four days' time patient was again visited by Dr. Styles, and, while in the house, a profuse discharge of blood occurred, patient sinking at the time to the point of syncope, and grave doubts

being felt as to her ability to rally. The hæmorrhage was very profuse, — about three quarts, with shreds and pieces of flesh-like material interspersed.

Being summoned by telegraph, I visited the patient in consultation, and after examining the vessel my decided impression was that a miscarriage had occurred at some former time, and the placenta had now been expelled. A vaginal examination showed this opinion to be erroneous, when a digital exploration of the rectum revealed a ragged mass, some three or four inches above the anus, at least half as large as a hen's egg, quite sensitive to the touch, and from which the hæmorrhage had evidently proceeded, the profuse discharge having been checked by the administration of *China*, and the use of an injection of *Hamamelis*, directed by Dr. S. before my arrival. Realizing the importance of a correct diagnosis, some of the fibres were collected and safely enclosed in a bottle for future examination, and the patient was left with *Arsenicum*<sup>3</sup> and *China*<sup>3</sup> in alternation every half hour until improvement manifested itself, the interval between the doses to be then increased, and the injections of *Hamamelis* to be continued. A microscopic examination of the shreds showed very plainly the true cancer cells, and also the hair-like appearances noticeable in some cases, and the conclusion was that we had a fibro-cellular cancer of the rectum to deal with. To avoid any possible mistake, fibres were sent to two other physicians (one of them a brother of the professor who had seen the patient), and after careful microscopic examinations they both pronounced the case to be cancer. The case was now left in the hands of Dr. Styles, my opinion being unhesitatingly given that the patient could not possibly recover; and, from Dr. S.'s note-book, I will give the subsequent treatment, and the result.

The *Arsenicum* and *China* were continued for one week, an occasional intercurrent dose of *Carbo Veg.*<sup>3</sup> being administered, and under this treatment the patient gradually improved, having but one subsequent hæmorrhage, and that but slight. *Graphites*<sup>6</sup> was next prescribed, three powders daily (the *Hamamelis* injections being continued), and one powder per day of *Lachesis*<sup>12</sup> was also administered.

Improvement continued under this treatment for about two weeks, when the patient seemed to come to a stand-still, but was well enough to be removed to her father's home in Quechee, Vt., a distance of over forty miles, her former allopathic attendants, however, freely expressing the opinion that she would not return alive. A powder of *Sulphur*<sup>200</sup> was next given, and *Iodide of Arsenic*<sup>3</sup> prescribed, three powders daily. This treatment was continued for three weeks, with an occasional dose of *Sulphur*<sup>200</sup>, after which *Phosphoric acid*<sup>3</sup> was administered, twice per day for a fortnight, when the patient was sufficiently well to return to her home on the 12th day of October, two months after she adopted homœopathic treatment. At this time she was well enough to do light house-work, and has continued to steadily improve, without medicine, being now apparently in her usual health. On the first of October an examination showed that the cancerous mass had been completely absorbed, a slight induration only remaining, and from present indications the disease is entirely cured.

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### RENAL COLIC: CANTHARIS.\*

BY SAMUEL SWAN, M.D., NEW YORK.

SEPT. 24. — Mr. D., a merchant, doing business in this city, came to my office evidently in much distress. He was very pale, and great drops of sweat were coursing down his cheeks; he walked with difficulty, and was unable to speak till he was seated. He was suffering intensely from a pain in the right side of the abdomen, just above the crest of the ileum. He said that a number of years since, he had a similar pain on the left side, when, after a long period of suffering, extending over many weeks, he had passed a stone; that the present attack

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\* Dr Swan sends the above report, after reading Dr. Cate's observations on "Renal Colic" in the December number of THE GAZETTE. He observes in his letter to Dr. C., that in one of his cases *Cantharis* enabled the patient (a lady) to pass a stone as large as a Tom Thumb pea, having a rough spiculated surface, — with no pain in its entire passage. She said its passing would not have been observed by her, if she had not heard it fall into the chamber. Dr. Swan thinks the urethra might have been dilated by explorations and surgical treatment before the case came to his charge.

was similar in its nature, but more intense. After an exciting day at the commencement of the panic, he was standing near the door of a street-car on his way to the Grand Central depot, when he was seized with this pain. A gentleman gave him a seat, and some kind ladies endeavored to revive him with fans and smelling-salts, in spite of which he very nearly fainted. Leaving the car, he was barely able to get to my office. His wife and daughter were waiting for him at the depot; and, expecting to be laid up, he requested they should be sent for. I gave him one dose of *Cantharis*, 44<sup>m</sup> Fincke, and leaving him on the lounge, went for the ladies myself. I returned about twenty minutes after with his wife and daughter, to find him sitting up, free from pain. In a few minutes we walked to Madison Avenue, and he took the stage to the depot, feeling no inconvenience. He has had no return of the difficulty, and has taken no more medicine.

This is the third case of a similar character that has been rapidly relieved by *Canth.* high, after low potencies have been given with no effect. In some instances *large* calculi have passed from the kidneys, without pain, while in others *very minute* stones or gravel have caused great agony. Each can be easily explained by the different conditions of the mucous lining of the ureter. If highly inflamed, the smallest gravel would cause intense suffering by irritating to contraction the inflamed surface, and this condition is better met by *Cantharis* than any other remedy I am acquainted with. I do not attempt to explain *why* the 44<sup>m</sup> acts so quickly, while the lower potencies do not; but I am satisfied that it does.

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### PSORIASIS : SEPIA, RHUS, AND NUX.

BY IRVING S. HALL, M.D., WALHAM, MASS.

THE form of skin disease known as Psoriasis is not of frequent occurrence in ordinary practice; and the case which I attempt to describe will, for this reason, prove interesting, and also because it indicates so clearly the true remedy.

Miss P., aged twenty, applied for treatment May 11th, 1873, with the following symptoms: Some time during the preceding

October, an eruption appeared on the face and under the chin, in the form of circular spots, varying from a quarter to a half inch in diameter. Several appeared in rapid succession, unaccompanied by prodromic, or, at the time, by constitutional symptoms. At first, the spots presented a bright red appearance, and later they became covered with a white scurf, which in turn yielded to the original red color; their aspect thus varying from week to week. They were very slightly raised above the skin, and attended with but little itching or sensibility. Shortly after the appearance of the eruption, the patient was afflicted with pains of a neuralgic character, shifting about in various parts of the body, but perhaps more persistently located in the occipital region. Aggravated by remaining long in one position, at night in bed, and in the morning on rising. Relieved by changing the position, and by slight exertion. The pains, however, appeared and disappeared very rapidly, showing no constant conditions of manifestation. A feeling of languor and weariness was always present, making the least exertion disagreeable. Complete anorexia, which condition had existed for some weeks. During these intervening months, she had been subjected to allopathic treatment, at first having been under the care of a general practitioner, and later, of one who professed to especially treat skin diseases. Their treatment had consisted mostly in the use of tonics and Bromide of Potass, with an application of tar water to the eruption; and from it she had perceived no result, certainly no amelioration.

My first prescription was six doses of *Nux vom.*<sup>3</sup>, with the object of antidoting, as far as possible, the drug action; this was followed by one dose of *Rhus tox.*<sup>200</sup>, which she took on the 12th instant. On the 19th she thought herself much better, especially in relief of the pains and return of the appetite. I gave her powders of *Sac. lac.*, which she took until the 28th, when she reported a partial return of her symptoms, — pain, etc. Prescribed one dose of *Rhus tox.*<sup>2000</sup>.

June 4. — She called, much discouraged from a return of the pain, and the eruption appeared even worse than formerly. After careful consideration, I gave two doses of *Sepia*,<sup>200</sup> and<sup>3000</sup> potencies respectively, to be taken at intervals of six days.

June 10. — Patient went to her home in Maine, and previous to leaving, called, saying she felt somewhat better. I gave her enough powders of *Sac. lac.* to last one month.

Heard nothing from the case again until the first of September, when I learned that she was well. As the cure progressed, healthy skin first showed itself in the centre of the spots, and gradually extended towards their circumference, thus showing, at certain stages of the recovery, a ring of the morbid red, enclosing healthy tissue.

This ring-shaped eruption is one of the prominent symptoms of *Sepia*; and I questioned whether, even in the removal of the disease, the characteristic action of the remedy was not shown, though I am aware that the appearance may be seen at any stage of the disease not in process of cure.

The case seems to be an example of the incompleteness of the action (where any effect is shown) of the inappropriate remedy. *Rhus tox.*, on its first administration, seemed to accomplish much good, but it was only *partially indicated*. This incompleteness of indication and action was still more marked in the case of the *Nux v.* first given. Hence the utility of both was only temporary, while the *Sepia* steadily worked its perfect cure, and at the time of writing, Dec. 1st, 1873, the patient seems quite well.\*

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\* We are learning to expect cures from the single remedy which covers the symptoms. Until each is convinced of this, let "The Organon" be constantly consulted.

"§ 147. — Of all these medicines, that one whose symptoms bear the greatest resemblance to the totality of those which characterize any particular natural disease, ought to be the most appropriate and certain homœopathic remedy that can be employed; it is the specific remedy in this case of disease."

"§ 153. . . . We ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar* (characteristic); *for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond*, in order to constitute it the remedy most suitable to the cure." . . . See also § 164.

· § 162. — *The number of medicines whose pure and precise action is known being moderate*, it sometimes happens that only a part of the symptoms of the disease that is to be cured, are to be found among those of the most homœopathic remedy, and consequently this imperfect remedy is obliged to be employed for want of another that is less so." See § 166, 163, 164 again, 165, 168. — GEN. ED.

## TYPHOID FEVER—ARRESTED BY BAPTISIA?

BY W. B. WHITTIER, M.D., WORCESTER, MASS.

SEPT. 26, 1873. — I was called to see a lad three years of age, whose mother said he had been feeling sick for a week or ten days, with the following symptoms: He complains of being excessively tired, and out of spirits; exertion is irksome; he is languid and weak; is very sleepy in the afternoon; has bodily soreness and dull headache; is irritable, and without appetite; and he screams when asleep, as if affrighted; and, for two or three days, has had fever. When I saw him, in addition to nearly all the above symptoms, the following conditions were present: Dry, burning heat; lips parched; lips and teeth covered with a dried, brown sordes; tongue dry, and coated brown; great thirst; water scanty, and high-colored; abdomen tender, with rumbling in the bowels, but no diarrhœa. He has mild delirium, with unsound sleep, and evening exacerbation of the fever. Not having my thermometer with me, no test of the heat was taken, nor do I remember the exact pulse for that day. I gave, every day till Oct. 3, *Bapt.*<sup>1</sup> in water, two spoonfuls every two hours.

Sept. 27, P. M. — Heat 104°, pulse 130. No improvement.

Sept. 28. — Did not see the patient. During the whole night he had a gentle perspiration, with general amelioration of pains and heat. Heat morning and evening reported at 100°. The patient living out of town, I see him only every other day, and intrust thermometrical tests to his mother on alternate days.

Sept. 29. — Improvement continues. The heat being 102° to-day implies an inaccuracy yesterday in the tests by the mother. Pulse 100. An eruption around the knees and wrists and upon the neck, somewhat resembling erythema, is present this afternoon. (It lasted two days.) The tongue is moist, and its coating lighter, the lips still dry; little thirst; loose evacuations from the bowels. Heat in evening reported at 100°.

Sept. 30. — Heat stated at 100°. Loose movements from the bowels during the day; water profuse, but high-colored.

Oct. 1. — Morning, heat 99½°, pulse 120. The improvement

continues; he is dressed, and sits up all day. Evening, heat 100°.

Oct. 2. — Morning heat, 99°; evening, 100°. Pulse 112.

Oct. 3. — Morning heat, 99°; evening, 99°. Pulse 110.

I now changed the medicine to *Nux vom.*, to aid the appetite.

Oct. 4. — Morning heat, 99°; evening, 98°. Pulse 105.

Oct. 5. — Heat, 98°. Pulse, 105. Tongue nearly clear; appetite returning. He seems well.

## SURGICAL DEPARTMENT.

JAMES B. BELL, M.D., EDITOR.

### HELMUTH'S SURGERY.\*

BY JAMES B. BELL, M.D., AUGUSTA, ME.

THIS work has already received attention in the pages of THE GAZETTE (see December No. 1873, p. 572), but some additional points of interest may be noticed. The appearance of such a work on Surgery, emanating from the homœopathic school, marks an era of no common importance. Not only, however, does it bear the nominal imprint of our school, but in many points, we may say, without invidious comparison, it is more truly homœopathic than any of its predecessors. When speaking of the treatment of inflammation, the author says:—

“The medicines exhibited according to the law of *simile* are not to be prescribed for the *name* inflammation, but for the *character* and *kind* of the *symptoms* that present themselves in such an unhealthy condition; the study becomes more arduous, the investigation more thorough, and the examination more minute; the character of the pain must be ascertained, whether it be boring, sticking, tearing, lancinating, etc.; the conditions that aggravate or relieve the sufferings must be investigated; the time of occurrence, and the causes that produced the disease, must be understood; the temperament, age, sex, and habits of the patient must be noticed, and the supervening constitutional

\*A System of Surgery, by Wm. Tod Helmuth, M.D., Professor of Surgery in the New York Homœopathic Medical College. Illustrated with 571 engravings on wood. New York: Carle & Greener. 1873. pp. 1228, 8vo.

symptoms also receive their due share of attention, before the appropriate medicines be selected and administered.

“Says Hahnemann, there is no curable malady nor an *invisible morbid change* in the interior of man which admits of cure, that is not made known by symptoms, or morbid indications, to the physician of accurate observation. Therefore, if the medicine be selected and administered in strict accordance to the law *similia similibus*, those symptoms will be removed, at least if the disease be curable; and if removed, the affection, with its internal change, whether strictural or functional, will have disappeared also.

“I am very well aware, while writing these remarks, that there is a class of medical gentlemen who are themselves strong advocates of the pathological rather than the symptomological school, and, in fact, rather ignore the latter, for reliance upon the former. But if the Homœopathic law is true at all, it must be true with reference to symptoms: and, on the other hand, no man should expect to receive the title of physician or surgeon without pathological knowledge; therefore both an acquaintance with the symptoms and a proper understanding of pathological science are absolutely requisite for the proper performance of professional duty.”

So much for principles, which are certainly sound. If we now proceed to observe his application of principles, as shown by details, we shall find many gratifying examples of the *homœopathic* character of the work.

Under the treatment of Inflammation, after giving some very good hints as to the selection of several remedies, the Professor remarks: “Of course it would be highly improper to administer any of the above-mentioned medicines merely for the few indications that have been mentioned. The *totality of the symptoms* must be considered.”

In the treatment of gonorrhœa, where too many of our physicians think they have only to resort to allopathic appliances to ensure speedy success, the author is explicit. In deference, evidently, to the proposed completeness of his work, he does, indeed, give directions about injections, but he expressly says: “I rarely have recourse to injections in gonorrhœa, and never

during the inflammatory stage." A longer experience in the direction he is pursuing, and with higher potencies, will doubtless lead him to abandon those local measures altogether.

The patient must be told at the outset that he has succeeded in getting something in five minutes, which it may take weeks or even months to fully eradicate. It is the custom of Ricord to say to a patient who comes to him with syphilis, "It will take two years at least to cure you. If you will not submit to my treatment that length of time, it will not be worth while to begin." I find a similar frankness equally good in cases of gonorrhœa and gleet, and do not remember having lost a single patient by it, or of having failed to cure one, by high potencies of the appropriate remedies. Gonorrhœas are cured in from two to six weeks, and gleans from four to twenty with *Cann.*<sup>200</sup>, *Petros.*<sup>200</sup>, *Calc.*<sup>200</sup>, *Thuja.*<sup>1000</sup>, *Sulph.*<sup>6000</sup>, *Merc. sol.*<sup>6000</sup>, etc. Prof. Helmuth's experience is tending in the same direction, and has evidently been large. He says:—

"When the burning begins, *Cannabis* should be administered, and there is no doubt that it has a specific influence upon the disorder; and, according to a tolerably large experience, the twelfth or thirteenth (thirtieth?) dilution acts better than the tincture often employed. *Cannabis* in tincture relieves the burning and itching, but has not so much influence upon the discharge. I recollect once curing a case of gonorrhœa which had not yielded to injections and other allopathic and homœopathic treatment, with a few large-sized globules of *Cannabis* the 12th." "In regard to *Cannabis*, it may be observed in this place, that it is a medicine which accords in its pathogenesis with very many of the symptoms of gonorrhœa. The author is assured by a practitioner who has had much experience in the treatment of gonorrhœa, that he has been not only gratified but surprised at its efficacy in subduing the disorder. The symptoms which point to its use may be present at any period, but exhibit themselves in cases somewhat advanced, as well as in those more chronic. In the latter especially is its power apparent; cases that for two, three, or four months, which had been fruitlessly tampered with by allopaths in high station, were immediately arrested and speedily cured. In truth, the

disorder was checked by the first dose, consisting only of a few globules of the medicine, and a few more doses at intervals, regulated by the symptoms, accomplished complete cures. The attenuation of the medicine, however, is an important consideration of the treatment, the exhibition of the lower causing disappointment, while successful result is obtained from the higher potencies only.

"The gentleman whose testimony has just been given, commenced with the second and third dilution, but failed; and it was only by resorting to higher dynamizations that he learned that the sphere of curative action for gonorrhœal disorder exists in the preparations as highly attenuated as the thirtieth, the latter being the strength of the medicine which he then always administered.

"Facts like these, attested by gentleman of high social position, as well as of acknowledged ability, certainly convert the child-like smile of incredulity into that of imbecility, as expressed upon the countenances of individuals who, with so much pleasant self-sufficiency, fancy themselves the sole depositories of all medical science."

I would not imply that the use of high potencies is Homœopathy, or even necessarily homœopathic. Good homœopathic cures with the lower dilutions and comparatively crude doses are reported by writers from Hahnemann down to the present time; while, on the contrary, very bad treatment and very unscientific floundering is often reported in our journals, where only the high and highest potencies are used. Even so great a genius as Böanninghausen has given countenance to routine prescribing and *a priori* alternation by giving *Acon.*, *Spong.*, and *Hepar*, in rotation, for croup, all in the 20th potency. This is all the poorer homœopathy, because these medicines are not now, in this country, among those most frequently required for croup.\*

What I would say is, that we find the professor clearly enunciating the cardinal principles, of: 1st, Symptomalogical pre-

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\* Of all the remedies, *Belladonna* is most frequently useful now. I find the 400th of Jenichen sure and reliable when indicated. See Dr. Cate's article in the Dec. GAZETTE, page 541, for a model cure.

scribing; 2d, The single remedy; and 3d, The reduction of the dose to the smallest one that cures. If we do not find him everywhere adhering to these principles, his frankness and evident openness to conviction may well lead us to suppose that he is gradually feeling his way, and surely progressing in that direction. Too many of us can remember, how, not so very long while ago, we, too, were groping our way somewhat slowly towards a surer footing. Not daring to trust ourselves entirely to the careful selection, the single remedy, and the minimum dose, we sometimes got nervous in serious cases, and then came confusion. Instead of selection, we tried guessing. Instead of one remedy at a time, we gave two, three, four in alternation, and these often changed. Instead of the minimum dose, we tried stronger and cruder ones, because (and I include myself most heartily in the condemnation) medicine is cheaper than brains.

A second point of interest in this new work is the large amount of original matter which it contains. While drawing from all authorities, like other works of its class, it also collects and preserves much that is original to Homœopathy and much that is original to the Author. Those who have access to the earlier sources do not care much for rehashes, and a new work is valuable to such in proportion to its real newness. Such will find much more of interest and profit in Erichson than in the larger work of Gross, and the same is true of Helmuth. For this reason, no one can afford to do without it.

I cannot close these desultory observations without remarking upon the tone of the work, which is manly and true. Would that all young surgeons would heed, well, words like these:—

“A surgeon to *be accomplished* must be a gentleman in instinct, a gentleman in manner, and a gentleman in appearance. For some inexplicable reason, it appears to have become the fashion, among certain operators, even with the patient before them upon the table, to resort to profane language; to regale their hearers with stories of doubtful or vulgar meaning; to indulge in unseemly jokes, or to relate apochryphal stories of their own prowess in the fields of surgery; or, in other words, to *swagger*. In the majority of instances, such conduct is

adopted to cover timidity or lack of knowledge; there is a consciousness of lack of ability somewhere, which is so patent that it becomes necessary for actual self-preservation that such be screened from public gaze, even by the bedaubed curtain of moral depravity.

“Again, a surgeon must endeavor to control his temper; under certain circumstances, this is especially difficult of accomplishment. There are so many little annoyances that may arise, even in the simpler operations, that, with all the knowledge, nay, even wisdom, too, they cannot be foreseen. The very act of administering anæsthetics; the refractory nature of persons, when the will is not under their own control; sometimes the mere introduction of a needle or a suture; the risk of having a tedious operation ruined by some unforeseen circumstance; bungling assistants; the breakage of instruments and ligatures, and a thousand other trifles, tend to irritate the nervous system; and it requires a large amount of self-control to prevent giving vent to a complete outburst of temper.”

The whole chapter is so good that it is difficult to stop quoting. Let this elaborate, complete, and handsome work stand upon the shelf of every homœopathic physician, whether he practises surgery much or not; and people who see it will no longer say, “I believe homœopathic doctors don’t practise surgery, do they?”

#### DEATH FROM ETHER — AND DEBILITY?

BY A. M. CUSHING, M.D., LYNN, MASS.

[MR. EDITOR, — Having been requested to write a little history of the “Homan Case,” I forward a brief extract from the testimony given at the inquest.

Jan. 6, 1874.

Respectfully yours,

A. M. C.]

MRS. J. W. HOMAN, of Lynn, aged twenty-four, had enlargement of abdomen some months. She was under the care of Dr. T. T. Graves (allopathic), who called Dr. G. H. Bixby, of Boston, in consultation. He examined the case, but reserved decision.

Nov. 25. — The patient was about the house and cooking for a large family, often going up and down stairs. Drs. Graves and

Bixby administered ether, and with a fine trocar punctured a pelvic abscess between bladder and uterus. Both attending physicians and several experts testified that it was a *trivial operation*.

Consciousness did not return for twelve hours, as stated by several witnesses. Dr. Graves testified that the patient was as nearly conscious five hours after as is usually the case at that time. She did not leave her bed till Dec. 4th, when Drs. Graves and Bixby again administered ether and opened the abscess this time with a larger trocar, and the abscess discharged about a pint and a half of pus. When they had nearly completed the operation, the doctors discovered the patient did not breathe. They immediately commenced rubbing her limbs, attempted artificial respiration, etc., and also procured a battery; and used it; but after three quarters of an hour, as they say, pronounced her dead. On being charged by the family with causing the patient's death, the physicians left without waiting to pick up their instruments, and reported the case to the coroner, Dr. Pinkham, — a case, as Dr. Bixby testified, "where I thought surgical interference was absolutely demanded," the protestations of a poor sick woman notwithstanding. He also testified, "If she did not consent by word of mouth, she tacitly did consent."

Dr. Graves testified that *she did consent*. Mr. Homan, the husband of the deceased, testified, that on Dec. 4, Dr. Graves came to his house, when Mr. H. told him that his wife was not willing to take ether again. Dr. Graves said Dr. Bixby would probably not come that day, as it was cloudy, and they must have fair weather. Mr. H. went to Boston; and when he returned in the evening, found his wife dead. Several felt her pulse, and thought they could feel it beat, and immediately sent for Dr. Cushing. Dr. Cushing testified: Upon being called, I found, at two minutes before six, an hour after the doctors had gone, the body warm as in life; the eyes natural and lifelike; the lids would close when opened; lips red, but not livid; I could feel her pulse, and hear her heart beat, about thirty-five to forty beats per minute. Gave her some vinegar, also equal parts of whiskey and water, — several spoonfuls in all, — none of which ran out of

her mouth ; and I thought I could hear a sound, resembling an attempt to swallow. After twenty-five or thirty minutes, Dr. Pinkham, the coroner, arrived. The body was still warm. The coroner thought he felt slight beating of her pulse and heart (afterwards thought it might have been his own heart) ; he thought she squeezed his hand ; and he requested her sister to call her by name, and ask her to squeeze his hand. Requested witness to hold her hand, and feel the contraction like squeezing. We applied the test of holding a looking-glass before her mouth ; applied a flame of alcohol ; also hot water to skin ; and decided life was quite or nearly extinct.

Mrs. Delano, sister of Mrs. Homan, testified : Was present at the last operation. Mrs. H. repeatedly refused to take ether again, saying that if she did she should surely die. I also protested against it. Mrs. H. struggled against the ether ; and, in her efforts to avoid it, was forced to the foot of the bed. After Mrs. H. was dead, I told them, " You have done your work well. If you had heard to me, she would have been alive now."

Emma S. Hemeon, sister-in-law of Mrs. H., testified : Was in the room during the last operation. Mrs. H. refused to take the ether, and struggled to the foot of the bed. The testimony of this witness corroborated Mrs. Delano's, and also that given by Mr. Homan.

Ellen M. Homan, daughter of Mr. Homan, corroborated the statements of Mrs. Delano, Miss Hemeon, and Mr. Homan, excepting that she was not in the room during the operation until called in to assist in bringing her to life. She then felt for her pulse, and could feel it beat, before and after Dr. Cushing came. She picked up the instruments that were left lying on the floor. She said the patient was warm thirty-six hours after the operation. The family all testified that Mrs. H. often refused to take ether again, saying if she took it she should surely die. She preferred, if she must die, to suffer a natural death.

The concluding testimony was given by Drs. Burnham, of Lowell ; Bowditch, Storer, Minot, and Warner, of Boston ; and Wheeler, of Chelsea. Dr. Burnham said that he used chloroform instead of ether. He thinks it better and safer, and is of the opinion that five or six inhalations of ether might prove

fatal in some cases. All of them agree in the opinion that from five to fifteen minutes is sufficient time to try to resuscitate one apparently dead from either anæsthetic.

The only one reported saved was by Dr. Burnham, who informed the family *five times* that the patient was dead; but being very much interested in the case, he, after fifteen minutes, saw signs of life, and recovery after four hours labor. At another time the same patient took ether, and was obliged to remain in the dentist's office two days and two nights.

Dr. Minot thought a person could not be killed by ether, if *rightly administered*; he thought they might die of starvation, if kept sufficiently long under its influence.

Dr. Bowditch thinks it a great blessing, but for the past year has felt a little hesitancy about giving it in some cases. They all agreed in exonerating the medical attendants, but disagreed on some other points.

The jury consisted of two physicians, two apothecaries, and two shoe-manufacturers. Of course the verdict complimented the medical attendants, and was rendered as follows: —

“That the said Elizabeth M. Homan came to her death at her residence, No. 7 Pleasant Street, Lynn, on the 4th of December, A. D. 1873, between the hours of four and five o'clock, P. M., from the combined effects of sulphuric ether and extreme nervous exhaustion while undergoing a trivial surgical operation; and the jury further find that the etherization and operation were properly done, and that prompt, energetic, and all necessary measures were employed to resuscitate the patient.”

[From *The Lynn Transcript*.]

This case touches the public welfare in one point, and, so far, we have to do with it. It is not whether a surgeon shall perform an operation, and be held responsible for all bad consequences; for that would be monstrous, and wickedly unjust. It is not whether the use of ether is safe or not; for there is a great and honest difference of opinion, and much remains to be learned by careful and cultivated observation. But the point is this, and really there is no more in the matter: May one, being sane and truly informed, choose the mode of his own death, and say what another shall do to and for him, or shall that other say for him and reduce him to *his* will instead? In other words, may we, being sick, choose whether to die by the disease, or, as we believe, by a proposed medicine?

We have only to do with the reported testimony, not with outside or hearsay statements. We do not know whether the witnesses told the truth, but they were sworn, and should have told the truth. And on the above point we find the following evidence, and no more:—

“Mrs. H. declined having the operation performed that day. The two doctors argued with her upon the necessity. After further persuasion commenced to etherize her. She requested that it might be given weaker.” — *Dr. Graves.*

“Sister appeared greatly excited. Said she felt unable to endure a second operation; she feared the ether would kill her. Told her the doctors would not dare to touch her if they both said ‘no.’ Sister said the doctors would pay no attention to what they might say. Sister expressed a preference for a natural death. The ether was brought into the room; she seemed greatly agitated, and repeated a preference for natural death. Ether was given her, she struggling and saying, ‘Let me breathe, once!’” — *Mrs. Delano.*

“After the first operation, wife seemed to be in a stupor; from 8 o’clock till 3 in the morning she was delirious; seemed distressed for breath and remained so for the next two days. Told Dr. G., when he came, not to give my wife any more ether. A short time before the fatal operation she expressed an unwillingness to take ether, believing she would die if she did so.” — *Mr. Homan.*

“After the (first) operation, she seemed to be in great distress, and told us often she did not want to take any more ether. Dr. B. said, ‘If the operation is not performed, the abscess will break and kill you’; Mrs. H. replied that she wanted to die a natural death. Dr. B. said, ‘Get the ether; we men know better than you.’ Dr. G. put the towel to her face and she tried to struggle from him. He did not move the towel from her face. Had frequently heard her say she did not want the operation performed. She did not want to take the ether at all; she refused it from the first, and struggled. She tried to push the towel away with her hands, but Dr. B. held one down and her sister the other.” — *Mrs. Hemeon.*

“After the first operation mother was very weak. Said she should surely die if any more ether was administered. Mother said, ‘The doctor must not give me any more ether.’” — *Miss Homan.*

“Do not think I would give ether against the patient’s will. If the patient first consented and then resisted, I should continue the ether; after a little time they often become insane and refuse; I never regard their entreaties then.” — *Dr. Burnham.*

“As a general rule the objection of a patient would have no influence on my action of the case.” — *Dr. Storer.*

“Dr. B. was justified in forcing the ether upon the patient, inasmuch as she first consented and then objected.” — *Dr. Storer, as per report.*

“If she did not consent to take the ether, I should use every argument to induce her to take it. After commencing the operation should pay no attention to a resistance on the part of a patient.” — *Dr. Wheeler.*

“Nothing was ever said to me by Mrs. H. or any other member of the family that ether disagreed with her. She tacitly consented to

take ether, and when it was first offered to her she merely said, 'Do not give it too strong.' She did not struggle as much as patients ordinarily do." — *Dr. Graves, recalled.*

If the above testimony is worth anything, it shows the following facts, and nothing to disprove them: 1st. Certain unfavorable results after the first operation were believed by the patient to be caused by the ether, and she several times declared she would not take it again. 2d. She did not want the operation made, and declared to the doctors that she had rather die than submit. 3d. She was greatly excited in view of it, argued with them to avoid it, and struggled and called for breath, when, as Dr. Storer expressed it, they forced it upon her. 4th. That this was not in ignorance, but with experience of one operation, and with direct advice of her imminent danger. 5th. That the "tacit consent" sworn to by Dr. Graves, and the "consent" alluded to by Dr. Storer, do not appear in the testimony *at all*, but are contradicted by every other witness who was present. 6th. That no consultation with any relative appears to have been had, as to the propriety of going on. 7th. That every such relative who testified knew of the fixed unwillingness of the patient, so that she had made her wishes quite as public as in a case like hers it was proper to do. And as to the expression, "Do not give it to me too strong," it is much more likely to have been, "Do not give it to me! Too strong!" which agrees perfectly with her avowed feelings.

But in full view of all this, the ether was persistently given, the operation was made, and the patient was dead, or as good as dead, before it was over. And now we come back to our first question, whether a person may choose how he will die, or not. What principle of morals is that by which a physician, after full advice in the case, is authorized to go further, and substitute his own will for that of his patient, setting aside the deliberate choice of the latter, as was evidently done? It may be said they saw her danger; if they did, they told her of it, and then she knew it as well, but her choice remained the same. What right had they, or any others in their place, to put her under duress, for purposes which she believed (and the event showed correctly) would be more and sooner fatal than the disease?

We will repeat, that we do not attack these physicians, except as they represent others, and stand related to all the people. One we never saw or heard of save in this matter, and the other only once. We bear them no ill-will, but wish them all the good they deserve. But, as said the Revolutionary orator, "The right to take ten pounds implies the right to take a thousand." All physicians are not skilful, whether these were so or not; but if they could rightfully invade the free will and set aside the choice of a poor weak woman, what is to prevent another from coming upon any defenceless patient of his, chloroforming or etherizing him, and practising upon him as he will? It is no use to say nobody would do such a thing. The profession contains all sorts of men, like other professions, and if the sick have no natural rights to be conserved, any one may come to a desperate pass before he thinks. As to the affectation of superior wisdom, sufficient to override free will and enforce a slavish obedience, there have been too many proofs of its hollowness already, and it is best to say but little about it.

If any one wants our conclusions more concisely, they are these. We think every one has the sole care of his own life, and can only forfeit the right to control it by some public crime. We think that every attempt to break this right is an assault: if malicious, the law has a name for it; if innocent and mistaken, it is no less wrong and calling for instant correction. We think that in the case reviewed there was such an attempt; very innocent perhaps, but very determined, and very unfortunate, and calculated to set prudent people thinking. And, lastly, that we trust it will be long before the like happens again.

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### REMINISCENCES OF HAHNEMANN, AND OF MADAME HAHNEMANN.

WE publish once more a letter which was extensively reprinted after its first appearance.

#### A VISIT UPON HAHNEMANN, BY A LADY.

In 1839, Dr. Hahnemann was residing in Paris, near the garden of the Luxembourg. During the winter of that year, desiring to consult him in behalf of an invalid friend, I made him my first visit. That I might obtain an audience as early as possible, I entered the carriage which was to transport me to his residence, at a quarter past nine o'clock in the morning. After about half an hour's ride, finding that the coachman stopped his horses without dismounting, I inquired if we had reached our destination: "No, madam; it is not our turn yet. We must wait a little while. See! there is Dr. Hahnemann's house," he replied, pointing to a palace-like mansion at some distance. This mansion was surrounded by a massy stone wall, with an iron gate in the centre. Impatient at the delay, I leaned out of the window and beheld a long line of carriages in front of us, driving through the gate, and out again, as fast as their occupants alighted. This was vexatious; I had taken such especial pains to be early — and all to no purpose. But if there was any consolation to be found in the knowledge that others were even worse off than ourselves, I might have comforted myself by looking in the opposite direction. Behind us stretched a file of coaches, lengthening every minute, and already quite as formidable as the one in front. I had unconsciously taken my station in the midst of a procession slowly advancing to pay homage to the modern Æsculapius. I already knew something of Hahnemann's celebrity; but my opinion of his skill was marvellously fortified as I stared behind me, and before me, and then at the empty carriages driving away around me.

In about twenty minutes the carriage in which I sat wondering and waiting, during that time having moved a few paces forward every minute, at last drove briskly through the iron gate, around the spacious court, and deposited me, to my great satisfaction, at the front entrance of Hahnemann's magnificent dwelling. Three or four liveried domestics, assembled in a large hall, received the visitors as they alighted, and conducted them to the foot of the wide staircase. At the head of the first flight they were received by a couple more of these bedizened gentlemen, who ushered them into an elegant saloon, sumptuously furnished, and opening into a number of less spacious apartments.

The saloon was occupied by fashionably dressed ladies and gentlemen, children with their nurses, and here and there an invalid reposing on a velvet couch or embroidered ottoman. The unexpected throng, the noisy hum of whispering voices, the laughter of sportive children, and the absence of vacant seats, were somewhat confusing. I entered at the same moment with a lady, who, with her nurse and child, had alighted from her carriage immediately before myself. Probably noticing my bewildered air, and observing that I was a stranger, she very courteously turned to me and said in French: "We shall be able to find seats in some other room; permit me to show you the way." I thanked her gratefully, and followed her. After passing through a suite of thronged apartments, she led the way to a tasteful boudoir, which was only occupied by one or two persons.

I knew that the lady who had so kindly acted as my conductress, was a person of rank, for I had noticed the coat of arms on the panels of her coach, and remarked that her attendants were clothed in livery. But to meet with civility from strangers is of so common an occurrence in France, that her graciousness awakened in me no surprise. I subsequently learnt that she was the Countess de R——, a young Italian, who had married a French count of some importance in the *beau monde*.

We had hardly seated ourselves in the quiet little boudoir, when a valet entered and politely demanded our cards. They were presented, and he placed them in the order received, amongst a large number in his hand. It was obvious that we should be obliged to wait an indefinite period; and I soon commenced amusing myself by examining the fine paintings with which the walls were lavishly decorated, — the pieces of sculpture, the costly vases scattered about the apartments, and a number of curious medals, heaped upon the centre-table. The sculpture, vases, medals, and even some of the paintings, had

been presented to Hahnemann as memorials of the esteem and gratitude of his patients. Every room contained several marble busts of Hahnemann himself, some much larger than life, some as large, and some smaller. These also had been presented to him on different occasions, as tokens of respect.

I was standing before a most life-like portrait of the great doctor, lost in admiration of its masterly execution, when the young countess, who had retained her seat while I wandered around the room, joined me and said: "Do you know who painted that picture?"

"No," I replied; "but, although I am not a judge of art, I should almost venture to say that it was the work of a master's hand."

"Undoubtedly it is a masterly piece of workmanship. It was executed, however, by Madame Hahnemann."

"Madame Hahnemann! is it possible! Is Hahnemann married, then?"

"To be sure; and so happily, that to become acquainted with his domestic history is of itself almost enough to induce one to venture upon matrimony."

"I am delighted to hear it. I knew nothing of him except as a skilful physician, and a man of extraordinary genius."

"His private history is equally interesting, and quite remarkable."

"Have you known him a great while? How old is he? How long has he been married?" questioned I, anxious to obtain all the information in my power.

"I have been acquainted with his wife and himself several years. He is about eighty-four years old. He was married to his present wife in his eightieth year."

"Indeed! Was he a widower, then? Is his second wife young, or as old as himself?"

"She is about forty-five years his junior, and she still retains much of the vivacity and freshness of youth."

"What induced her to marry him?"

"Veneration for his talents, esteem for his virtues, affection for himself, mingled, perhaps, with a spice of gratitude for his services to herself. You are a stranger to her, and will laugh if I say she *adores* him, but the term is not too strong to convey an idea of the truth."

"Pray tell me something of her history. I am already deeply interested."

"With pleasure. Hahnemann is the father of the most united, prosperous, and the happiest family I ever beheld. He had been many years a widower, when he was called in to attend

Mademoiselle D'Hervilly, who was pronounced by her physicians to be in the last stage of consumption. He was residing at the time in Coethen. Marie Melonie D'Hervilly-Gohier, then his patient and now his wife, is descended from a noble French family of immense wealth. She had suffered a number of years with a pulmonary affection and disease of the heart. The most eminent physicians in Europe had fruitlessly endeavored to benefit her. After passing the winter in Italy, whither she had been sent in the hope that a mild climate might effect what medicine had failed to accomplish, she returned to Germany in a state which her physicians declared beyond the reach of medical aid. She is a woman of remarkable strength of mind and most comprehensive intellect. The fame of Hahnemann's wonderful cures had reached her; but she was unacquainted with his reasons for his peculiar mode of practice. Though so debilitated by protracted suffering that she was unable to make the slightest physical exertion, she examined his system for herself, and then determined upon consulting him. He became deeply interested in her case, and in an incredibly short time, her sufferings were relieved, her cough subdued, and her *disease of the heart* assumed a different and more agreeable shape."

"And she married him out of *gratitude*?"

"By no means; she was charmed with his genius, his character, his manners, everything about him; and conceived an affection for him, perhaps deeper and truer than the passion which we generally call love."

"Which he reciprocated?"

"Nay, you question too closely; I cannot answer on which side the attachment first sprang. Nor do I know any reason why it should not have originated in the doctor himself. Madame Hahnemann is a woman of the most brilliant talents; her information is extensive, her mind highly cultivated, and she is a proficient in almost every elegant accomplishment you can name. Combine these attractions with that of a prepossessing person, and you will not find it easy to imagine a man insensible to her charms."

"How do Hahnemann's children like the idea of a step-mother?"

"She is tenderly beloved by them all. Her delicacy and generosity towards them are worthy of mention. Hahnemann had amassed a large fortune, which she refused even during his life-time to share with him. She was determined to give no room for the supposition that she could have been influenced by interested motives in forming this union. She stipulated, before her marriage, that she should ever be excluded from any

participation in the avails of Hahnemann's estate; and induced him to settle the bulk of his fortune on the children of his first wife, merely reserving for himself an annuity sufficient for his personal expenses."

"How, then, was she to be provided for?"

"She was already independent as to fortune."

"Madame Hahnemann must, undoubtedly, be a very talented woman, if this painting is hers," said I, resuming my examination of the fine portrait, which had first attracted my attention.

"Not only that one, but several others in the larger apartments, replied Madame de R——. Some of her paintings have even been admitted into the galleries of the Louvre. Thus her name is classed with those of the most distinguished French artists. She is a poetess, too, and her works have won a truly flattering approbation from the public."

"A poetess! Where will her qualifications end?"

"I almost believe they have no end. She is mistress of five or six languages, which she both writes and speaks with ease and fluency."

"She appears to be worthy, indeed, of being the wife of Hahnemann."

"He thinks so, I assure you. He would not now find it so easy to dispense with her services."

"Is he infirm, then?"

"Not in the least. He has always enjoyed excellent health. His sight and hearing are unimpaired. His activity is remarkable. Even yet there is an elasticity in his movements and sprightliness in his manners which make you feel that something of youth has been left to him even in age. He would never remind you of the fable of the frog, whose discerning patients cried, 'Physician, cure thyself.'"

"Perhaps that is quite as remarkable as anything you have told me about him; medical men generally look as though they needed, but feared to try the effects of, their own medicines. Since he is so active, I suppose it would be possible to induce him to visit a patient?"

"I do not think that could be easily accomplished. In a case of great peril, perhaps, you might obtain the services of his wife."

"His wife? Why surely—"

At that moment our conversation was interrupted by the entrance of a lady. She was attired in a simple demi-toilette, and wore no bonnet; I therefore concluded she was not a guest. The instant she entered, the delicate-looking child my new acquaintance had been caressing on her knee, sprang suddenly to

the ground, and greeted the lady with expressions of the most affectionate joy. She was an elegant looking woman, with a finely rounded form, somewhat above the medium height. Her face could not be called beautiful, nor pretty, but the term handsome might be applied to it with great justice. Her forehead was full and high, and her hair thrown back in a manner which perfectly displayed its expansive proportions. Those luxuriant tresses, of a bright flaxen hue, were neatly gathered in a heavy knot at the back of her head, and partly fell in long ringlets behind her ears. Her complexion was of that clear but tintless description, which so strongly resembles alabaster. There was a thoughtful expression in her large blue eyes which, but for the benignant smile on her lips, would have given a solemn aspect to her countenance.

"She exchanged a few words with Madame de R——, kissed the child with much tenderness, and addressed several other persons present. While she was conversing, the child still retained her hand, following her about and pressing close to her side, with its little pale, affectionate face upturned at every pause, as though silently soliciting a caress. In a few minutes she retired.

I turned to Madame de R——, and inquired, —

"Is that Madame Hahnemann?"

"Yes; is she not a fine looking woman?"

"Undoubtedly. And from her appearance alone, I can well imagine her endowed with many of the attributes you have described her as possessing. Your little son appears very much attached to her?"

"Poor little fellow! he has good cause to be so. He had suffered from his birth from a scrofulous affection, which baffled the skill of the best medical men in Paris. They gave me no hope of his recovery, and he is my only child. At three years old he was unable to walk, or even stand alone. It was then that Hahnemann arrived in Paris, and I immediately called upon him.

"It was impossible to bring the child here, without risking his life, and Hahnemann attends to no patients out of the house. Madame Hahnemann told me, however, not to be uneasy, as she would herself take charge of the boy. She visited him regularly twice a day, watched him with the anxious tenderness of a mother, and prescribed for him in a manner which proved the extent of her judgment and skill. In a few months the child recovered. He has never had a positive return of the disease, but he remains exceedingly delicate. I bring him to see his good friend and physician every few weeks for the sake of

learning her opinion of his health, and consulting her concerning his management."

"Do you mean that *Madame Hahnemann* prescribed for him on her own responsibility?"

"I do. She is almost as thoroughly acquainted with medicine as her husband. She became his pupil with the view of assisting him when age might weaken his faculties. She now attends to his patients, as you will find directly; merely consulting him in cases of great difficulty."

"That is being a *helpmate*, indeed. But are patients always willing to trust her?"

"Assuredly; she has too incontestably proved her skill not to be trusted. Hahnemann is no longer able to undergo the fatigue of attending to the multiplicity of cases crowded upon him. Madame Hahnemann is universally confided in, respected, and beloved, especially by the poor."

"I can well believe it. Is Hahnemann assisted by any of his children in the same manner as by his wife?"

"Not exactly in the same manner, but still he is assisted by them. One of his daughters, and a fine intelligent girl she is, has the sole superintendence of an enormous folio, containing the names of all his correspondents, and the dates of their letters; also of several other folios, containing the letters themselves, arranged in alphabetical order. His other children are of service to him in various ways. To assist him is their chief delight. As I told you before, I never beheld a more united family."

"Miss Hahnemann's services alone must spare the doctor a vast deal of trouble."

"Yes, but still every moment of his time is employed. He is the most systematic person imaginable. In his library you will find thirty-six quarto volumes, his register of consultation, written entirely by himself. Apropos, his handwriting is really worth seeing. What do you think of a man, eighty-four years of age, who writes a hand firm as a man's ought to be, fine enough to be a woman's, and elegant enough to be traced on copperplate, and this without spectacles?"

"Think? Why, I think I have wondered at what you told me as long as I could wonder, and now I can only come to the conclusion that Hahnemann and his wife should be ranked among the curiosities of Paris, and that the sight-seeing stranger has not beheld all the marvels until he has seen them."

Our conversation was interrupted by a valet, who announced that Monsieur le Docteur was at leisure, and would see Madame la Comtesse.

She bade me good-morning, saying, "It will be your turn next; I shall not keep you waiting long."

"I hope not," thought I, as a glance at the clock informed me that it was somewhat more than three hours since I first entered the house.

A few moments after Madame de R—— left me, I was startled by hearing the same valet distinctly pronounce my name, somewhat Frenchified, to be sure, and announce that Monsieur le Docteur was ready to receive me. I was too much surprised to do anything but stare, until I remembered that I had placed my card in his hand some three hours before. I rose and followed him. He led the way through the same apartments I had travelled on entering. The doctor's reception chamber was situated at the farther end of the suite. Throwing open the door, he loudly announced me, and retired.

I stood in the presence of Monsieur le Docteur and Madame Hahnemann. The chamber I now entered was more simply decorated than any I had visited. In the centre of the room stood a long table; at its head, a slightly elevated platform, a plain looking desk covered with books. In front of the desk sat Madame Hahnemann, with a blank volume open before her, and a gold pen in her hand. Hahnemann was reclining in a comfortable arm-chair on one side of the table. They rose to receive me, and I presented Madame Hahnemann a letter from Herr Dr. Hirschfeldt, of Bremen, an eminent physician, who had formerly been a pupil of Hahnemann's.

While Madame Hahnemann was glancing through the letter, I had an opportunity of taking a survey of Hahnemann's person, for he had not yet resumed his seat. His slender and diminutive form was enveloped in a flowered dressing-gown of rich materials, and too comfortable in its appearance to be of other than Parisian make. The crown of his large, beautifully-proportioned head was covered by a skull-cap of black velvet. From beneath it strayed a few thin, snowy locks, which clustered about his noble forehead, and spoke of the advanced age, which the lingering freshness of his florid complexion seemed to deny. His eyes were dark, deep-set, glittering, and full of animation. As he greeted me, he removed from his mouth a long painted pipe, the bowl of which nearly reached to his knees. But after the first salutation, it was instantly resumed, as I was apprised by the volumes of blue smoke which began to curl about his head, as though to veil it from my injudicious scrutiny.

Madame Hahnemann gracefully expressed her gratification at the perusal of the letter, read a few lines of it to her husband

in an under-tone, and made several courteous remarks to me; while the doctor bowed, without again removing his long pipe. It was evident that he did not immediately recognize Dr. Hirschfeldt's name; and he was too much accustomed to receive letters of introduction to pay any attention to their contents.

Madame Hahnemann placed herself at the desk, with the doctor on her right hand, and myself on her left. I stated the principal object of my visit, attempting to direct my conversation to Hahnemann, rather than to his wife. But I soon found that this was not *selon la regle*. Madame Hahnemann invariably replied, asking a multiplicity of questions, and noting the minutest symptoms of the case as fast as my answers were given. Several times she referred to her husband, who merely replied with his pipe in his mouth. "Yes, my child," or, "Good! my child, good!" And these were the only words that I as yet had heard him utter.

After some time spent in this manner, Madame Hahnemann accidentally asked, "Where was your friend first attacked?"

"In Germany," I replied.

Hahnemann had been listening attentively, although he had not spoken. The instant I uttered these words, his whole countenance brightened as though a sunbeam had suddenly fallen across it, and he exclaimed in an animated tone: "Have you been in Germany? You speak German, don't you?" The conversation had hitherto been carried on in French, but the ready "Certainly" with which I answered his question, apparently gave him unfeigned pleasure.

He immediately commenced a conversation in his native tongue, inquiring how I was pleased with Germany, what I thought of the inhabitants, their customs — whether I found the language difficult, how I was impressed with the scenery, and continuing an enthusiastic strain of eulogium upon his beloved country for some time. Then he asked from whom was my letter. When I pronounced the name of Doctor Hirschfeldt, which he had listened to so coldly before, he expressed the deepest interest in his welfare, and spoke of him with mingled affection and esteem.

I was too much delighted with the doctor's animated and feeling remarks to change the topic. Yet I felt that he had lost sight, and was fast inducing me to do the same, of the primary object of my visit. Madame Hahnemann, however, though she smiled and joined in the conversation, had not forgotten the host of good people who were taking lessons of patience in the ante-chambers. She finally put an end to the discourse by a gentle admonition to her husband, warning him that he must not fa-

tigue himself before the hours devoted to business were half spent. Turning to me, she apologized for the interruption, saying that they received their friends in the evening, and would be happy to see me, then immediately resumed the subject of my friend's indisposition.

After a few more inquiries, I received some medicine from her hands, with especial directions concerning the manner in which it was to be used. She also presented me with a paper, on which the different kinds of food, vegetables, seasoning, and odors, which counteracted the effects of homœopathic remedies, were enumerated. After cordially shaking hands with the kind old man and his talented and exemplary wife, I bade them good-morning. One of the domestics in attendance conducted me down-stairs, and handed me into the carriage, as I drove home passing along a file of coaches stretching from Hahnemann's door rather farther than I could venture to mention and expect to be believed.

The favorable impression I had received on my first interview with Doctor and Madame Hahnemann was subsequently strengthened and confirmed. Hahnemann expressed the same enthusiasm as before at the mention of his own country, and on hearing that I was an American, made many inquiries about our young land, and especially concerning the progress of Homœopathia. I could not, however, give him much information which he had not previously received from other lips.

Hahnemann, amongst his innumerable estimable qualities, possesses that of the most indefatigable industry. The pains which he takes in studying and examining a case, are almost incredible. He records with precision the minutest symptoms of every patient, all constitutional ailments, hereditary taints, and numerous other particulars; never trusting his memory, and only prescribing after a deliberation often tedious, though always necessary.

To the poor he has ever shown untiring benevolence. Certain hours of the day are set apart for the reception of persons unable to offer compensation. They are attended with equal care, their symptoms recorded, and their diseases prescribed for with the same precision which is bestowed upon the *haut noblesse* of the land. It frequently occurs that Hahnemann is so fatigued with his morning duties, that patients who apply for advice in the afternoon, are placed under the sole superintendence of Madame Hahnemann. But they seem to consider this gifted couple one in skill, as they are indeed one in heart.

Hahnemann appears to take pleasure in confessing to the world his affection, almost veneration, for his wife. Shortly

after his marriage, in a reply to the Gallican Homœopathic Society of Paris, who had made him their honorary president, the following paragraph occurs: "I love France and her noble people, so great, so generous, so disposed to rectify an abuse by the adoption of a new and efficient reform. This predilection has been augmented in my heart by my marriage with one of the noble daughters of France, in every respect worthy of her country." The letter concludes with the following beautiful sentiment: "Blind as many still remain, let us render them a service despite their repugnance. In course of time we shall receive their benedictions; for our principle, like sunlight, is one of the most prominent truths of nature."

Concerning Hahnemann at a later period, we quote from Mrs. Anna Cora Mowatt's "Autobiography of An Actress," 1853:—

Mr. Mowatt, however, resisted all persuasions to place himself in the hands of their family physician. His prejudices were in favor of homœopathy. Hahnemann was then residing in Paris, and if the new science could yield balm for the invalid's affliction, we might seek it at the fountain-head.

Hahnemann at that period had become too feeble to visit his patients. He received them at his own residence. Mr. Mowatt being confined to his bed, the duty of calling upon the learned doctor, and of minutely describing the case, devolved upon me.

It was scarcely nine o'clock when I entered Hahnemann's magnificent mansion; but his saloons were already crowded, and one o'clock struck before I gained an audience. A valet in gaudy livery, who had taken my card some four hours before, then approached, and informed me that I would now be received into the consultation chamber. I followed him through a succession of apartments, all richly furnished, and embellished with numberless busts of Hahnemann, of various sizes. A door was thrown open, and I entered the consultation room.

At the head of a long table sat a lady, dressed in the most *recherché* demi-toilette, with a gold pen in her hand, and piles of books and papers strewed around her. She might have been forty years old; but I am no judge of ages. Her form was finely rounded, and her face still fresh and handsome. Her brow was remarkably high, and the hair, thrown back from her temples, fell in long, light curls upon her shoulders. Her complexion was brilliantly clear, and her blue eyes had a deeply-thoughtful expression. She rose to receive me, and it was not

until she resumed her seat that a shrivelled little old man became visible. He was reclining in a sumptuous arm-chair, with a black velvet skull-cap on his head, and in his mouth a richly enamelled pipe, that reached almost to his knees. His face reminded me of a ruddy apple that had been withered by the frost, but the small dark eyes, deeply set in his head, could scarcely have glittered with more brilliancy in his lusty youth.

As I took the seat which Mrs. Hahnemann designated, he noticed me with a *look* rather than a bow, and removing the pipe from his mouth, deliberately sent a volume of smoke across the table — probably in token of greeting.

Mrs. Hahnemann addressed me, and wrote down my answers to her numerous questions; but at the conclusion of the interview, declined prescribing until the invalid made the effort to appear in person. Hahnemann sat puffing away as though his existence depended upon the amount of smoke with which he was surrounded, and apparently intent alone upon his pleasant occupation. But when I spoke of our long visit to Germany, he suddenly took the pipe from his mouth. "Sprechen sie Deutsche?" were the first words he addressed to me.

I had only to utter "Ja wohl," when a species of Promethean fire seemed to shoot through the veins of the smoking automaton; he laid down his pipe, and commenced an animated conversation in his own language.

He spoke of Germany and her institutions with enthusiasm; asked me many questions concerning America, and expressed his admiration of the few Americans with whom he was acquainted. As soon as politeness permitted, I led back the subject to the point from which we had originally started — Mr. Mowatt's illness in Germany. At the first medical question, the pipe returned to its former position, the expanded countenance shrivelled up again, the distended muscles relaxed, the erect form sank back into a withered heap, and was quickly enveloped in smoke; he was the wearied out old man again. Mrs. Hahnemann answered my question with much suavity, and then gracefully rose. This was her signal of dismissal. I promised to return with the patient as soon as possible. She touched a silver bell; the door was thrown open, and the liveried valet escorted me to my carriage. . . .

A few days after the first visit, I returned, accompanied by Mr. Mowatt. Again we had to wait several hours in the ante-chambers; and, when admitted, the interview was unsatisfactory. After but a short trial of the medicines prescribed, his sufferings were so intense that homœopathy was abandoned, and Madame G——'s family physician called in. Four months passed

on, and brought no relief. But succor came at last from the hands of an eminent American surgeon. . . .

We are favored by Dr. I. T. Talbot with the following account of Madame Hahnemann:—

In the winter of 1854-55, I called upon Madame Hahnemann. On my first visit, I learned that she was at her country-house, to be absent two weeks. The second time, I was more fortunate; and, on sending up my card as "from America," I was shown into a spacious, but rather dreary and scantily furnished reception-room, the principal ornament of which, aside from the mirrors and clock, the constant furniture of Parisian rooms—was a colossal marble bust of Hahnemann, by David. It was taken in the last year of his life, and undoubtedly idealized its subject. In a few moments a lady of middle age entered the room. She was tall, and quite graceful; her hair slightly gray, and in curls; her forehead, high and intellectual. Her countenance impressed me as cold and austere, and her manner as courtly and forbidding. It was Madame Hahnemann. With her first salutation, it was easy to see that she was a lady of unusual accomplishments, and accustomed to meet strangers. When I referred to her illustrious husband, and to the wide acceptance of his doctrines in America, her coldness and austerity immediately vanished, and she became an interested and genial listener. She spoke freely and enthusiastically of Hahnemann, and said that his mind grew clearer, and his reasoning powers more comprehensive in the last years of his life. It seems that she first became acquainted with him, when, in 1835, she visited him in Coethen, Germany, as a patient. Hahnemann was then eighty years old, and his wife had been dead five years. M<sup>lle</sup> Melanie D'Hervilly married him, and he returned with her to Paris, where, in her home, he spent the last eight years, and probably the happiest of his life. He died July 2, 1843, in his eighty-ninth year.

When it was known that Hahnemann was in Paris, many visited her residence to see him; and here, her devotion to him and his interests is unquestioned. She acted as his interpreter, scribe, apothecary, and business agent; and it is fair to assume that his life was lengthened by her constant, unwearying attentions. "When he died," said she, "I felt that my mission was ended." But it seems that old patients came to her, knowing that she had a record of their cases as treated by Hahnemann, and new ones, hoping, through her, to derive some benefit from his transcendent ability. Eleven years had passed since his death, but I did not learn that she then engaged largely in professional work. Since that time, however, her practice has been quite extensive.

In 1869, Dr. Neidhard writes : —

In Paris, I visited Madame Hahnemann. She does not seem to be on good terms with the homœopathic physicians of Paris. "The men," she said, "think that because they are called doctors, they know something of medical science and the cure of diseases, but they know nothing." She spoke of their malpractice, mentioning a case in which one of them gave fifty drops of *Aconitum*, 6. in one dose. Hahnemann, she said, deeply regretted before his death the abandonment, by so many physicians, of his well-tryed maxims. As to the insinuations made by some, that he became childish during his last years, she strongly denied it. Instead of losing his memory and judgment, he was in the latter portion of his life more enlightened and deeply intelligent than ever.

The following letter from a lady now resident in Boston, gives a most interesting and satisfactory account of Madame Hahnemann as a friend and physician, from a date nearly two years before Dr. Neidhard's visit, to the latter part of the year 1869, and mentions briefly the fact of their communication up to the present time. Madame Hahnemann continues to practise medicine among her old friends and patients. She spent the past summer, as usual, away from Paris.

DR. NICHOLS : Dear Sir, — It gives me pleasure to furnish, at your request, for THE GAZETTE, some reminiscences of Madame Hahnemann.

It was my good fortune to meet her first during the autumn of 1867. Having need of a physician, I called at the apartment of Dr. Bönninghausen, only to learn that he was in Germany, and Madame Hahnemann was treating his patients meanwhile.

I had not known until then that the celebrated widow was living ; but I now very gladly left a request that she would call at our rooms as soon as possible : two of my friends had been suddenly seized with violent fever. I shall never forget the untiring devotion and rare skill of Madame Hahnemann in the management of their cases.

Once we had occasion to call her at midnight. We were "*au quatrième*" (without an "elevator"), and, as she came climbing up the many stairs, I could not resist a half apology for her supposed fatigue. She turned quickly towards me, her expressive face crowned with its glory of silver-white hair, and beaming with life and vigor, and with the bright naïveté of a young girl, said, "*Je suis encore jeune.*"

We all became strongly attached to her during those weeks of anxious watching; and when we were obliged to leave Paris, she took under her especial care our brother, who remained behind, called herself his mother, and put forth all her skill and tenderness to avert from him any ill consequences of the fearful fever, from which he was just emerging. I have thought I could do no better than to give you a few extracts from his letters written to me after my return home.

. . . "Madame seemed disappointed when I told her how sick J. was in spite of her medicines, and said he ought, when he got home, to put himself under the care of a good physician, a *Hahnemannian*, and have those tendencies thoroughly cured. She has the largest notions of what homœopathy can do, even in eradicating evil tendencies, and leaving one *gans gesund*. Even inherited ills have no proper right to exist; it may take time to remove them, but the result is certain. She always had confirmed headaches till she knew Hahnemann, and he cured her in three years. I see her every week. She proposes to give me a sound head."

. . . "I called on Madame a few days ago, and spent an hour with her. Thinking I was to leave at once for Germany, she had hunted up an old photograph of herself for me. But it was very bad,—had none of her benevolence; and, at her promise to have some new ones taken soon, and give me one, I didn't take it.

"She told me much of her own life, and that of her husband. She is French and a Catholic; she was born in Paris; became early interested in medicine, and determined to study. Through the exertions of a friend, she was able, when quite a girl, to be admitted to the dissecting-rooms of the medical school, at times when the students were not there, and, in some way which I did not understand, she got the benefit of the lectures too. For many years she studied in this way, and went over the same course which all allopathic students take for their degree. But, she said, the more she studied, the more unsatisfactory medicine became. It was a mirage. Then she met Hahnemann; what he told her made all plain;—recognized her doubts, and showed the truths to which they pointed.

"Hahnemann was then eighty, and she a girl, I don't know how old. He told her he had all his life looked for a *woman*, as Diogenes did for a man, and that he found what he sought in her. She married him, and as she expressed it, 'I was a servant to him, and his copyist, and kept his house, and studied with him, and it was paradise.' I wish you could have seen the dear old lady's enthusiasm. 'He was the most godlike man,' she said. 'No one ever had such

a face or character.' I said, 'Then he was not old when you married him?' — 'No,' said she, 'he had never drunk wine, ale, coffee, nor tea; had never sinned against his body in any way, and was as fresh and young at eighty, as most men twenty-five years younger.' She showed me an enormous book, giving the symptoms for homœopathic medicines then known, which she said her husband and she had compiled entirely by experiments on themselves. I must come to see her every three or four days, and let her talk of Hahnemann. I might read of him in books, but no one could tell me what he was as she could. I promised to come often, and she said she wished to introduce me to her son-in-law and daughter.'

. . . "Madame gives her sanction to spend a week in London, provides me with medicines, will see me when I return, and, if I have then gained as much as I ought, will let me go back to study. Her care has been the wisest and kindest. She gladly makes clear to me the difficult problems of her husband's doctrines.

"Her description the other day of their wedded homœopathic bliss was amusing. She told of their labors together, and how Hahnemann had no secrets apart from her; and how, all day we worked at the same table, and at night, his bed was here, mine there, and when we waked in the night, our talk was of medicine. I did n't marry him for his property, but for enthusiasm. He was rich; she, his second wife; and the law allows the wife, on the husband's death, half the property; the other half goes to the children. She gave up her half to the children by the previous marriage, and she said, 'You would think they would have been grateful, wouldn't you? but they were not.' This is the only allusion she has ever made to me with reference to the attacks upon her." . . .

Perhaps these short extracts will give some pleasant glimpses of Madame Hahnemann. I wish I had time to speak more fully of her wonderful skill as a physician, not only as shown in these cases, but in others which I have watched with interest. I can only add that the friendship thus commenced has continued ever since in the occasional interchange of letters and gifts.

L. P. B.

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CROWDED OUT. — We are obliged to defer, among other matter, several reports of societies, together with notices of books received from Lindsay & Blackiston and others, and other communications which will be published in the March number of the GAZETTE.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, FEBRUARY, 1874.

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MEETING OF THE AMERICAN INSTITUTE. — It is time to anticipate the Annual Meeting of the Association adjourned from Cleveland to open at Niagara Falls, Tuesday, June 2, 1874. This gathering will easily accomplish some things difficult to attain on former occasions: it can be larger; it can be more social. Not to be held, as has usually been the case, in a large city, the locality selected at the charming season will furnish sufficient recreation, while there will be little to distract attention from the main objects of the assembly. Arrangements have been made with one of the principal hotels to have it opened especially for the Institute, to be occupied by the members, and to hold therein the daily meetings. Placed thus where there may be at all times easy interchange of thought and social feeling, the members of the Institute, many of whom will be accompanied by their families, may establish those friendships which guard us against misunderstandings, unite us in effort, and cheer us, render us less selfish and more tolerant of the opinions of others. The convention has among its purposes such discussions as tend to the advancement of the school. Improvement in the conduct of these discussions has been noticeable in the later sessions; but time is still wasted in platitudes, crudities, useless legislation, quibbles, and jests, — a *Loquens-mania*, having symptoms not so much relieved by speaking, as aggravated by not speaking. Each bureau should be fully prepared upon some one subject; papers should be read, and members ready to criticise and defend; and every speaker should understand what he wishes to say and what he wishes to inquire. The British Congress of the last year offered a creditable example of subjects well selected, profitably discussed. We cannot doubt that the American Institute will, this coming session, improve upon its past.

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BOSTON UNIVERSITY SCHOOL OF MEDICINE. — The success which has thus far attended the first term of this school is such as may well furnish matter for congratulating its Faculty and friends. Like every

new school, it had many difficulties to overcome in its commencement. Located in a community where social and conservative influences are, perhaps, stronger than in any other city of our country, and under the very shadow of an institution of acknowledged worth and world-wide renown, it was expected that the first class would be small. Those who had the data for calculating its probable numbers, supposed they would hardly exceed twenty-five students. There were several reasons for expecting no more. The preliminary examinations for admission were more severe, and literary and moral attainments were placed at a higher standard than in any other medical college in the United States, and several were refused admission on these grounds; while the financial panic caused many to postpone their application. Notwithstanding all these hinderances, the school has numbered over seventy students in regular attendance. Of these, more than one half have entered the school for a three years' course.

The school is open to both sexes, and rather more than one third of its members are ladies. The order and decorum of the classes has been unexceptionable. The students are ladies and gentlemen in the best sense of these terms. They are taught to feel that they are preparing for a noble profession and a sacred trust. Both sexes are present at all of the exercises; and, as no low or vulgar jests fall from the lips of the professors to raise a laugh by exciting the debasing passions, so there is given no countenance to exhibitions, on the part of students, of that vulgarity but too common in medical schools.

The dissecting-room, which should be sacred to learning, has, as every physician knows, too often been desecrated by scenes of indecency, if not of loathsome obscenity. The dissecting-room of this school will bear examination at any time, day or night. It is light and airy, and the most scrupulous care and attention is given to order, neatness, and propriety. Often twenty or thirty students are busy in dissecting, or listening to the demonstrator, whose earnestness and quiet attention are such as become students of so grand a theme.

In no part of the building, not even in the dissecting-room, is the air tainted or the floor soiled by the use of tobacco. Indeed, the habit is so far in disuse among the students, even in their hours of recreation, as to be noticeable in its comparative infrequency.

The Faculty, though very large, has been thoroughly united. Each member is left independent in his own department, and all are determined on the success of the school, and that its pupils shall be thoroughly instructed in every branch of medical science.

Very gratifying progress has been made in procuring those means for instruction which add so much to its interest as well as force. A

good chemical apparatus has been secured; the microscopical laboratory has for its use ten instruments—some, of the most expensive kind; the museum has some pathological specimens, models in papier mache, and a complete cabinet of anatomical and surgical dissections modelled in plaster; the library contains more than a thousand volumes. The dispensary, established in the college building, and accessible to the students, has a large number of patients; and the surgical hospital provides care for the patients operated upon at the clinic.

The new amphitheatre, which will be completed ere this reaches our readers, is one of the pleasantest lecture-rooms in the country, and is capable of seating three hundred or more students. By a little effort on the part of physicians, these seats can in a few years be well filled.

But one of the best steps yet taken by the school is the establishment of a summer term.

This will begin March 16, and continue fifteen weeks. Readings and daily recitations in two of the leading branches of study, will thus afford great aid to the student, and that, too, without any additional expense beyond the fees for winter course. The course of lectures next winter will extend over twenty-one weeks, commencing October 7, 1874, and this school will thus afford annually thirty-six weeks of instruction to its students.

We cannot close this notice of the school without speaking of the delightful social entertainment given by the Faculty to the students, at Wesleyan Hall, on Wednesday evening, Jan. 7. The company numbered about one hundred and twenty, and, besides the teachers and students, included some of the officers of the University, and those particularly associated with the medical department. A bountiful collation, music, vocal and instrumental, and moreover, that genuine friendly sentiment which pervades the school in all its relations, so filled the evening, that it will long be remembered by those who participated.

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DR. HERING'S CIRCULAR, asking physicians to observe and *report to him* the effects of medicines given at certain times "depending on the combined solar and lunar influence," is in the hands of most of our physicians. Let us not neglect the opportunity to learn, but read Dr. Hering's article in *The Hahnemannian Monthly* for January, then fasten the paper where we can see it every time we study a prescription. Let us seek to discover what drugs have a *soul* in them, truly indicating power to cure (*characteristically*), and then communicate

what we learn to others. If the observations which he requests prove that these influences do not exist, Dr. Hering will be the first to reject a belief in the latter.

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**THE ETHER CASE.** — With every “regular” authority to discourage success, we yet wish that Dr. Cushing had felt himself called upon to use persistent efforts to restore the life which was evidently struggling in the body a far longer time than has hitherto been devoted, *secundum artem*, by practitioners of the old school to the resuscitation of their cases of apparent asphyxia from ether.

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**THE “HEALTH-LIFT.”** — Dr. Paul, the proprietor of the establishment so named, has given his institution place in our advertising columns. We would here speak of the benefit which we have seen to follow the moderate use of this system of gymnastic exercise. Do not lift too much! The doctor will hardly need to be reminded of the value of advising those who exercise to fully inflate the chest at times, while also occasionally taking the recumbent position as is customary between the “lifts.”

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*\*\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

A MEETING of the Board of Trustees of the Massachusetts Homœopathic Hospital was held on Saturday, January 17th, the president, Colonel H. S. Russell, presiding. The secretary read the records of several recent meetings, and the transactions of the Board in relation to obtaining a suitable location for the hospital. The president explained that 26,000 feet of land, situated on East Concord Street, opposite the City Hospital, had been purchased of the city at the rate of one dollar a foot. The terms were one half cash, and the balance in five equal annual payments. The object of this meeting was to take necessary steps towards the erection of a suitable building thereon. The treasurer, F. W. Andrews, Esq., made a statement in regard to the funds in the treasury. At present these amount to about \$97,000, and are all invested in safe stocks, a schedule of which he presented. The income has been sufficient to pay the current expenses of the hospital; but if any considerable portion of this fund is taken for the purchase of land or the erection of a building, unless some other source of revenue is provided, the hos-

pital cannot meet its present expenses, to say nothing of any increase thereto. The Hon. Rufus S. Frost said that he was delighted to find the funds so well invested, and that they have suffered so little by the financial panic. He thought it was due to the public, as well as to the institution itself, that we should afford better accommodations, and that there were friends of the hospital who would willingly aid it by annual or other subscriptions. Mr. Charles G. Wood felt that some such means should be taken to provide for the future expenses of the hospital, before expending the funds now in the treasury, so that the institution might not become crippled by a debt. Mr. William Pope suggested that annual subscriptions sufficient for the current expenses might be secured by the assistance of physicians and others. A committee was appointed for this purpose. A committee, consisting of Frank W. Andrews, Charles G. Wood, William Pope, I. T. Talbot, and C. Wesselhoeft was appointed to procure suitable plans and specifications for a hospital of sixty beds. It is designed to erect a handsome, comfortable, and convenient building; and it is hoped that the response of the friends of the institution will be such that it can be done this year. An appeal will at once be made for annual and other subscriptions. Let physicians take hold of the matter with energy, and they will find a generous response from the public.

## CORRESPONDENCE.

### NOTES FROM THE OTHER SIDE.

Our opponents cannot convince us that their hatred of Homœopathy is so very great after all; for with every blow aimed at us, they follow our time-honored precepts. Each winged shaft from their bow strikes an abuse we too have already eradicated to a great extent.

Among many examples, these: "TIMELY.—Take every opportunity of learning to treat disease pleasantly—seek to make your medicines, your drugging of your patients, as elegant, or little nauseous, or little like medicine as possible."—*Bost. Med. & Surg. J., from London Med. Times & Gazette.*

That is precisely what we have been doing for more than half a century, under the motto, "*Tulo, ceto et jucunde curare.*" For further proof, see § 2 of that dreaded book, known as the *Organon of the Healing Art.*

And now behold the next:—"RIGHT. The medical man must warn the public from popular medical fallacies, and the foolish pretensions of the quack. He will be called upon to expose the follies of homœopathy—a system founded on deceit, built in ignorance, and supported by credulity.

The local physician will endeavor to practise rational medicine, and not this or that system"—*Bost. Med. & Surg. J., from Lond. Lancet.*

Because we "take every opportunity of learning to treat disease pleasantly, seek to make our medicine, our druggings of our patients as

elegant, as little nauseous, or little like medicines as possible," we are called "quacks," whose "system is founded on deceit," etc. Was it wise to place these two quotations so close together in the same number of the *Boston Medical and Surgical Journal*, where we could n't help seeing them?  
Z.

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## HOMŒOPATHY IN RHODE ISLAND.

PROVIDENCE, Jan. 2, 1874.

DEAR GAZETTE: — Feeling certain that your readers will be glad to hear of any activity in our ranks, I cannot forbear informing you of the transactions which took place on the occasion of the annual meeting of the Rhode Island Homœopathic Medical Society.

In this State, Homœopathy has always held a strong position among the laity, as well as in the profession; and this society was one of the first to receive an act of incorporation, which was accorded it in 1852; while the Massachusetts Society was not incorporated until 1856; and I am not quite certain that Connecticut or Vermont have yet accorded similar courtesies to their homœopathic societies.

The society was at first large and prosperous, and embraced in its membership many physicians residing in southeastern Massachusetts; but when the war broke out, the interest of many of the members was diverted, and the meetings were finally discontinued. The proper officers failed to call the meetings, and the members allowed years to pass without making special effort for reassembling the society.

The effect was alike disastrous to the cause and to the physicians. No effort was made in the State to establish any charitable institution under homœopathic care, and the physicians lost that *esprit de corps* which had years before distinguished them. But this state of things could not continue. The growth and importance of the American Institute of Homœopathy, the establishment of societies, and their successful meetings in the other New England States, soon had effect here. The old society revived, and the annual meeting held this evening — the first one for a dozen or more years — has shown a vitality and force truly gratifying to your correspondent, an accidental guest. Notwithstanding the evening was cold and stormy, about a dozen assembled in a pleasant hall, and, after spending a half-hour or so in social conversation, organized the meeting. The officers had served only three months, and without delay were re-elected for the ensuing year. Then came the scientific work. The concluding portion of a very carefully prepared article on Cholera, was read by Dr. Von Gottschalck; a short but practical paper on Observations in Cholera Infantum, by Dr. Brown; and an elaborate study of Anæsthesia and Anæsthetics by Dr. Jackson, and the various papers were briefly discussed.

But one of the most important actions of the meeting was the adoption of measures for the establishment of a free dispensary in this city. It was first voted that such a dispensary should be founded; and then an executive committee was appointed, to act in conjunc-

tion with the other physicians in its establishment. This committee met to organize directly after the society had adjourned, and its members intend at once to make the measure a success. It is purposed to interest the ladies in this movement, and this will of course render success almost a certainty.

The society will hold its meetings monthly. The quarterly meetings take place on the first Friday evening in January, April, July, and October; and if any of your readers can manage to spend one of those evenings in the beautiful city of Providence, I am sure they will be as cordially received and as hospitably entertained as was your correspondent.

T.

## REVIEWS AND NOTICES OF BOOKS.

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

C. HERING'S MATERIA MEDICA; WITH A PATHOLOGICAL INDEX. Volume I. Boericke & Tafel, Turner & Co., London and Manchester, 1873. pp. 706; octavo.

Dr. Hering's provings are our best after Hahnemann's. He seems to have power similar to Hahnemann's, to make and select provings which give us vital hints as to the characteristics of medicines, bringing out those subtler actions as regards time, locality, and condition, which are so eminently necessary to cure; — this is what *observation* means, — the revealing of truths obscure to others. The above work is a continuation of the *Amerikanische Arzneiprüfungen* which was published between 1852 and 1856, whose learned and beautiful introduction would form a monograph in itself, — among its very valuable medicines, *Apium virus* and *Benzoic Acid*. Of this book how little use can be made by the bulk of the profession! *Glonoine*, *Millefolium*, *Apium virus*, *Cepa*, *Hippomanes*, *Jatropha*, *Xiphosuria*, *Kalmia*, and *Aloes*, have never been translated, or only incompletely.\* *Oxalic Acid*, *Benzoic Acid*, and *Rumex*, have been translated.

There is not, among all the remedies of the new *Materia Medica*, a single one which we do not hail with the same enthusiasm which greeted the *Lachesis*, — and then the *Arzneiprüfungen*, for these are real *provings*, not a conglomeration of poisonings and eclectic experiments made only upon the sick, though these experiments and poisonings are added to the homœopathic provings; so that there is no remedy in this collection (even of those least fully proven) which is not presented in details sufficiently definite to enable us to make trusty diagnoses of the remedies in given groups of symptoms. Where Dr. Hering's works have faults, eccentricities (exuberances, rarely failures), puffed at by those who are not noble enough to comprehend the simplicity of

\* Several of them are translated in manuscript, principally to be used in composing the new *Materia Medica*.

his great purpose, let us endeavor to discover them, but recall his own advice concerning the uncertain symptoms, to let all grow together until the harvest. The vast accumulations of provings which he has been bringing together through many years, are waiting only for the money to print them, for which the means hitherto used have been wholly inadequate. His note at the conclusion of the *Phytolacca decandra* is nothing less than pathetic. How quietly, after the initial ebullition, are the results of years of labor laid aside in the belief that others will do the work as well as he. "This remedy is the last of a series of monographs, commenced in the Journal for Materia Medica . . . regardless of the progress towards readiness for the press of several remedies arranged by myself. It is a sacrifice on my part in many respects to give all this up, but the sacrifice is just as willingly made as have been many others during the forty years of my stay in Philadelphia. . . . I see that the profession will receive within a few years a complete materia medica, and according to the promises given by homœopaths of the highest standing, it will be made much better than the so-called Hempel's Jahr. . . . Such a work makes every other entirely superfluous. We ought not to waste time, talent, and money; we ought rather to concentrate all our efforts, and not burden our colleagues with more expenses. During all my life I have never pushed myself into a position that others were willing and able to take. . . . There is always a great deal to be done that others are either unwilling or unable to do."

Believing as we do in the superior convenience of the proposed arrangement of the new Materia Medica in process of preparation, we are still convinced of the necessity of our possessing, for reference as to the original authority, of these provings of Dr. Hering. What pity is it then to know that this and much more material lies unused only for the want of money to publish it! Can none of our friends suggest a way or a means by which Dr. Hering's provings can all be published, so that he may be able to devote a large share of his remaining time to their arrangement? We know what becomes of posthumous works. We ask earnestly again *for a way*, when we see how much more useful these provings are than any since Hering's time. In the development of an important enterprise, a stock company is formed, which is willing to make an outlay for the sake of future profit; shall we, when no publisher takes it in hand, neglect to develop our gold-mine which lies idle in Philadelphia?

W. P. W.

A DICTIONARY OF MEDICAL SCIENCE, by R. Dunglison, M.D., LL.D., late Professor in the Jefferson Med. College of Philadelphia. Edited by Richard T. Dunglison, M.D. Philadelphia, 1874. Published by Henry C. Lea. pps. 1131; octavo.

We are indebted to the publishers, through James Campbell, 18 Tremont Street, for an early receipt of the above. In its revision, the son of the original compiler has added over "*six thousand* subjects and terms not embraced in the last" edition. It is only necessary to announce to our readers their opportunity to purchase the new edition of this almost indispensable work; for the physician who has become

accustomed to its use, soon learns to depend upon it, as upon a friend in need. As practitioners of Homœopathy, with our own full books for reference in the matters especially belonging to the practice of the new school, we can gather from this book a large share of that which we need for criticism, warning, and information upon other matters more or less medical. We have truly reason for congratulation, when we compare the lexicons in present use to illustrate every science, with those of a few years previous; but, perhaps, no greater advance has been made in the convenience and scope of the word-books of any science, than that which has been accomplished in the science (so called) of medicine. The introduction of single words, or, when necessary, idioms from our own language in our medical vocabularies is a great desideratum, to attain which very little has yet been attempted. How beautifully simple and direct is the German mother-tongue used in the Anatomy, Materia Medica, etc. ! And, to the ear of those familiar with the language, not unpleasant is the length of its compound words; for the compounds are composed of terms in constant colloquial use in the German.

It is a pity that the author of the present edition exhibits but little consistency in attempting to define that sore point of our opponents, OUR SUCCESS. After his definition of *Homœopathy* as "a fanciful doctrine," etc., he quotes an additional growl very like one from Bunyan's Pope sitting chained by the way." "Why, my readers!" he says, "I must again call attention to Homœopathy. It is not only a fanciful doctrine, but, *Dr. Bigelow* says, 'the case is left to nature, while the patient is amused with nominal and nugatory remedies.'" But mark what *Dr. Dunglison* does;—he accepts from time to time as medicinal agents such medicines as are introduced by those "who leave the case to nature while the patient is amused" by the "nominal and nugatory remedies." *Cactus grandiflora* is one among the many remedies not mentioned in the edition of 1865, but it finds place in that of the present year by a piece of *Italian diplomacy*.—See U. S. Dispensatory, p. 1551. GEN. ED.

THE NINTH ANNUAL REPORT OF THE CONSUMPTIVES' HOME, etc. By Charles Cullis, M.D., Boston. For sale at Willard Tract Repository. pp. 86; octavo.

MULLER, in England, several years ago, describing unpretentiously the results of a daily reliance on higher than mortal aid, related the details of his support of an institution (similar to others in Germany) which gained, he thought, through prayer, unfailing gifts and other means of subsistence, — writing a graceful and touching story, such as a child might tell of his inner and outer life. But, we confess, we are more and more wearied, as we read *Dr. Cullis's* publication from year to year. It leads us to notice the distinction between the child-like and the childish, and then say little more except professionally. The Lord does not mean to have His physicians *pray* that a cancerous deposit may be dissolved. *instead* of administering a well-considered remedy. If prayer is a curative agent, its sphere must be defined; otherwise, having a panacea, we need a materia medica no longer, and fail to recognize the fact that we are endowed with powers of observation and faculties qualifying us to exercise our rea-

son in treating diseases. In truth, the shortest process would be to pray that nobody should ever get sick.

“A lady came to me with a cancer in the cheek which had attained the size of a filbert. It had a very red and angry appearance. After prayer for her healing, she went into the country. She returned home in eight weeks, entirely cured. The friends acknowledged that ‘Faith did do good once.’”

From a letter of another patient: “When I became so weak as to be nearly helpless, Dr. Cullis was called in. . . . He sounded my lungs, and said my only hope for recovery was in the Lord.” On the occurrence of a second attack: “Dr. C. prayed, anointed me with oil; and, in the name of the Lord Jesus, commanded me to be healed. From the moment I believed, the work was done. My lungs, so long diseased, breathed with new vigor, . . . so that I am feeling better now than I did before my sickness.”

Other passages may be quoted having various bearings: “For several weeks I have not been able to rid myself of the idea that the Lord is calling me to preach at Grove Hall Chapel. . . . Which-ever way he may lead, *this is my prayer* — to preach, or not to preach.” . . . “Already, friends hearing of my desire to go from home for rest, are sending sums of money for that purpose. It is proposed that I sail for Europe with my wife and daughter.” . . . “My heart, too, comes slowly up to the necessity; for no spot on earth can offer such attraction to me as this; and the precious work God is undertaking. Perhaps I am too slow to consider the limitations of the body. But in this, as in everything, I desire God’s will alone, and believe He will lovingly lead. It already begins to be very sweet, — the knowledge that He is inclining the hearts of so many dear Christians and co-workers to pray and give for this purpose.”

“It is right to add that a few instances have occurred in which I seemed, in my own consciousness, to have the same faith and yet the healing did not follow. I offer no theory upon this subject. I simply state facts, and leave the rest with God. . . . It is not always that even those who are Christians have used a restoration to health or to life, to their own blessing, or to the glory of God.”

If the reader exclaims: You have been talking about absurdities so great that they need no refutation, — we think it but just to pay our tribute to those results of Dr. Cullis’s labor which have been, in the main, useful and beautiful. For the restful, cheerful *home*, where sufferers have had gentle care in place of a death-bed of poverty or neglect; and where many, in its sunlight and peace, have regained health, Dr. Cullis will have, what he deserves, commendations and grateful love.

But thou when thou prayest, enter into thy closet; and when thou hast shut the door, pray to thy Father which is in secret; and thy Father which seeth in secret shall reward thee openly.

It has been suggested that if the public chooses to be deluded in this way, it is better than delusion in a worse cause. GEN. ED.

MASSACHUSETTS INSTITUTE OF TECHNOLOGY. The President’s Report for the Year Ending Sept. 30, 1873, Boston.

This report comes to us replete with encouraging statements as to the work accomplished during the past year, and with hopeful prophecies of increasing vigor and usefulness in the year to come.

The Institute of Technology has proved itself capable of bestowing that education which amply qualifies its graduates for their several professions. The rigid examinations which frequently occur are real tests of the industry of students, the drones from among whom are inevitably dropped before they have been long in the school. Journeys taken together, and shorter excursions for the day, frequently made for surveying, etc., under leadership of the professors of the Institute, develop the physical powers of the pupils, while they afford most practically the information needed by each in his special course of study.

In every department a healthy growth shows itself. We notice with especial pleasure the steps taken in instituting the "Lowell Course of Industrial Art." This course accords with the "highest principles of elevated utilitarianism." The department has, at its commencement, met with such friendly support, that but few years can elapse before our native talent, now nearly dormant, will have opportunity to develop forms as graceful in coloring and as exquisite in design as those that issue from the *ateliers* of Alsace and Lorraine.

The department of logic reports a discussion lying within our province. The nature of the northeast wind is analyzed, and an endeavor is made to discover why it is so cold. Before we reach the final paragraph, "Does the investigation satisfy the condition of the canon, and is the conclusion valid?" we find the pupils agree that neither its violence, temperature, humidity, electricity, or ozone, all of which are variable, can account for the chilling influence of our familiar visitor; but they find fine dust, microscopic germs, gathered during the long journey usually made hither from the north pole, are logically answerable therefor!

GEN. ED.

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## ITEMS AND EXTRACTS.

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THE SIAMESE TWINS, whose death occurred Saturday, Jan. 17, are described in technical language as a compound monstrosity, of the class designated by Geoffroy St. Hilaire as *autositaires*, or capable of extra-uterine life. So far as is known they had longer life than any other compound monstrosity of their class, having lived to the age of sixty-three years.\* These two connected human beings have been the object for many years, both of public curiosity and of scientific examination. Their evident oneness in thought, in desires, in sensations, and their general psychological development were as wonderful as the junction of their bodies. In many important respects they were two persons, — in others they were as one. It has long been a point for discussion whether the living link between them could be severed without causing death to both, and whether on the death of one the life of the other might be saved by promptly separating the living from the dead. The almost simultaneous death of the twins by no means clears up the physiological question. It may be doubted whether Eng could

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\* In reference to the study of monstrosities, the subject of Teratology is one of great interest. We hope to furnish our readers with a compilation of the most recent investigations upon this topic, in the GAZETTE for the coming month.

have survived Chang after the most skilful surgical operation, even if the connection between them had been found to be not vital in a physical sense. The companionship, the unity of action, and the mutual confidence between the two were of such a nature that the sundering of the ties must have caused the speedy death of the one who was left.

A paper by Professor John C. Warren, M.D., which was published in the *American Journal of Science and Arts*, in 1830, states that the boys were purchased of their mother in a village of Siam in 1829, when they were about eighteen years old. The substance by which they were connected was a mass two inches long at its upper edge and about five at the lower. Its breadth from above downwards was about four inches, and its thickness in a horizontal direction two inches. This cord was extremely hard at the upper end only, and was found to be prolonged into the breast of each boy. It probably contained no pulsating vessel, and was covered by the skin. It was remarkably strong and had no great sensibility, for they allowed themselves to be pulled by a rope fastened to it without exhibiting uneasiness. The slightest impulse of one to move in any direction was immediately followed by the other, so that they appeared to be influenced by the same wish. This harmony in their movements was not the result of the volition excited at the same moment, but was, in the opinion of Dr. Warren, a habit, formed by necessity. He says, "When I first visited the boys, I expected to see them pull on this cord in different directions as their attention was attracted by different objects. I soon perceived that this did not happen; — although not placed exactly in a parallel line, they run and leap with surprising agreement of motion. Pursued in sport, around the ship, they came suddenly to the hatchway which had been left open. The least check would have thrown them down the hatchway, and, probably, have killed one or both; but they leaped over without hesitation. This agreement in the volition of movement has become a habit so nearly fixed that the gentleman who bought them has noticed but a single instance of deviation. One of them who had become accustomed to use the cold bath wished to continue it after the weather was cool, to which the other objected." They differed in intellectual vigor. The perceptions of one were more acute than those of the other, and there was a difference in moral qualities; he who appeared most intelligent was of a somewhat irritable disposition, while the temper of the other was extremely mild. A person could whisper in the ear of one of them without the other hearing; while volatile salts applied to the nostrils of one had no effect on the other; and while pinching the arm of one excited no sensation in the other, still, if you but stuck a pin in the exact vertical centre of this connecting link, both would flinch from the hurt. The twins were seldom observed to converse with each other. They played a good game of draughts, made pretty much the same moves and at the same time, and frequently played against each other. The pulsations of the hearts of both coincided exactly under ordinary circumstances, and their respirations were in consequence simultaneous. After attracting a vast amount of attention among scientists and physiologists in the Old World, they married two sisters, and settled down near Salisbury, N. C., on a well-stocked plantation. In addi-

tion they had at one period ample funds invested through their agent in New York. During the war they continued to reside on their plantation and lived in the same quiet and harmony as ever, until some few years afterwards. The brothers probably never would have had any difficulty, but that their wives, though sisters, turned away their hearts. Up to the period that each had five children all prospered well enough, but one of them had a sixth, and this awoke envy and jealousy to such a degree that the twin sisters, not being bound together like the twin brothers, would no longer live under the same roof. The brothers were about sixty-three years of age, but one, the smaller and feebler of the two, looked, it is said, ten years older than the other. They could turn either back to back or face to face, but that was as far as the remarkable bond that united them permitted. A few years since they corresponded with some of the leading surgical operators in London, and in a visit to that city they submitted to some experiments to determine the safety of cutting the cord. Among other things a ligature was tied firmly for a few minutes around the connection between them, so as to prevent the circulation of blood through the artery. But it seemed as if each would expire if this were persisted in. The smaller of the two fainted away and lost all consciousness, and there were symptoms that the same effect would follow to the other; but the process could not be continued long enough without endangering the life of him who was the first to faint. Since the breaking out of the rebellion the twins both dressed in the confederate gray, and were both members of the same church, having united with a small Baptist church in their neighborhood.

Chang was partially paralyzed last fall, since which time he has been fretful and strongly addicted to strong drink as a means of alleviating his sufferings. As soon as it was discovered that Chang was dead, Eng became terribly shocked and raved wildly for a time, at times exhibiting signs of great mental aberration. This attack was followed by a deadly stupor. In two hours from the death of Chang Eng died. The deaf-mute children of the deceased expressed their sorrow and bereavement in the most pitiful manner.

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## PERSONAL.

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REMOVALS. — M. J. RHEES, M.D., has removed from Hollidaysburg, Pa, to Newtonville, Mass., where he succeeds C. W. Taylor, M.D.

DAVID THAYER, M.D., from 58 Beach Street to 94 Boylston Street, Boston.

HENRY WATERS, M.D., from Stockton to Mechanic Falls, Me.

GRAUVOGL is now living in Munich, having removed from Nuremberg, his late place of residence.

ALEXANDER BERGHAUS, M.D., of New York, has returned from Europe.

LOCATION. — Templeton, Mass., will welcome a good Homœopathic physician. The town comprises three villages within a radius of three miles; two of them have railroad facilities. Population, three thousand. Considerable practice may be obtained in Gardner, five miles distant. Address Dr. W. B. Whittier, M.D., Fitchburg, Mass.

W. H. HOLCOMBE, of New Orleans, has met with a piece of good fortune. He finds himself the owner of an original painting by Murillo. The picture represents a Magdalen kneeling.

THE  
New England Medical Gazette.

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No. 3.]

BOSTON, MARCH, 1874.

[Vol. IX.

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CLINICAL MEDICINE.

W. P. WESSELHOEFT, M.D., EDITOR.

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CASES BY THE EDITOR.

SEQUELÆ OF BURNS: CANTHARIS.

THE beneficial effect of *Cantharides* in recent burns has frequently been mentioned, and I am satisfied that I have seen at least one life saved from its immediate use after an extensive burn, where the attending physician had given up all hopes of a recovery. A case in my experience has lately led me to believe that it has a deeper influence than merely to antidote certain recent effects of a burn, and may often be strongly indicated in disease following burns long since healed, but the shock to the constitution not entirely overcome, — very like arnica, which is not alone important in recent injuries, but has cured conditions resulting from very old injuries, or where the results of former injury have not passed off. A light-complexioned, fair-haired boy, six years of age, and of thoroughly healthy appearance, was taken with symptoms of scarlet fever about a fortnight after two younger children in the same family had recovered from the same disease.

First day. — Violent nausea with vomiting, no thirst, chilliness, surface cold, face flushed. Pulse 100. Gave *Ipecac.*<sup>200</sup>

Second day. — Passed very restless night, frequent vomiting and almost constant nausea, great heat of body, thirst with frequent drinking, very flushed face, great soreness of throat, he dreads to swallow, seems sleepy but cannot sleep soundly on

account of a sudden twitching of body which awakens him. Pulse 130, full. A slight appearance of eruption on wrists. *Bell.*<sup>200</sup>

Third day. — Nausea and vomiting have ceased. Night very restless, complains of burning heat, feet cold in the evening and remain so in the morning. Eruption rather less than yesterday. Throat excessively sore, dark red, and the water drank regurgitates through the nose. Accumulation of saliva which he spits out very frequently. Pulse 140. *Ammon. carb.*<sup>200</sup>

Fourth day. — The patient was alternately cold and hot during night, and very delirious. During my visit noticed sudden change of flushed face to very pale. The eruption has entirely disappeared. Pulse very rapid and small. Surface feels warm when complaining of cold, except the feet. Throat and mouth, symptoms same as yesterday. Has declined all food for three days. On uncovering him, I found a scar on left leg, the size of a hand, with considerable loss of substance, and a smaller scar on the other leg. The mother told me that a year ago he was badly scalded, and his life was despaired of. He was dangerously ill for several weeks, and had never been strong since the accident; "the shock to his nerves," she said, "at the time was so great that we have looked upon him as an invalid ever since; although looking well, he has lost vigor and has very little endurance." The condition was so desperate, that with this additional knowledge, I gave the parents little hope of recovery. *Cantharides*<sup>200</sup> in water was given every three hours, chiefly on account of the previous injury, feeling at the same time that it was not contra-indicated by the present symptoms, especially with the sensation of chilliness, which alone, however, would not have led me to select the remedy.

The result was far beyond my most sanguiné expectations; for on the following day I found my patient not only warm over the entire surface of the body, but heard that he had passed a much more quiet night and had drunk two glasses of milk on awaking in the morning, without return of the fluid through the nose. The pulse 105 and much fuller. No ap-

pearance of eruption; but the urine, which had been clear throughout the sickness, was now as thick as if Indian meal had been stirred in it, and of a very strong odor.

The recovery was rapid, indeed there was no stage which could be called convalescence. His appetite was fully restored forty-eight hours after the first dose of *Cantharides*. A week later, when he was running about the room, desquamation of the skin about the wrist and knee joints and on the toes was plainly perceptible.

I saw the mother a week since, when she assured me that he appears in every way better than prior to his burn.

#### FACIAL NEURALGIA: NUX VOMICA.

E. C. H., æt. 30. Dark complexion, nervous temperament, of a gentle and yielding disposition.

He has suffered for 3 years from almost daily attacks of sharp, twisting, boring, excruciating pains in both supra-orbital regions, frequently shooting through the whole forehead, and occasionally into the temples, extorting groans of agony. No external applications have modified the pain; neither heat nor cold affect it; the pain is generally better after sundown; severest spells usually occur during forenoon and afternoon. Sometimes attacks are only in one side, but at other times both sides are equally affected; is exceedingly restless with the pain; walking and moving ameliorate; wet weather aggravates; on the whole, he is better in the fresh air. Thinks the pains were brought on by mental application in mercantile business, and by long hours of sedentary occupation.

He is one among the many thousand unfortunates who are told by their physicians that their physical salvation depends upon a daily faecal evacuation, consequently has taken much cathartic medicine, which has caused a prolapsus ani at every stool often difficult to reduce.

On account of this long-continued medicinal influence I commenced the treatment with *Nux vom.*, and gave him a dose of the two hundredth potency, to be taken on retiring, deferring a careful study of the case until after my second visit. I directed him to use no artificial means to produce a stool, and

assured him that no ill would come to him even if he had no evacuation for a fortnight.

Twelve days afterwards I saw him again. The pain had been decidedly less, and confined entirely to the right side, concentrating more in the eye itself, not passing into the forehead or temples. The bowels had moved twice. I allowed the *Nux vom.* to act undisturbed, and gave *Sac. lact.*

Thirteen days later he reports great improvement, has had but two days of pain, and bowels have moved regularly for six days, followed by slight prolapse, which reduces itself spontaneously.

Twelve days later, reports continued improvement. Pain so slight and of so short duration that he hardly notices it. Although living irregularly and travelling to New York and back during this time, has daily evacuations without any trace of prolapsus. Has taken a severe cold, causing dry morning cough, for which I gave *Nux vom.* <sup>1 m.</sup>

The following is taken from a letter received from the patient, Feb. 6, being about two months after the administration of the remedy last mentioned: "I am happy to say that I have had no severe attack of pain since seeing you, and in fact have had none except when much overworked; the relief of the prolapsus continues; it has given me no trouble, with one exception,—when I was very much exhausted; my bowels are in much better condition. The effects of the medicine seem truly wonderful; and when I think of the great amount of suffering I have endured, compared with my present condition, the relief appears almost incredible."

I should also add that no change in the patient's diet was made, as it was already correct with the exception of smoking a cigar once daily, which he continued to do during the treatment.

The relief from fresh air led me to believe that another remedy besides *Nux vom.* would be required to finish the cure, as *aggravation* from fresh air is one of the marked indications for this remedy. The aggravation from mental labor seems, therefore, to be a more important indication for *Nux vom.*

## GASTRODYNIA : ANTIMONIUM CRUDUM.

BY J. K. WARREN, M.D., PALMER, MASS.

MARCH 25, 1872. — Mrs. S., pregnant; has been feeling ill several days. She complains of nausea, and pain in the head, back, and region of the womb. She has carried a heavy pitcher of water up-stairs, when she thought something gave way in her abdomen, since which she has felt in the abdomen a sensation of coldness, especially at night in bed.

I gave *Bell.*<sup>3</sup> and *Puls.*<sup>3</sup> alternately without relief. Nothing better was done by *Ars.*, *Nux*, *Iris*, *Bry.*, *Ipecac.*, or *Ant. cr.* in several potencies. In consultations with Drs. Collins of Springfield, Chamberlain of Worcester, and McAllister of Ayer, various measures, topical and medicinal, were tried, —ice-cold applications to the back; *Rhus tox.*, *Bismuth*, *Lac. acid.*, *Hell.*, *Sulph.*, and *Oxalate of cerium*, but with no relief. She has now been sick six weeks, during which time she has retained no nourishment, and for the last four weeks everything taken into the mouth, or even the odor of food, excites vomiting. So acutely sensitive have the olfactory nerves become, that she is able to correctly state whatever sorts of fruit or other food are brought into the house, and even in which room they are placed; and from thus smelling them, retching and vomiting are instantly excited. There is also vomiting, without special external cause, at intervals of from twenty minutes to an hour. The substances raised are bloody, green, or black (resembling coffee-grounds). She has severe burning pain from mouth to anus. No stools have occurred for thirty-five days. Life has been sustained by injections of beef-tea, lamb-broth, and farina-gruel.

Applying myself once more carefully to the case, I was convinced that *Ant. cr.*, though already given, was still indicated. Having taken this for a few hours, in the third potency, the vomiting became less severe and the burning pain decreased in violence. The improvement, although not rapid, continued. On the third day of treatment she retained milk in small quantities without nausea, and at the end of a week she could

take a pint of milk each day, but any other food or drink, even water, would excite vomiting. The *Ant. cr.* was continued, and she improved rapidly until about the fifth month, when she suddenly aborted, having hardly any pain, since which time she has been quite well. The patient had a sister, and two intimate friends who were sisters, who died of *Gastrodynia*, having symptoms almost identical with those above given, except that they were not pregnant.

#### NOCTURNAL ENURESIS: SEPIA, ETC.

A gentleman connected with a public institution near Boston reports his treatment of the boys there confined who have acquired the habit of wetting the bed at night. Of the whole number (89), from ten to sixteen years of age, at présent in the institution, fully one half have been separated at night from the others on account of this habit. Of them, nine must be awakened every two hours, otherwise the urine is passed involuntarily in bed. The others are awakened less frequently, or get up of their own accord, two or three times during the night. Sleeping, as these boys do, in bunks one over the other, the state of the lowest boys is disgusting. The time of most frequent micturition is after midnight. No doubt, the fear or expectation of the passage of water has something to do with its occurrence. Some of the boys think they would be able to overcome the habit if they did not sleep in beds having a urinous smell.

The diet of the boys, consisting principally of salted meats, boiled, or made into soups strongly seasoned with pepper; baked beans slimy with pork; and bread, brown and soggy, or white filled with *saleratus*, is unfavorable to the general health.

Between forty and fifty have had, within the past month, sores, generally on the legs; the eruption has, in most of the cases, been dry, in the form of small, itching, slightly-raised red blotches, which in three cases became moist, forming moist scabs and running sores.

Smelling of sweet spirits of nitre (suggested by reason of the quantity of salt taken in the food) apparently has no effect. *Sep.*<sup>200</sup> has seemed to help the boys of light complexions. *Sul-*

*phur*<sup>200</sup>, after three weeks' use, has appeared ineffectual. *Hep. Sulph.*<sup>200</sup>, given especially in the cases of the boys suffering from the eruption, has had very little apparent effect. The remedies above named were given in accordance with suggestions from a physician of our school, but under the discouraging circumstances of the filth and evil diet which too often obtain in our public institutions for "reform."

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## MATERIA MEDICA.

J. HEBER SMITH, M.D., EDITOR.

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### THE INSCRUTABLENESS OF DRUG ACTION.

BY J. HEBER SMITH, M.D., MELROSE, MASS.\*

THE ancient necromancer who was wont to draw magic circles on the ground, with the most impressive ceremonies, bringing thither precious perfumes, odorous gums, and the brilliancy of fire, which aids all arts, and who stood in the midst conjuring, and beholding, in the ecstasy of his imagination, incorporeal demons striving to break into the ring, and who, trembling with fear, scanning ever and anon his *Pentacolo* or magic chart, endeavored by mild and gentle means to dismiss them, seems a not unfitting type of the physician. Like him, we, too, stand within curiously devised and allusive circles, printed in the sand, facing a legion of shadowy, resistless emissaries of death. But we cannot, like the necromancer, bid our enemies stand back, or flee to their hiding-places. Our fire is unable to intimidate or appease; the same intangible shapes arise again to cope with us, and no circle is so sacred but that its bounds are overleaped and our companions carried from us. We also fight, not against flesh and blood, but against *essences*, imponderable, unknowable. The perturbations that we witness are not the quaking of ruinous fanes, the haunts of superstitious rites, but the crumbling of the living temple.

Whatever was weird in medicine is dropping off, like moss

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\* From a lecture delivered to the class in Materia Medica, at Boston University School of Medicine, Feb. 3, 1874.

from an unfolding flower, revealing only freshness and promise, so that already our science may be seen to contain within itself the elements of its future perfection.

There are secrets locked from our scrutiny even in the opening rose, — how much more, then, in man. The secrets of life, disease, and death are hidden thus deeply, and it is well for our science that its perfection does not depend on our knowing them. And as we are not to know the secret of life and the essence of disease, it would also appear that we must remain in ignorance of the action of drugs. Here we must consent to ignorance, even if against our wills, for we cannot help it. Let it be allowed that any attenuation of a drug, as far removed from crudity as the sixth, or farther, has ever influenced the diseased organism in the direction of health, — let this once be allowed from incontrovertible proofs, and the method of operation of an agent so far intangible and approaching the realms of the spirit is already covered from the reach of our senses by the mantle of the infinite. We may study the secrets of a ray of light from a distant star, but the operations of our attenuations are positively incomprehensible to us, except through their effects.

The theory of *similarity* is unquestionably the one of all others that has been of pre-eminent service to the study and use of remedies; and since there is, from the nature of our mental constitutions, an apparent necessity for a theory of some kind to guide us in the accumulation of facts, we may safely continue to use this one as a therapeutical criterion until the possible announcement of another that shall be more exact or comprehensive. The recent theories of chemistry which postulate the finite divisibility of matter, and the ingenious but shifting classifications of naturalists, while they do not convince us of the actual existence of monads or species, yet subserve the arranging and use of valuable and practical facts. A like benefit accrues to the student of *Materia Medica* from the theory of *similarity*.

It has been well said by Bacon, "If experience is not directed by theory it is blind." But it is impossible to overrate the importance of *exact precision of language and thought*

in scientific details, and in the deduction of conclusions from them. It is required of medicine, before it can claim the character of a science, first, a correct ascertainment of the data from which we are to reason; and, second, correctness in the process of deducing conclusions from them.

On no question, perhaps, have scientific minds differed more than on that of the action of drugs. Most hypotheses, when rigorously tested, are seen to be grounded on bare assertions, and to be destitute of even logical proofs. The analogies on which are founded the probabilities of their truth are susceptible of being turned to the disadvantage of their promulgators, while it is found that medicines are capable of producing the same results in seemingly dissimilar ways. It seems, indeed, that it should suffice us to know the effects of a medicine, when applied to disease, even though we continue in ignorance of the particular manner whereby it acts.

From the foregoing it would seem that the most vulnerable points in our system of homœopathy are its purely theoretical ones (which is certainly much to its credit); and our therapeutical axiom, that diseases are cured by their similars, neither explains all, in numerous instances, nor, in other instances, does it seem to escape the implication of a flagrant contradiction of facts. Indeed, it might be erased from therapeutics, at least as a general axiom, if we wish to rest this science on a solid basis, whose certainty no one could contest. It is now sufficiently well established, at least, to cast a shade of suspicion on the universality of our axiom, that drugs are capable of producing quite opposite effects, termed by some their *primary* and *secondary* effects (though that which in one may be the secondary effect of a drug may, in another, be its primary); and they are selected by experienced and successful physicians with not unfrequently the most satisfactory results, not from their more usual and direct effects, but on account of properties known of them to be uncommon, erratic, and even, apparently, contradictory to their understood pathogenesis. In common with all other and more ancient principles, as well as those proclaimed concurrently with it, this principle of therapeutics is derived from a physico-pathological system which must rest,

from the necessities of the case, on an imperfect knowledge of the laws of life.

Fortunately for the well-deserved success of our school of medicine, in practice it cares nothing about the theories of drug-action, and when a disease is to be treated it regards only the sensible and ascertained effects of a remedy. It treats all *curable* diseases with such remedies as produce in a healthy person similar symptoms to those attending the progress of the diseases treated. This is its highest principle, and it is grounded on the immutable evidence of experience. The glory of Hahnemann consists in his careful and painstaking observation of the effects of drugs on the well, and in so critically noting every symptom, physical and mental, that could reasonably be referred to the influence of drugs. The principle of *similarity*, so forcibly enunciated by him, will ever serve us in the selection of the curative remedy, even though we may doubt the absolute similarity, in point of fact, between the drug and the disease. Indeed, we may have erred not a little in assuming that drugs cure diseases through their similarity. There is a wide difference between the statements, — *Only drugs that are "similars" cure*, and, *Drugs cure only through similarity*.

And here I desire not to be misunderstood, or thought recreant to the essential principles of homœopathy. Our strength lies not in a name, and our success has depended on a surer foothold than the prejudicial axiom, *Similia similibus curantur*. The observations of our founder, embodied in this familiar axiom, have reformed the methods of studying and administering remedies; while their *embodiment*, in an abstract statement of medical philosophy, may never command universal assent.

And, further, it will be seen that men must ever continue to differ in the power to observe similarity. To form a class of certain objects is nothing more than to give a common name to all those we judge to be similar; the more our judgment is perfected the more the classes will be multiplied, because there are no two individuals who do not differ in some particulars. Sensible objects being known to us only by the impressions they make on our senses, our minds perceive nothing in the

objects beyond the sensations they excite. Thus, when we are asked, What is the nature or essence of a body? we are only able to respond by announcing the sensible qualities of that body. Those qualities of a body which we term essential or non-essential are only so, relatively to our ideas. Hence, the similarity of the symptoms of a drug to the symptoms of a disease, when critically examined, will be only apparent in those points that appeal to one or more of the senses, while, essentially, the drug and the disease may be quite dissimilar, and able to elude the most subtile inquiry. The argument I have followed will be seen to discourage all premature attempts at the arrangement of drugs in therapeutical groups. Such groupings, in the present stages of our advancement, are delusive and ephemeral.

Symptoms, of drugs as well as of diseases, are like swift and successive passes of light before the eye of observation. Our science has long gathered them together, like rays from some inaccessible luminary, for the most critical analysis; but we are to-day, perhaps, no nearer than ever the knowledge of the way in which they are produced or removed. Surely the student of medicine, in this generation of science, cannot but look with amusement akin to contempt upon the high controversies of the past on the essence and proximate causes of disease.

The futility of arguments founded mainly upon theoretical hypotheses has been demonstrated again and again, until at last only the results of observation and experience are truly prized. Faithful to nature and experience, like Hippocrates, whom it would be safe to take as our model, and cultivated by the profound study of the best medical works published in all time, we may achieve the illustrious celebrity of deep and impartial judges of science. In the confession of ignorance wisdom begins, and to admit that there are impenetrable secrets in nature should only serve to render the true student a more just observer of her outward phases.

The time spent in theorizing over the essence of diseases and the action of remedies might have been better occupied with the observation of facts. Nor are medical theories mere harm-

less ebullitions of learned conceit; for wherever in the past disease has been unmasked and vanquished, it has been accomplished, not in virtue of prevailing theories, but in spite of them.

But human knowledge is progressing ever onward, like a broad, deep current, though at the sides eddies and swirls may appear to set backward, into which individuals, with their theories tenaciously clutched, may seem to be revolving independently, and in other directions than that of the main stream; and we must all feel the influence of the great movement. In medicine and its kindred themes, this current is tending towards a re-examination of things once taken for granted. At no distant day all of these sublime and inspiring subjects of thought that lie at the foundation of our spiritual and physical life, may begin their unfolding from a common ground,—the unknowableness of first causes. We who have been striving long to lift the veil from the infinite, only to find that it covers and sustains all things, may some time rest content with knowing *what* is being done, leaving the inscrutable *method* hid in nature.

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## OBSTETRICS AND THE DISEASES OF WOMEN.

J. H. WOODBURY, M.D., EDITOR.

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### A CASE OF ATRESIA VAGINÆ.

BY J. H. WOODBURY, M.D., BOSTON.

Miss B. was brought to me March 26, 1873, by her physician, Dr. E. P. Colby, of Wakefield, for examination with reference to the possibility of an operation.

The history of her case is substantially as follows:—

Miss B. on arriving at the age of puberty presented all the signs of natural development. The mammæ were of full size, the pubes covered with hair, and everything betokened "the coming woman"; but she did not menstruate, although many times before she reached the age of twenty the menstrual nixus was decided and unmistakable. She now began to suffer

from severe headaches of a congestive type. The eyes were blood-shot, the head hot, the cheeks of a bright or dusky red, while the pain through the forehead, temples, and vertex was intolerable, many times accompanied with delirium and coma. At these times there was also severe pain in the ovarian region, especially on the right side.

Between these periodical attacks, she suffered greatly from pain in the spine throughout its entire length, but especially in the lumbar and cervical regions, and also in the occiput. About this time an examination was made and occlusion of the vagina from imperforate hymen diagnosed; but an attempt to relieve the difficulty by an operation only resulted in revealing the real nature of the case as one of complete atresia vaginæ.

She had been examined by several of the leading gynecologists of the "regular school" in this city, who all agreed that there was complete absence of the uterus, and that any operation, therefore, for her relief was useless.

One of these gentlemen discovered an ovarian tumor, which he proposed to remove by ovariectomy, and another told her friends that the case would soon result in insanity.

The case now presented the following conditions:—The general appearances were those of a healthy young woman of twenty-two. The external genitals were nearly of normal size, the ostium vagina was small and constricted, and terminated abruptly in a *cul-de-sac* not more than three fourths of an inch in depth, composed of firm, dense tissue. On introducing a sound into the bladder and the finger into the rectum, they approached so nearly that it was hard to believe that more than a single septum intervened between them, and as far up as one could reach not the slightest vestige of a uterus was apparent. In the right iliac region there was a fluctuating tumor of the size of a very large orange, at all times sensitive, but periodically this sensitiveness was greatly increased, as was also its bulk. A similar but smaller tumor existed in the left side. This tumor appeared to be a sort of hæmatocele or cyst filled with menstrual blood, and I began to consider the possibility of making an orifice for the exit of that already contained, as well as that which might be

hereafter effused, in case it should prove to be the product of menstruation. The patient was at that time nervous, and so weak, that she was obliged to keep her bed a considerable portion of the time, and this weakness had noticeably increased in the last three months. After a full statement of the case, its dangers and its possibilities, and after a consultation with Drs. Colby and Williams, it was decided to make an explorative operation along the line of the apparent recto-vaginal septum. Accordingly, the tissue at the extremity of the vaginal fossa was divided antero-posteriorly with the bistoury, and an attempt made to divide the subjacent tissue, first with the finger and afterwards with the handle of a scalpel; but so firm was the adhesion that very little progress could be made. A sponge tent was crowded into the orifice and left till the next morning, though it caused the patient a good deal of pain during the night.

Next day still further progress was made by the same process, and still more the third. By this time the canal had been carried up nearly the full length of the finger, and a long and large tent was introduced, with the understanding that, if no results came from it, it should be the last, as the parts had now become very sensitive, and a considerable degree of peritonitis already existed. This tent was introduced at ten o'clock, A. M., and withdrawn at three P. M., on account of the intense pain which it caused. Up to this time there had been no hæmorrhage of any consequence; but the mother told me that evening, that, about an hour after the removal of the tent, there had been a sudden and copious discharge of blood; and an examination of the ovarian region showed that the tumor had disappeared. Attempts at dilatation were now discontinued. A bougie was placed in the canal, to prevent its closing, and our efforts directed to the control of the peritonitis, which had, by this time, become extensive and intense. This subsided in a few days under *Verat. virid.*, and the patient rapidly recovered. There was a copious muco-purulent discharge from the orifice, and great tenderness, which gradually subsided. A permanent dilator was made of ebony, and the patient returned to her home in the country.

Her after treatment was very skilfully conducted by Dr. Colby, who devised a dilator for her, which was worn much more comfortably than the ordinary one. He also successfully treated a recurrence of the occipito-spinal neuralgia shortly after her return, and, by the way, the last severe one that she has had. I subjoin a letter from Dr. Colby, giving an account of an endoscopic examination made by Drs. Colby and Williams, some three months subsequent to the operation; also the results of a microscopic examination of the discharge, made by them at the same time.

WAKEFIELD, Sept. 14, 1873.

*Dear Doctor,* — Miss B. arrived home April 16, much fatigued; pulse 120; severe pain in lower part of the back, and intense neuralgic pain in head, neck, and shoulders. The part operated upon was very sensitive, and manifested a marked tendency to spasmodic closure; the contraction could only be overcome by persevering attempts, which finally resulted in admitting the tip of the finger. April 18, vagina not painful, and much less sensitive. The parts showed but little disposition to contract; another dilator,  $\frac{1}{8}$  inch smaller than the first one, was introduced with but little pain; profuse muco-purulent discharge, with small quantities of blood.

April 22. — Wears the dilator without pain for four or five hours, and the improvement has been continuous to the present time, Sept. 14.

May 13. — In company with Dr. Nancy T. Williams, made a thorough examination with endoscope and speculum. The membrane lining the *cul-de-sac* had a smooth shining appearance, and, at the extremity of what appeared to be a short canal, a minute depression, like the opening of the fallopian tube, was visible. The mucus removed through the endoscope was alkaline in its reaction, and, under the microscope, both pavement and cylindrical epithelium were seen.

June 19. — Had a discharge of blood of the appearance, and accompanied by physical symptoms, of menstruation.

Sept. 14. — Patient is still in perfect health; the parts, though somewhat tender, are not painful; she introduces the dilator about once in three weeks without discomfort. There

has been no return of the menses since June 19, although twice since, on July 19 and August 19, she had some pain in the back, and felt as though she was about to menstruate.

She now enjoys good health in every respect, and is the liveliest of a lively family.

Yours,

E. P. COLBY.

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## CHEMISTRY AND PHARMACOLOGY.

E. P. COLBY, M.D., EDITOR.

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### RELATIONS OF CHEMISTRY TO MEDICINE.

BY N. F. MERRILL, PH.D., B.S., CAMBRIDGE, MASS.

It is a welcome sign of an increasing desire for thoroughness in professional education that the requirements for the degrees of law, medicine, and theology are steadily widening their scope. In none of the professions, perhaps, is this mark of progress more noticeable, and in none of them is it assuming a more determined aspect, than in that of medicine.

That the physician should not be merely "Doctor of Medicine," — although such a title is fitting to express his proficiency in a specialty, and may serve with propriety to signify even more than this, — but that he should be a man of general scientific culture, and habituated to scientific methods of thought, engrafted in him by long and close application, not to one or two special branches of science only, but to many of them, is a fact which has not hitherto received legitimate attention, but which is now asserting its claims, and meeting with an ever diminishing resistance.

Never was there a more dangerous argument applied to education, than the statement, formerly so rife, and the cadences of which have not yet wholly died away, that, in order to succeed in any profession or specialty, one must devote his entire time to its exclusive pursuit. Facts, carefully investigated, do not support such a view. There may be an element of truth or of good meaning couched beneath it; but that sentiment, as

it has prevailed, is rather the song of an enthusiast, than the verdict rendered by a thoughtful, considerate mind.

It is just possible that the celebrated Darwin has allowed himself to suffer some of the inevitable results of yielding to the old cry of the specialists; and we therefore find him cramped in his arguments, and perhaps hasty in his conclusions, in spite of the immense collection of facts which he has at command within the precincts of his special branch of science.

Thus, philologists claim, with reason, that the great questions which Darwin undertakes to settle cannot be disposed of, so long as they are dealt with exclusively in the laboratory of natural history; but that the origin of language has important bearings upon the cases in hand. A little more philology, even at the expense of a little natural history, if need be, might have furnished the great philosopher with sounder arguments than those already presented.

Again, in searching for material for his recent work upon "The Expression of the Emotions," etc., Mr. Darwin sought for aid from the interpretations of emotion furnished by the great painters, but failed, according to his own painful testimony, in finding such assistance. Merely an accessorial study of art matters, in early life, might have revealed an abundance of valuable resources to Mr. Darwin, when he came to devote himself practically to his specialty.

But to pass from the principle in the abstract to its application in a single direction, according to the statement of our subject, let us consider briefly the necessities of a thorough acquaintance with the principles of chemistry and physics, and the extent to which these branches should be pursued, in order that the study of medicine may be carried forward to the best possible advantage. In such a brief examination as this must necessarily be, the matter may be best discussed by bringing forward a few simple suggestions and illustrations.

It is everywhere taken for granted that, in educational courses, the general must precede the special. Thus, the study of physics should usher in that of general chemistry; and it is a self-evident fact that the study of general chemistry

should precede that of any of its applications, as agricultural or medical chemistry. The importance of the studies of physiology and of anatomy, in anticipation of that of medicine, has never, from earliest times, been doubted. That is, it is unquestionably essential that the physician should thoroughly understand the structure with which he constantly deals, and to which he applies his medicines.

The question arises, Of what use is such knowledge, unless he understands the nature of the medicines themselves, — that is, their origin and composition, not merely the effects said to be produced by them upon the human system under certain circumstances? Such a question is a fair one, and has been fairly answered. The result is, that our best medical schools provide courses in medical chemistry as a logical necessity. But, as one link of a chain connects another, this branch of medical chemistry involves certain other ramifications, absolutely necessary to its own successful furtherance, and exceedingly important even were they to be considered as isolated studies. Medical chemistry is a special application of general chemistry; so that the latter becomes at once a *sine qua non*. This application of chemistry to medicine embraces a study of the adulterations of drugs, and the methods of their detection. Here we have at once the imperative necessity that every physician of liberal culture shall include in his acquirements an adequate knowledge of qualitative chemical analysis. However brief his course of study in this auxiliary department, it should be comprehensive. But, before dismissing this point, the fact should not be lost sight of, that the physician is, in the wide range of his experience, liable to be often called to satisfy himself and others as to the presence or absence of elements or their combinations, aside from the testing of drugs. In the curriculum of a medical school, a course in qualitative analysis might well be considered as the true connecting link between the fundamental study of general chemistry and its special adaptation to medicine.

While, then, the study of qualitative analysis must be considered a reasonable requirement of a well-graded course in the study of medicine, familiarity with the details of quantitative analysis may well be regarded as, indeed, a valuable acquisition, but by

no means a practical necessity; although, undoubtedly, every medical student of to-day should know something of its underlying principles.

There is yet one branch of applied chemistry which is all-important to the student of the art of healing, and which, even as qualitative analysis is the link to join the study of general chemistry with that of medical chemistry, connects his pursuit of the latter study, and, indeed, all of his knowledge of the elements, with that of the human body. It is perhaps to be regarded as the absolute medium through which the student's acquirements in the more abstract and remote subject of general chemistry, and the more closely allied branches of qualitative analysis and medical chemistry, arrive, ultimately, at their grand and final application. Physiological chemistry is, for the medical student, the crowning chapter of all his chemical study. Surely that study which treats the chemical nature of the bones, tissues, and juices of the human body, and which investigates the seemingly miraculous changes which occur from moment to moment and from hour to hour within the laboratory of that wonderful organism under Nature's skilful manipulation, needs no prolonged argument to assert its importance, — no lengthy plea that it may be earnestly embraced.

But, aside from the consideration of chemistry in its pure and applied conditions, the doctor of medicine needs to be thoroughly acquainted with the principles of physics, or natural philosophy. Who should understand better than he the nature of the laws of ventilation, heat, and light, specific gravity, etc.? It may well be urged that a knowledge of general physics should precede the study of any of the specially applied sciences, and that it should be taken for granted that a medical student has already acquainted himself therewith previous to his entrance upon the study of medicine. We should be glad to leave the matter thus easily disposed of, and may do so with this correction, — that in all medical colleges, such a condition should be *ascertained and required*, rather than *taken for granted*.

One may, indeed, use the microscope after a fashion, by means of the printed "directions" pasted upon the lid of the case; one may test the specific gravity of urine by rules and

tables; one may suggest proper means of ventilation and supply of heat, suitable for the sick chamber, without knowing much more of such matters than that lenses have foci, that some liquids are heavier than others, or that hot air usually rises, and that it is not safe, as a general thing, to burn much charcoal in a close room.

The world to-day wants men who say and do things, not by rote, but because they know whereof they speak and do. It is a source of gratification to observe that our medical colleges are rightly considering these matters.

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### TERATOLOGY.

BY W. WESSELHOEFT, M.D., CAMBRIDGE.

THE recent death of the Siamese twins could not fail to draw the attention of medical men to the subject of Teratology, or the doctrine of congenital malformation, a branch of our science interesting not only to the pathological anatomist and accoucheur, but full of deep significance, also, to the student of anthropology, from its bearing upon the question of evolution. In the following remarks, which pretend to no originality, either in form or substance, as they consist almost wholly of extracts from the article of W. Vrolik on Teratology in the Cyclopædia of Anatomy and Physiology, from the *Jahresber über Anat. Physiol.*, with which I have compared the opinion of Ramsbotham, Darwin, etc., I propose to give only an outline of the whole subject, touching briefly upon those points which indicate its importance as a branch of natural science, and also upon those which are interesting to us all as physicians.

The doctrine of Teratology, a term coined by I. Geoffroy St. Hilaire, from the Greek *τέρας* and *λογος*, belongs properly to pathological anatomy, and treats of congenital malformations, or those imperfections of primitive formation arising during intrauterine life, and before the termination of the foetal condition, in contradistinction to the acquired anomalies of organization, or those arising after birth.

Although we have left far behind us the absurd ancient

theories derived from various superstitions ascribing the origin of congenital malformations to sexual intercourse with devils or brute beasts, and declaring their birth to portend some approaching calamity, the explanation of their origin remains exceedingly obscure. The opinions concerning it may be reduced to two distinct points: First, the original malformation of the germ; second, the subsequent deformation of the embryo by causes affecting its development.

Concerning the first of these — the original malformation of the germ — we have evidence that it may be produced by influences proceeding either from the male or the female sex. It must be assumed to exist in those cases in which the same kind of monstrosity is repeatedly procreated by the same parents, and must be ascribed to the mother, where a deformity possessed by herself is transmitted to her offspring; and it is an important fact that in such cases various degrees of the same deformity are frequently produced in successive retrogression, until they finally disappear in the last born. The malformation may be attributed to the father when, being himself deformed, his offspring has a similar deformity, or when a well-formed man procreates the same deformity with different women. Further proof of original malformation of the germ, is found in hereditary malformation extending over more than one generation, as hare-lips, excessive number of fingers, hypospadias, etc.

The second of these propositions — the deformation of the originally well-formed foetus — is also very generally conceded, but its cause and origin appear even more obscure than those of the first. The theory that these may lie in mental impressions of pregnant women, still finds adherents, though no positive proof and very little evidence can be adduced in its support. Against it the following facts may be urged: in all cases cited, the impression was produced in the last stages of pregnancy, when the foetus must already have gained its permanent form; malformations rarely, perhaps never, agree with the apprehensions or fears of pregnant women; on the contrary, it most commonly happens that a woman who, having born a monster, is under continual fear of bearing an-

other, brings forth a well-formed child. Malformations occur among the inferior vertebrates as well as insects, testaceous animals, echinodermata, and birds, whose oviparous generation must guard them against the effect of disturbance of the maternal imagination. In the case of twins, one child may be deformed and the other perfect; and finally, the malformation may affect the more deep seated organs, the existence of which is entirely unknown to the mother.

It is not denied that certain conditions of the mother, and violent mental as well as physical shocks, may exercise a decided influence upon the general development of the child; but in view of the arguments enumerated, we must exclude mental impressions from the ætiology of actual malformation. Causes positively influencing the malformation of the fœtus may be found in external injuries suffered by mothers during pregnancy. Thus, it can be easily proved that ventricular or internal hydrocephalus may arise in that way; and, further, in diseases of the ovum and of the fœtus itself. Sir J. Simpson has described acute and chronic forms of placentitis, to which should be ascribed all those singular exudations which attach themselves to the fœtus as pseudo-membranes, *e. g.* the attachment of the placenta to the malformed head; a pseudo-membranous cord passing to the head, around which the umbilical cord is twisted, and other similar instances.

The most common and apparent effects of disease of the coats of the ovum are seen in the so-called molæ, which, according to their consistence, are divided into fleshy, fungous, tendonous, etc. According to Valentin, they all arise from degeneration of the vascular nets of the chorion, causing defective respiration and nutrition of the fœtus, which soon dies, though the mass may continue to grow until term, or even beyond it. Most commonly, however, they are expelled long before this.

(To be concluded in our next.)

## SURGICAL CLINIC.

*Boston University School of Medicine.*

H. M. JERNEGAN, M.D., PROF. CLINICAL SURGERY.

AT the eight clinics, commencing Nov. 8 and ending Dec. 27, 1873, operations were performed in the following cases:—

*Hypertrophy of the Vulva.*—The subject was a delicate female, 22 years of age. The first appearance of disease occurred six years ago, in the form of a wart upon the left labia minora. The principal growth involved the nymphæ and clitoris, presenting the appearance of a large lobulated and pedunculated tumor, each lobule being about the size of a man's fist; the outer surface of the lobules was roughened and corrugated, the inner smooth. Besides this lobulated mass there existed a hypertrophied condition of the labia majora and tissues about the anus. The whole growth resembled, in appearance, elephantiasis, — being, however, of a fatty, instead of a fibrous structure, as in that disease. The lobulated growth was removed with the scalpel, one or two small arteries ligated, the vagina filled with lint, and olive-oil dressings applied to the parts. The lesser growth about the anus was permitted to remain, with the view of making a second operation at a future time.

*Encysted Tumor.*—A tumor about the size of a large marble was situated upon the neck, just behind the sternomastoid muscle, and about two inches below the mastoid process. It had made its appearance three or four years since, slowly increasing. The parts being rendered insensible by means of ether spray, a linear incision, about one inch in length and penetrating the cyst wall, was made, when, by grasping the sack with dressing-forceps, the whole was easily removed. The wound was now washed with hot water and dressed with a strip of isinglass plaster.

*Fatty Tumor.* (*Operation by Prof. Talbot.*)—A man about 35 years of age presented himself with this tumor upon the neck, situated just above the superior angle of the scapula; the growth was about the size of a tea-cup, but somewhat flattened. The operation was done by mak-

ing a long incision across the tumor, which penetrated the mass so as to divide it into lateral halves. The upper portion of the tumor had been the seat of an old carbuncle, and at this point firm adhesions existed. These having been cleared by a few touches of the knife, the operation was completed by re-vulsion. Two or three small arteries were secured by ligation, the flaps united by silver sutures, and the parts dressed with lint and adhesive plaster.

*Excision of the Eye.* — The subject of this operation was a young man 21 years of age, who during his early life had been the victim of epilepsy, resulting in the impairment of vision in the left eye. Two or three years ago, while chopping wood, a piece struck his right eye, destroying it. As there were some signs of sympathetic inflammation in the other eye, extirpation was deemed advisable. The patient being brought under the influence of ether, the operation was made in the usual manner, dividing the conjunctiva, muscles, and, finally, the optic nerve. Hæmorrhage was promptly arrested by a stream of cold water. The stop-speculum was left in place for two hours to prevent œdema of the lids, and the cavity dressed with wet lint and secured by compress and bandage. The lids were then permitted to fall together naturally, and cold-water dressings were applied until healed. Four weeks after the operation, an artificial eye was fitted and gave him much satisfaction. Vision in the remaining eye has improved a trifle, but will never be normal.

*Fibrocystic Tumor.* — A growth which finally became as large as a goose-egg, occupying the submaxillary and superior carotid triangles, made its appearance about nine months previous to the operation, in the case of a young lady of 17; in the enjoyment of health. The growth was slow. The tumor circumscribed and hard, was diagnosed a fibroid tumor. The patient was brought under the influence of ether, and an incision made along the anterior border of the sterno-mastoid muscle, about four inches in length, exposing the wall of the tumor. Plunging the knife into the substance of the growth, it entered a cyst, and following its removal there was an escape of thin white pus. The puncture was at once enlarged both longitu-

dinally and crucially, the contents were evacuated and the cavity explored, when it was ascertained that the deeper portion of the tumor had so far broken down that, had the operation been delayed a few days, it would most likely have discharged somewhere along the course of the œsophagus or larynx, — possibly with a fatal result. A tent of lint being introduced to facilitate the discharge of broken-down tissues, the incision above and below the tent was united with silver wire. Water dressings and injections of dilute carbolic acid twice daily, was the treatment adopted for three weeks, after which time a sea-tangle tent was substituted for lint. Six weeks after the operation the larger portion of the growth had broken down and discharged itself, and was slowly but steadily decreasing.

*Caries of Tarsal Bones: Excision and Amputation.* — The case was a young man about 30 years of age, whose health had been impaired by syphilis. Disease of the tarsal bones had existed for two years. There was but little pain experienced, and with the aid of a cane he was able to walk. Although the probe indicated extensive disease of the scaphoid and cuneiform bones, yet it was thought prudent to attempt removal of the diseased structures before resorting to amputation. Accordingly, two incisions about three inches in length upon either side of the foot were made; but the disease was found to be too far advanced to save the foot. Chopart's amputation was next made, but the ankle-joint being somewhat involved, it appeared advisable to amputate at the lower third of the leg; this was done by the circular method. The anterior tibial artery was secured by acupressure, the remaining arteries by ligation. The parts were now approximated and secured with silver wire. Dressing of moistened lint was applied and secured with a roller bandage.

*Circumcision.* — A child four years of age, suffering from phimosis, was circumcised by drawing forward the prepuce and removing it to such an extent that only one third of the glans would be covered. Silver sutures were introduced, a few adhesions dissected away, and olive-oil dressings applied.

## RELICS OF BARBARISM.

THE following is an extract from an article entitled "Superstition in Medicine," in the "Wiener Medicin Wochenschrift," No. 44, Nov. 2, p. 1,113, literally translated:—

. . . "Above all it is necessary to speak here of that immense humbug (*grossartigen Schwindel*), which is foisted upon their disciples by the high-priests of medical science, although neither they nor the great majority of physicians have an iota of faith in it,—I mean the fictions of pharmaco-dynamics or the materia medica. The various medicinal agents, from the vegetable, mineral, and animal kingdoms, are credited with effects so extraordinary and described with such minuteness that, were it all true, humanity might be freed from disease at once and for all time. The magical powers of medicines are here detailed with such accuracy that the newly-fledged doctor, to whom these secrets have been so generously revealed, must ask in astonishment how so many human beings can still die of disease, notwithstanding the medical treatment.

On beginning to read the newly-published pharmacology, one cannot think otherwise than that the book is one of those ancient works on the "magic of plants," or, perhaps, the "panegyric filth-drug collection" (*panegyrische Dreck-Apothek*); nothing is wanting in roots and herbs but a detailed description of the manner of digging and collecting, as Grimm gives it in his German mythology, or as A. V. Perger has left them to us in his "Legends of Plants." It would undoubtedly be a wonderful adjuvant to the effects of the belief in magic, if the medicinal herb (and we find all the ancient herbs, consecrated to the deities, faithfully retained in the materia medica) had been gathered during the full moon, before sunrise, by a virgin, speechless, and quite unseen, with face averted, and having first drawn three circles, with a knife of hazelwood thereafter concealed seven days in a sacred spot.

This is our pharmacology, taught even to-day in all universities, on which thick books are written to be painfully committed to memory by our students, nine tenths of which is

nothing better than tales or legends, stamping the whole a remnant of barbarism and of the ancient belief in sorcery. We have evidence of efforts to extend this superstition still further, in the vast number of advertisements, in all medical journals, of newly-found medicines, lauded by druggists, and furnished with certificates of infallibility by physicians!

Here is a cry *de profundis*, not only from the depths of Dr. Lorimer's individual consciousness, but from deep down in the slough of therapeutical misery, and it is not unworthy of remark by us poor homœopaths, who have been smarting so long under the lashes of allopathic satire. It is one more of those straws, increasing in frequency, and borne along by the various gusts that precede a strong and steady gale, or, indeed, a raging tempest. As we have steered clear, wisely and steadfastly, of that pernicious nihilism which is lowering over the regular, rational, and physiological practice, we may look calmly towards the future, and make ready to gather up the fragments when the storm shall break.

It must appear strange to us to witness one of the favored children of the old school, one whose voice has claims to be heard, turning so savagely upon the breast that has nourished him; even now, after this same breast has been so fiercely assaulted from many quarters, after our own Oliver Wendell Holmes has drawn his sword and sheathed it again, and since the expectant method has forced itself to some extent into the routine of even the most respectable medical men. We might have supposed that the numerous protests against drugging must be ringing in the ears of every regular, rational, and physiological practitioner while dosing his patients with catnip, thoroughwort, and saffron, or mercury and opium, and have modified the old practice sufficiently to warrant the assumption of its proud titles. But here comes a wail and a fierce denunciation from the very head-quarters of the expectant method and of progressive medicine, suggesting the painful suspicion that, after all that has been said and done, matters in the good old school remain in a most unsatisfactory and disheartening condition.

Cambridge, Feb. 7.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, MARCH, 1874.

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POPULARIZING HOMŒOPATHY. — It has always been the effort of the GAZETTE to afford some matter of professional interest to others besides physicians. In England at least one, and in Germany two popular journals are supported, telling the people of homœopathy. It would seem as if one journal exclusively devoted to laymen might find subscribers in our own country, where the proportion of believers in the system is great, and the reading of periodicals all-prevalent. Now, there are two ways by which the public may be instructed in homœopathy.

The first is by acquainting them with it as a science, and by giving them a better knowledge of its principles. This has been done in England, and to some extent in this country, by the publication and general distribution of Sharp's tracts, which are in many ways very excellent. But there has never been published a full yet concise and logical book on homœopathy, to which physicians could refer those frequent inquirers who say, "I want to know something about the science of homœopathy." Such patients desire not only to be cured, but to know the why and wherefore of it. Of course, there is much in homœopathy, as there is likewise in the natural sciences, which can only be learned by the most careful and long-continued study; but even the common mind may be taught to know something of the most profound subjects when properly presented, and perchance some Mary Somerville may yet be found to give a clear, concise statement of homœopathy easily understood by the public, and not wholly useless or unappreciable to our allopathic opponents. Too much correct knowledge on this point the people cannot have, and physicians would do well to oftener explain to their patients the obscure points of homœopathy.

The second method of popularizing homœopathy has been with the "box and book." This has in many cases gone where homœopathic physicians were not, and oftentimes has proved beneficial in cases deemed too trivial to require the physician's aid; it has done greater service in displacing those former inmates of every "well regulated

family," — castor-oil, salts and senna, ipecac and squills, which have ceased to be household gods, and in many a family the little pellets more than supply their places. How often have fevers been prevented by *Aconite*, and colds and headaches cured by simple remedies.

But this form of popular homœopathy is not without its dangers, and the first is an overweening confidence in the "box and book." "A little learning is a dangerous thing," and he who thinks to recognize and treat all the ills that flesh is heir to, by the description and directions in a "Domestic Practice," will, sooner or later, find his sad mistake. Many lives have been endangered and sometimes lost by trusting too long to improperly-selected remedies before sending for a physician. Again, in giving a great number of remedies. It is not uncommon for a physician to be called to see a patient late at night, and told on his arrival, "Doctor, our little girl has been sick all day, and we have given her nearly every medicine in the box, but none of them seem to do any good." How obscure and complicated the case becomes by such treatment! Many a physician has, under such provocation, been led to wish that the boxes and books were all burned. The third danger is the frequent repetition of doses. Many patients seem to think that the oftener they repeat the dose the quicker they must get well. A better method should be taught them.

We were prescribing, a few days since, for a man who was formerly a patient of a medical writer and practitioner in Germany. "When I came to America," said he, "the doctor gave me a box; but he told me if I used the medicine which it contained to be careful about many things: one thing was this, — not to repeat the remedy after I or my children had grown better; 'for,' he said, 'when you do this you are like a man who keeps pushing the pendulum of a clock after he has fairly set it in motion, or you are a child who digs up a seed to see how it grows.'"

Perhaps no lesson is more difficult even for the educated physician to learn than patiently to wait, if he believes he should, for the action of a remedy once selected and given. It may be questioned how far the simile controlled the man in using the contents of his box, for with us all it is "line upon line and precept upon precept," and with the public there is a continual cry of "More light!"

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TRACTS. — At the suggestion of several physicians, Clapp & Son will publish, in the form of a tract, the interesting "Sketches of Hahnemann and Madame Hahnemann" given in the GAZETTE for Feb-

ruary. The little tracts which afford in an entertaining form whatever may serve to instruct the people in any matters bearing upon homœopathy, are most useful agents. We hardly appreciate their value until we have made use of them. A tract should be of small size, to be enclosed with a letter or with a prescription, carried in the pocket, or placed with cards, etc., on the office-table. The doctor can afford to buy a hundred tracts advocating his cause, because their very small cost (two cents each) will be made up to him if they gain for him one patient, or satisfy and retain an old one. A second tract, for which the material has been collected from several sources, reprints, besides extracts from recent writers, some things written a few years since by Dr. Joslin and others, confirming their positions and answering objections in a popular way. Those of us who are familiar with the writings of the men who fought for the cause while it was yet weak must admire the tact and unanswerable statements of those pioneers. Compelled to oppose the shafts of the foe with others of a similar nature (according to homœopathic tactics), they brought their best powers into play. Nothing would be more reassuring or form a pleasanter occupation for any of us than to glance occasionally through the files of the earlier periodicals in advocacy of the advantages of our school.

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COLOR.—The color of the medicine was, in early times, a chief reason for its selection in the treatment of a disease. Referring to this, Dr. Neidhard says he has always thought color an important physical characteristic of a thing. According to Goethe, there is something *dæmonic* in color, behind which the Godhead immediately appears. It is averred by some that those medicines which, in crude form, have a *red color* are (however highly potentized?) especially efficacious in treating active inflammatory diseases. Aconite does not illustrate this generalization; tinctures of belladonna, hyoscyamus, and a few other remedies indicated in fever are red.

We must remember that theories to explain color are among the least satisfactory efforts of science; observing which, we also notice that Nature makes color a prominent quality to distinguish many things.

In diseases of the eye we need not apply to the physiologist or oculist to discover that a blue color (or green, as it is modified in the landscape) is grateful to the patient affected with photophobia, seemingly specific from its hue, aside from its dimness, compared with yellow, which is often peculiarly aggravating to the over-sensitive nerves of vision.

Colors, like other things, act upon the emotions to enliven, depress, etc. Nevertheless, in taking medicines of various hues, we seem to appreciate their colors only with the eye; except the blind, who sometimes appear to comprehend the colors of many objects by an indefinable sense aside from that of touch alone. Perhaps some one in the future will render practical the study of the administration of various colors and their shades in treating other diseases than those of the eye (already regarded in ophthalmology): Hahnemann advises *smelling* of the medicines in certain cases, and brings all the senses into the range of the influence of medicinal actions. Is one of the neutral qualities of the three agents — alcohol, water, and milk-sugar, chosen for the media of preparation of our medicines — the colorless nature of the first two, and the balance of all colors in the white of the second? With regard to this, like similar minor subjects, we should hardly cast wholly aside the observations (becoming superstitions) first made in the darkness of earlier ages, — especially when some things evidently true are added to them. Sometimes such contain gleams, perhaps only to be made use of when they illustrate or confirm a truth attained by toil in modern science.

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HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY. — If there is any institution in our ranks of which we may well be proud, and to which all homœopaths should give their unreserved support, it is the Homœopathic Mutual Life Insurance Company, of New York, especially since it has come under the management of so able a financier, and one so wholly devoted to the interests of homœopathy as Dr. E. M. Kellogg.

The principle of less risk in the lives of homœopaths, on which this company is established, has been proved, over and over again, to be correct; and yet bad management would have made the Homœopathic a failure, as was the case with the Hahnemannian at Cleveland.

But this company, in presenting its sixth Annual Report, which is already in the hands of many of our readers, very clearly shows that it occupies a much stronger position than ever before. Its "reserve" has increased *sixty thousand dollars* in the year; and while some of the oldest and large-t insurance companies have only \$101 to \$107 of assets for each \$100 of liability, this company has \$122. The items of "cost of management" and "uncollected premiums" show, by comparison, equally favorable results. Its assets are now \$547,931 58, with liabilities amounting to \$447,466.

The "mortality experience" of the company will, of course, attract the attention of both homœopaths and allopaths; for the mere statement of the fact that the deaths among the former have been less than 8 in every 1,000, while among the latter they have been about 26 in every 1,000, is a more striking and convincing argument in favor of the homœopathic system of medical practice than any mere words can make.

The Report closes as follows: —

"Notwithstanding the financial troubles and business depression of 1873, the Homœopathic Mutual Life Insurance Company has, during

the past year, *increased* its net and gross cash receipts, its surplus to policy holders, its number of members, and the amount of its insurance in force, and has *decreased* the expenses of its management; thus showing a substantial gain in both directions."

The company makes its interests identical with those of homœopathy, and it aims to secure all important statistics of our school. The immense labor which it has done in obtaining mortuary statistics of New York, Boston, and Philadelphia will be continued in other cities; and it is seeking in various ways to organize and give strength to our school. Just now it has issued, what has never been published before, a complete directory of the homœopathic physicians of Pennsylvania, and it would undoubtedly, with proper assistance, do the same work for any other State. Let every homœopathic physician contribute something to this company in return. Let his own life be insured therein, and the lives of his family. Let him aid in securing good, active, and reliable agents for the company; and, above all, let him resist the siren voices of opposing companies, to favor which, while we have one so sound, is, to some extent, proving traitors to our own household.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*\*\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M.D., Secretary.*

DEC. 11, 1873. — Dr. Palmer read a paper on Tuberculosis, in which he advocated the use of cod-liver oil, a remedy which has seemed of late to be falling somewhat into disrepute.

Dr. Sanders considered cod-liver oil of great value, but often given in too large a dose. One teaspoonful in twenty-four hours is better than more. We are too much in the habit of avoiding fatty food. He generally gives it with lemon-juice, orange-juice, cider, or new rum, half an hour after eating.

Dr. Palmer thought that the addition of a little sulphuric ether made the oil digest better, by stimulating the secretion of the pancreatic juice. That it does produce this effect has been demonstrated on the lower animals. He prefers to give it immediately before eating, and often gives wine after it with benefit.

Dr. Colby has been in the habit of mixing pancreatine and pepsin with fatty food to facilitate its digestion.

Dr. Carruthers has not much faith in cod-liver oil. When he was the apothecary at the Allopathic Dispensary he used to have barrels of it, and frequently gave out to different patients two gallons a day.

Sulphuric ether was often mixed with it in the proportion of five drops to half an ounce of oil. The general rule was that patients would come back and say they could not take it. Almost everything else received a fair trial, but the result was pretty much the same. Whiskey and hypophosphite of lime with the oil seemed to work as well as anything else. Under this treatment, patients would fatten up for a while, and seem very much encouraged, but soon they sank again, worse than before. Aromatics, like peppermint, improve the taste and excite the gastric juice, which is apt to be deficient with such tasteless substances as oil or white of egg. All the functions of the body in tuberculosis are in a low state, especially digestion and respiration. The system is filled with carbon, and air enough does not enter the lungs to use up this carbon. Fat is not always to be got by eating fat, which is very difficult of digestion. Liebig's idea is that all non-nitrogenous articles, like potatoes, good bread, etc., make the best fat.

Dr. de Gersdorff remarked that Niemeyer, in his lectures, thinks that he and his brother Felix have exploded the old tuberculous doctrine. Dr. de Gersdorff, although acknowledging the beneficial effects of the "air cure," which they recommend, yet believes in a real miliary tubercle as much as in the blood corpuscle.

Dr. Carvill has been living in a section of the country — Minnesota — which is a famous resort for consumptives. If they are in the first stages they are often cured; but if in advanced stages they go down more rapidly than if they had remained at home. Chronic catarrh is generally much improved by residing there.

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### ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by N. R. Morse, M.D., Secretary.*

THE second annual meeting of the Essex County Homœopathic Medical Society was held Wednesday, Dec. 17, at the house of Dr. S. M. Cate, in Salem, at 2 o'clock, P. M. The president, Dr. Lougee of Lawrence, called the society to order, when the secretary, Dr. N. R. Morse, read the records of the November meeting, which were duly approved. Dr. H. M. Hunter, of Lowell, was regularly elected a member of the society. The treasurer, Dr. Morse, then made his second Annual Report, which exhibited the finances of the society in a healthy condition.

The annual election resulted as follows: —

*President* — Dr. B. F. Green, of Lynn.

*Vice-President* — Dr. E. P. Cummings, of Newburyport.

*Secretary and Treasurer* — Dr. N. R. Morse, of Salem.

Dr. Lougee, the retiring president, thanked the society for their kindness and forbearance, and congratulated them upon the earnest work which they had done and the marked success which had attended their deliberations.

Dr. Cushing moved that the society extend their hearty thanks to

Dr. Morse, the secretary and treasurer, for the successful, efficient, and courteous manner with which he had performed the duties of said offices. Dr. Morse returned his acknowledgments, and promised that he would endeavor to serve them as faithfully in the future as in the past.

Dr. M. V. B. Morse, of Marblehead, read a paper on Helminthiasis. The paper was well received, and highly instructive to the members of the society. On motion of Dr. Norton, the thanks of the society were extended to Dr. Morse for his valuable paper, and a copy requested for the archives of the society.

A discussion followed, showing much research, and developing many important hints and suggestions in reference to the various kinds of entozoa which find a home in the intestines and body of the human species, together with the treatment best adapted to their expulsion and non-development. The speakers were Drs. Cushing and Sherman of Lynn, Drs. Cummings and Gale of Newburyport, Dr. Whiting of Danvers, Dr. Lougee of Lawrence, Drs. Holt and Hunter of Lowell, Drs. Cate and Morse of Salem, Dr. Holt of Chelsea, and Dr. Norton of Portsmouth, N. H.

Adjourned, to meet at the house of Dr. N. R. Morse, in Salem, on the third Wednesday of January, 1874.

The meetings of the society have been held monthly throughout the year, and have been fully and profitably attended.

The following papers have been read: January meeting — "Croup," by Dr. Green, of Lynn; March — "Puerperal Convulsions," by Dr. Lougee of Lawrence; April — "Leucorrhœa," by Dr. Cushing of Lynn; May — "Cerebro-Spinal Meningitis," by Dr. Moore of Haverhill; July — "Early History of Homœopathy in Essex County," by Dr. Gale of Newburyport; August — "Constipation," by Dr. Cummings of Newburyport; September — "Gonorrhœa," by Dr. Sherman of Lynn; October — "Syphilis," by Dr. Scott of Lawrence; November — "Nasal and Bronchial Catarrh," by Dr. Norton of Portsmouth, N. H.; December — "Helminthiasis," by Dr. Morse of Marblehead.

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## RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by Edward B. Knight, M.D., Secretary.*

THE R. I. Homœopathic Medical Society, after a nap of fifteen years, was revived in September last, and a large number of members was added to the roll. There are now thirty-five notified at each meeting. Since September monthly meetings have been held, — the time being chiefly occupied in revision of the By-Laws, and other necessary work of re-organization. The annual meeting was held on the 2d of January, 1874. Dr. Ira Barrows, of Providence, was elected President; Dr. J. E. Wheaton, of Pawtucket, Vice-President; Dr. G. A. Wilcox, of Providence, Treasurer; and Dr. Edward B. Knight, of Providence, Secretary.

A very full and able paper on Cholera was read by Dr. Wm. Von Gottschalek; a paper on Anæsthesia, by Dr. Walter M. Jackson, and one on Cholera Infantum, by Dr. A. W. Brown. Dr. I. T. Talbot, of Boston, was present, and addressed the society, giving his experience and advice regarding the establishing of dispensaries. It was decided that measures be immediately taken to procure funds to establish a dispensary in Providence. Dr. I. T. Talbot was made an honorary member of the society.

Strong hopes are entertained that the society will very soon regain the position among her sister societies that she should never have lost.

Jan. 30, the regular monthly meeting of this Society was held, and was well attended. The President, Dr. Ira Barrows, delivered his inaugural address.

An interesting case of ovarian tumor, cured by *Sepia* and *Apis*, was also read by Dr. Barrows.

Considerable discussion was had relative to the ways and means for establishing a Children's Hospital, plans for which were presented. The matter was finally referred to a committee for further investigation.

Adjourned.

## REVIEWS AND NOTICES OF BOOKS.

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

### RECENT PUBLICATIONS.

- Agassiz*. — STRUCTURE OF ANIMAL LIFE. New ed. Scribner, A. & Co.  
*Althaus*. — MEDICAL ELECTRICITY. 3d ed. Lindsay & Blakiston.  
*Beale*. — PROTOPLASM; LIFE. 3d ed. Lindsay & Blakiston.  
*Cooke*. — NEW CHEMISTRY. Appleton.  
*Evans, Rev. W. F.* — THE MENTAL CURE. Colby & Rich.  
*Farabeuf*. — LIGATION OF THE ARTERIES. Lippincott & Co.  
*Griffith*. — A UNIVERSAL FORMULARY. Revised by J. De Maisch. H. C. Lea.  
*Hatton's* LECTURES ON SANITARY SUBJECTS. Scribner & Co.  
*Industrial Pub. Co.* — WHAT TO DO IN CASE OF AN ACCIDENT.  
*Johnson*. — LECTURES ON BRIGHT'S DISEASE. Putnam.  
*Meigs, and Pepper*. — DISEASES OF CHILDREN. 5th ed. Lindsay & Blakiston.  
*Mivart*. — MAN AND APES. Appleton.  
*Packard, A. S.* — REPORT OF THE PEABODY ACAD SCIENCES. Nat. Press.  
*Packard, A. S.* — HALF-HOURS WITH INSECTS. Estes & L.  
*Proctor, R.* — BORDERLAND OF SCIENCE. Lippincott & Co.  
*Reynolds, J. R.* — LECTURES ON THE CLINICAL USES OF ELECTRICITY. 2d ed. Lindsay & Blakiston.  
*Rucknill and Tulce* — PSYCHOLOGICAL MEDICINE. 3d ed. Lindsay & Blakiston.  
*Thorpe*. — QUANTITATIVE CHEMICAL ANALYSIS. Wiley.  
*Waring*. — THERAPEUTICS. 3d Am, from the last London ed. Lindsay & Blakiston.  
*Waters*. — DISEASES OF THE CHEST. Lindsay & Blakiston.  
*Wells*. — ANNUAL OF PHRENOLOGY.

## FOREIGN PUBLICATIONS.

- Berthier.* — DES NÉVROSES MENSTRUELLES.  
*Bischoff.* — PRÄPARIRÜBUNGEN FÜR STUDIRENDE DER MEDICIN.  
*Blanc.* — CHOLERA. London.  
*Budd.* — TYPHOID FEVER. Longmans.  
*Caster.* — DIE HISTOLOGIE NACH NEUESTEN STANDPUNKTE.  
*Desmarres.* — LEÇONS CLINIQUES SUR LA CHIRURGIE OCULAIRE.  
*Duflos.* — ANALYSE DER CHEMISCHEN GIFTE.  
*Duflos.* — DIE IN DER DEUTSCHEN REICHSPHARMAC AUFGENOMMENEN CHEMISCHEN PRÄPARATE.  
*Evans.* — THE AMERICAN AMBULANCE. London.  
*Gegenbaur.* — GRUNDRISS DER VERGLEICHENDEN ANATOMIE.  
*Huguenin.* — ALLGEMEINE PATHOLOGIE DER KRANKHEITEN DES NERVENSYSTEMS.  
*Klencke.* — DER FRAUENARZT.  
*Luciani.* — SULLA FISILOGIA DEGLI ORGANI CENTRALI DEL CUORE. Bologna.  
*Oré.* — TRIBUT À LA CHIRURGIE CONSERVATRICE.  
*Pagenstecher und Genth.* — ATLAS DER PATHOLOGISCHEN ANATOMIE DES AUGAPFELS.  
*Peter.* — LEÇONS DE CLINIQUE MÉDICALE.  
*Pfeffer.* — PHYSIOLOGISCHE UNTERSUCHUNGEN.  
*Robinski.* — DER ENTSTEHUNG UND VERBREITUNG DER CONTAGIÖSEN KRANKHEITEN.  
*Saboia.* — ACCOUCHEMENTS.  
*Samuel.* — DER ENTZÜNDUNGSPROZESS.  
*Thompson.* — MEDICATION OF PILULES.  
*Thorens.* — DOCUMENTS POUR SERVIR À L'HISTOIRE DU PIED-BOT VARUS CONGÉNITAL.  
*Vogel.* — KRANKHEITEN DER HAUSTHIERE.  
*Wundt.* — GRUNDZÜGE DER PHYSIOLOGISCHEN PSYCHOLOGIE.

ON CONSUMPTION AND TUBERCULOSIS OF THE LUNGS. By E. H. Ruddock, M.D. London: Homœopathic Publishing Society. Pp. 126, 16mo.

This little work is almost strictly a popular one. Evidently the prevention rather than cure of this insidious disease was near the author's heart; and at least a hundred pages would meet the sanction of every sound physiologist, of whatever therapeutic creed. Death by consumption is voluntary to a greater extent than in almost any other disease; that is, a change of habits in the earliest stages, or of residence in a little later one, would save the patient till the grim monarch should summon him by some other messenger than phthisis. The anatomy of the lungs and the nature and the causes of tuberculosis are clearly set forth in this volume.

We are rather surprised at the amount and clearness of the information given in so small a work. It should be on sale in every city in America; and those who thoughtlessly place themselves in the way of this remorseless malady should take warning from its lucid pages.

We extract a consoling passage upon the uses of consumption, which may prove suggestive to our readers.

"It has been abundantly proved that an exudation of tubercle is evidence of vital decay; the mission, then, if we may so express it, of

phthisis is the eradication of worn-out constitutions to prevent the perpetuation of enfeebled or diseased generations. In a philosophic sense, says Dr. Bennett, tuberculosis is not an inexplicable scourge of the human race, but one of the means by which Providence weeds it of worn-out organizations, incapable of perpetuating healthy offspring. The diseased parent begets diseased children, who, being incapable of continuing the race in its integrity, die off like plants that perish before they blossom and seed, and the earth remains the heirloom of the strong. Were the sickly members of the community to have the power of continuing their race, it would rapidly deteriorate. It is well known that those who marry too young or too old, or are diseased, have children who die of tubercular meningitis, of scrofula, or pulmonary consumption; whilst even those who have healthy, youthful parents may wear out their organic powers in the struggle of life, and succumb to accidental phthisis. Mr. Darwin has shown by his researches that the struggle for life pervades animated nature. In the undomesticated animal kingdom the sickly and the aged die from want of power to secure their existence, or are exterminated by their natural enemies, so that the young and vigorous alone survive to perpetuate their races. The destruction of birds of prey is supposed to have engendered disease among the game, in this way: it is well known by naturalists that birds of prey always attack those birds in a covey which rise last, and are weakest, and all wild animals destroy those which are the victims of accident or disease, even of their own species; thus the perpetuation of a deteriorated and enfeebled race is obviated. With man, however, it is different; his intellect enables him to accumulate for the future, to preserve his own existence in old age, and to provide for his sickly progeny; but the laws of Providence correct the operations of the human intellect, and the race is weeded of its exhausted organizations by the instrumentality of disease and death.

“The all-pervading law to which we have referred presses heavily, indeed, on individuals who have to be thus prematurely weeded; but individual interests have always to be merged in the general good, and, although the operation of the law may appear harsh to the few, it is really an evidence of the existence of that guardianship which, as a shield, our beneficent Creator has thrown over the human family. The action of the law has been likened to hurricanes, which inflict great individual suffering, but at the same time contribute to the fruitfulness and perpetuity of the human race.” T.

**TAKING COLD** (The cause of half our diseases): Its Nature, Causes, Prevention, and Cure. By John W. Hayward, M.R.C.S. Fourth edition. London: Henry Turner & Co. Pp. 188, 18mo.

Dr. Hayward, one of the most eminent of English homœopaths, estimates that one sixth of the deaths in England are the results of colds, and that four fifths of them are from diseases that are sometimes caused by colds. The proportion of sickness from colds, he estimates as much larger than that of deaths, — more than half, in

fact, judging from a careful comparison of his own cases for a month. His preventives are suitable clothing, animal food, bathing, and metallic respirators. After exposure and before symptoms, he would take *Aconite*<sup>3</sup>. Most of this small book is occupied with the treatment of subsequent stages of this morbid process, — of diseases from colds. T.

**A SYSTEM OF MIDWIFERY**, including the diseases of Pregnancy and the Puerperal State. By William Leishman, M.D., Prof. Univ. Glasgow. With 182 illustrations. Philadelphia: Henry C. Lea. Pp. 715, 8vo.

“In the multitude of counsellors there is safety,” is a maxim that has its limits. A man who has thoroughly mastered one view of a case may safely proceed carefully to investigate further: nothing could be worse than a crude mixture of opinions on such a subject as obstetrics. Prof. Leishman has endeavored to produce a manual for “the man of one book,” disregarding, as far as he might, conflicting views, and giving no needless space to statistics and cases. Of the 182 illustrations, many of necessity are common to all such works; we find here an unusual number that are not so. This is true of so many, that this compact volume constructed specially for a text-book, might serve usefully for a work of reference. The style is clear and concise; the author keeps himself and his exploits out of view; and, altogether, we have here quite an unexceptionable manual for the student and young practitioner. Of the mechanical execution it is sufficient to say that Mr. Lea is the publisher. T.

**LACERATIONS OF THE FEMALE PERINEUM AND VESICO-VAGINAL FISTULA.**  
By D. Hayes Agnew, M.D. Philadelphia: Lindsay & Blakiston. Pp. 137, 8vo.

Previous to the introduction of the metallic suture, the cure of these lesions was considered almost hopeless; the poor woman afflicted with them was left to drag out a miserable existence, alike loathsome to herself and friends; now, thanks to the indefatigable perseverance of Dr. Marion Sims, to whom the honor of first using the sutures belongs, many a sufferer has been restored to perfect health. It is quite true that long before Sims' time the cure of these lesions had been frequently attempted by many eminent surgeons, but without success. The well-authenticated cure of vesico-vaginal fistula was so very rare that it had become an *opprobrium chirurgiæ* prior to the publication of Sims' method.

This book of Dr. Agnew's is written in a very modest, plain, and concise manner, giving the anatomy of the parts, general history of the lesion, the best time for and the methods of operating by different surgeons; then the mode of the author, and a report of fourteen cases of the former and eighteen of the latter lesion. He states that he has “performed the operation about sixty times, with not more than four or five failures,” — certainly a very gratifying result

The operation of Dr. Agnew differs but little from that o

other surgeons, but is described in such a clear style that any one having occasion to perform it can follow his directions with great ease. There is one advice, however, which, in a majority of cases, we think wholly unnecessary: that is the administration of opium for the purpose of "locking up" the bowels. Indeed, the operation has been many times successfully performed without a particle of the drug having been administered; but our allopathic surgeons, while admitting that opium tends to impair digestion, disturb the secretions, and destroy the appetite, are so in the habit of using it that they seem to consider it absolutely necessary. We think it very much better that the bowels should be kept in a natural state, so that no strain should be brought upon the parts by the passage of hardened fæces, or to be obliged to resort to that disagreeable task, as stated by the author, of coring the mass by picking a channel through its centre. In some of the cases reported, diarrhœa came on, notwithstanding the use of opium (perhaps because it was used), yet the recoveries were as good.

C.

A CLINICAL HISTORY OF THE DISEASES OF WOMEN. By Robert Barnes, M.D. Philadelphia: H. C. Lea. Pp. 791, 8vo.

It is a characteristic, if not a peculiarity, of works on this subject, that they are written as much to advocate the author's pet theory or to illustrate his mode of treatment, as to afford instruction upon the subjects of which they pretend to treat. Thus the student is led to view the subject from the author's peculiar standpoint, and frequently much to his injury, unless he becomes a copious reader of the literature of gynæcology, and largely exercises "the right of private judgment" in making his deductions from what he reads. West, as an earnest advocate of caustic treatment, Bennett, as equally earnest in his advocacy of the efficacy and sufficiency of general treatment, and Hodges, with his sublime faith in his lever pessary, are notable instances of the truth of the above statement. Indeed, one is tempted to greet each new book on gynæcology with the language of the lamented Sam Weller, and to ask "What is your particular vanity?" The work before us, however, appears to be especially free from this sort of egotism, and the author's contributions to uterine surgery and the various instruments of his invention are spoken of with a modesty and reserve refreshing in these days when "my processes," "my instruments," or even "my theories," are made unpleasantly *protuberant* in many of the recent contributions to gynæcological literature.

Dr. Barnes's work presents a fair and lucid statement of the present aspect of this department of medical science, and, while omitting nothing essential in any, is unusually exhaustive in some of the more recent fields of investigation, and has of late received a large share of attention. The mildness of the author's treatment is a decidedly gratifying feature on both medical and philanthropic grounds.

We see but little mention of "the actual cautery," "the solid nitrate of silver," or "the free use of nitric or chromic acid, or the

acid nitrate of mercury," whose frequent and apparently indiscriminate use renders the pages of many works on diseases of women almost as ghastly as the records of the Inquisition. Although the author is in no sense a homœopathist, his practical recognition that "die milde Macht ist gross," renders his book especially acceptable to the members of our school, who turn in disgust from the sanguinary practices recommended by most of his predecessors.

J. H. W.

THE PRINCIPLES OF MENTAL HYGIENE. By D. A. Gorton, M.D.  
Philadelphia: J. B. Lippincott & Co. Pp. 233, 12mo.

From the author's preface we quote: "There is a strong conviction in the minds of many in the medical profession, as well as among intelligent lay-people, that there exists an intimate connection, — an interdependent relation between the physical conditions and environments of man and his moral status. . . . The medical profession has been charged with apathy towards this field; and if the charge be just, I am confident that the neglect has arisen not so much from a want of a just appreciation of its importance, as from a disinclination to intrench upon a department of study which the custom of centuries has wrongfully confided exclusively to the profession of theology."

The author considers, in order, the Mental Influence of Physical Agents; the Reciprocal Influences of Corporeal and Mental Exercise; Moral and Religious Influences; Moral Agents and Influences; and Marriage.

He makes this suggestive quotation from Lecky's History of European Morals: "He who raises moral pathology to a science, expanding, systematizing, and applying many fragmentary observations that have already been made, will probably take a high place among the master intellects of mankind."

We are not sure that the following quotations are fair samples of the author's lucidity of style, but they are in the book; and we would notice incidentally that the homœopathic school has made clear deductions from certain facts included in the doubtful inferences made in the first paragraphs, and these deductions are of value to us in treating the sick: "Mental diseases and derangements do not differ in their essential causes from the more obvious corporeal maladies. An unsightly physical deformity represents so much morbid force spent in the direction of the least harm to the mental character of the individual. A goitre, for example, may, and I believe often does, hold in its cells the condensed essence of a mania; rheumatism may divert a pneumonia, and tubercular phthisis obviate or subvert an incurable neurosis. This important truth is well known to mental pathologists and physiologists, and yet it is constantly disregarded by those whose business and duty it is to appreciate it."

Under the subject "Marriage": "The minds that move the world and bless mankind, — the Solons, Platos, Galileos, Gôtamus, Jesus's, Newtons, Shakespeares, Melancthons, Wesleys, Channings, Scotts,

Austens, Lincolns, Greeleys, etc., — require wedlock of a higher, nobler order.”

The author most truthfully renders society accountable, through the evil influences of filth, starvation, cold, and want of education, for mental depravity and death, both of which thus become diseases.

GEN. ED.

**THE SPHYGMOGRAPH: ITS PHYSIOLOGICAL AND PATHOLOGICAL INDICATIONS.** By Edgar Holmes, M.D. Philadelphia: Lindsay & Blakiston. 290 Illustrations. Pp. 163, 8vo.

It is to be wished that observations might be multiplied of the sphygmographic indications of remedies according to the homœopathic law. The work before us is prepared with great apparent care, both in text and illustrations. The value of studying an item in the great list of symptoms, upon which we form our picture of disease and remedy, may be exaggerated by the student of a specialty; but the author wisely warns “neither to over nor under rate the significance of the pulse we feel, for, as we realize to-day a deeper meaning in its throbbings than a year ago, so each year’s experience shows new indications to our more practised touch.” And we can hardly bring forward an apter illustration of the tact required for detecting and balancing symptoms in the study of a case than in these very directions given for feeling the pulse and knowing what we feel, — its strength, and its strength modified by its compressibility, and its strength, volume, rhythm, quickness, and tension influenced by the individual temperament; so many qualifying conditions forbid us to draw arbitrary conclusions from the single quality. Just in this way, while we give prominence to certain characteristics of a case, must we be sentient to every point, and quick to penetrate and uncover every hidden negative or unexpected fact in a disease, the objective and the subjective must both be patent to us. The old school ridicules us for our care, while ‘one after one’ their writers perfect a ‘specialty’ by using the same powers of minute observation, and close their eyes to the inestimable value of a discrimination so well balanced as to prohibit specialties, and observations so honest as to show them the action of drugs. To be of final value, the theories of such an essay as this should be severally supported by a great number of cases to confirm if possible the several physiological explanations of each peculiar tracing from the pulse; but we can unhesitatingly urge upon physicians the purchase of works like the above, to serve as books for recording our confirmations or queries and that we may “keep up with the times.”

GEN. ED.

**HAND-BOOK OF THE THEORY AND PRACTICE OF MEDICINE.** By F. T. Roberts, M.D., etc., England. Philadelphia: Lindsay and Blakiston. Pp. 1,040, 8vo.

“With respect to the *present attack* it is necessary to inquire about its supposed cause, duration, mode of invasion, symptoms, and course, and to note the existing symptoms and signs. In doing this it is es-

sential for the student to be systematic in his investigation, inquiring first into the more *general symptoms*, and then examining each individual organ or system in turn in the ways to be hereafter described. It is, therefore, needful to have a clear knowledge of the symptoms and signs which each organ or part is capable of giving rise to, before these can be properly investigated.

“ Having finished this process of examination, it is then usually possible to come to a correct conclusion as to the seat and nature of the affection present, or *to make a diagnosis*. At the same time an opinion may be arrived at as to the probable progress and issue of the case, and a *prognosis* given. Founded on the diagnosis, the next step is to proceed to *treatment*, if anything can be done. Afterwards, it is necessary to observe the progress of the case, noting any changes or complications which may occur, as well as its *duration* and *termination*. Finally, if death happens, the post-mortem examination must be conducted in the same systematic manner as that during life, and a record kept of the appearances and conditions met with.”

These directions for the examination of the sick given to students, for whom this work is especially prepared, are good, fully carried out. See Hahnemann's Directions for the Examination of the Sick. It is well for the physician of our school to supply himself with a comprehensive work upon each method for the treatment of disease. The publishers have, according to their wont, here issued a book in the best style of typographical execution, containing the latest “theory and practice” of a leading member of the allopathic school of medicine. Dr. Roberts' style is clear; he notes every possible orthodox (?) cause as he describes each disease, and renders his whole subject interesting. In the treatment of meningitis and cerebritis he is decidedly opposed to bleeding, severe purging, mercurialization, and extensive blistering. A blister on the nape of the neck *may* reach the disease, and so also, possibly, *Iodide Pot.*, *Bi-Chloride Mer.*, *Opium*, *Hyoscyamus*, and *Tincture of Steel*. GEN. ED.

## ITEMS AND EXTRACTS.

REMARKABLE PHENOMENA. — The following we cut from one of our non-medical exchanges, and though we cannot vouch for its truth, we can assure our readers that, however remarkable, it describes the least harmful phenomena yet exhibited from the allopathic abuse of mercury: —

Mr. Henry Bull, of Peoria, it is alleged, was fed upon calomel and blue pills by the doctors for a number of years, so that finally he became absolutely saturated with quicksilver. The other day, while he was standing by the side of the house, the sun suddenly came out bright and warm, and Bull began gradually to ascend. He stopped at the line of the sill of the second story window, and hung there,

suspended in space, until a thunder shower happened to come up, which cooled the atmosphere, and then Mr. Bull slowly descended. Now he has a graduated scale marked on the gable end of his dwelling.

IN commenting upon the establishment of a Chair of Homœopathy at Boston University, the *London Mo. Hom. Review* observes:—

“We are not at all sure that English homœopathists are wise in keeping their hands entirely free of tasks such as these. It is true that our governing bodies are more highly centralized than those of Germany and America; it is true that we are more scattered and relatively less influential here than in either of those countries; nevertheless, our numbers are not exactly insignificant, and the influence which we could bring to bear on both Houses of Legislature is by no means merely in proportion to our numbers. The first step which we should endeavor to take is to obtain the constitution by Royal Charter of the British Homœopathic Society.”

THE BOSTON MEDICAL AND SURGICAL JOURNAL, of Sept. 1873, has the following, “taken *verbatim et literatim* from the *Medical Investigator*, of Chicago.”

“In the proving of drugs certain effects are produced which point unmistakably to the condition of the organism resembling the effects of the moral emotions, which fill a vacuum unsupplied by other schools. And so true is found to be this universal law of like for like that the mariner steers not his ship more unerringly and with more confidence, through the trackless waste of water, guided alone by his compass, than relies the homœopathic practitioner upon *aconite*, *opium*, and *pulsatilla*, for the effects of fright; *coffea*, for excessive joy; *colocynth*, for indignation; *hyoscyamus*, for disappointed love; *ignatia*, for grief; or *nux* or *chamomilla*, for the effects of a fit of passion.”

It is gratifying that our opponents have begun to quote *verbatim et literatim* from homœopathic journals, and we regard it as the beginning of a new era. To judge by the heading on the title-page of the *Boston Medical and Surgical Journal*, this quotation was selected on account of the use it proposes to make of certain medicines in morbid effects following excessive mental emotions. We are not certain that our friends on the other side disapprove of this, for it seems to have impressed them as something very rational; but we wish the impression had been conveyed to them in a sentence of less questionable shape.

Z.

SIGNS OF THE TIMES. — It is really quite encouraging to see, by the *Boston Medical and Surgical Journal* (Jan. 29), that the *Allopaths* have been excluded from the School of Medicine at Naples.

AN OPERATION AT BELLEVUE HOSPITAL. — Dr. Wood recently performed an amputation of a leg, using both ether and the Esmarch appliance. The operation was painless and bloodless. The limb had been crushed below the knee by the wheel of a street-car, eight days previous to the operation. The eagerness of both stu-

dents and physicians to witness the much-discussed bloodless amputation brought a large audience to the amputating-room. The subject, a child, having rapidly come under the influence of ether, a roll of elastic belting was slowly wound around the limb, upward nearly to the thigh, and a piece of white rubber pipe bound tightly around it at the upper extremity. Not a muscle stirred as the knife and saw did their work without loss of blood.

The little patient returned to consciousness just as the last artery was tied. He is now doing well (four days after the operation).—*Exchange.*

**STEAM IN DENTAL OPERATIONS.**—The force of steam is now successfully applied to working the instruments in the operations of excavating and filling the teeth.—*Dental Cosmos.*

**FOOD AND WARMTH AS PREVENTIVES OF DISEASE.**—Dr. Whitmore, Officer of Health for the parish of Marylebone, London, referring, in his last report, to the high price of fuel, says: “The value of the means employed for preventing the diffusion of epidemic contagious diseases may be open to question, but there cannot be two opinions as to the efficacy of bodily warmth in resisting a class of diseases which unfortunately are but little thought of, but which, as a rule, are ten times more destructive of life than the most fatal epidemics.” He suggests that the most urgent sanitary requirements of the poor are “coals, blankets, and food.” In like manner, Dr. McCormack, the Lambeth Officer of Health, urges that “it would be true economy if the guardians of the poor instructed their medical officers to report all cases requiring a supply of food, firing, and clothing, — three great essentials in arresting the spread of mortality from those diseases which were originated by, and were dependent upon, the want of the vital power.” The *London Medical Times and Gazette* warmly indorses these recommendations, which seem to us appropriate for our own latitude as well.

**THE OLD PRACTICE AND THE NEW.**—A committee of gentlemen in Brooklyn recently waited upon Police Commissioner Jourdan to request that in the medical appointments of the board physicians of the homœopathic practice might be considered. All that is asked, as Mr Beecher said for the committee, although he is of the other school, is fair play. The exclusive claim of the old or allopathic school to true principles of practice is as absurd as the exclusive claim of the Roman Church to the true religious faith. And medical intolerance is not less bitter than ecclesiastical. At one time its practice is derided as composed of imagination and particles of sugar, at another as administering familiar drugs under outlandish names.

But since nothing is more obscure than disease, and nothing more uncertain than medical practice, it would seem that nothing could well be more absurd than the fury with which the man who gives a pint of poison assails the man who gives a drop, or the lofty air of superiority assumed by the doctor of a large pill over the doctor of a small one.

Experience alone can decide. Tradition and possession of the field are of no weight. Rome, with all the thunders of orthodoxy, has not prospered of late years, and allopathy, unspeakably scornful, cannot avoid the spectacle of increasing protest and dissent based upon an experience entirely satisfactory to those who are most interested. If a man is cured by a drop, it is laughable to insist that he could only be cured by a pint. — *Harper's Weekly*.

In the same article the *Weekly* condemns the action of the Public Health Association in expelling Dr. Verdi & Co., already commented on by the leading journals throughout the States.

**HIPPOPHAGY AGAIN.** — “A distinguished Boston physician” is anxious to introduce the eating of horse-flesh in his city. He says that if our people can be made to appreciate this meat as the French do, many horses disabled by accident, or rendered unfit for use by some circumstance not affecting their general health, will be sold for food, instead of being forced into dumb carts or subjected to a life of torture in other cruel employments.

Of course all animals, before being slaughtered for food, would be subjected to a rigid inspection, to ensure freedom from disease. The time is coming when cattle and other animals will be thus inspected, by which the results of present abuse will be developed in a way that will startle meat-eaters in general. We copy from the translation of M. Decroix's letters: “There are in Paris forty slaughter-houses for horses, which are regularly inspected by government veterinary surgeons. The price of the meat is about half that of corresponding pieces of beef. Horses are now sold to butchers, who find it for their advantage to give them comfortable shelter and food, in order that they may have nourishing meat. The example of France begins to attract attention, as may be seen by the following fact: In a conversation, lately, about the use of horse-flesh for food, with some English and American people, it was agreed that a dinner of horse-flesh should be served at my house. Among the guests were several English and American ladies, who, perfectly convinced by their own experience, are going to make an effort, as friends in Boston and London have already done, to introduce into their own countries the use of this healthy, economical, and very nourishing food. It is sad that such great quantities of food should be wasted when so many poor persons are deprived of the necessaries of life. We appeal to the generous sentiments of the English and American press to overcome the prejudice which exists against the new food.” — *Our Dumb Animals*.

**DOCTORS' CANES.** — It was formerly the practice among physicians to carry a cane having a hollow head, the top of which was gold, pierced with holes like a pepper-box. The top contained a small quantity of aromatic powder, or of snuff; and on entering a house or room where a disease supposed to be infectious prevailed, the doctor would strike his cane on the floor to agitate the powder, and then apply it to his nose. Hence all the old prints of physicians represent them with canes to their noses.

EXPERIENCE has led people to expect some morbid effects from medicines. Morbid effects are regarded as the tests of energy, without considering whether these have any curative tendency. If a man rides on a rough road in a carriage without springs, he is very sensible of the motion, though his progress be only six miles an hour. Yet the jars contribute nothing to his progress. They are wasting the force destined to progression. On a smooth railroad, the passenger, seated in a closer car, gliding at the rate of twenty miles an hour, is scarcely sensible of any progress. To the movements of the globe we inhabit, we are all utterly insensible. Up to the time of Hahnemann, medical philosophy was equally blind to the curative effects of medicines. Its attention was directed solely to the jarring, — the *lateral* movements. Yet this collateral effect is not curative. If mercury salivates *in* curing, it does not cure *by* salivating. If it purges *in* curing, it does not cure *by* purging; neither does rhubarb nor jalap nor any other cathartic, under ordinary circumstances. We might as well estimate the power of a steam-engine by the jarring of the boat, or that of a fire engine by the leakage from a hose, as that of medicines by the evacuations. Every motion is not progression; every accident is not proper action. — *Dr. Joslin, 1848.*

HAD it been customary with the older surgeons to extract *splinters* from the fingers by pounding them with a *hammer*, and some one had ultimately hit upon the expedient of doing it with a needle, should we not have heard a great outcry against the innovation? Says the orthodox surgeon, "This small-dose system has no efficiency. I have been pounding here for two hours; and the splinter has barely started. My instrument is efficient as you have evidence in the bruises. Do you think to dislodge the splinter with your insignificant homœopathic needle-point? It is contrary to the experience of three thousand years; it is contrary to all analogy. I would as soon think of harnessing a mosquito before my gig."

A PRACTICAL physician of the Baconian stamp once remarked sarcastically that he knew of "nobody that had so much *leisure* to study philosophy as a sitting goose. *She has nothing to do but to sit and think.*" The old school is now engaged in this dignified and sublime process of *incubation*. She is taking precisely this method of hatching truth, and unhatching error. With an obstinacy and perseverance worthy of a better cause, and with eyes closed to surrounding nature, she sits on the nest and thinks; she sits and broods over lifeless stones, mistaken for eggs, — by long meditation arrived at the conclusion that those creatures are sheer phantoms. Moved by compassion for her hopeless condition, and the disappointment in which her maternal solicitude must eventuate, in vain do we offer her a real egg, for *actual trial*. She rejects the proffered treasure, and repulses the benevolent donor with hisses of contempt and indignation. What has she to do but to *sit and think*? If any one disturbs this calm and philosophical repose, and urges her to action and vision, what has she to do but to *hiss*?

JOSLIN.

## PERSONAL.

OBITUARY. — **ABBY D. VARNEY.** — The tribute which is rendered to Miss Varney's memory by the patients at the hospital is that which has always been most grateful to her, — a loving respect; for she was gentle and unselfish in her life, and may be said to have died from her devotion to others. Miss Varney was born at Dover, N. H., May 10, 1825. Her mother died when she was four years of age. As a child, she was subject to frequent illnesses, at times, her friends say, appearing almost lifeless for weeks in succession; from nervous prostration. Her home, previous to the age of twenty-five, was at Salem, Mass. But little need be said of the events of her early life, except to notice their influence in moulding a mind full of sympathy, firmness, frankness, and wonderfully lacking in that pretence which is too often acquired in positions similar to that to which she was called four years since. Acting at first as a nurse in the homœopathic hospital in Burroughs Place, she was shortly after appointed matron. Working untiringly for the sick in her care, Miss Varney has, within the past year, suffered frequently from attacks of a nature showing overtasked strength, until, Wednesday evening, 14th of January, she was seized with typhoid pneumonia. From the first, the entire left side was paralyzed, and death occurred Sunday, the 25th. The funeral services were conducted at the hospital, Jan. 26, by Rev. M. Waldron, one of the city missionaries. It will be seen that Miss Varney was forty-nine years of age.

**REV. J. F. HOLTON.** — Prof. Holton was a man of much refinement of mind and scholarly attainments. He was born in Vermont, at Westminster, Aug. 30, 1812, and was graduated from Amherst College, in 1836, and Union Seminary, in 1839. He was a professor of Middlebury College for some years. His attainments were varied: as a botanist, he rendered much service to science during an extended tour of South America, which he made previous to his pastorate at Meredith, N. H., and Cornwall, Vt. In 1864 he became editor of the "Recorder." Among other duties, he was acting clerk of the Senate Committee on elections, and was connected with "The Daily News" at the time of his death. Prof. Holton has composed a work on New Granada and has written numerous essays on South America. His critiques upon various subjects were held in high esteem. The "Gazette" is indebted to the deceased for several valuable contributions, and for aid in its departments.

The funeral services were conducted at Everett, his late place of residence, by the Rev. Mr. McCollom, of Medford, and the Rev. Albert Bryant, of Everett.

**DR. BERNARD HIRSCHEL.** — In the death of this distinguished physician and writer of our school in Germany, the profession has lost one of its ablest men. At the time of his death Dr. Hirschel was editor of the *Neue Zeitschrift für homöop. Klinik*, etc. etc., at Dresden. The *Geschichte des Brownischen Systems*, the *Compendium der Homöopathie*, *Homöopathischen Arzneischatz*, *die Geschichte der Medicin*, and numerous other works. His practice was very large among both citizens Americans and English at Dresden. A more extended notice will be given in our next.

**ISAAC JAMES, M.D.** — Died in his 97th year, at Bustleton, Philadelphia, Pa. Rev. I. James, M.D. The deceased was born at Radmur, Del. Co., Pa. He was graduated in medicine at the University of N. Y., in 1825. Commencing his practice as a member of the old school, he was influenced by the success of his son, the late Dr. David James, in the practice of Homœopathy, to adopt the new school of medicine. He became a member of the American Institute in 1846. Dr. James was a man of active mind and body. At the time of his death, he was, says the *Hahnemannian Mo.*, "the oldest Methodist in the world." He had not only been a member of the Methodist Church

since 1790, but a licensed preacher since the year 1800. To the age of 94, Dr. James retained his faculties in almost full vigor, and they failed but slowly to the time of his death. Several of his sons are prominent through their scholarly attainments. J. P. James, the well-known botanist at Cambridge; the late Dr. David James, whose death is recorded in our last issue; the late J. F. James, actuary of Girard Trust Co., and S. N. James, Esq., are well-known men. The remains of our late colleague were removed to Radmur.

S. EASTMAN, M.D. — Died at Riverside, Cal., Jan. 8, æt. 53. Professor Eastman was born at Lodi, New York, Sept. 29, 1821. After graduating at Amherst College, he received his professional education, and entered practice in Buffalo in 1851. In 1859 he became Professor of Anatomy at the Buffalo Medical College, till ill health compelled him in 1870 to resign his professorship, and shortly after, to remove to California. Resolutions of mourning were passed by the Buffalo Medical College and the Erie Medical Society on hearing of Prof. Eastman's death.

R. LUDLAM, M.D., has recently had successful experience in ovariectomy, by enucleation, the results of which are published in *U. S. Medical and Surgical Journal* for Jan. 1874. See, also, cases by Drs. Miner and Woodbury, in *Am. Journal Med. Sciences*.

T. S. VERDI, M.D., the Secretary of the Board of Health, of Washington, was, as most of our readers know, denied membership in the National Health Association, because he was a homœopathist; but, it seems, in a national convention of the Boards of Health from various cities, recently held at Washington, Dr. Verdi delivered the address of welcome, which in spirit contrasted strongly with the ostracism exercised towards him, and was cordially received by the convention.

I THINK the following is important in its bearing upon the powers of hospital superintendents. S. W.

RESIGNED. — Dr. Jas. H. Denny has resigned the position as Superintendent of the Retreat for the Insane, at Hartford, Conn., to which he was appointed in Nov. 1872, after a short service as assistant physician. Knowing that there had been conflict of authority between his predecessor, Dr. John S. Butler, for many years Superintendent of the Retreat, and the steward, he accepted the position upon condition that the entire management of its household affairs should be placed in the hands of the Superintendent, according to the by-laws of the institution. Some time after assuming the duties of his office, Dr. Denny inquired of the trustees the precise meaning of this by-law, and received the unofficial reply that "certain officers and affairs of the institution were not under his jurisdiction."

The Board of Directors were then requested to change the by-laws until they accorded with the principles indorsed by the Association of Superintendents of Asylums, and upon their refusal to do so Dr. Denny tendered his resignation, which was accepted.


It is understood that the doctor's action in the matter was advised and indorsed by some of the leading hospital superintendents.

REMOVALS. — W. J. SHEPHERD, M.D., from Carson City, Nevada, to Andover, Mass., succeeding Dr. O. L. Bradford.

H. T. F. GATCHELL, M.D., has removed to Colorado Springs, Colorado.

F. W. PAINE, M.D., from 27 Concord St. to 680 Tremont St.

E. LIPPINCOTT, M.D., at Hazleton, Luzerne Co., Pa., 320 West Broad St.

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

THE  
*New England Medical Gazette.*

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No. 4.]

BOSTON, APRIL, 1874.

[Vol. IX.

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CLINICAL MEDICINE.

DAVID THAYER, M.D., EDITOR.

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CASES BY THE EDITOR.

[From a lecture entitled *Certainties in Medicine*, given before the class of B. U. School of Medicine, Feb. 25, 1874.]

IN the following cases, I am especially desirous of recording my experience in the use of remedies given in the so-called high potencies, which constantly inspire me with confidence in their power to cure. In treating deep-seated diseases, I have been in the habit of repeating the remedy in water, daily, till ten doses have been given; after which I gradually decrease the frequency of the dose as improvement progresses.

SCABIES: SULPHUR.

Mr. D. consulted me on his wife's account, for "a humor" from which she had suffered several years. Having examined it, I pronounced it the itch. They both exclaimed that this could not be; for, having slept together two years, the husband had not taken it. "Nevertheless," I said, "she has the itch." I gave Mrs. D. *Sulph.*<sup>200</sup>, and in a very short time Mr. D. took the disease, and had it thoroughly. They were both cured by *Sulphur*, but given in the lower potencies. What is the inference? Clearly, it is that the minute insects which, by burrowing under the skin, cause the irritation, found *Sulph.*<sup>200</sup> too much for them, and their abode suddenly becoming disagreeable, they changed it for the next best they could find,

which was the person of Mr. D. Although chemistry has thus far found no trace of the drug in a 200th potency of *Sulphur*, yet these little creatures appeared to flee from it.

#### HEADACHE IN SYPHILIS: SULPHUR, AURUM.

I have cured many cases of syphilitic headache with *Sulph.*<sup>200</sup>, except where the patient continued coffee. *Aurum*, in the same potency, has also proved curative.

#### PHLEBITIS, PHLEGMASIA ALBA DOLENS: BELLADONNA.

Mr. T. called one evening, and told me his wife had been for several weeks in the care of an allopathic physician for the latter disease; she was rapidly growing worse, and could not move her limb. I was unable to visit her that night, but sent her *Bell.*<sup>30</sup> After a day or two, he called again to express his satisfaction at the benefit she had received from the medicine. I continued *Bell.*<sup>30</sup>, and called after a few days to find her wonderfully relieved.

The worst case of phlebitis I ever saw was a Mrs. W., of Boston, whom I attended in confinement. Both arms and legs were equally affected. *Bell.*<sup>30</sup> proved the best remedy, and cured her.

Another Mrs. W., of Boston, who had been confined and under my care, began, when her baby was a week old, to develop appearances of the "milk leg," with its early symptom of a sense of heaviness in the limb, and disinclination or inability to move it. This, together with painful sensation in moving the eyes, indicates *Belladonna*. *Bell.*<sup>200</sup> relieved her at once, and she was doubtless saved from the disease.

#### CHOLERA INFANTUM.

This disease I have in my own experience found entirely controllable by medicines in the two hundredth potency. In the cases I treated during the summer of 1873, I gave nothing below this attenuation, and lost no patient. The remedies were *Acon.* most often in the beginning; after that, as indicated, *Ars.*, *Bell.*, *Ipec.*, *Cham.*, *Merc.*, *Verat. alb.*, *Sulph.*, *Rheum.*

*Rheum* has never failed in my treatment of this disease where the baby had a sour smell or passed sour-smelling stools.

#### EPISTAXIS : CARBO VEGETABILIS.

In many cases I have found a low potency of *Carbo veg.* effectual in this complaint. To condense the symptoms apparently characteristic, in cases which I have seen relieved, the bleeding has been long continued; bleedings very frequent; the blood thin; epistaxis occurring in convalescence from fever; excited by emotion (especially grief or affliction), jarring; breath short and hot; sensations of numbness; pulse not felt at the wrist; tenderness in the region of the liver; very marked jaundice; itching around the nostrils; face, limbs, and body emaciated.

I will relate the case of a boy in South Street, who, with some of the symptoms above detailed, was bleeding profusely from the nose. I said to the Irish doctor whom I found in attendance, "I think *charcoal* will cure this patient." — "Have you any with you?" he asked. "Yes." As I prepared the powder (in the 4th trituration), "It is white," said the doctor. "Yes, it is a homœopathic preparation, a trituration." When the bleeding had ceased, as it did almost immediately, the doctor looked on in astonishment. "I think," said he, "the white charcoal is better than the black."

Some years ago, a boy recovering slowly from typhoid fever began to bleed at the nose. This bleeding had continued so long that it evidently must soon prove fatal. In consultation with Dr. David Osgood, who had conducted the boy's treatment for some time, I suggested, with some hesitation, on account of my comparative youth in the presence of age, this remedy, *Carbo veg.*, which, more specifically indicated, had in my practice saved life in hæmorrhages of a desperate nature. We gave the boy the 3<sup>d</sup>, a single powder, which checked the bleeding permanently, in spite of his having already taken *Carbo veg.* in the 30th potency.

Mrs. G., a lady of about forty-five years, of dark complexion, black hair, dark hazel eyes, short in stature, and of light

weight. April 22, 1871. She bled at the nose almost every day for two years; the first bleeding took place two years previous, on receiving the sudden news of the death of her son. During the last year she has often bled three or four times a day, four times the day of my first seeing her. A sudden start, agitation of mind, riding in the street cars, any jarring or weeping, would excite the bleeding. Face was pale and thin; there was itching around the nostrils; dryness of the mouth and throat; the breath short and hot; the right arm and hand frequently benumbed. The effect of *Carbo veg.*<sup>4</sup> was so favorable that she has had no return of the epistaxis in nearly three years.

#### SYMPTOMS OF GALL-STONE: CHINA.

My experience in these cases has given me great confidence in this remedy, with its familiar symptoms of periodicity and great yellowness of the skin, added to the characteristic pain attending the passage of gall-stones, its action being quite as specific as that of *Calcarea* in the incurvation of the long bones, in children. In this connection I have found less satisfaction in the treatment of *renal* calculi. In the order of their service to me, I will mention *Sass.*, *Cann.*, *Lye.*, *Uva ursi*, *China*, *Berberis*, *Calcarea*, and some few others.

In treating a pulmonary hæmorrhage in the case of Mr. D., of Boston, while staying at the White Mountains, a curious incident occurred, showing, I trust, that the efficacy of both *Ohina* and *Carbo veg.* are becoming appreciated in certain indicative conditions. There was in Mr. D.'s case marked jaundice, and tenderness in the region of the gall-bladder on pressure. I found my prescription of the above remedies had been forestalled by the young practitioner in attendance. "What led you to prescribe these remedies?" I asked. "I gave them at my brother's suggestion," was his reply. He mentioned a town in Vermont, his brother's place of residence, and said I could easily see him by making a little *detour* on my way home. He would telegraph to him. He did so, and as the cars stopped at the station the young man met me. "What led you," said I, "under these indications, to prescribe *Carbo*

*veg.* and *China?*” — “Yourself, doctor,” he replied. “I heard you mention, in Horticultural Hall, in these hæmorrhages the great value of *Carbo veg.* to check the flow; but especially of *China* to act upon the biliary obstruction which causes the hæmorrhage, and I have had a most successful experience with these remedies.” I have only to add that Mr. D. recovered.

#### HEART DISEASE: VERATRUM VIRIDE.

BROM., CARB., ARS., NIT. AC., DIG., HYDRO. AC., AURUM, SPIG., AUG., ACT. RAC., CROTAL., LACH., NAJA TR.

With regard to the first remedy, after I had seen a very suddenly fatal case of metastasis of rheumatism to the heart, I gave, under similar circumstances, *Verat. v.*, with much apparent benefit. I mention the other remedies because with their appropriate symptoms they have been of frequent service to me in treating heart diseases.

#### “SUN HEADACHE”: KALMIA.

A servant girl had, for a long time (three months), been afflicted with a severe pressing headache, which she so named because it increases with the ascending sun, and decreasing as the sun went down. Having given her, at my office, a powder of *Kalmia*, in the 5th potency, she afterwards described the headache as suddenly going away, as she waited in the car office on her return home, and it never came back.

## PSYCHOLOGY AND MENTAL DISEASES.

S. WORCESTER, M. D., EDITOR.

### GENERAL PARALYSIS OF THE INSANE.

BY SAMUEL WORCESTER, M.D., BURLINGTON, VERMONT.

WE meet no form of disease accompanying insanity which is more frequent, and presents less hope of recovery, than that known as general paresis, or general paralysis of the insane. Much has been written upon this subject, and though we are now acquainted with the history, symptoms, and invariably

fatal termination of the disease, we are still ignorant of its proper medical treatment, while its pathology remains as doubtful as that of so many other disorders of the nervous system.

Since most of the cases coming under treatment in a hospital for the insane are in advanced stages of the disease, and prove rapidly fatal, it may be useful to call the attention of the general practitioner to some of the signs by which the disease may be recognized in its earlier stages, that the patient may be warned of danger before he enters upon a stage in which he can have little hope of recovery. Diseases of this class are increasing, and physicians now direct attention to their treatment, instead of leaving them, as formerly, to the exclusive care of the "specialist" or the hospital. This paper is not written in the hope of setting forth any original views of the disease, but to offer such a summary of its existing literature as may enable those who have not studied works on insanity to recognize the disease in their daily practice. In the report of the Utica Asylum, for the year 1870, Dr. John P. Gray gives a total of 216 cases of general paralysis admitted into that asylum since 1849, of which number, 171 entered during the last ten years, showing the increase of the disease.

The term "general paralysis" as applied to this disorder is not scientifically correct, for there is no real palsy, but rather a progressive impairment of the powers of motion. Many terms have been proposed as substitutes, among others "general paresis," which is extensively used in this country, and by Dr. Sankey and others in England, it being considered better adapted to express the progressive character of the disease; but all writers on insanity recognize a certain well-defined form of brain disease, known as "general paralysis of the insane," characterized by a want of muscular co-ordination, and derangement of the mental faculties. Dr. G. M. Bacon thus writes on its nosological position, in the *Journal of Mental Science*, July, 1871:—

"General Paralysis has some peculiarities in its history and symptoms which may serve to discriminate it from other forms of disease, such as the following:—It is not hereditary.

It occurs rarely among women. Certain mental symptoms are always associated with it, and generally precede the paralytic symptoms. In most cases epileptiform attacks, affecting one side or one limb and half the face, occur during the second stage. A curious amelioration takes place after a certain period when brought early under proper treatment. The 'optimism,' the often furious character of the mania, the destructive tendencies, and the mixture of elation and confusion of mind, producing the most ludicrous contradictions, are such as are not seen in other forms of brain disease."

Esquirol was the first who called attention to a peculiar form of insanity complicated with paralysis, which he considered incurable, and the disease has since received much attention from careful observers, among whom are Drs. Sankey, Lockhart Clarke, Skae, Tuke, and Westphal. Calmeil was the first to study its history and causes in a thorough and systematic manner, and the results of his investigations are quoted as authority by all writers on general paralysis. He pursued his researches at the hospital Charenton, under both Royer-Collard and his successor Esquirol, and published his results in 1826. He divides the disease into three stages, but patients have generally entered upon the second before they are placed in a hospital; and therefore Dr. Sankey, in his work on Mental Diseases, begins with a description of the second stage, passing briefly over the earlier symptoms; but in this paper more stress will be given to the first and second stages.

It is an important but disputed question, which appear first, the mental or the physical symptoms, or whether they progress together from the beginning. Dr. Sankey says that there are three modes of invasion possible.

"First, The cases may commence by some disorder of the mental faculties,—usually by delirium or maniacal excitement,—but sometimes with depression or melancholy, and on the subsidence of these symptoms the peculiar indications of general paresis, particularly those connected with the motor functions, are manifested. Second, in other cases the mental symptoms, mania, melancholia, and especially a state of dementia, appear simultaneously with the lesion of motility. Thirdly, MM. Baillarger and Lunier assert that, as a rule, the lesion

of motility precedes the mental phenomena, and most observers admit this to be so in some instances."

But he adds that he himself never saw a case where the motor paralysis preceded the alteration of the mental functions. Dr. Maudsley agrees with him on this point, but quotes Parchappe as saying "that in fifty-one out of eighty-six cases carefully watched by him, the paralysis and the mental disorder were simultaneous; in twenty-seven the paralysis was subsequent; and in eight the precedence could not be determined." On the other hand Dr. John P. Gray remarks as follows:—

"The paresis, I believe, precedes the insanity: the latter is the result of the morbid changes. I have observed parities where there was no insanity, no delusions; only that impairment or enfeeblement which is often noticed in the later stages of chronic meningitis and softening. In one case now in the asylum the symptoms of paresis long preceded insanity, and the latter did not develop until nearly two years after."

Although my own knowledge of the disease is derived almost entirely from the wards of a single asylum, and is therefore limited, I have observed that the motor impairment seldom precedes the mental, though they often begin simultaneously; but in determining this point it is well to bear in mind the following remark of Dr. Maudsley:—

"Before asserting in a particular case that there is no evidence of paralysis, it will be well to observe the patient when emotionally excited, or after a sleepless night, when there may be exhibited a tremulousness of speech which is not at all visible when he is perfectly calm and collected."

Dr. Blandford says:—

"There can be no question that, coexisting with the mental affection, there is a gradually advancing paralysis. Then, we are led to ask, does the disease extend downwards from the brain to the cord, or upwards from the cord to the brain? do we find paralytic symptoms existing before any mental derangement, or do we notice the peculiar mental delusions for some time before there is any defect of speech or gait, or is the one set of symptoms always accompanied by the other? I think it may be stated with certainty that motor disorder may be noticed before any mental symptoms. . . . There is

every reason for supposing that the motor and mental disorder depend on pathological states, which, though they coexist, are independent of each other."

The patient attacked by general paralysis is usually a man of middle age, who has been actively engaged in business or the pursuit of pleasure. Suddenly and without any apparent cause a change in his habits and demeanor is apparent, his business is neglected, he takes little notice of his family, displays great restlessness and uneasiness, and is disposed to wander about; he gives frequent contradictory orders, and is very angry if not obeyed at once; he becomes careless in his dress and personal appearance, and neglects all habits of neatness and order; his mind is filled with the most visionary projects, and he has boundless ideas of his own importance and wealth. His self-importance and grandeur of ideas are not such as we meet with in melancholia, for the latter preserve at least the appearance of plausibility, while the exaggerated ideas of the general paralytic are utterly inconsistent with each other. A melancholiac may think himself a lord or a duke, or that his legs are made of glass, but his speech and conduct will bear some relation to his fancied condition: a parietic, however, will be emperor, king, pope, and creator, all at once; he can build a city in a single day, or defeat an army single-handed; he has exalted ideas of his great knowledge and influence. No person can be named of any note in the world but the parietic has been instrumental in the other's attainment of fame or position; he is also possessor of countless millions, which he dispenses with a lavish hand; he confers numberless titles of nobility; and there is no favor, however extravagant or absurd, which he is unable or unwilling to grant. Being very forgetful, his delusions are not of a fixed character but, change from day to day, though always retaining their general tone of grandeur and ambition, or what the French call "*délire des grandeurs*."

Dr. Brandford says:—

"You are, therefore, to recollect that general paralysis is to be suspected, if we hear a lunatic boasting of his grandeur, riches, and strength, especially if his delusions on this point are altogether wild, and far beyond the bounds of possibility."

No proof of the absurdity of his ideas suffices to convince him for a single moment; for instance, as Dr. Bucknill says:—

“The patient claims to be heavier than the world, and no one can lift him; we invite him to lie down, and lift him with ease, but he explains our success by the buoyancy of the angels that are in him.”

When he is placed in an asylum, it becomes at once a palace or a country residence, and those about are courtiers or attendants. In some cases the delusions are of a sad, depressing nature, as in melancholia, but this is unusual. He has also the feeling that his physical condition is excellent, although he may stagger at every step, or be confined to his bed in the last stages of the disease; and the phrase “*First rate*,” with which he answers all inquiries as to his health, is of itself almost sufficient evidence of the presence of general paralysis. Constant hopefulness is another characteristic symptom; although confined in an asylum, he is generally contented, but at times complains of being shut up through a conspiracy of enemies interested in his detention, and displays great anxiety to see his friends on important business, and writes frequent letters requiring immediate answers. His anxiety about the non-arrival of friends or letters is easily allayed, and he consents, as a particular favor to the doctor, to postpone his departure till “*to-morrow*”; but as his memory possesses no cumulative power, the same process is daily repeated, and the “*to-morrow*” never comes.

This condition is thus described by Dr. Sankey:—

“The following may be given as an epitome of the mental symptoms in the first stage, the occurrence of which should especially direct attention to the first indications of motor paralysis, — such as slight stammering, drawling, etc.

“First. The various *actions* showing the condition of the mind, — as a disposition to wander from home; to rid himself of clothing, occasionally with, more frequently without, indecent ideas; commission of petty thefts; disposition to extravagance; neglect of duties; general restlessness, shown by driving about, or going from place to place, or even by an inordinate amount of letter writing.

“Second. The *ideas* expressed, — as notions of great personal importance, great connections, possession of wealth, ac-

quisition of honors, fortune, etc., or the projection of Utopian schemes. And

“Third. The alteration in the *feelings* or moral affections, especially a change from religion to profanity.”

Having reviewed some of the leading mental symptoms found in the disorder, from its commencement to its entrance into the fatuitous stage, we are now to consider some of the physical changes which are equally characteristic; and in this connection Dr. J. Crichton Browne's graphic description of the appearance of the general paralytic is of decided interest.

“In this disease there is almost always optimism, — delusions as to wealth, rank; and grandeur, — insane joyousness, benevolence, and profusion, while its very earliest physical symptom is trembling at the corners of the mouth and at the outer corners of the eyes. Constant tremulous agitation of the palpebral and great zygomatic muscles is pathognomonic of the earlier stages of general paralysis. The countenance has a pleased and benevolent expression. As the disease advances other muscles become involved, but until complete fatuity is reached, the prevailing expression is that of feeble benevolence.”

One of the earliest motor symptoms is the peculiar impairment of speech, which is the first indication of paralysis. This is often evident long before any difficulty can be observed in the movement of the limbs. Calmeil describes this peculiar articulation as an effort in speaking, the patient uttering his words tardily, and with a sort of mumbling and stammering, like that of a person intoxicated; but if he is desired to put out his tongue, he does it without any discoverable deviation.

Later writers say that the impairment does not constitute a true stammer or mumbling of words; for, as Dr. Conolly says, —

“No letter or syllable is repeated, there is a slight delay, a lingering or quivering in the formation of successive words or syllables, apparently from a want of prompt nervous influence in the lips and tongue.”

I have seen paretics who, when moderately excited, would seem totally unable to form words on the lips as rapidly as they were conceived in the brain, and a quivering or twitching of

the corners of the mouth would result; but there was no real stammer. Dr. Sankey thus describes the appearance of such patients:—

“The mouth is drawn down at the corners spasmodically; the head is moved or nodded by an effort to extricate a particular labial; and while speaking, the lips, especially the upper one, will be seen to twitch or be affected with an undulatory or quivering motion, and the chin purses slightly.

“In the advanced stages, the tongue is protruded with difficulty, and by successive jerks; and while protruded, there is marked fibrillar quivering of its muscles. The peculiar impediment in the speech is the most characteristic physical symptom, and in connection with the exalted ideas is conclusive evidence of the existence of the disease.”

As the disorder progresses, derangement of the motor power is manifest; the muscles themselves are not affected, nor is there marked loss of strength except in the last stage; but we find great loss of co-ordinating power in the muscles, especially those of the lower limbs, though the upper are not exempt. The gait is peculiar, but like other characteristic symptoms of the disease, viz. the impaired articulation and the exalted ideas, it is said not to be invariably present; but in my experience it has always been met with. This peculiar gait is thus described by Dr. Sankey, whom I have so frequently quoted:—

“The paretic patient walks as if he had to direct the whole of his muscles by distinct efforts, as though he had lost his acquired automatic movements. He walks, therefore, without looking to the right or left; and often there is an appearance or expression of having to poise his head carefully, or to keep his own centre of gravity carefully balanced. At the same time there is an evident absence of elasticity or spring in the step; the foot is placed flat upon the ground; the legs are kept somewhat apart, as though to increase the base of support for the superincumbent weight, and the patient has a straddling gait; there is no balancing or throwing the centre on one or the other limb.”

Westphal, however, believes that the motor disturbances may be divided into two groups. He writes thus in the first volume of Griesinger's Archives:—

“Those belonging to the first group have the peculiar walk of *tabes dorsalis*; it is uncertain, swaying, the feet being raised abruptly, thrown forward and brought down forcibly on the ground. In such cases he believes that the motor disorder precedes the mental symptoms. In the second group, instead of the forcible and jerking raising and throwing forward of the feet, they are raised very little from the ground, so that the gait is rather shuffling, and the patients go as if on slippery ground; their movements are slow and helpless, and they do not fall when their eyes are shut. In these cases the motor disorder follows the mental symptoms.”

The loss of motor power is also shown in the imperfect attempts at sewing, playing the piano, writing, or any other operation requiring manual dexterity. The ordinary monomaniac may write an incoherent letter, but the paretic will omit words and syllables, or repeat them a dozen times in succession, until the meaning is perfectly unintelligible, and this incoherence progresses with the disease. There is often in the second stage a paroxysm of maniacal violence of varying duration, which is followed by a marked amelioration of all the symptoms, both mental and physical: this remission is so evident that the friends of the patient are often deluded by the hope that he may entirely recover. This improvement is, however, temporary, and he soon relapses into the third stage, — that of fatuity. Paresis of the excito-motory system becomes more marked, and the patient can hardly walk alone, falls against the furniture, or crawls about the floor, picking up splinters or bits of paper. He also loses control over the sphincter muscles, and becomes filthy.

The appetite is very voracious, and the paralytic will cram great masses of food into his mouth, but owing to loss of excitability in the muscles of deglutition, even soft food is swallowed with difficulty, and becomes impacted in the pharynx or larynx, causing frequent, and sometimes fatal, choking. Grinding of the teeth may now be noticed, and there is a glutinous secretion in the corners of the eyes. The mental condition rapidly deteriorates, memory is almost entirely destroyed, and the patient requires the same care as in advanced dementia.

Jules Falret states in a thesis published in 1852 :—

“Brierre De Boismont and Duchenne believe that they have found in electricity a practical means for distinguishing the general paralysis unconnected with insanity from paralysis with insanity. They say that in the former the electric irritability of the muscles diminishes or disappears, while it remains intact in the paralysis of the insane.”

Drs. Bucknill and Tuke, however, made some independent experiments in 1852, at the Devon County Asylum, with the following results :—

“That in dementia without paralysis, or in dementia with ordinary paralysis, there is no loss of excito-motory sensibility, while in general paralysis there is great loss of this function. In some cases the strongest stimulus of the electro-magnetic machine failed to produce any movement in the legs of the patient beyond a slight tremor, not amounting to muscular contraction, and incapable of moving the limb in the slightest degree.”

(To be continued.)

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#### THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, AT MIDDLETOWN, N. Y.

THE following description is extracted from a notice in *Harper's Weekly*, for February 28, 1874, which was accompanied by a fine illustration of the hospital, as it will appear when completed :—

“This institution was originated in 1869, through the exertions of George F. Foote, M.D., and certain public-spirited citizens both in Orange County and in other sections of the State, who were desirous of applying the principles of the Hahnemannian school of medicine to the cure and relief of the insane. In April, 1870, it became a duly incorporated State institution, and a site was chosen for it upon a farm of 250 acres, located about a mile to the westward of the village of Middletown, Orange County, New York, — a spot which commends its selection by the beauty of the views which it commands, its excellent and healthful surroundings, its admirable

facilities for drainage, supply of water, and ease of access. On this site has been constructed a main or administrative building, now ready for occupancy, and a boiler and laundry-house. A wing, or pavilion building, for the accommodation of patients, is partly completed. The plan of the asylum contemplates four of these pavilions, two on either side of the central edifice, and connected therewith by corridors on the ground floor and between the basements.

“The main building accommodates all the domestic and administrative offices, and seventy-five patients. It is 175 feet long by 62 feet deep, and four stories high, exclusive of attic and basement, each floor affording an area of 12,000 square feet. Its architecture is of the Rhenish style, combining an appearance of strength with a certain lightness and cheerfulness of effect which is in marked contrast to the sombre heaviness not infrequently observable in asylum buildings. The edifice is of the best brick, with Ohio stone dressings, and from its front a boldly projecting tower furnishes a *porte cochère* to the principal entrance, gives additional space to the elegant music-room on the second floor and the chapel on the third floor, and rises to a height of ninety feet from the ground. In the construction of this building the greatest pains have been taken to make it fire-proof; and its interior finish, in every respect, is most admirable both as to design, material, and workmanship. The arrangements also for heating, ventilating, sewerage, etc., have been most carefully considered, and together with the thorough underdrainage of the land in the vicinity of the buildings, can scarcely fail to secure healthfulness and comfort to the inmates.

“The new building — Pavilion No. 1, as it is designated for convenience — is to be devoted entirely to patients. It is 204 feet in length, and three stories in height above the basement, with a wing on the southerly end 70 feet deep, and on the northerly end a wing 100 feet deep, and is to be built of brick and half-timbered work, so constructed as to give it the appearance of three distinct villas, slightly connected by balconies and glass-covered galleries. Externally this pavilion, when finished, will be considered as even more attractive than the main building. Charming, however, as its exterior is to the eye, the interior arrangement is still more graceful and home-like: indeed, the *home-like* has been, and will be, a *sine qua non* in the planning of all the buildings of this asylum.

“These buildings and their belongings reflect much credit upon Mr. Carl Pfeiffer, the architect; Messrs. Lyons, Fellows

& Bunn, builders; James Willis, C.E., landscape architect; and the Building Committee, Messrs. Grinnell Burt, J. Draper, M.D., E. P. Wheeler, and Daniel Thompson.

"Middletown is distant sixty-six miles from New York city by the Erie Railway, and is also reached by the Midland Railroad."

How much longer will the Massachusetts Homœopathic Medical Society allow the allopaths to monopolize the asylums for the insane in this State? S. W.

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#### DR. BARROWS' INAUGURAL ADDRESS.

THE interest and professional ability on the part of members of the Rhode Island Hom. Medical Society, apparent at the monthly meetings of the Society recently held at Providence, lead us to await a prosperous future for Homœopathy in that State. Dr. Ira Barrows' address, as President of the Society, delivered Jan. 31, 1874, is an encouraging, timely, and well-considered effort, by a veteran and respected member of the school. We regret that our overcrowded space prevents our giving Dr. Barrows' address in full.

After a brief reference to the history and hopes of the Rhode Island and Hahnemannian Societies, both of which are now united under the name of the first, Dr. Barrows discusses the status of the old school of medicine. Quoting the well-known dissenting opinions of some of its leading writers, he comments as follows:—

"Dr. Forbes does not mean to be understood as saying that 'the whole practice of medicine, in so far as it consists in the administration of drugs, is a system of traditionary routine and conventionalism, hap-hazard and guess-work,' but declares that it is not going beyond the truth to say much of it is so. The best comment upon such nonsense is from a Latin poet:—'Parturiunt montes, nascetur ridiculus mus.'

"Oliver Wendell Holmes is more bold, and publicly declares in substance, that if all the medicines of the old school were cast into the sea, it would be better for humanity but worse for the fishes."

Speaking of medical treatment, Dr. Barrows says: "In mak-

ing diagnoses, we want the totality of the symptoms which characterize the disease. I say which characterize the disease; to illustrate which I will give an example. I once witnessed an examination by a physician who aimed to be very exact in following Hahnemann. Beginning at the head and ending at the feet, he followed Jahr's arrangement of his materia medica in the proving of medicines. He questioned concerning the head, ears, nose, eyes, throat, larynx, thorax, stomach, liver, etc., and noted every trivial symptom. He thus wrote a sheet of foolscap paper, and took it home to study. He prescribed sulphur, because, he said, sulphur contained more symptoms of the case than any other remedy.

"Sulphur is one of our fullest polychrests, and I venture to say it will often be unjustly selected if this rule of diagnosis is followed, and every pain and derangement is noted in every case, and the remedy chosen from this indiscriminating totality of the ailments. With due attention, then, to every symptom, we must still especially note the characteristics which collectively constitute the disease, and which legitimately belong to it; and then select the corresponding pathogenetic remedy."

While the president favors the pursuit by each medical man of some one especial branch of study, he yet speaks as follows:—

"I have no sympathy with those who isolate organs to make a specialty of treatment for each organ separately. Certain cases belong especially to mechanical surgery, but organic diseases are too intimately connected with and dependent upon the whole, to be thus separated and treated. Tuberculosis, scarlet fever, measles, diphtheria, etc., are prolific causes of organic troubles which must necessarily, as well as traumatic lesions, either fall under the head of surgery or receive treatment by the law 'Similia similibus curantur,' in accordance with the totality of their symptoms."

While our advancement is partly dependent upon individuals, it is greatly facilitated by associations. The American Institute of Homœopathy, by the appointment of bureaus, is doing much, and in many ways, to advance the healing art. State and local societies are doing the same thing.

Dr. Barrows closes by requesting the Rhode Island Society as a whole to aid in the work as above indicated.

## ALCOHOLIC STIMULANTS.

WE think we express the belief of the Homœopathic School when we say that it disfavors the use of large or concentrated quantities of stimulating agents in diet as in medicine, in health as in sickness. In disease we are careful to avoid their interference with the action of our medicines, but also fear to derange the healthy organism by a diet which differs widely from the preparations of nature for the support of the body. However, to give our readers the argument, upon the use of alcoholic stimulants, just now in especial agitation, we compile as follows:—

From Dr. Gorton's "Essay on the Principles of Mental Hygiene."\*

"Pereira has classed alcohol among the alimentary principles, in view of Liebig's hypothesis that it is burnt in the lungs as fuel, and in that way ministers to the maintenance of the animal temperature. But he observes: 'By itself it cannot form tissues, since it is deficient in some of their essential ingredients, namely, nitrogen, sulphur, and phosphorus; and there is no reason to suppose that it contributes, even in part, to the renovation of the tissues. . . . By its oxidation in the lungs, it must evolve caloric, and thus, when used in moderation, it serves to support the temperature of the body.'—*Food and Diet*, pp. 25-6.

"Liebig says: 'If we hold that increase of mass in the animal body, the development of its organs, and the supply of waste, that all this is dependent on the blood, that is, on the ingredients of the blood, then only those substances can properly be called *nutritious*, or considered as food, which are capable of conversion into blood.'—*Organic Chemistry*.

"Professor C. A. Lee remarks, 'that animal heat is promoted to any extent by the combustion of alcohol in the lungs we think questionable; for experience has proved that, other things being equal, a person will perish sooner when exposed to severe cold if he uses alcoholic drinks, than if he entirely abstains from them. . . . There is, it is true, a popular delusion on this subject; for if coachmen and others take alco-

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\* An Essay on the Principles of Mental Hygiene. Philadelphia: J. B. Lippincott & Co.

holic drinks in cold weather to keep them warm, they also take them in hot weather to keep them cool; but in neither case can the custom be quoted as an argument in favor of such use, or of the justness of the views on which such views are founded.' — Note 2 to *Pereira's Food and Diet*.

"Dr. Benjamin Rush says, 'There cannot be a greater error than to suppose that spirituous liquors lessen the effects of cold on the body. On the contrary, they always render the body more liable to be affected and injured by the cold.' — *Medical Inquiries*.

"Sir John Ross, whose experience in the Arctic regions should give weight to his opinion, testifies: 'When men under hard and steady labor are given their usual allowance or draught of grog, or a dram, they become languid and faint, losing their strength in reality, while they attribute that to the continuance of their fatiguing exertions.' — *Food and Diet*, p. 269.

"Dr. W. B. Carpenter observes, 'that the capacity of the healthy human system to sustain as much bodily or mental labor as it can be legitimately called upon to perform, and its power of resisting the extremes of heat and cold, as well as other depressing agencies, are not augmented by the use of alcoholic liquors; but that, on the other hand, their use under such circumstances tends positively to the impairment of that capacity.' — *Alcoholic Liquors*, p. 19.

"Lewes, on the other hand, says, 'If it (alcohol) be not food, neither, then, is sugar food, nor starch, nor any of those manifold substances employed by man which do not enter into the composition of his tissues. That it produces poisonous effects when concentrated and taken in large doses is perfectly true; but that similar effects follow when *diluted* and taken in small doses is manifestly false, as proved by daily experience.' — *Physiology of Common Life*, vol. i, p. 115.

"Moleschott, an eminent German physiologist, is quoted by Lewes in support of the latter's views: 'He who has little can give but little, if he wish to retain as much as one who is prodigal of his wealth. Alcohol is the savings bank of the tissues. He who eats little and drinks alcohol in moderation, retains as much in his blood and tissues as he who eats more and drinks no alcohol.' — *Lehre der Nahrungsmittel*, p. 162.

"After all this assurance respecting the conservating properties of alcohol, Mr. Lewes concludes that 'the physiological action of alcohol is still unexplained'; and most people will agree with him."

We copy from Dr. H. I. Bowditch's familiar statistics

given to the Massachusetts State Board of Health, 1870. To the following inquiry answers were given by medical men from numerous towns throughout the State:—

“What, in your judgment, has been the effect of the use of intoxicating liquor as a beverage upon the health and lives of the people of your town, or in the region in which you practise?”

## ANSWERS.

Very destructive to life and health . . . . .	48
Injurious to a greater or less degree . . . . .	49
Public health not affected by use in their town	16
The evil is seen in foreigners, but not in natives . . . . .	4
Useful in decline of life . . . . .	1
Promotes longevity . . . . .	1
Indefinite replies . . . . .	13

But Dr. Bowditch's inquiries in behalf of the Board have extended much farther. We extract as follows:—

“The correspondence virtually embraces the civilized parts of the globe. I admit that the number is nevertheless too small to allow us to lay down perfectly positive laws in regard to the topics suggested. But while admitting this much, we may, I think, with equal certainty, be allowed to *find some hints* towards the unravelling and establishing of the great laws which govern the vice of drunkenness the world over.

This correspondence is distributed as follows:—

From Europe . . . . .	28 places.
Asia . . . . .	3
Africa . . . . .	2
South America . . . . .	6
Canada . . . . .	1
West India Islands . . . . .	3
Islands of the Atlantic . . . . .	3
Sandwich Islands (Pacific Ocean) . . . . .	1
Malta (Mediterranean) . . . . .	1
Australia . . . . .	1
United States* . . . . .	3

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\* “In this estimate the valuable correspondence from Massachusetts is considered as a unit.”

"The love of stimulants varies under different influences, climate, race, fashion, etc.

*"Intemperance prevails the world over, but it is very rare at the equator. The tendency increases according to latitude, becoming more frequent, more brutal and disastrous in its effects on man and society as we approach the northern regions.*

"It would seem, therefore, as if the burning zone of the tropics took from man the desire for intoxication from alcohol, while it induces him to while away the hours under the fumes of opium, tobacco, or of hasheesh, or in the drinking of coffee or of tea. In the central regions of Europe the taste for alcohol increases, and here bounteous nature provides abundant crops of luscious grapes, which serve not only for food but also afford the mildly stimulating wines which can be used *temperately* by every age, and apparently without evil.

"Finally, above the isothermal line of 50° F. north, and when we get into the colder regions of the earth, man dresses in furs, and heats his houses with furnaces. He drinks fiery potions, which give a glow to his system which enables him, as he thinks, to defend himself more easily from the bitter cold climate in which his fate has placed him.\*

*"Races are educated to use strong liquors by bad laws and by other influences.*

"The Romans, when they had possession of the country, cultivated vineyards, and they flourished well in the south of England.

"Alfred the Great, in the ninth century, wisely ordered the renewal of the culture of the grape, and brought over to England foreign fruit-growers.

"I find the following quotation from a speech made by the present Prime Minister, Mr. Gladstone, in 1861. 'The taste for wine in England is materially connected with the course of our politics and the revolution of 1688, but still more the Hanoverian succession and our wars with France contributed greatly to alter the taste of the country, so that those who

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\* A curious physiological effect seems hinted at by some of our correspondents, viz. that among northern nations the vice of drunkenness is much more frequently the cause of violence and crime than in more southern climes. In the North, men seem to become savage, wild, and boisterous. The drunkard in the North beats his wife, and stabs his friend, or breaks into his neighbor's house, under the influence of liquor. In the South, he reels home rather happy in his insanity, and without any strong tendency to violence, or theft, or murder. We may add as a fact, also, that in this climate the northern European cannot drink with impunity even that amount of alcohol he has all his life used in Europe.

before loved light wines began to love sherry wines. I believe it is on record, that the University of Oxford petitioned Parliament against the grievance of laying heavy duties on light wines, and compelling them to drink port.\*

"I quote these passages as a warning to our people. By our present unwise and high tariff on the mild wines of Europe, the people of this country are led to use the only drinks provided for them, viz. the coarser liquors."

It will be seen that Dr. Bowditch favors the use of fermented instead of distilled liquors.

"I would submit, therefore, the following suggestions, naturally prompted by the study I have made on this subject. I hope that at least some of them will prove serviceable to the cause of genuine temperance.

"Beer, native light grape wines, and ardent spirits, should not be classed together, for they produce very different effects on the individual and upon the race.

"Light German beer and ale can be used even freely without any very apparent injury to the individual, or without causing intoxication. They contain very small percentages of alcohol (4 or 4.5 to 6.50 per cent). Light grape wines, unfortified by an extra amount of alcohol, can be drunk less freely but without apparent injury to the race, and with exhilaration rather than drunkenness. Some writers think they do no harm, but a real good if used moderately. They never produce the violent, crazy drunkenness so noticeable from the use of the ardent spirits of the North.

"Races may be educated to evil by bad laws or by the introduction of bad habits. England's taste for strong drinks has been fostered by legislation, and by wars of nearly two centuries since. France and parts of Switzerland are beginning to suffer from the introduction of absinthe and of schnapps. Especially is this noticeable since the late Franco-Prussian war. By classifying all liquors as equally injurious, and by endeavoring to further that idea in the community, are we not doing a real injury to the country by preventing a freer use of

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\* Macaulay (History of England, vol. 4, 235) states that in 1648 wine was given up from hospitable homes, and punch put in its place; and worse than the change of brandy and lemonade for claret, was the increase of crime in 1692. Like causes produce like effects, and as in England during the 17th century, so it is now in the 19th century in America, — we shut out light wines and beers of the same class, and instead thereof we have whiskey without stint.

a mild lager beer, or of native grape wine, instead of the ardent spirits to which our people are now so addicted?

"A race when it emigrates carries its habits with it, and, for a time at least, those habits may override all climatic law.

"England has thus overshadowed our *whole* country with its love of strong drinks and with its intoxication, as it has more recently covered Ceylon, parts of the East, and Australia.

"I am confident that our people would be gradually led to a higher temperance by appeals to its common sense, while depicting the evils of intemperance, by observing that the use of some liquors is infinitely deleterious, while the '*temperate*' use of others does little or no harm.

"The example set by California and Ohio, should be followed by the whole country where the vine can be grown. As a temperance measure it behoves every good citizen to promote that most desirable object. We should also allow the light, unfortified wines of Europe to be introduced free of duty, instead of the large one now imposed. Instead of refusing the German lager beer, we should seek to have it introduced into the present 'grog shops,' and thus substitute a comparatively innoxious article for those potent liquors which now bring disaster and death into so many families.

"The golden mean lies between extremes. A youth will be less likely to fall into intemperance before whom wine has been, at times, exhibited as a beverage that may be good for certain times and for certain ages, but which should never be used intemperately by any one, or by those not really needing it, unless as medicine, or under very extraordinary circumstances."

Besides the enforcements of the law, the Board recommends as follows:—

"Recognizing that the love of strong drink becomes at times a real disease, and as such controls its victims as completely as insanity, this Board earnestly urges upon the Legislature the establishment of inebriate asylums."

Dr. Dickinson considers as follows, in the *London Medico-Chirurgical Transactions*, the action of alcohol upon those who, dealing in it, are *supposed to use it habitually*. He assumes that those who can obtain spirituous liquors at any time without cost will drink with more frequency, developing a craving for the stimulant, and says:—

"We are led to conclusions which are mainly with, though in some respects against, old views. In the present state of

medicine it may be as useful to fortify old truths as to assault old errors. The results may be thus summed up: Persons who trade in liquor, drink on an average more than those who do not, and their morbid peculiarities are mainly due to that excess. Estimating the effects of alcohol on this basis, by means of comparison between the class described and persons similarly situated, save in relation to liquor, the following conclusions have been reached: *Alcohol shortens life; to trade in liquor costs three and a half years.*

“Reviewing the morbid results which the examination of each organ has revealed, they present a consistency which is in some sort their warrant. Alcohol causes fatty infiltration and fibroid encroachment; it engenders tubercle, encourages suppuration, and retards healing; it produces untimely atheroma, invites hæmorrhage, and anticipates age. The most constant fatty change, a replacement by oil of the material of epithelial cells and muscular fibres, though probably nearly universal, is most noticeable in the liver, the heart, and the kidney. The fibroid increase is little evident in the simply fibrous structures, such as fasciæ and tendons, but occurs about the vascular channels and superficial investments of the viscera, where it causes organic atrophy, cirrhosis, and granulation. Of this the liver has the largest share; the lungs are often similarly though less simply affected, the change being variously complicated with or simulative of tubercle; the kidneys suffer in like manner, but in a more remote degree

“Alcohol also causes vascular deteriorations which are akin both to the fatty and the fibroid. Besides tangible atheroma there are minute deteriorations of the arterial walls, which show themselves by cardiac hypertrophy and cerebral hæmorrhage. Drink causes tuberculosis, which is evident not only in the lung, but in every organ which is amenable. It must be observed, however, that from the tendency of tubercle to dissemination, it is only necessary that it be planted in one organ to be found in many. Drink promotes the suppurative at the expense of the adhesive process. This is sufficiently seen in the results of pneumonia, of pleurisy, and of pericarditis, in diffuse inflammation after injuries, and in the sloth and insecurity of the healing process.

“Descending from general conditions to individual organs, the effect of alcohol upon the nervous system must be looked upon as special and taken by itself, since nervous matter presents to this agent a singular excitability of function, or, in other words, a singular susceptibility of structure, for the purpose of acting upon which mankind in all countries and in all ages have

sought and used alcoholic drinks. Passing over those effects of intemperance which, like delirium tremens, are manifest rather during life than after death, we find that the brain pays a large reckoning in the shape of inflammation, atrophy, and hæmorrhage. Alcohol multiplies inflammatory states of the brain of every kind, both of the substance and the envelopes, whether tubercular or not. It occasions a gradual shrinking of the brain, as evinced by the accumulation of fluid in spaces once filled by cerebral substance. It causes a liability to cerebral hæmorrhage by means of the arterial deterioration common to the greater part of the body.

“With regard to other organs, they are damaged by alcohol much as they stand in its line of absorption. Passing over the stomach, the changes in which, however numerous, are, save when it is ulcerated, more prominent during life than after death, we come to the liver. This organ suffers more than any other, chiefly by way of cirrhosis and fatty impregnation. Next the stress falls upon the lung, probably less heavily than upon the liver, certainly more heavily than upon any other part of the body with the exclusion of the nervous system. The mischief in the lung takes apparently every shape of phthisis. It is probable that the change most often is of a kind to which the term ‘tubercular’ would strictly apply, while there is evidence, not comprised in the present tables, of a fibroid overgrowth, which apparently may either accompany or stimulate tubercle.

“The arterial deterioration need not be further mentioned than to assign its relative frequency. Judging by its tangible results, — atheroma, hæmorrhage, and cardiac hypertrophy, — we should assign to this change a large share in the pathology of intemperance, though, unless the connection between alcohol and tubercle has been much overrated, it would seem to play a less fatal part than disease of the tubercular kind. Lastly, the kidneys, more remotely exposed, have a smaller participation in the common damage of alcoholism. They undergo congestive enlargement, fatty and fibroid change; they do not suffer, however, commensurately with the blood-vessels, or with the same frequency as other viscera.

“So far we have seen only the ill which alcohol produces; it may be asked, is there none which it obviates? Apart from any medicinal or curative action which the evidence before us does not touch, has it no *per contra* of prevention? It is difficult to answer this inquiry. Some active inflammations, such as pneumonia and endocarditis, are diminished in the alcoholic trades, but it must at once be seen that the increase of the

alcoholic disorders must necessarily produce an apparent diminution of all which are unaffected by this agent. A man may be saved from pneumonia or acute rheumatism, not because alcohol antagonizes such diseases, but because it kills him prematurely. He can die but once. Therefore, though under alcohol some forms of disease are comparatively infrequent, we must use much caution in concluding that it has a directly preventive influence. Nevertheless, it may be laid down as an axiom that any drug which can do harm can do good.

"Disease is most various, and may, or rather must, represent contrary conditions. It may be positive or negative, *plus* or *minus*. Too much or too little of any of the shapes of heat, food, and work may spoil the equipoise of health. If a drug promotes one change it may prevent its opposite. Alcohol certainly gives an asthenic type to disease; although we cannot as yet say with certainty that it defibrinates the blood, yet it retards adhesion and plastic processes. This influence may be beneficent if it hinder the development of acute inflammation, and obviate the formation of coagula, where, as in acute rheumatism, that action is harmful. It is possible that by some such antagonism to the asthenic and fibrous type of disease, we may explain the remarkable paucity of endocarditis in the alcoholic series. But, at the best, the protecting is less certain and less effective than the deteriorating influence.

"In brief and final enumeration, alcohol replaces more actively vital materials by oil and fibrous tissue; it substitutes suppuration for new growth; it produces caseous and earthy change; it helps time to produce the effects of age; and, in a word, is the genius of degeneration."

The abuse of stimulants has received the attention of legislators. The methods suggested as remedies have met with varied success. On the whole, it must be confessed, no adequate means have yet been devised. Aside from legislation, our readers are familiar with the somewhat novel method that has lately been initiated in the hope of directly meeting the evils of dram-shops.

The wives and relatives of inebriates, accompanied in some instances by male friends, visit these resorts, and, by expostulation and prayer, endeavor to effect what the law has failed to accomplish.

## TERATOLOGY.

BY W. WESSELHOEFT, M.D., CAMBRIDGE.

(Concluded.)

ALTHOUGH the fœtus is liable to various acute and chronic diseases by which its growth is not a little affected, and chronic inflammation of the fœtal brain may cause hydrocephalus, and this again acrania, and although, according to Rokitansky, a morbid condition of the valves may produce certain malformations of the heart, yet the diseases of the fœtus can only be assigned in a very limited sense as causes of congenital malformation. It is now generally accepted that this most common cause lies in *impeded development*, of which the conditions and origin are entirely remote and unknown, and further that no malformation proceeds from a central system, but is occasioned solely by impeded *local* development. Tiedemann and others attributed cyclopia (which consists in a more or less simplified eye, with absent or misplaced external nose), hare-lip, and cleft palate to original absence of the olfactory nerves producing the deformation of the nasal cavity, and the original fusion of optic nerves and optic thalami. But cases of hare-lip with cleft palate, as well as of cyclopes, are recorded with well-formed olfactories, showing that the nerves of organs may exist although the organs themselves are absent; and inversely, the nerves may be wanting while the organs to which they should be distributed are present. This concealed cause of impediment to the development may be confined to one part or extend to more, and the malformations occasioned by it may, for the most part, be compared with the natural forms through which the fœtus runs in its normal development. As the transient forms of the human fœtus are comparable to the persistent forms of lower animals, the malformations caused by arrest of development often assume a brute appearance; thus they exhibit in different animals the forms of the lower, but not of the higher classes.

It is of importance to note in this connection that, as Soemering justly observes, nature does not deviate *ad infinitum*, and that even in monsters a distinct gradation and natural

order are observable. The fixed laws of organization prevailing in them, as in all other organized beings, cause them to exhibit a certain *fitness of organization*, and a tendency to render the capacity for life as great as possible, notwithstanding the malformation. Peculiar vital relations are hereby produced adapting them for uterine life, and many are brought forth at full term and well nourished. As illustrations of this peculiar vital accommodation may be mentioned the fact, that in malformed births we never see dissimilar parts fused or united, such as the intestinal tube with the aorta. The bladder may coalesce with the rectum, or the larynx with the pharynx, but these parts are not originally dissimilar, being developed from a common mass. We see, further, that the malformed parts are restricted to their determinate place, and that no malformed organ loses entirely its own character, and no malformed animal its generic distinctions.

A definite *type* also prevails in the generation of monstrosities, and that they are subjected to fixed organic laws is shown in the fact of their occurring in certain numbers in a given space of time: according to Geoffroy St. Hilaire, in 3,000 births about one monster occurs. The proportion of the sexes in certain forms points in the same direction; in *impeded* development the malformed children are more frequently female, while in some forms of double monsters the males predominate. Further evidence of the same laws is to be found in the definite proportion between the species of the animals and the most frequent monstrosities in them. Cyclopes, for instance, especially with a snout, occur most frequently in swine, while double monsters are most commonly met with in man. It is also to be remarked that even in the most heterogeneous animals, all monstrosities are bound to certain constant forms, — cyclopes, double monsters, acrania, etc., having in birds exactly the same characters as in the mammalia; and, moreover, that certain animals have a much greater predisposition to produce monstrosities than others, the difference in this respect between wild and domestic animals, and between the more perfect and the less perfect being especially noticeable. The greater predisposition is found in the domestic animals, and taking all

malformations together we find that three fourths occur in mammalia, and only one fourth in the birds, reptiles, fishes, etc.

From these premises it is evident that malformations do not occur by chance, and by no means deserve the name of *lusus naturæ*. This becomes the more manifest when we consider that they often present a quantitative antithesis, according to what Geoffroy St. Hilaire terms the "*loi de balancement*," a sort of law of compensation which causes excessive development of one part of the body to be connected with checked formation in another. To spina bifida, cyclopia, anencephalia, are often joined fingers and toes in excessive numbers, and in one instance Meckel saw this compensation extending itself over the different children of one mother, whose eldest daughter had a superfluous digit on each extremity, while the younger wanted four fingers of one hand, being the number of digits her sister had in excess. Ramsbotham mentions a similar case.

The attempts at classification of monsters are as numerous as the authors who have written on the subject. The most noteworthy is that of Geoffroy St. Hilaire, who, guided by the evident constancy of form and subjection to organic laws, divided the two great classes of double and single monsters into orders, genera, species, etc., like other classes of animals. But as none of these attempts simplify the subject materially, or, indeed, cover the whole ground in anything like a satisfactory manner, our purpose will be served most effectually by following the method of Vrolik, who simply groups together the various forms according to the most marked characters they possess in common, and which are derived chiefly from their mode of origin. In this way the confusion and the barbarous nomenclature of other classifications are avoided.

In general, all malformations may be arranged under the two main groups of malformation of the ovum on the one hand, and of malformation of the fœtus on the other. The latter again is divided into malformations from *arrest*, and those from *excess* of development. The malformations of the ovum, like those of the fœtus itself, present themselves in certain constant forms and degrees indicating arrested development chiefly in the earlier periods of intrauterine life, before the ovum has as-

sumed its distinctive permanent features. The observations in this group have thrown much light upon the subject of evolution, many of the forms bearing a close resemblance to the normal and full development of many of the lower vertebrates, as well as of certain quadrumana; but as it would lead us too far to attempt a description of all the varieties and degrees, I will simply enumerate some of the most common and marked forms.

The lowest is that of *hydrometra aquatica* or *mola hydatica*, in which the chorion degenerates into vesicles of various sizes causing the early death of the fœtus. The vesicles are enclosed in a sort of decidua, and in most cases contain blood, which can be displaced by pressure from one to the other, indicating a tendency towards vascular development. An ovum thus degenerated has not the power of bringing the fœtus to maturity, and its death and miscarriage are the consequences, although occasionally pregnancy lasts until full term and even beyond it. Not unfrequently the fœtus disappears entirely, and the vascular mass is thrown off with much pain and hæmorrhage.

The varieties of this form are not to be confounded with the morbid degeneration of the ovum resulting in *molæ*, the vesicular degeneration of the placenta retained post partum, or the *polypi fugaces* or *vesiculares* evacuate during the menopause or in cases of suppressed menstruation. Other malformations belonging to this group are,—the separation of the placenta into cotyledons, attributable to early arrest of development, and offering some resemblance to the placenta of ruminants; separation of the umbilical cord; and its excessive length or shortness. In the first of these two latter conditions, malformation or death may ensue from firm coils about the body of the fœtus, or spontaneous amputation from constriction of an extremity. The usual length of the cord is twenty inches, but it may reach five feet, on the one hand; and on the other, measure even less than four inches, in which case it is usually associated with great deformity of the fœtus, especially with *ectopia* of the abdominal viscera. There may be absence of one of the umbilical arteries, or increased number of all the umbilical vessels, which latter, when it assumes

its most common form of double umbilical vein is analogous to the constant forms in many apes. Besides these, persistence of the umbilical vesicles, — as it occurs normally in the ouistiti, — and other less distinct or frequent variations have been described.

The malformations of the foetus, those constituting the second general group, both from arrest and excess of development, present a much wider range. It would be impossible even to attempt an explanation of all the numerous forms of the various subdivisions without entering into the subject of embryology at length: a hasty glance at some of their more interesting general features will be all that the limits of a paper like the present will permit.

All malformations arising from an arrest of development can be traced to the period at which this arrest has set in.

Embryology teaches that originally the thoracic and abdominal cavities are open, and close by degrees at a later period of intrauterine life, from which results the late ossification of the sternum and the pubic bones. And the linea alba, the sternum, and the pubic symphysis must be regarded as the cicatrix of a cleft existing until a comparatively late stage, and closing when the viscera have assumed their proper foetal position and form. The abnormal persistence of this cleft or fissure produces, according to the degree of its closure, all the varieties of ectopia ranging from the complete form, in which the whole anterior wall of the body remains open with protrusion of both thoracic and abdominal viscera, through the intermediate forms of ectopia of the thorax alone or abdomen alone, — the most common instances of which are seen in ectopia of the heart and of the bladder, — to the lesser forms of imperfect formation of the sternum, exemplified in its abnormal breadth or the partial union of the two original pieces, leaving the sterna foramina with which all students of anatomy are familiar, and finally in congenital umbilical hernia. Fissure of the pubic and hypogastric regions belonging to this class, are not uncommon, and are closely related to the formation of a *cloaca*, — an anomaly said to exist when the urinary and generative organs have a common outlet with the intestinal canal. Among the

varieties and degrees of this are congenital communications or fistulæ between the rectum and bladder in the male and rectum and vagina in the female, not unfrequently associated with imperforate anus and epispadias, both of which are malformations belonging to the same class, and indicating an arrest of development at early periods of foetal life.

From the non-closure of the original cleft between the two sides of the embryo arise, besides those just mentioned, the various forms of fissure of the neck and fissure of the face. In order to obtain an idea of the mode in which this latter is formed, it is necessary to remember that, originally, there is one common nasal and oral cavity. The place of the nose is occupied by two fissures which extend from the angles of the eyes to the cavity of the mouth, and that, in addition to the points of ossification from which the body and processes of the foetal superior maxillary bone is formed, certain other central points exist, producing the foetal inter-maxillary bone. Under normal conditions, the two bones unite to form the superior maxillary, but not unfrequently traces of the union, in form of imperfect sutures, may be found. To the parts which form the inter-maxillary bone, which is distinct in the human foetus, and in nearly all mammalia throughout life, is joined early in embryonic life a protuberance from the frontal bone, which finally forms the vomer and septum of the nose, and, as the inter-maxillary bone is composed of four parts, each of which contains the alveolus for one incisor tooth, and as each of these parts may join the frontal or septal protuberance by itself, or may be arrested in its growth, or altogether wanting, it is easy to understand the origin of double and single hare-lips, which, together with cleft palate, are only lesser degrees of fissure of the face.

The same tendency on the part of the two lateral portions of the embryo to remain disunited, when exhibited in the parts forming the cranium, gives rise to the various forms and degrees of microcephalic and anencephalous monstrosity, and, in the back of the body, to total or partial spina bifida. But these abnormal conditions may also arise from chronic inflammation of the meninges of the spine and brain, with excessive secretion; and, as there can be no doubt of the liability of the foetus

to these diseases, it was very generally supposed, until within late years, that they were the sole cause of malformations of the cerebro-spinal centre. There can be no doubt now, however, that checked development, at a stage when these parts consisted of vesicles filled with serous fluid, may produce certain forms of these malformations. This is shown by the fact that both hydrocephalus internus and hydrorachitis may be absent in cases of deformity of the brain and spinal cord.

I have dwelt on these malformations at some length, in order to illustrate what was said at first concerning arrests of development, and I can now pass over the remaining varieties of deformity from this cause, without entering into details. The most distinctive sub-groups are the *acephalous* monsters, those without heads; the *acormia*, those without bodies; and those without extremities, — each showing all the various degrees, from entire absence to more or less perfect development of the parts affected. Cases are recorded of the head alone being formed, with only the faintest indications of a rudimentary trunk; and again, of a rudimentary trunk alone, consisting only of an amorphous mass of cellular tissue surrounded by well-formed skin, and enclosing one fully-formed organ, such as the tongue. These instances can be attributed to nothing but arrest of development, and they show most plainly that the different parts of the body are quite independent of each other in their original formation, as those parts not affected by the local arrest most commonly reach their normal size and condition.

*The monstrosities produced by excess of development* exhibit almost as great a variety in form as those by arrest; but here, too, we see the unmistakable tendency to follow certain organic laws, and to assume certain constantly recurring forms, which run through the various gradations from great and distinctly pronounced duplicity to those so little marked as to be scarcely perceptible. Before entering upon the various theories which have been put forth in explanation of their nature and origin, I will briefly mention the general characters of the chief groups in which double monsters present themselves.

1st. A foetus, more or less perfect, may be contained in the cavity of a twin brother or sister, in the abdomen, the anterior

mediastinum, the scrotum, and testes, stomach, orbit, meninges of the brain, and other structures producing the variety called *fœtus in fœtu*; or the more or less developed rudiments of a fœtus adhere in the form of a tumor, to the external surface of a second body, and are covered by the external integuments. The seat of attachment may be the cheek, the neck, the epigastric and umbilical regions, or, as happens most frequently, the sacral and perineal regions. This adhesion takes place in different ways, — by external cellular tissue, by internal union of the abdominal and pelvic cavity, or by communication with the spinal canal. There is, in some cases, no vascular communication between the fœtus and the appendix; in others, large arterial branches pass from the median sacral artery to the sac, which usually has its own integuments, over which the skin of the well-formed fœtus passes; and, in the majority of known cases, the rudiments of a fœtus contained in the sac are but confused and ill-determined organic substances intermingled with a few osseous and cartilaginous nuclei. In one case it was possible to recognize the cranium and face, and the naked encephalous masses; in others, an intestinal loop, or distinct facial or cranial bones were found.

A great many theories have been advanced to explain this form of monstrosity, but none of them can be maintained to-day. It is most probable that the fœtus in fœtu is an incomplete effort to form a double monster, and in this sense some cases make the transition towards the next form of the so-called *Heteradelphs*, in which one of the fœtuses is more or less perfect, and the other merely an appendix to it. According to the more or less perfect state of this appendix they are reduced to different species. The appendix may consist of a head only, and this may be attached to the epigastric region, the back, the cranium, or the under jaw of the perfect fœtus. Or the appendix consists of the extremities only, forming those cases in which such supernumerary extremities are connected with some part of the well-formed child. Again, the appendix may consist of a pelvis and two inferior extremities, of an acephalous body with four extremities, and, finally, it may be a complete body with a head and four extremities, which makes the transi-

tion between heteradelphia and anterior duplicity. The best example of the latter form of heteradelphia is that occurring on the body of one Lazarus Colloredo, described by Bartholin. This very peculiar appendix never took food, nor had it evacuation of fœces; but the organic and animal life appeared well developed, as its cutaneous exhalations, the movements of various parts of its body, and the fact of its sleeping showed. It was considered as a distinct being and received the name of John.

The common character by which this whole class of heteradelphs is distinguished consists in their comparatively small size, and, in general, the defective development of the part which is termed the parasite. It will be observed that in the several members of this class there is a regularly graduated series, from those in which the superfluous part is only an ill-developed limb, to those in which the parasite differs from the chief only in its inferior size and dependence for nutrition. These higher forms approximate closely to the —

*Double monsters* proper, which are divided into various species according to the manner of mutual attachment. We have the forms of *anterior*, *lateral*, *posterior*, *inferior*, and *superior duplicity*, all of which may be said to merge more or less into each other, and which certainly show a distinct tendency towards singleness in those of their variations which approximate to the heteradelphous formation: well-marked cases of each kind have been recorded; but, without entering further into the description of their nature and relations, I will mention only some of the instances with which the majority of us are familiar. Among these are the case of superior duplicity, called the Nightingale Sisters, exhibited in this city but a few years ago; the case of posterior duplicity, known as the Hungarian Sisters, which attracted much attention in Europe during the last century, and models of which exist in nearly every anatomical museum. They consisted of two well-formed bodies united by their sacra, with but one vulva and anus, while the vaginæ, recta, and all the remaining organic viscera were double. They menstruated at different times, and were differently affected by diseases and external circumstances. The third case is that

of the Siamese Twins, an example of anterior duplicity, the species in which the most complete instances of double monsters are found. The distinctive characters of this class are, that two bodies in a state of nearly equal development are placed exactly opposite one another, with their sterna connected, and their abdominal cavities either partially or completely coalesced. With this perfect external duplicity there is sometimes a corresponding duplicity of internal organs.

The Siamese Twins were connected by a bond more slender than in any other case described, and, by analogy with many other instances, there could be no doubt that it consisted of a union of the ends of the sterna, and of some of their abdominal organs. The fact that the act of coughing of one caused the link suddenly to swell proved that there was a distinct communication of the abdominal cavities.

The autopsy of the Siamese Twins, which was necessarily both difficult and imperfect in consequence of the stipulations by which the physicians were bound, although it threw no new light upon the subject of teratology, nor disclosed any unlooked for conditions, was yet of great interest, especially from a surgical point of view, and fully bore out the opinions of the English surgeons who were adverse to operation for separation.

Chang, the right twin, who died first, probably from a cerebral clot, and with symptoms of acute bronchial catarrh, was found to be of smaller stature, less vigorously developed, and much more emaciated than Eng, whose organs showed no morbid appearance to account for death. The connecting band, which extended between the epigastric and upper half of the umbilical regions, was about four inches in length, eight in circumference, and presented on its inferior posterior aspect the scar of the common navel. The apices of the hearts presented towards each other, and the livers, which had evidently been more extensively united during foetal life and infancy, proved to be still connected through the band. In each individual the obliterated hypogastric arteries, from below, enclosed in their folds of peritoneum, as well as the obliterated umbilical veins, from above, on the anterior free margins of the broad ligaments of the liver, converged towards the common umbilicus in the

band where they were lost near the median line in the coalesced tendinous aponeuroses of the abdominal muscles. The peritoneal folds surrounding these obliterated vessels formed within the band two distinct pouches, continuous with the parietal layer of the peritoneum and the broad ligament of the liver in one twin, and terminating with lateral ligament of the liver of the other, but both perfectly distinct and having no communication whatever. The lower of these pouches, that of Chang, was covered below by the integument and fascia only, while above it was the corresponding pouch of Eng, and, super-imposed upon this, the connecting band between the livers, formed of anastomosing tributaries of the *venæ portæ* with, apparently, one or two branches of the hepatic arteries, and surrounded by true liver parenchyma. Separating this from the fascia and integument of superior margin of the band, was a strong cartilaginous link formed by the union of the two ensiform cartilages which had become elongated, like all the structures composing the band, during the growth of the brothers, by their weight and the continual strain of their separate motions. It showed no tendency to ossification, and most probably contained at the joint of junction synovial bursæ, and an imperfect articulation by *synchondrosis*.

Neither this cartilaginous union or the peritoneal pouches would have offered the greatest difficulties in the way of a successful separation; the band between the livers, however, with its veins, would, in all probability, have proved a source of extreme danger had an operation been attempted.

Among the various forms of duplicity, those occurring in individual parts should be mentioned, such as double head, chest, or abdomen, two mouths, supernumerary teeth, two *œsophagi*, or duodena, double hearts, or supernumerary cavities in one heart otherwise well formed, double penis, or clitoris, supernumerary breasts, kidneys, *vertebræ*, ribs, fingers, or toes, and whole limbs. But all this would add little to the points already mentioned; and as many of these deformities are counted to-day as "*reversions to the original type*," we will review briefly, in conclusion, the considerations upon the origin of double monsters which this highly interesting subject has suggested.

The double monsters form collectively one class of organic beings, which, however different in their several degrees of malformation, may be arranged in one continuous series. As the lowest degree of duplicity, may be mentioned that of one part of the body, for example, a double or supernumerary finger; as the highest, a complete double monster, with two heads, four upper and four lower extremities, and two trunks, such as the Siamese Twins; and between these two extremes there are different forms of duplicity, which gradually run one into the other. There is no positive or constant relation between the external and the internal organs, as to their degrees or modes of duplicity, and there are not commonly any signs of a double monster having been at first two individuals. As one of the most general rules pertaining to this class of deformities, it should be mentioned that in double monsters the twins are of the same sex. To this rule there is no well authenticated exception.

Among the chief hypotheses concerning the origin of double monsters, it is necessary to mention only three. First, the double monster has been supposed to proceed from two distinct embryos, which have become united in the course of development; second, it has been held to have originated in a single germ, which has become double, or has been subdivided; and third, the germ has been regarded as abnormally compound from the first, implying that the organs and parts composing the double monster are at once produced from this germ, without either separation or coalition of its parts other than such as belong to the natural process of development.

It is now well established that two ova may be formed in one Graafian vesicle, as the common fowl sometimes produces double-yolked eggs, but in all the experiments of Allan Thomson, C. F. Wolf, and others, no double monster was ever produced from eggs of this description. This would go far to prove the incorrectness of the theory of fusion of two distinct original germs; and the same experiments, as well as the investigations of Bischoff, Von Baer, Reichert, and others show the fallacy of the theory of the actual subdivision of the single embryo. The remaining assumption, and the one now most

generally adopted, is that a single germ has been formed, and that in the excess of its *formative power* lies the cause and origin of every monstrous duplicity. The existence of such a formative power we must all admit, but as the theories advanced to explain as well as the terms chosen to define it are the subjects of endless controversy, and necessarily both obscure and crude in the present state of our knowledge, or rather want of knowledge, of the nature of vital processes, it will be useless here to dilate upon them further.

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TORTURE. — Dr. C. E. Brown-Sequard confesses himself to have inflicted upon Mr. Sumner more torture than he has ever seen endured by other man or animal. What is the emotion which, it is well known, overcomes at times Dr. Sequard as he describes his “experiments,” both the physiological (too often utterly uncalled for) and those made in the treatment of the sick? It should be remorse. *A nerve of remorse* may yet be found by Dr. Sequard, only second in irritability to nerves of tickling, shivering, and shuddering, but which can at last be paralyzed! Why are we charged with a return to the use of certain ancient remedies, when the spirit, if not the letter, of the most barbarous practices of superstition is revived by Dr. Sequard in the use of the moxa, the actual-cautery, the trephine, and enormous doses of such deadly poisons as strychnia and arsenic, — all of which are employed in the treatment of the most delicate and subtile affections of the brain.

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It is said that dew collected over rice-fields often contains so much decomposing organic matter as to become putrid after standing for a short time.

PREHISTORIC DISEASE. — At the Academy of Medicine, in Paris, a note was recently read from Dr. Niepee, of Isère, describing a case of rickets observed in the skeleton of a woman belonging to the prehistoric age of stone, and accompanied by a drawing of the tibia, which presented in a marked degree the characteristic changes produced by rickets.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, APRIL, 1874.

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DR. E. H. CLARKE ON THE NEW ENGLAND FEMALE MEDICAL COLLEGE. — The confirmation by the Legislature of the union of this institution with Boston University School of Medicine has recently been opposed before the State Committee on Education, by Dr. Edward H. Clarke, on the ground that the principles of the homœopathic school are wrong, because its materia medica is composed of drugs alone. Dr. Clarke holds drugs to be of the least importance in the treatment of the sick. He estimates thus, in the order of their value, the agents of cure: —

1. Mental influences.
2. Dietetics.
3. Air and exercise.
4. Drugs.

Thus placing drugs lowest in the scale. How noticeable is such a conclusion with regard to drugs on the part of an honored member of the ancient school and a professor of its materia medica; but especially how strange an inconsistency in his choice of weapons for attacking ourselves! One would almost think him to have said *Yes* when he meant *No*. Dr. Clarke avers in his remarks to the committee, that drugs do more harm than good, and that it were better for humanity if the contents of tumblers and bottles were instantly thrown from the windows after the doctor's visit; meanwhile, with infinite patience and research, he studies a certain range of the physiological action of drugs, and instructs his students therein, that they may give in one dose more medicine than a practitioner of our school administers in a life-time.

But what is chiefly asserted in this opposition to homœopathy? That we are comparatively inattentive to mental influences, to diet, and sanitary regulations; that Hahnemann does not devote a large part of his *Organon of Medicine* to the earnest enforcement of these matters; that we are in fact the "druggers," while hitherto we have been censured before the public as guilty of "do-nothing" treatment. Now our medicines *are* just as much diluted as they were in Hahne-

mann's time ; and the truth is, these men persist in remaining ostriches with their heads in the sands of error, while their whole bodies continue exposed to the attacks of the truth from which they have been running away.

Is it a disgrace to us that we have a conviction? Is it not a disgrace to Dr. Clarke that he assumes the responsibility of treating dangerous diseases with so little confidence in anything but what must, in many acute affections, be merely the adjuncts of medical treatment? While it is true that Hahnemann insisted on the importance of the agents first mentioned, he had other weapons, not of negative power, in the most acute as well as chronic diseases. It is pitiful to see one of Dr. Clarke's learning able only to discover the practical uselessness of drugs as administered by his school, yet hindered by prejudice, unable to take the one step farther and at least test a treatment which has been accepted by thousands because it relieves their diseases, and is conscientiously practised by intelligent physicians. Nevertheless, he does not hesitate to record observations far less credibly indorsed upon all other matters of science ; but terms us " a sect," and, finally in the very matters of

1. The mental influences.
2. Dietetics.
3. Air and exercise.
4. Drugs,

Dr. Clarke and others come slowly forward to imitate Hahnemann, with no recognition of one who, if he was not the source, was certainly the forestaller of all they say. (See the whole *Organon of Medicine*, especially *Treatment of Mental Diseases*.) We would beg Dr. Clarke and all of our opponents to read the writings of Hahnemann on Mental Influences.

What is honesty, consistency, memory, or power of observation, and what constitutes a truthful and generous opposition to men who would have been fellow-laborers with the members of the present allopathic school? Here is a responsible and thoughtful physician, and an acknowledged leader in the allopathic body, who forgets that the only ground upon which his clique has hitherto conceded it to be possible for our practitioners to cure the sick, has been our earnest enforcement of wise sanitary rules, under which the patients " get well, because nature heals "

## REVIEWS AND NOTICES OF BOOKS.

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

### RECENT PUBLICATIONS.

- Barker.* — Puerperal Diseases. Appleton.  
*Beilstein.* — Chemical Analysis. Putnam.  
*Bloxam.* — Chemistry. Lea.  
*Cleland.* — Animal Physiology. Putnam.  
*Elderhorst.* — Qualitative Blowpipe Analysis. Zell.  
*Kohlrausch.* — Introduction to Physical Measurements. Appleton.  
*Nostrand, v.* — Milk Analysis. J. A. Wanklyn.  
*Pettigrew.* — Animal Locomotion D. Appleton & Co.  
*Peugnet.* — Gunshot Wounds in the Abdomen. Wood.  
*Ribot.* — English Psychology. Appleton.  
*Rockwell and Beard* — Clinical Researches in Electro-Surgery. Wood.  
*Schorlemmer.* — Chemistry of the Carbon Compounds; or, Organic Chemistry. Macmillan.  
*Stewart.* — The Conservation of Energy. Appleton.  
*Thorpe.* — Inorganic Chemistry. Putnam.  
*Tyson.* — Introduction to Practical Histology. Lippincott.  
*Williamson.* — Chemistry for Students. New ed. Macmillan.  
*Wyeth.* — Handbook of Medical and Surgical Reference. Wood.

### FOREIGN PUBLICATIONS.

- Boeckel.* — Examen critique des doctrines de la trépanation.  
*Dun* — Veterinary Medicines.  
*Graefe, v* — Archiv für Ophthalmologie.  
*Huth.* — Über den Einfluss der Syphilis auf die Circulationsorgane.  
*Külz.* — Diabetes mellitus.  
*Munk.* — Neue Fälle von Uterus-Ruptur.

COMPLETE REPERTORY TO THE HOMŒOPATHIC MATERIA MEDICA. 2d Ed Revised, rearranged, and very much enlarged. DISEASES OF THE EYES. By E. W. BERRIDGE, M D., etc. etc. London: Alfred Heath, 114 Ebury St. pp. 317. 8vo.

THE Repertory of the Materia Medica has been too briefly reviewed, if the notices quoted by the English publishers on the last page of the English edition are the only ones it has received. Having reached its second edition, this book deserves greater attention, and contains some points regarding which some comments and questions may be permitted, as a more direct method of removing certain doubts, than even a long "use" of the book would allow.

We are promised a perfect repertory, containing a reference to every symptom of the Materia Medica, under every rubric where it can possibly be looked for. This plan on which the great task has been based, if carried out, is so complete and so far excels the design of most other works of this kind, that it merits the grateful acknowledgment of the profession.

Close upon the preface follows a list of medicines, 1,171 in number. The principles applied to the abbreviation of names are excellent, especially with regard to the names of chemicals, which have been shortened in accordance with modern nomenclature. But is the reader to assume that the author consulted the proving of each medicine of the list, in order to discover whether or not every one had eye-symptoms, and which? For instance, if he wished to record the remedies indicated for bright or brilliant eyes, did he examine every medicine in the list? Though it is neither to be expected nor desired, the reader may, nevertheless, find an apology for his inquiry in the introductory words of the preface. The list contains, so far as examined, most of the "New Remedies" found in Dr. E. H. Hale's collection. Many of their provings, whether derived from Dr. Hale's book or the original sources, are mere fragments not deserving the name of provings. Thus, *Viburnum opulus* is not in the list of the repertory, while *Viburnum prunifolium* is. Neither need be there, for neither has been, nor is worth proving, in comparison with the great number of better known and more useful medicines.

\* Looking farther, we find that *Æsculus glabra*, also mentioned in the list, has certain eye-symptoms, — *e. g.* "dimness of sight," — as given by Hale. This medicine is properly mentioned under "Sight Impaired" (p. 13 of Repertory), while the next symptom of Hale's — "eyes fixed and expressionless" — is not under "Appearance and Expression" (p. 15, Repertory). Again, *Ailanthus glandulosa* has in its pathogenesis "wild-looking eyes" and "brilliant eyes, with raging delirium" (Hale). This useful medicine, though in the list, is not found in the Repertory under "I. B. Eyeball; appearance, expression, etc.," where, presumably, it should also be looked for. These slight inconsistencies, though they might tempt us to apprehend more serious ones, are not mentioned in a spirit of disparagement, but rather to elicit some further information as to what the book actually includes and excludes. It is by no means a matter of indifference to practitioners on what authorities and sources the work is based, what and whose provings were consulted, — a neglect rather too common at present, and at variance with time-honored literary usage, so scrupulously cultivated by the older masters of our school, pre-eminently Hahnemann and Hering.

The hints contained in foot-note (p. i of preface) are eminently suggestive. The scattering of groups of symptoms that should have been left intact, has hitherto been an objection to our repertories, from Bönninghausen to Jahr; yet the demand made upon provers as well as prescribers is the utmost the purity of our art dare claim: only provings made without repetition of doses furnish pure groups of symptoms, and only those cures made with single doses of high potencies are the most, if not the only, reliable ones. If this principle has been strictly adhered to by the author, it would enhance the already great value of the repertory. But are we to infer that this principle has been strictly followed? It seems that we should know something of the sources whence such provings and cures were derived; it is gratifying to know that Hering's *Materia Medica* has

been used, besides which only "many valuable symptoms from cases of poisoning, reported in allopathic journals" (preface, p. xi) and "the most reliable sources" (preface, p. xiii), are mentioned. This is obviously somewhat at variance with the self-imposed degree of precision the author encourages us to expect. We do not demand it; for what provings and cures among our best were beyond doubt made without repetition of dose and with high potencies? The five volumes of "Rückert's Klinische Erfahrungen" contain but few of that degree of purity.

Have only verified provings been incorporated in the repertory, or also cured groups, not previously established by proving? To do so without allusion to sources, has become a custom that has gradually crept into our literature. There is no objection to cured symptoms of morbid conditions not resulting from proving, if they are made distinguishable by proper signs. Clinical symptoms are referred to as marked with an asterisk (preface, p. viii) only "in Rubrics 'Right then Left,' 'Above then Below,' to facilitate the application of Hering's Law of *Inverse Directions*," but the meaning of clinical symptoms is not definitely expressed, and there is no doubt that precise information in regard to this subject would tend to strengthen an already favorable opinion of which the second edition of the Repertory is the strongest proof.

For the past ten years Hahnemann's "three great rules" have often been quoted, as is also the case on p. xiii of the preface of our Repertory, asserting the similinum, the single remedy, and the minimum dose to be the principal points. Though these rules are in the main unobjectionable as individual interpretations of the principles of our school, they are nevertheless unlike the three rules as actually expressed by Hahnemann, in paragraph 246 of the last edition of the *Organon*, as follows: "And this" (a more rapid cure), "as many recent and frequently repeated experiences have taught, may most happily be accomplished under three conditions: First, when the medicine had been most homœopathically selected with utmost care; secondly, when it had been administered in the finest dose, least perturbing to the vital force, and still capable of modifying it; and thirdly, when such fine potent dose of the most carefully selected medicine is repeated *at appropriate intervals of time*." . . . (In a foot-note to this paragraph, Hahnemann suggests the interposition of other remedies under certain conditions.) Farther on, in par. 272, etc., Hahnemann urges the self-evident necessity of using only one *single, simple* medicinal substance at a time. In speaking of Hahnemann's rules, therefore, it would be more appropriate to mention them as his *four rules*, at least; these, as given by him, are quite as plain as their latter-day interpretations; nay, they differ from the latter in meaning, as simple comparison will demonstrate.

Students and beginners into whose hands this Repertory will come should know things as they are; for their sake assertions should be substantiated. Among others also the following might, without subversion of truth, be subjected to some modification: Has experience really proved the minimum dose "to be a dose of one of the highest

potencies?" It hardly requires experience to prove that  $\frac{1}{10000}$  is less than  $\frac{1}{2}$ , nor to understand that a dose of the hundredth-thousandth is smaller than of the third dilution. But to state it in that form, it conveys the impression that homœopathy is based on what are known to-day as "high potencies," ranging from 200 to 100,000, and to which are attached the names of makers, such as Jenichen, Lehrmann, Fincke, etc. This is not within the meaning of homœopathy nor the rules of Hahnemann, who was satisfied with the thirtieth potency, attaching less importance to the number marked on cork or label, than to the fact that a medicine cannot be made so small as to become weaker than the natural disease, which it will be able to overcome at least in part *as long as it is still capable of producing a slight aggravation of the disease*, etc. (Par. 279.) This is what homœopathy means by the *finest dose*, not this or that high potency. If experience has proved anything, it is that cures have been accomplished by a great variety of potencies, lower as well as higher, if the very faithful collection of cases known as "Rückert's Klinische Erfahrungen" (comprising the best homœopathic cures up to the year 1860) is taken in testimony. It is but fair to say, that while we may recognize *lower and higher attenuations, we do not know where low potencies end, and where high potencies begin*, such definitions being entirely arbitrary.

To students and beginners in practice, we would suggest that the meaning and purpose of a repertory is merely to facilitate reference to the *Materia Medica*. This purpose is no doubt fulfilled in a larger measure by Dr. Berridge's Repertory than any other in the English language, though the examples given for practical illustration might be construed as leading to the very error sought to be avoided, viz. "Homœopathy made easy." The examples are those of mechanical covering of symptoms, — a method which only by accident approaches the *simile*. The choosing of remedies according to analogy of words is not within the scientific meaning of *similia similibus curantur*; this, in the examples quoted, is extended to the significance of *æqualia*; similitude between disease and medicine leads us to discover the one for the other; *but that which cures is the difference between the two*. With this axiom in view, a repertory like the one before us may be safely used to stimulate and facilitate thinking, not to make it unnecessary, — a danger threatened by the very completeness of detail, allowing every symptom of the *Materia Medica* to be found under every rubric. This leads one to regard the practice of homœopathy as being much easier than it is, if supported by the examples given. Thus *heat, lachrymation, smarting, better from washing*, to which Alumina alone is said to correspond, resolves itself into, "The eyes were stuck together in the morning, accompanied with itching\* and dimness, that passed off after washing" (Chr. Dis., vol. i, sympt. 204). It would not be difficult to show that other remedies are indicated here as well as Alumina; such as Bell., Puls., Arn., etc. Indeed,

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\* Beissen, — an expression denoting the itching caused by the bite of fleas, etc.

more striking cases should have been selected from the many with which our literature abounds, in place of the rather feeble illustrations to which paragraph 150 of the Organon is applicable, declaring that trifling complaints, existing but a short time, require no medicine. We are seriously inclined to consider this as Hahnemann's first and greatest of rules, now five in number.

If this review exceeds the limits of space nowadays allotted to reviews of homœopathic books, it is to be hoped that the spirit in which this is criticised may be recognized as arising from an earnest desire to advance the interests of our art, by pointing out a few defects, so that the great advantages afforded by the new Repertory may appear the more prominent. May the author feel encouraged to follow the work to its completion. Its first volume has confessedly proven a great help to busy practitioners, now looking eagerly forward to the continuation.

C. W.

ALLEN'S ENCYCLOPÆDIA OF HOMŒOPATHIC MATERIA MEDICA.—  
ACONITUM. Philadelphia: Boericke & Tafel.

The profession will receive with interest the sample Aconite of Dr. W. F. Allen's Encyclopædia, the other remedies of which will be published in due time. Lest an extended anticipatory notice may seem premature, we will merely take occasion to express our pleasure at the method adopted in the convenient arrangement of the symptoms of this, the first remedy, and the evident industry of the editor. It will be seen that the speedy publication of the work depends much upon the promptness with which subscriptions are forwarded to the publishers.

GEN. ED.

A UNIVERSAL FORMULARY, CONTAINING THE METHODS OF PREPARING AND ADMINISTERING OFFICINAL AND OTHER MEDICINES. By R. E. Griffith, M.D. Third edition, revised by J. M. Maisch, Ph.D. Philadelphia: H. C. Lea. Pp 779, 12mo.

"The design of this work is to present a compendious collection of formulæ and pharmaceutic processes." "The introduction contains tables and observations on the weights and measures employed for pharmaceutical purposes in the United States and in foreign countries, and an explanation or vocabulary of the principal abbreviations and Latin terms used by physicians in writing prescriptions."

The work is a convenient and complete arrangement of the subject treated. In the introduction, weights and measures of various countries are compared, other valuable tables are given, and the observations of an experienced physician demonstrate the importance of ventilation, and thoughtfulness with regard to many matters in the sick-room. After the formulæ of preparations, alphabetically arranged, follow various tables, among which are the symptoms of the more active poisons. This volume contains much not found in the United States and British Dispensaries.

GEN. ED.

THE PHYSICIANS' DOSE AND SYMPTOM BOOK. By J. H. Wythes, A. M., M. D. 11th edition. Philadelphia: Lindsay & Blakiston. Pp. 236, 16mo.

The enterprising publishers occasionally furnish us with books for review, concerning which, when we speak as frankly as we always aim to speak, we can only recommend their purchase to our fellow-practitioners in order that they may read their contents as warnings. Certainly, a Pocket Dose-Book contains the *crème de la crème* of the enormities which it is our duty to oppose.

GEN ED.

GALVANO-THERAPEUTICS. By Dr. Prince. Philadelphia: Lindsay & Blakiston Pp. 63, 8vo.

CLINICAL USES OF ELECTRICITY. By J. R. Reynolds, M.D., F.R.S. Philadelphia: Lindsay & Blakiston. Pp. 118, 12mo.

The author of the first of these works is especially known by his treatise upon Orthopedics. The Galvano-Therapeutics is a concise and interesting report of cases, theories, and instruments in their bearing upon the subject of the work. Dr. Prince says "The importance of some knowledge of the subject is illustrated by Dr. J. Russell Reynolds in his readable little book, 'Lectures on the Clinical Uses of Electricity.'"

To gain the information desirable from these subjects, it will be well to possess both the above works, as well as Beard and Rockwell's Medical and Surgical Electricity, and Nestle's Galvano-Therapeutics.

GEN. ED.

## PERSONAL.

OBITUARY — DR. BERNARD HIRSCHEL. — This well known practitioner and writer died at his residence in Dresden, at the age of 59, on the 14th of January, from strangulated hernia. Dr. Hirschel has practised homœopathy for thirty-five years, and during that time has won for himself the enviable reputation of being one of the most scientific physicians among the homœopaths of Germany.

He has added largely to our literature through the columns of the *Neue Zeitschrift für Homöopathische Klinik*, which was established by him in 1852, and which continued under his careful management until the time of his death.

He was also the author of "Die Geschichte des Brown'schen Systems, Compendium der Homöopathie, Homöopathischer Arzneischatz, Die Geschichte der Medicin," and numerous other works. Some of these have been works on pathology, hydropathy, and numerous controversial essays. Many of Dr. Hirschel's writings are translated into the English, French, Spanish, Dutch, and Danish languages.

As a physician he was much respected, and in his extensive circle of patients included a large proportion of the American and English residents of Dresden. His loss will be deeply regretted, not only in Germany, but also in England and in our own country. Dr. Edmund Lewi, nephew of the deceased, who conducts for the present the *Neue Zeitschrift*, writes thus feelingly of Dr. Hirschel: —

“Words are wanting to express the great loss we have all sustained. We cannot overlook the transcendent qualities which have gone to the grave with him. It is not proper for me, his near relative, his companion and co-worker in the active duties of his profession as well as on this journal, indebted as I have been to him for my gradual education of homœopathy, by his clear and enthusiastic reasoning and his practical success, to write his praise or glorify his life, much less to pass judgment upon his literary works and other active pursuits. This must be left for more competent writers, and such have already expressed their intention to pay him this tribute of reverent affection. I may be permitted, however, here, amid the scenes of his long continued labors, to bid him once more from an overflowing heart, with tears of sorrow and gratitude, a last farewell.”

H. A. C.

JOHN MILLARD, M.R.C.S. — Among recent deaths, we notice that of the above, at Downend, England, on the 10th of December, 1873, at the age of seventy years. Also, DRS. MORELLO, of Palermo; SOMMER, of Frankfort, A.M.; OSTENADER, of Augsburg; GARTH, of Manheim; LEDERER, of Vienna; MISNER, of Eilenberg; DESTERNE and MILICENT, of Paris. ANTOINE HIPPOLYTE DESTERNE was noted for his indefatigable attentions to the wounded soldiery under his charge at the Hahnemann Hospital. This hospital bore its part under Government sanction in the care of the sick and wounded, and his unceasing ministrations thereto, during an excessively severe winter, enfeebled still more an already weakened system which yielded finally to an apoplectic attack, from which he never recovered. Dr. ALPHONSE MILICENT was also a noted French physician of the Homœopathic school.

ALFRED SHEPHERD, M.D. — Medical men are often subjected to annoying episodes; than which none are more offensive than the occasional ingratitude and rapacity of the relatives of patients whose death has been inevitable. The friends of Dr. Shepherd, of Glendale, O., are familiar with his conscientious attention to duty, and also his professional skill. We are glad to join them in congratulating Dr. S. on his exculpation from charges recently brought against him, — most evident attempts at blackmail. The jury not only found the claims of the plaintiffs unwarranted, but adjudged to Dr. Shepherd the full amount due for his professional services.

#### REMOVALS.

J. C. HUNTER, M.D., from Dunkirk, N. Y., to Maumee City, Ohio.

B. L. CLEVELAND, M.D., of Flint, Michigan, has been appointed commissioner for obtaining statistics of the treatment and care of inebriates in Europe.

THOS. MOORE, M.D., from 110 Tulpohocken Street, to N. E. corner West Walnut Lane and Green Street, Germantown, Philadelphia.

BUSHROD W. JAMES, M.D., from 1821 Green Street, Philadelphia, to N. E. corner 18th and Green Streets, Philadelphia.

W. M. WILLIAMSON, M.D., from 29 North 11th Street, Philadelphia, to 2005 Columbia Avenue, Philadelphia.

L. HOOPES, M.D., from Pottstown, Pa., to Avondale, Pa.


C. HORACE EVANS, M.D., from Indianapolis, Ind., to Cincinnati, Ohio.

SAMUEL A. JONES, M.D., has become general editor of the *N. Y. Journal of Homœopathy*; removing from Englewood, N. J., to 230 W. 25th Street, New York city.

H. P. MERA, M.D., from Rochester, N. Y., to Pottsville, Pa.

F. L. VINCENT, M.D., from 38 First Street to 17 Second Street, Troy, N. Y.

J. FRAZER, M.D. — It is earnestly to be desired that the members of our school in the far West shall support with honor the claims of Homœopathy upon the respect of the people. But it is unpleasant to see the name made a handle for an infamous advertisement by Dr. Frazer, of San Francisco, a practitioner whose action would be hardly worthy of note were he not somewhat extensively held to be an acknowledged member of our school.

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

THE  
New England Medical Gazette.

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No. 5.]

BOSTON, MAY, 1874.

[VOL. IX.

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ACHILLEA MILLEFOLIUM.

(YARROW.)

[*Americanische Arzneiprüfungen, translated with additions.*]

“Yarrow is one of our most important indigenous remedies.” — *G. W. Gross.*

WHOEVER compares these collected observations with each other — which can only be done, however, by collating them according to Hahnemann’s method — will find that the range of effects corresponds to the daily occurring diseases, and the remedy therefor, especially at certain times and in certain places, can be of very extended use.

Whoever compares these effects on healthy persons with the statements of cures — which is again only possible by collating the respective effects, not excluding corroborative and amplified curative effects — will find that he has a highly important remedy before him.

We even find some coincidence relating to both these effects among the statements in old works (what caused bleeding at the nose also cured bleeding at the nose, 110–121). Many similar remarks are found in connection with almost every known remedy. They can of course be referred to our therapeutic law and explained by means of it, but, strictly speaking, they prove nothing, because they equally admit of a different interpretation. The theoretic shallowness in the expression of the law is only made more apparent by such specious proofs.

We find that the six provers, notwithstanding some of them repeated the provingsthemselfs and by others, were yet unable to define more closely what experience has already pointed

out, in rough pathological outlines, as the province of the remedy. We have not as yet nearer, nicer, or clearer designations for all cases in which the remedy promises to be of use; it can therefore only be applied in many cases when other more familiar remedies are unsuitable or afford no relief.

If we compare the effects of this remedy as a whole with the effects of other remedies, — which is again impossible, unless we have them all before us collated for ready reference, — we at once find several decided differences, which will serve to guide and confirm our choice.

I believe that this remedy has been often and successfully applied, although little has been made known about it in homœopathic literature. It would be very hasty and assuming to judge by what has been printed. The busiest practitioners print least. I myself have not found time to gather the cases from my day-books in which I have given it with more or less success.

Provings by women, and new symptoms produced in children, sick or well, are very much wanting. It is desirable to prove the oil or the distilled water as that upon which the effect essentially depends. *We should then be rid of the tannin which rankly permeates all our tinctures.* Whoever undertakes these provings might aid us in solving an important question. Yarrow grown in rich soil yields a blue oil;\* that coming from yarrow on poor soil is yellow. — *Cartheuser Mat. Med. part. post. p. 121.* The volatile oil from the *varietas contracta* is blue; from the *varietas dilatata*, yellow; from both, green. — *Forke.* If these two statements, made centuries apart, should be confirmed, which I cannot decide, it would be easy to procure both of the oils pure and make separate provings. This would show *if the effect changes with the color*, and, if it does, in what respect. Meanwhile we shall perhaps have a proving of yellow *Aconite*, and can make comparisons. Further, if the proving of *Anagallis* is continued, — besides Schreter's I have another in manuscript, and, as a matter of course, the color of the flowers is always indicated, — a comparison could be made between red and blue. The ancients distinguished between these two varieties of the *Anagallis arvensis* in its application; some newer writers have described the red as *phœnicea*, the blue as *cœrulea*. Gaudin maintains that the seeds of the red variety kill little birds, but the seeds of the blue do not.

It has been often repeated that indigo dyers grow melancholy, and cochineal dyers irascible. Admitting this to be

\* Hence it is said to color wheat brandy (?) blue. Gwelin Flor. Siberica.

the case, it could only be accidental, inasmuch as indigo acts upon the dyers as such, and cochineal as such, regardless of color. But it may be that there is a coincidence between all blues in some respects, as well as all reds, etc.; it may be that Helbig is right when he says, all blue blossoming flowers make melancholy and sad, all red ones violent and irascible. The provings begun of *Lobelia cardinalis* (red) and *Lobelia cœrulea*, *vulgo syphilitica* (blue), seem to confirm this. It may be true, and if so, it will be a highly important and fruitful proposition for our science and art. Therefore, it is just as important to know that it is not so. The foolish rejection of such things as being "mystical," savoring of a "signature," etc., can be left now and hereafter to those who are content with insufficient proof, and whose wisdom consists either in pretending to have known it all beforehand, or to come hobbling after.

At all events, by the provings of the blue and yellow oil, we should get symptoms that we could use and apply in other respects; therefore the trouble and labor would by no means be lost.

The following collection contains —

1. What is given in the *Annalen*, Vol. 4, pages 344 to 347; the provings of Cajetan Nanning and Schreter (77).

2. Schreter's recent provings, manuscript communications (84).

3. Mure's provings in the *Pathologie Brasilienne* (18).

4. Several new provings by C. Hering, Raue, and O.

C. Hering took a tincture, prepared by himself, twenty-eight years before; five drops on the morning of the 22d of February, 1851. The taste was agreeably vinous, with a slight bitter, astringent after-taste. Observed many distinct effects for several days, same during the following weeks, and pains in the limbs for several months.

Dr. Raue took a tincture of Lappe's, several years old. Five drops in the evening, repeated after several hours; five drops the following morning, and again on the fourth and fifth day; on the fifteenth day, the first potency.

5. Everything that could be found concerning it in older and newer works, especially in *Tabernämontani Kräuterbuche*.

6. The few observations and cures by Wiedemann, from the homœopathic journals (*A. H. Z.*, 4, 321), Rückert (*Annal* 1, 114 etc.), Gross (*Archiv.* 15, 3. 25), Goullon (*Archiv.* 20, 2. 145). Keil (see *Zeitschr. Hom. Klin.*, Vol. III, p. 140, 1854.)

7. Several manuscript or verbal communications.

Bönninghausen's, Jahr's, Noack & Trink's Repertories wer

compared besides; likewise Roth's treatise in the *Gazette Homœopatigue*, 1850; likewise Müller, Boeckler, Lütze, Chomel and Valentin Krautermann:

Hong. stands for Honigberger.

Ng. stands for Cajetan Nenning.

S., Dr. Schreter.

R., Dr. Rane.

O. Some indications observed in a friend after 3 drops of Lappe's tincture.

T. from Tabernämontanus.

. Signifies that the symptom is counted a separate one.

\* The symptoms disappeared after taking the drug.

### *Mind and Disposition.*

- . Anxiousness with pain in the heart, 180, 368.
- . Everything that crosses him after dinner, or evenings, when he wishes to be at ease, makes him violent and irascible. C. Hg.
- . \*Much excited, with pains in the pit of the stomach. 165.
- . Startling noise in the left ear. 91.
- 5. Startling stitch in the left side of the abdomen. 182.
- . Great aversion to all business. C. Hg.
- . Without feeling unwell, no inclination to do anything. R.
- . \*Dispels melancholy and sadness. T.
- . \*Wailing and sighing of the child. 436.
- 10. \*Quickens the understanding. T.
- . \*It strengthens the head, brain, and memory of young people, under thirty. T.
- . \*Strengthens the cold brain, makes a good memory. T.
- . It constantly seems to him as if he had forgotten something; does not know what he is about, nor what he ought to do; head confused and dull, especially evenings; worse after wine or coffee for weeks. C. Hg.

### *Vertigo.*

- . Stupefaction, vertigo, intoxication. Linné, Flor: Suec., p. 299.
- 15. \*Is said to be used instead of hops in Sweden, making the beer very stupefying. Unser, Hamb. Magaz. Vol. 9, p. 487.
- . \*Prevents apoplexy and paralysis. T.
- . Vertigo, with inclination to fall towards the right, and backwards, at the least motion when walking, but not during violent motion; with nausea, especially when

stooping, not when lying down ; color of face unchanged. After 8 drops of the tincture taken in the afternoon ; lasting till the following noon, when it ceased, after Tart. emet. 3. B. Berens.

### *Congestion.*

- . Sensation as if all the blood were going to the head. S.
- . Increased sensation of warmth, especially in the face ; 6th day. Keil.
- 20. Accelerated pulse, soon ; 3d day. Keil. 468, 469.
- . Frequent pulse, fuller, stronger ; 6th day. Keil.
- . \*Hectic fever. Hong.
- . Sensation of congestion to the head, without headache, after 10 at night, in bed. Pulse more frequent. Slept at night, with dreams and interruptions ; 3d day. Keil.
- . Headache, as if the skull would burst, 2d day ; not so violent, 3d day. Mure.
- 25. Ebullitions in the head when stooping, lessening when rising up, 1 hour after. Schr.
- . Evening in bed, feeling of congestion towards the head. Keil. 16.
- . Drawing sensation in the occiput after dinner. Keil. 23.
- . After a glass of wine the symptoms under 30 are diminished, instead of increased. Keil.
- . Violent congestion to head, with bleeding at the nose. (Tinct.) M. Müller, 113.
- 30. Streams through the head like gusts of wind, like the bursting out of flames on the right. In attacks at night, 459.
- . Oppression and uneasiness ; 6th day. Keil.

### *Headache.*

- . Dull headache, more in the occiput and towards the left shoulder (?) towards evening ; 2d day. R.
- . Headache when stooping ; 2d day. Keil. 17, 25.
- . Slight dull pain in the vertex ; 1st day.
- 35. Dull headache towards noon ; 3d day. Keil.
- . Slight throbbing in the arteries of the head and face, after 1 hr. ; 6th day. Keil.
- . Transient drawing sensation in the occiput after dinner ; 6th day. Keil.
- . Fine piercing in the left side of the head momentarily, evenings ; 2d day. Keil.
- . Fine stitches in the brain ; 3d day. Keil.
- 40. Sensation as if a band were drawn across the forehead, when contracting the skin. O.

- . A peculiar, very painful sensation in the right side of the head, as if screwed together; after 3 hours. Ng.
- . Violent, painful tearing in the right parietal bone; after half an hour. Ng.
- . Tearing from the maxillary articulation to the cranium. 101.
- . Now and then, during the day, dull headache, mostly in the occiput; evenings, the same, somewhat more violent; 7th day. Keil.
- 45. Tearing in the face to the temples, 99.
  - . Dull sensation in the head after dinner.
  - . Painful raging in the head, after 1 hour. Schr.
  - . Painful tension above in the right parietal bone; 1½ hour after. Ng.
  - . Tearing in the left frontal protuberance; 4 hours after. Ng.
- 50. Throbbing of the arteries of the head; accelerated pulse; 8th day. Keil.
  - . Piercing from the eye into the side of the forehead, 80.
  - . Fulness in the head after sound afternoon nap. Keil. 453.
  - . Tearing and piercing in the whole right side of the head, 1½ hours after. Ng.
  - . A dull stitch in the left parietal bone, and a blow at the same time on the opposite side, after ½ minute, also a thrust there, 1 hour after. Ng.
- 55. A fine thrust in the right side of the head, 1 hour after. Ng.
  - . A thrust in the vertex of short duration; 3 hours after. Ng.
  - . A painful thrust in the right side of the occiput; 1½ hours after. Ng.
  - . Fine stinging in the left side of the head. Keil.
  - . Piercing pain in the left side of the occiput; 4 hours after. Ng.
- 60. Headache on awaking.
  - . Headache comes and goes at intervals.
  - . Dull headache at noon. Keil. 35.
  - . \*Hemicrania. Hong.
  - . Evenings in bed, feeling of congestion towards the head. Keil. 26.
- 65. Evenings, fine stitches in the left side of the head. Keil 39.
  - . Sensation of contraction in the skin of the forehead. Keil. 40.
  - . Headache with cold limbs. Schr. 542.

- . Wakes up with headache in the occiput; 4th day. R.
- . In the occiput, 32, 57, 59, 68.
- 70 . Headache in the forehead, left; 1st day. C. Hg.
- . \*Dispels headache. T.
- . \*In violent headache. Haller.
- . \*Extremely violent headache, so that the patient strikes the head against the bed-post or wall, lasting 3 weeks, with twitching of the lids and frontal muscles, in a man 24 years of age. Normand. Roux Journ. de. Med. t. 35, 1771.

### *Hair.*

- . His long hair is unusually and frequently snarled in spite of cutting it; for 2 weeks. C. Hg.
- 75 . Shedding of the eyebrows, but not the hair of the scalp, during the first week. C. Hg.

### *Eyes.*

- . Sensation as of mist before the eyes, only at a distance, not near the eyes; 3 hours after. Ng.
- . \*Nebulous vision, weak-sightedness, with contortion of the facial muscles. Hong.
- . Makes a bright, clear vision. T.
- . Eyes brilliant; 2d day. Mure.
- 80 . Inward pressing, piercing pain in the eyes, to the root of the nose and sides of the forehead. Evenings while reading. 2d day. Schr.
- . Twitching with tension in the left upper eyelid; after 2½ hours. Ng.
- . Tickling in the left inner canthus, as of a fine feather; after 1½ hours. Ng.
- . Eyes stuck together mornings; 4th day. Ng.
- . \*Spots in the eyes. T.
- 85 . \*Lacrymation and secretions of the eyes. T. With misty vision. Hong.
- . Sensation of too much blood in the eyes. Keil.
- . \*Fistula lachrymalis. Hong.

### *Ears.*

- . Ears seem stopped after dinner, and all the afternoon. R.
- . As if the ears were stopped; 8th day. Keil.
- 90 . Ringing in the right ear, frequently without any cause; 1st and 2d week. C. Hg.
- . Noise in the left ear as of a bat, causing her to start with fright; afterwards, when laughing, sensation as if cold air were passing out; 4 hours after. Ng.

- . Drawing pain in the left ear, and sensation as if moisture were flowing out of the ear. O.
- . Tearing pain from the face to the ear. 100.
- . Several fine stitches in front of the left ear; 1½ hours after. Ng.
- 95. Frequent pains in the left ear, not pinching, but a darting in lengthwise; 2d week. C. Hg.
  - . \*Cures earache. T.
  - . Crawling in the left ear, stopped by boring it with the finger; 1½ hours after. Ng.
  - . Itching in the right ear, not stopped entirely by boring with the finger; after 3 hours. Ng.

### *Face.*

- . Frequent tearing in the left side of the face to the temples, evenings; 4th day. Ng.
- 100. Tearing in the right lower jaw, which goes rapidly first to the ear, then to the teeth; 1½ hours after. Ng.
  - . Violent tearing, from the right maxillary articulation to the cranium; 1½ hours after. Ng.
  - . Fine, painful twitching in the left lower jaw; after 1 hour. Ng.
  - . \*Contortions of the face. Hong.
  - . Increased sensation of heat in the face, as if the blood were rising to the head. Keil.
- 105. Even in eyes and nose a sensation of too much blood; 1st day. Keil.
  - . Redness of face, without internal heat; after 3½ hours. Ng.
  - . Makes the face pretty and fair. T.

### *Lips.*

- . Fine prickling on the upper lip; after 1½ hours. Ng.
- . Chapped lips; 3d day. Mure.

### *Nose.*

- 110. Piercing from the eyes to the root of the nose; 80.
  - . This herb is of an offensive nature, as my sainted preceptor, Hieronymus Tragus, has observed. Thus, when the herb is pounded or crushed, and laid upon bleeding wounds, it quenches the blood; on the other hand, if one puts a leaf of it into the nose, blood follows a little while after. T.
  - . The fresh herb, put into the nose, causes bleeding. Koschwitz.
  - . Bleeding at the nose in congestions to the chest and head. (Tinct.) M. Müller.

- . Any one might here be justly astonished that outwardly it prevents bleeding at the nose, but causes the same when freshly put into the nose, thus producing two different effects. So be it known, that this fresh herb, when put into the nose, opens the little veins by slight pricking, and draws blood, but the juice has a cohesive power, as it were. Hoffmann in Koschwitz. Why, how wise!
- 115. The root causes bleeding at the nose. Ettmüller.
  - . Induces bleeding at the nose. Hahnemann, Apothekerlexicon.
  - . Stops immoderate bleeding at the nose and other hemorrhages. T.
  - . \*Stuffed nose. Hong.
  - . Sensation of too much blood in the nose. Keil.
- 120. Used as snuff it causes bleeding at the nose. Boeckler.
  - . \*Bleeding at the nose. Bibl. h. 4, 312

### *Mouth.*

- . A bunch on the inside, left of the lower lip, with a pressing, sore pain; 2d day. In the morning it is a small, flat ulcer, still covered with the whitish epithelium; slightly painful, disappears the following day. C. Hg.
- . Dryness of the mouth; 3d day. Mure.
- . \*Cures putrid sore mouth. T.
- 125. Dryness of the mouth, with thirst. Keil.
  - . \*Stomacæe, ulcerated gums.  
*Note. Bovist. Mercur. Sulph. ac. Lutze.*
  - . Rheumatic toothache, with diseased gums. Hong.
  - . Thirst, dryness of the mouth; 8th day. Keil.

### *Teeth.*

- . \*Gumboil. T.
- 130. Pain in the last, left molar, directly after taking. Hong.
  - . Tearing pain from the face to the teeth. 100.
  - . \*Is said to cure toothache. T.
  - . \*Cures toothache that arises from heating things. T.
  - . Toothache. Hahnemann, Apothekerlexicon.
  - . \*Toothache and pain in the jaw. (Leaves into the ear.)  
According to Roth.

### *Tongue.*

- 135. Contractive sensation at the end of the tongue, with burning;  $\frac{1}{4}$  hour after. Ng.  
Swelled and coated tongue; 2d day. Mure.

**Palate.**

- . Fine pricking in the palate, and sensation as if cut; 3½ hours after. Ng.
- . \*Relaxation of the uvula. Strumpf.

**Throat.**

- . Long continued roughness of the throat, commencing soon after taking the med. Ng.
- 140. At 4 in the afternoon, pain in the left side of the throat when swallowing. On repeated doses the alcohol burns in the same spot that is painful when swallowing dry. R.
- . Sore throat with and without swallowing. R.
- . Sore throat from 9 to 10 every evening. R.
- . Dull, piercing, shifting pains on the right, next to the larynx, towards the back, as well as inside, and in anterior portion of the throat; very sensitive; 1st day towards evening. C. Hg.
- . \*Catarrhal inflammation of the throat. Strumpf.
- 145. In relaxation of the uvula, of the tonsils, and asthenic catarrh of the throat. N.N.
- . \*Ulceration of the throat. T.

**Hunger.**

- . \*If any one is out of sorts, and desires neither to eat nor drink, let him drink of it every morning. T.
- . \*Apepsia and dyspepsia. Richter.
- . Apepsia, defective sanguification! and assimilation! Voigt.
- 150. It may assist digestion, on which the healing effects may alone seem to depend in so-called stagnation in the abdomen, hypochondria, hemorrhoids, and other secretions of blood and mucus; colic in consequence of flatulency, etc. Mitscherlich, Arzneil. 2. 79. 80.
- . Increased sensation of hunger; 3d day, and already before. Ng.
- . Painful gnawing and digging in the stomach, as if from hunger; 4th day. Ng.

**Stomach.**

- . Pain in the stomach, as if empty, mornings after waking; 4th day. Ng.
- . Sensation of fulness in the stomach, long continued; soon after taking. Ng.
- 155. Sensation as if the stomach were lined with astringent earth; 1 hour after. Schr.

- . Pressure in the stomach ; like a plug in the stomach ; 2d day. Sch.
- . Cramp in the stomach, with a sensation as if there were a liquid in it, which moves from the stomach to the intestines, towards the anus. 2 hours after. Schr.
- . \*Cramp in the stomach. Hoffmann.
- . Burning in the stomach, extending to the chest.  $\frac{3}{4}$  hours after. Ng.
- 160. Burning in the stomach ; worse when doubling the body, in the region of the right hypochondria, where it became a drawing, burning pain. 1 hour after. Ng.
- . Burning in the stomach and abdomen. Ng.
- . Pains in the stomach. 3d day. Mure.
- . \*Pains in the stomach, vapeurs, in young very irregularly menstruating girls. Normand in Frank's Mag. 1.
- . Undefined sensations in the pit of the stomach. Keil.
- 165. \*Great pain in the pit of the stomach ; much excited, pulse accelerated and contracted in small-pox, the pustules collapsing after lard ; the pustules rose again within 2 hours, and the patient recovered. Normand in Frank's Mag. 1.
- . \*Pain in the stomach after confluent small-pox. Manmery.
- . \*Cardialgia. Haller. Schwarze.

### *Eructation.*

- . Empty eructation directly after taking, Ng.
- . Eructation, R.
- 170. Several empty eructations after eating soup. Ng.
- . Hiccough two hours after. Ng.
- . \*Soothes the retching and vomiting of the stomach. T.
- . Nausea with vertigo, 17.
- . Vomiting while coughing. 338.

### *Hypochondria.*

- 175. Drawing, burning pain in the right hypochondrium, and burning in the stomach, 160.
- . Severe piercing in the last right lower ribs,  $2\frac{1}{2}$  hours after. Ng.
- . \*Stagnation in the liver and system of the vena portae, and sluggish digestion, want of appetite, flatus, distension of the abdomen. Schwarze.
- . \*Specificum turbarum circa venam portae moderativum. Stahl.
- . \*Pain in the region of the liver, where the first cartilage of 12th rib begins, and below last rib. B. Berens.

180. Violent pinching, first in the left hypochondria, then on both sides, extending to the heart with anxiousness; ceases when rising after sitting. 2 hours after. Ng.
- . A twitching stitch in one of the left false ribs. 4 hours after. Ng.
  - . A dull stitch in the left side of the abdomen, so violent that it startled her, while eating. Ng.
  - . Piercing pressure in the left hypochondrium, 3d day. Keil.
  - . Undefined sensations in the left hypochondrium; same, soon after, in the pit of the stomach, 6th day. Keil.

### *Abdomen.*

185. Stinging pressure in the hypochondrium. Keil.
- . Undefined sensations in the hypochondrium. Keil.
  - . In a spot the size of a hazel-nut, somewhat to the left of the navel, as of collected flatus, downward motion directly after without passing flatus, 2 mins. after. R. 111.
  - . Gripping flatus, R.
  - . \*Bloatedness. Hong.
190. \*Pain in the abdomen from flatus. Tea of the flowers. Cullen. Sect. on Mat. Med.
- . Hernia, also incarcerated hernia, with *Acon.*, *Nux Vom.*, *Arn.*, *Sulph.* Lutze.
  - . Rumbling and cutting in the abdomen, purging twice, followed by tenesmus, 3d day. Ng.
  - . Distension of the abdomen, and frequent passage of flatus; afternoon, 2d day. Ng.
  - . Burning in the stomach and abdomen, 161.
195. \*Stops griping and tearing in the abdomen, caused by dysentery and lientery. T.
- . \*Difficulties caused by flatulency. Maumery.
  - . \*Violent colics. Maumery.
  - . \*Colic during menstruation, 284.
  - . \*Hysterical colic. Maumery.
200. \*Violent hysterical colic, in a lean, sanguine woman, could not rest in any position, retained three injections; was soon quieted, then stools. Normand.
- . \*Wind colic in hysterical and hypochondriacal individuals. Sundelin.
  - . \*Colic Haller. Schwarze.
  - . In colic in the hemorrhoidal vein. Popular remedy.
  - \*. Weakness, atony of the alimentary canal, and consequent inclination and predisposition to acid, mucus, and flatus. Voigtel.

- 205.\*Mildly stimulates the action of the abdominal organs and thereby the secretive and excretive process. Strumpf.
- . \*In atony of the alimentary canal, as also of the intestines. Strumpf.
  - . \*Ascites. Chomel.
  - . \*Relieves, should there be anything ruptured in the stomach or abdomen. T.
  - . Heals every rupture. T.
210. \*Incarcerated hernia. Maumery.

### **Stool.**

- . Evacuations of stool are not retained. Strumpf.
  - . Intermittent stool, 3d and 4th day. R.
  - . Two stools in the forenoon and two in the evening, 5th day. R.
  - . More soft than hard stools, 4th day, after a new dose. Ng.
215. Very soft stool, with some soreness after it, 3d day. Ng.
- . Purging twice, followed by tenesmus, after griping in the abdomen, 192.
  - . The whitish, gray-green, soft stool becomes yellowish-brown, and is repeated in the afternoon, 2d day. C. Hg.
  - . Instead of afternoons the stools came forenoons, the 3d and 4th day. C. Hg.
  - . Small, soft stools, forenoons instead of afternoons, then twice a day for a week, then a hard stool mornings. C. Hg.
220. Frequent passage of offensive flatus all day, 4th day. Ng.
- . Very offensive flatus, especially afternoons and evenings, for weeks. C. Hg.
  - . \*Expels pin-worms. T.
  - . \*Ascarides. Chomel.
  - . \*Cures dysentery, bloody dysentery. T.
225. \*Bloody dysentery. Maumery.
- . \*Tenesmus in dysentery epidemics. Rückert.
  - . Diarrhœas. Schr., 641.
  - . Stools first watery, then pappy, gray, and sour; in summer, while teething. Schr. 642.
  - . \*Vivid pains, with bloody diarrhœa, in pregnancy six months advanced, during prevailing dysenteries. Normand.
230. \*Bloody flux of the alimentary canal that occurs *after too much exertion* (after lifting). Chomel, Plant. Med., p. 514.

- . \*Slimy diarrhœas. Richter.
- . \*Chronic blennorrhœas from atony of the mucus membranes. Voigt. Great pain therefrom. C. Hg.
- . Fluxus cœliacus. Schwarze. (Lientery. Trinks.)

### *Hemorrhoids.*

- . Sensation of liquid flowing to the anus. 157.
- 235. Tenesmus after diarrhœa. 192.
- . Soreness in the anus after soft stool. 197.
- . Hemorrhoidal troubles. Arnold de Villanuova River, from Montpellier, Chomel.
- . Soothes excessive pains of the hemorrhoidal vein. T.
- . Causes the hemorrhoidal vein to flow. Popular remedy.
- 240. \*Wounds and injuries of the penis. T.
- . \*For hemorrhoids. T.
- . \*Specific in pains from blind hemorrhoids. Stahl.
- . \*Is good for profuse flux of condylomata and the hemorrhoidal vein. T.
- . \*Checks hemorrhoidal hemorrhages. Buchwald.
- 245. \*For profuse hemorrhoidal hemorrhages. Arnold de Villanuova; especially recommended by E. Stahl, Fr. Hoffmann, Mellin, Buchwald, Löseke, Trunka de Krzowitz, Hist. Hœm. Guarin. Pitschaft (specific), Jahn, and others.
- . \*Excessive bleeding of hemorrhoids, with morbid conditions. Löseke.
- . \*Hemorrhoidal hemorrhages. Gullon.
- . \*Hemorrhoidal hæmoptysis. 354.

### *Urine.*

- . Constant desire to urinate, which she amply gratifies; 3d day. Ng.
- 250. \*Incontinentia urinae. Chomel.
- . Red, frequent, and copious urine; 2d day. Mure.
- . \*Powerfully evacuates retained urine. T.
- . Causes bloody urine. Hahnemann, Apothekerlexicon.
- . \*Bloody urine. Widemann.
- 255. \*Cures bloody urine. T.
- . \*Bloody urine. Bibl. h. IV, 312.
- . \*Bloody urine. An advanced sexegenarian has had attacks for a few years, every four or six weeks, lasting from five to eight days, with pains beginning and continuing in the region of the *left* kidney; chilliness, which obliges him to keep his bed; much blood, half a chamber full during the night, with painful urgency in its passage through the urethra. Thuya 30 gave no relief. Lycopodium.

- pod. 30 only relieved. After Millefol.  $\frac{1}{4}$  drop mornings, marked aggravation at noon and for twenty-four hours, then well, and continues so after three months. Widemann, A. H. Z. 4.
- . \*For difficult urinating and stone. Expels gravel and gallstone. T.
  - . \*Persons troubled with stone of the bladder. Welsch.
260. \*Retention of urine from calculous affections, and for promoting the passage of calculous concretions. F. Hoffmann.
- . Urine darker than usual; 6th day. Keil.
  - . \*Mattery discharge after lithotomy. Chomel.
  - . Catarrh of the bladder from atony and relaxation. Richter.

### *Male Genitals.*

- . Cures emissions. T.
265. \*Gonorrhœa. Chomel. from Haller.
- . \*Gleet. Hahnemann, Apothekerlexicon.
  - . \*Want of ejaculation when cohabiting. C. Hg.
  - . \*For swelling of the penis and testicles. T.
  - . \*To remove and cure condylomata. T.

### *Female Genitals.*

270. \*Excellent in menstrual difficulties. Normand.
- . \*Checks profuse bleeding in women. T.
  - . \*It promotes the menses. Koschwitz.
  - . \*Hemorrhage during miscarriage. Maumery.
  - . \*Hemorrhages from the uterus *after great exertion*. Chomel.
275. \*Excessive catamenia. F. Hoffmann.
- . \*Profuse menstruation. Leonh. Fuchs.
  - . \*Colics from menstruation, in young girls. Rückert.
  - . \*Leucorrhœa of children from atony of the vagina.
  - . \*Uterine colics of lying-in women.
280. \*For slimy, bitter milk of cows.
- . \*For want of milk in cows.
  - . \*Uterine hemorrhages. Haller, Wund Volksmittel.
  - . \*For uterine hemorrhages generally, and during pregnancy, after confinement, as well as after miscarriages. Fr. Hoffmann, Horn, Jahn.
  - . \*Excessive or suppressed menstruation with colic pains. Jahn, K. G. Neumann.
285. Anomalies of the monthly period; sometimes too weak, sometimes too profusely flowing catamenia. Richter.

## OBSTETRICS AND DISEASES OF WOMEN.

MARY SAFFORD BLAKE, M.D., EDITOR.

## THE MENOPAUSE.

DR. COHNSTEIN, of Berlin, has in the *Deutsche Klinik* for 1873, the following statistics of the menopause:—

His observations were made upon 400 women, the majority among the poorer classes, who had passed the climacteric age. The period of the menstrual function varied from 10 to 44 years. The majority had from 28 to 34 years.

In 76 per cent the menopause was attained by a gradual cessation; in 24 per cent its occurrence was sudden, the cause of which was attributed to nervous excitement, exhaustion after labor, abortion, and severe sickness. In primipera delivered between the 36th and 40th years, in which the puerperium was normal, complete menopause not unfrequently followed.

In women whose menstruation appeared before the 13th year of their age, it continued, as a rule, three years longer than in those who had completed their 13th year. Those who were 17 years old attained to the climacteric age three years in advance of those who menstruated earlier. Neither regularity nor irregularity in the recurrence of the menses exercised an influence upon the earlier or later appearance of the menopause.

The period of uterine activity depended chiefly upon marriage. 15.5 married women menstruated from 29 to 34 years; of the unmarried, only 9 per cent had a corresponding period of menstrual activity.

The number of labors exercises an important influence upon menstruation. Among those who had given birth to three or more children, the highest per cent in the length of the menstrual period was from 26 to 32 years.

The age at which the last birth occurs is also important.

If a full termed pregnancy occur between the ages of 38 and 42, cessation often follows after a period of 24 to 33 years.

If the last confinement be an abortion, the menopause not unfrequently appears unexpectedly early, with, or it may be without, menorrhagia or metorrhagia.

Lactation is of importance. Among 40 women who had not nursed their children, the menopause came four years earlier than among those who nursed their own offspring.

The most prolonged menstrual period was found among women who developed early, married, bore more than three children and nursed them, and who were normally delivered last, between the ages of 38 and 42.

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### AGALACTIA : RICINUS COMMUNIS.

H. P. HEMENWAY, M.D., EAST SOMERVILLE, MASS.

THE following case is reported particularly as showing the action of *Ricinus communis* in restoring the secretion of milk.

A babe eight months old "had had the colic all night, and had cried hard enough at times to go into fits." I found a healthy looking child, and an anxious, worn mother, who informed me her babe had been very worrisome from its birth, but for the last two or three months had been growing more so. She thought he had always been troubled with colic, although he seemed in all other respects perfectly well.

She had given him all the "old nurse's remedies" for colic, with no beneficial effect.

Finally she called an allopathic physician, who administered *secundem artem*, cathartics, carminatives, and anodynes, but with no relief, day or night; and the father, a hard-working man, was deprived so much of sleep that the parents appeared to have reason for censuring the poet who wrote "A babe in a house is a well-spring of pleasure."

The physician, probably thinking his medicines must remove all reasonable causes of colic in infants, gravely informed the mother that her milk did not agree with the child, and he could not be relieved unless weaned from the breast.

She had previously nursed a child without difficulty, and had now sufficient milk to nourish her babe, and was in perfect health; and willing to do anything to relieve him, she weaned the child; but she hoped for relief did not come.

When I first saw her the child had not nursed for more than a week, and the secretion had nearly or quite ceased. Thinking she had made a needless sacrifice, I advised her to put the babe to the breast regularly, hoping this might excite the secretion again. I prescribed for him and called again in two days, but found no improvement, and the mother had no milk.

Questioning carefully, I concluded we had all been deceived in the case, that there was no colic or other disease. The child was well, but had been badly managed, and habits of

fretfulness had been cultivated, which caused him to insist on being carried about, eating too often, having the gas lighted at night, etc.

The mother now consented to test this theory for a few days, by giving him no medicine, and only kind and needful attention by day, and at night she put him to bed and did not take him up when he cried, but let him "fight it out"; whereupon the *colic* and the crying ceased.

The milk, however, had not returned as I hoped it might. Recalling Dr. Woodbury's observations on *Ricinus communis* at the semi-annual meeting of the Society in October last, I thought it well indicated in this case and directed her to take 10 drops of the first dec. dil., three times daily. The next day I was called to say whether she should take more of the medicine, as she had taken a dose the night before on retiring, and this morning she had breasts full of milk, from which the babe had nursed several times all he needed. The remedy was discontinued, since which, although the babe has all the time had a bountiful supply of breast milk, he has had no return of colic.

This is but an isolated case, and affords no specific symptoms for the remedy; but should others find similar effects from the use of *Ricinus communis*, we have in this drug a valuable and much needed agent.

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### THREE REASONS WHY OVARIOTOMY SHOULD BE PRECEDED BY TAPPING.

BY H. M. JERNEGAN, M.D.

ALTHOUGH it has been several years since ovariectomy was accepted by the profession as an authorized surgical procedure, the percentage of mortality attending the operation is still large, and the question naturally arising is, aside from the dangers of the operation itself, such as exhaustion, inflammation, etc., what induces this high rate of mortality? The selection of unsuitable cases for ovariectomy has always seemed one of the principal sources of mortality following the operation; for instance, ovariectomy is undertaken, and a dermoid cyst of the ovary is discovered, instead of simple ovarian disease; or there is presented some malignant degeneration of the ovary; or it is found, too late, that no ovarian disease exists, but instead, some other form of cystic dropsy, or an enlarged spleen (as has occurred in several cases) is discovered; or extensive adhesions to the surrounding parts, as the uterus,

iliac-fossæ, etc., render the case too complicated for a favorable result. If, therefore, surgeons were enabled to avoid these uncertainties, and operate only upon cases nearly free from complication, no doubt the percentage of mortality would be proportionally decreased. But how to acquire so clear a knowledge of the nature and surroundings of a pelvic tumor as to enable the surgeon to operate with a precise understanding of the difficulties to be encountered, is perhaps, at present, difficult to answer. Believing, however, that the diagnosis of ovarian disease may be made more nearly certain by the use of a simple and comparatively safe procedure, thus leading to a more favorable ratio of mortality, while I claim no originality in the suggestion, I would direct attention to the performance of tapping previous to all operations for extirpation of an ovarian cyst.

The first of the three advantages of this method bears upon the objection to ovariectomy already mentioned, — the difficulty of diagnosis. The procedure of tapping aids a diagnosis before deciding on the later operation, enabling us to pronounce upon the nature of the tumor, by giving us the fluid contents of the cyst or cysts to which we may apply the various tests, which may make known the nature of the disease; while we may also discover thereby its relations to the surrounding organs, leading to the detection of those bands of adhesions so frequently seen, and so dreaded by operators.

Lest we seem to found the proposed treatment wholly on a theory, let us imagine ourselves about to operate on a patient presenting all the symptoms of ovarian cyst of the left side. I say presenting all the symptoms of ovarian cyst, because percussion and palpation have indicated it to be a cyst, while by excluding other forms of cystic dropsy, and considering the history presented, this diagnosis has been determined upon; and it only remains to be verified by paracentesis. Placing the patient in the recumbent position, thereby lessening the danger of sudden syncope, which so frequently occurs in the upright position, the head and shoulders comfortably supported by pillows, a point is then searched for, where the greatest fluctuation exists. Drawing a line upward from the middle of Poupart's ligament, another across the abdomen, about three inches below the umbilicus, the point of intersection of these two lines will correspond to that of greatest fluctuation, and is therefore the point at which the trochar must be introduced. Ascertaining that the bladder is emptied of its contents, a large sized trochar and canula are selected (for the consistency of the fluid may be so great as to prevent its flowing through the small canula), then with a lancet the *cutis vera*

is divided about one third of an inch, and through the incision the trochar and canula are thrust. Withdrawing the former, the fluid escapes through the latter; and is received in a vessel by one assistant, while another gently supports the walls by pressing with the hands upon each lateral half of the abdomen. As the fluid escapes, its color is noted; it resembles chocolate; its consistency that of thin starch; its odor not disagreeable nor sickish, but having a somewhat savory smell, while upon its surface floats an oily substance. The fluid certainly has the appearance of emanating from an ovarian cyst. As the flow ceases it is perceived that the ribs and diaphragm have become prominent, the abdominal walls have receded, and instead of the marked convexity there exists a concavity. Having withdrawn the canula, the region of the tumor is next percussed. Towards the median line, where the fluctuation was most marked, there is decided dulness, and beneath our hand several semi-solid and irregular bodies of small size can be felt; to the left the dulness is not extreme, but the resonance is imperfect, which indicates that the intestines do not float upon the cyst walls. Grasping the walls of the cyst in the hand through the attenuated parietes of the abdomen, then gradually relaxing the hold, as we draw upward upon the abdominal walls, it is found that the cyst walls do not recede towards the lowest point of the abdomen, as they should were there no adhesions to prevent, but are drawn upwards with the abdominal walls; beneath our fingers there are adhesions: grasping the thickened membranes, lower still, other points of adhesion are found; grasping the small semi-fluctuating masses, nearest the median line, it is plainly to be seen that there are smaller cysts bordering the larger. The relations that this tumor bears to the uterus must now be ascertained.

By introducing a sound the movements of that organ are controlled, the cervix is found elongated, and the depth is three inches; again grasping the membranes through the abdomen, with one hand, the sound with the other, we make traction upon the first, when we find the uterus obeying the movement; the sound is now withdrawn, and the fingers of the right hand introduced into the vagina, pressing backward the cervix, while at the same time the left hand is pressed deeply downward behind the uterus, thus grasping it between the fingers of the two hands; an assistant seizes the membranes through the parietes, and makes gentle traction. At once the influence of the one upon the other is observed; the relations of the parts are evident; there are firm adhesions existing in this region. Have we proceeded far enough to be convinced that extirpation

must be considered unfavorable? If not, the rectum yet remains unexplored, and from its close proximity to the growth, may afford us more information; but this is needless here, and a pause is made for the patient's comfort. The cyst contents which have been removed are examined. Dipping a piece of woollen cloth into the fluid, some of the oily substance seen to float upon the surface, is raised upon it, and it presents the appearance of crystals or spangles; this is cholesterine. By the application of heat, coagulation of the fluid takes place, and beneath the microscope there are found epithelial cells, cholesterine, oil globules, granular matter, blood corpuscles, and ovarian granular cells. The evidence is plain that an ovarian cyst has been punctured, around the border of which smaller cysts exist, the whole being firmly adherent to the uterus, abdominal parietes, and probably to the intestines. Judging from these facts, operative interference must be considered contra-indicated. The above details of the examination of a case some two years ago, may be considered as fairly representing the first advantage of tapping, pending ovariectomy.

*The Danger of Collapse.* — In considering the second advantage of tapping, we have only to stand by the operating table, in a certain number of cases, to discover that a large portion of the cases operated upon die during, or very soon after, the completion of the operation, — not from exhaustion, because there is little loss of blood, and the operation has been of short duration; and not from shock, because, under the influence of an anæsthetic, the nervous system can scarcely be said to be so susceptible to a shock; but as the sac is emptied and the pressure removed from the abdomen, the face suddenly assumes a pallid appearance, the breathing becomes short and small, or is of a gasping, spasmodic character; the forehead grows cold, the heart's action becomes irregular, and from this state the patient is never roused, or only partially, and again relapsing, soon becomes moribund. Seeking for explanation, we think a consideration of the features of the case before the operation amply repays us. The circulation in the lower extremities then was extremely poor, the abdominal and splanchnic vessels were compressed, and the upper extremities rather freely supplied with blood. The sudden removal of the pressure from the vessels above referred to, permits of their being immediately distended with blood; and this sudden depression of the upward extending column of blood, robs the brain of its normal supply, and the fatal syncope that has been witnessed is the inevitable result of the too sudden changing of blood pressure, if it may be so termed.

It may now be shown how tapping may obviate this difficulty. By withdrawing the fluid slowly (and in many cases even with a large canula we are unable to empty the cyst in any other manner), the too sudden removal of pressure is avoided; and this we have the power always to control in tapping; for if the fluid be thin, and is evacuated too rapidly, we have but to place our fingers over the orifice of the canula, and stop the flow, while at the same time artificial pressure may be employed, either manual or by means of a bandage, to take the place of the pressure exercised by the tumor when intact; again, if syncope is about to supervene, the patient not being anesthetized can communicate her feelings in time to prevent it by restoring the pressure to the vessels of the abdomen, and by lowering the head and shoulders, thereby allowing an easier flow of blood to the brain.

In this manner, the pressure having been safely removed and the circulation re-established, further operation must be postponed. Some time must elapse before re-accumulation of the fluid will again impede it, and during this period the digestive apparatus, relieved from the encroachments of the ever-increasing mass, will better tolerate that nourishment so requisite to the building up of the system, that it may better resist the exhaustion attending and following a severe surgical operation. These points being kept in view, the time for operating should be selected as early as consistent with the general condition of the patient, and before the fluid has again accumulated in such quantity as to exert very great pressure upon the vessels.

The third advantage of tapping is the freedom from peritonitis that it affords, compared with ovariectomy not preceded by tapping; and the explanation of this exemption is quite plain, when it is considered that the sudden flow of blood to any part of the body, suddenly distending the vessels, results in congestion and inflammation; and that in the sudden removal of pressure from the splanchnic vessels, this rapid distension with blood must tend to increase the probability of inflammation supervening in the structures that are supplied by these same vessels. Does it not appear equally clear, then, that when this sudden change of blood pressure, the prominent source of peritoneal inflammation, has been avoided, or at least modified by previous tapping, ovariectomy may be made with better prospects of success? If the rates of mortality can be decreased proportionately as surgeons cease to operate upon unsuitable cases, and in proportion to their employment of those means that tend to decrease the dangers of an important surgical operation, we shall hear less frequently of ovariectomy

being undertaken, where a mistaken diagnosis is only made manifest by abdominal section. In paracentesis we have a process comparatively safe and painless, and which will quickly disprove or verify our diagnosis.

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### THE DRESS REFORM LECTURES.

If the success attendant upon the series of six lectures upon Dress Reform, instituted by a committee of ladies, and recently delivered in Boston, can be estimated by the crowded attendance, then nothing is left to be desired.

Those who feel and know, as physicians only can, the fearful ills entailed upon women by their incorrect modes of dress, must hope that the interest manifested in these lectures means more than a desire for an hour's entertainment. The speakers were mostly physicians, who treated the subject from a physiological standpoint.

*Dr. Mary Safford Blake* laid especial stress upon the injurious effects of heavy skirts, whose tightly drawn cords distort the organs of both chest and abdomen, and whose weight depresses the abdominal viscera. She had examined, after death, many cases where these influences alone might fairly be held responsible for the abnormal and diseased conditions of the internal organs.

*Drs. Chase and Haynes* dwelt upon the injuries resulting to the circulatory system from the long continued pressure which the corset gives, with its bones and steels applied unrelentingly upon the vital centres of life.

*Dr. Mercy B. Jackson* thought many of the moral, mental, and physical disabilities of women should be traced directly to the clothes they wear; while a resort to a simple style of dress would have influence to check, in a great measure, the extravagance under which the nation languishes.

*Dr. Caroline Hastings* made vivid the evils of tight and heavy clothing, — illustrating them on the manikin and the skeleton, and showing the situation of the internal organs, their relation and dependence upon each other in normal conditions, and their infringements upon each other when depressed and displaced.

*Mrs. Abba G. Woolson*, who delivered the last lecture of the series, reviewed the charges of the previous speakers against dress. Made, as they had been, by those well versed in the science of the body, they were not to be gainsaid. The first, and perhaps the greatest evil, then, is tightness, which

impedes the freedom of every function of every organ of the body; next, weight, which should never rest upon the hips, because it presses, where there is no bony defence, against and upon the yielding muscular walls of the abdomen; again, the unequal distribution of the garments worn, — laying many thicknesses upon the thoracic and abdominal regions, while the extremities are left in a great measure exposed; and last, but by no means least, the fettering of every movement that should be free, by long skirts, ugly and untidy. To accomplish a lasting reform in dress, public sentiment must be educated; for while physical need is of the greatest importance, beauty and attractiveness should not be sacrificed by the ever-changing freaks of fashion. B.

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#### REMINISCENCES OF GERMAN HOSPITALS.

THE days that I spent in Leipsic, visiting the hospitals and various medical institutions, were as profitable and pleasant as any time passed in other portions of Germany. Nothing that I saw elsewhere compared in perfection of arrangement with the then newly erected Physiological, Pathological, and Chemical Departments.

The recently built hospital, for the accommodation of between three and four hundred patients, was modelled after the latest and best improvements, as regards sewerage, ventilation, and heat; but the most attractive feature in connection with it, was the seventeen isolated cottages, one story high, connected by covered verandas, and a space between each occupied by a little flower-garden. These cottages, with twenty-four beds in each, are set in a park containing twenty-five acres; noble forest trees give ample shade to the seats, lounges, and cots upon which the patients, who are able to get out or to be taken out, sit and lie during the day. Although the cottage system had not then been tried long enough to give convincing statistics, the surgical cases had certainly done much better than before in crowded wards. The department for children was a model of attractiveness; playthings for those unable to move freely were placed before them upon little suspended tables, and we could see how much more of cheer the majority enjoyed than if in their own humble, not to say destitute, homes. The walls of one cottage were made entirely of glass. Anæmic, neuralgic, and rheumatic cases were here given an unstinted supply of sunlight. I remember one pleasant occasion: — An octogenarian woman patient was celebrating her birthday; I

recorded among my notes the offerings of the patients, probably the highest money cost for any of which had not been ten cents. Various ingenious little things had been devised out of bright colored and tinsel papers; a little bouquet of forget-me-nots was tied to her arm; her dinner was made especially attractive by the kind Director of the hospital adding to it, from his own larder, a frosted cake, ornamented with her name and age, and a bottle of his best Rhine wine.

No hospital odors were anywhere detected. Each closet was self-cleansing, so arranged that, following the flow of water, was a sprinkle of a disinfectant powder composed of chloride of lime, chloride of manganese, and tar.

At Vienna, typhus fevers were very generally treated in Prof. Oppholzer's wards by placing under the patient a rubber cloth, so arranged that the cold water poured over the patient, who was covered with a sheet, ran from him upon the rubber and was conveyed into a bath-tub. This douche was continued over the entire body till the temperature was reduced to a normal standard. He was then placed in bed, warmly covered, and left till the temperature again reached its maximum, which was never or rarely as high as before. The showering was repeated till the temperature remained nearly normal.

In Leipsic the patients were put in a tub of water, as cold as it came from the hydrant; in this they were immersed to the chin; which was repeated till a lower temperature was attained.

In Dresden also I found the cold water treatment used, only differently applied; here they were packed in cold wet sheets, covered warmly, and left till the temperature had lowered to its minimum. The latter method seemed to me less severe for those unable to stand a shock. The results, however, in the different modes of water application, were alike favorable.

Scarcely any medicine was given, only some mild acid drink.

The success of the cottage system of hospitals in Leipsic and London, and the accumulated proof in their favor in our hospitals during the war, tend to show the desirability of small hospitals in cities, where acute and surgical cases can have immediate attention, and, as accessory to these, buildings in the country, not too far removed from the city, where all cases that require long treatment, above all, pure air and sunlight, can have them without hinderance, as is utterly impossible in the wards of a large hospital in a crowded city.

MARY SAFFORD BLAKE.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, MAY, 1874.

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TRANSLATION OF MILLEFOLIUM.—*Millefolium*, *Glonoine*, *Apium virus*, *Cepa*, *Hippomanes*, *Jatropha*, *Xiphosuria*, *Kalmia*, and *Aloes* remain unpublished in translation from the *Arzneiprüfungen*. Dr. Hering supplies corrections and additions to our publication of the above in their order. The changes to be made are considerable, and involve a re-numbering of symptoms. The translations are made under Dr. Conrad Wesselhoeft's supervision. Dr. Allen furnishes *Apium virus*, translated for the compilation of Allen's *Materia Medica*, and the remainder of *Cepa* already published in part in the *American Homœopathic Review*. It appears important that Dr. Hering's complete *Materia Medica* shall be issued under his supervision, for the possession of these complete provings is desirable to every physician.

THE TWELVE TISSUE REMEDIES.—Dr. Schüssler of Oldenburg thinks the twelve drugs:—*Magnesia phosphorica*, *Ferrum phosphoricum*, *Kali sulphuricum*, *Kali phosphoricum*, *Natrum phosphoricum*, *Natrum sulphuricum*, *Magnesia phosphorica*, *Calcarea sulphurica*, *Silicea*, *Calcarea fluorica*, which he calls the Tissue Remedies, may safely constitute the whole armament of a homœopathic physician. Dr. Schüssler asserts that his use of these remedies in accordance with his published indications has been most successful. Already Dr. Hering has published a little book\* introducing these remedies to the American profession and criticising Schüssler's indications. These indications are chiefly pathological.

All of us have cases of which we are either afraid or ashamed, because they will not yield to well indicated remedies. If "specifics" with a few gleaming symptoms can bring a favorable turn in these cases, why refuse to try them? But let us at least *always wish* we could have cured in the exercise of our careful thought, and *always*

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\* The Twelve Tissue Remedies, published by Boericke & Tafel, New York and Philadelphia, with a box containing the remedies in trituration. For sale also by OtisClapp & Son, 3 Beacon Street, Boston.

*think first*, and never cease dreading the medicine-hobbies which a school can ride in childhood and second-childhood (recall Bromide of Potassium, Cunderango, *milk*, *beef-blood!*). There must be new medicines, and, still better, new indications for old ones, and, ever advancing, each enters the field of our practice; but is it not dangerous to become enthusiasts for a medicine, rather than enthusiastic strivers for cures by the medicine?

The pathological inferences drawn by Dr. Schüssler will strike many as insecure. Among other conclusions, he decides that symptoms already known in a proven drug will exist, appropriately modified, in compounds of that drug. For instance, "*Kali sulphuricum*, the provings of *Sulphur* and *Kali* were compared, and what was common in both considered as indicating symptoms of the not proved *Kali sulph.*, and concluded it would act on epidermal eruptions, acting on the epithelion in catarrhs with a yellow, sticky secretion, etc." Touching such reasoning, Hering says: "It is well known in chemistry that combinations of elements, if they form a compound, change their qualities, and most always such a union has properties neither of the elements had before. . . . Comparisons have been made, even provings, to ascertain if this is the same with their effects on human life. What was then found was unexpected characteristics. . . . *Sulphur* and *Calcarea* have each relief by uncovering; combined in *Hepar*; desire to be covered." In our own experience, we have been much interested in the action of a remedy not among Schüssler's, — *Iodide of Arsenic*, especially in the treatment of leprosy. This medicine, not yet fully proven, was successfully given in diseases, where the symptoms were not found in the pathogenesis of either Iodine or Arsenicum album.

As for the chemistry of the tissue remedies, this is severely reviewed in certain points by Dr. E. A. Farrington, and it seems but just to discuss the theories upon this their chief basis.

But how Dr. Schüssler discovered the characteristics of these remedies is of less importance than to confirm their value; and in what we have said we would not be understood to disfavor the trial of the Tissue Remedies. Our careful practitioners will doubtless read with interest the little book of Dr. Hering, where he recommends their investigation. He asks for an honest trial especially of the unproven remedies, particularly noting symptoms which appear during their use or afterward. We have already from a leading practitioner a report of the satisfactory action of some of the remedies; for example, *Kali sulph.* ameliorated whooping cough in several cases; *Ferrum phos.* cured a persistent and dangerous diarrhoea, which seemed to have been caused by enervation of the stomach and bowels.

COFFEE PARTY IN AID OF MASSACHUSETTS HOMŒOPATHIC HOSPITAL. — This gathering occurred April 15 and 16. A first glance at the title — “Coffee party” — suggested an incongruity, since the school is known to disfavor the use of coffee; and had it not been for the buoyant health displayed in the multitude of faces which filled the great Music Hall, the discrepancy would have seemed irreconcilable: it could then only result from long continued treatment by our system, that every member of the assemblage (for doubtless all were homœopaths) be now in such perfect health that even coffee may be taken with impunity.

The results of the affair are satisfactory to the hospital, — nearly four thousand dollars having been gained.

## CORRESPONDENCE.

COLORADO SPRINGS, Feb. 6, 1874.

\* DEAR GAZETTE, — I confess I am more and more mystified by this climate. If I had replied to your letter ten days ago, I should have given a much more glowing account of it than I shall to-night. Then, as I wrote you, I felt absolutely well, and had not had for three weeks any of the uncomfortable symptoms of throat burning which preceded my diphtheritic attacks at home.

But a week ago last Monday, there began to show themselves the most extraordinary electric conditions in the air. The atmosphere appeared surcharged, as if before a thunder storm. It is always so here, before either a wind or snow storm (the only storms we have in the winter), but I have not before felt it to this extent. It lasted three days, and it was laughable to see the effects produced on people: some had neuralgia, some headache, some catarrh, and everybody was “too cross to be spoken to.” I myself felt suddenly weak and nearly prostrated, and the old burnings came back in throat and in other parts of the body; total loss of appetite also; this was a universal symptom. As for hair, it literally stood on end, everywhere; and one lady said she saw sparks as she passed her hand over her baby’s head at night. I saw no sparks, but my hair cracked like fire-works at the least touch, and on being brushed stood out in a stiff halo round my head. Yet the air was

\* Certain observations in the above letter seem to us of more than usual interest, owing, perhaps, to their frankness, personality, and absence of a theory. To notice one, — Does the more external irritation of membranes (followed by catarrh) displace deeper irritation in diseases of the lungs? Are consumptives (when cured) relieved with little external catarrh? When not cured, do they suffer equally from this with the healthy visitors to Colorado? etc. The writer is not a medical man, and we desire to acknowledge the favor done us, and to express the wish for more observations upon similar topics by competent *observers* unbiassed by theories.

not cold; on the contrary, rather warm. At last, on Friday, the snow fell, and everybody was relieved. Saturday and Sunday were simply divine days,—clear, bright, crisp; the light, powdery snow lying on the plains and the mountains, and adding just the moisture which the air here needs. On Monday, however, returned the same *brewing* air, worse than ever; cold and raw, and yet with the oppression in it that there is in Rome just before the sirocco begins. It seemed as if every nerve in one's body were being twisted and tight strung, till it might snap in a second more. On Tuesday came the snow,—a blessed relief,—and now we are having ideal winter weather again, the ground white with the snow, the sun so warm that to drive in an open carriage is delightful, and people sit and sun themselves in the piazzas from eleven till four. But everybody feels the effect of the severe strain; and as for me, I am so vexed at having this proof that a nerve disturbance can kindle all those peripatetic fires again as hot as ever in my throat, arms, and feet, that I am willing, illogically, to vote the whole Territory of Colorado a sham. However, there is no disputing the fact that shortly after these strange electric conditions are intermitted you spring up and back to your old state of well-being, and I suppose it is possible that the discomfort may not have done any real harm. But I have great doubt as to the ultimate effect of long living here. It seems that it must be a nerve strain, and this not only from these occasional electrical storms: the “even tenor” of the common weather is a high pressure such as I never before conceived. It is superb; it is like perpetual champagne; will, purpose, imagination, all seem stimulated to their utmost. No day is long enough to do what you think in the morning you must certainly do before night; and there is a sort of unreasoning and inexplicable joy in the mere being alive which is intoxicating. All the laboring people show it; children show it,—they rear, they sing, they whistle; everybody laughs loud and easily. The out-doors expression of the people here is more like that of the careless, happy Italian crowds than anything I know in America. This comes largely no doubt from the sunshine, which is all that the most enthusiastic lovers of Colorado have claimed for it; it is wellnigh perpetual, and it is glowing. Even when the air is so crisp that you need furs, your shoulders will be hot to the touch if you sit in the sun. Hence the impossibility of judging of the weather here by the thermometer record. I frequently sit with wide open windows all day, when the thermometer on the shady side of the house has registered only 10°, 12°, or 14° in the morning; and I often sit down out-of-doors on sunny rocks, hours at a time, when the air is so keen that in driving I must be rolled up in all the wraps I would wear at home in midwinter.

I see thus far but two drawbacks to out-door enjoyment here,—the occasional high winds, and the dust. It is said that in March and April the winds are terrific. They have been already quite as terrific as I have any desire to see. The other day I set out for a drive on the plain, when a sudden gale came up which swayed the carriage, the driver thought, eighteen inches to one side. He was alarmed, although accustomed to this country. Walking in these gales is out of the

question, of course; even if one could resist the force of the wind, it is impossible to breathe the dust. How it is borne by consumptives and asthmatics, I do not understand; yet the fact remains that both not only endure it, but the latter gain most marvellously. A boy here, thirteen years old, who, since he was three, has never been able to lie down at night on account of asthma, is perfectly relieved after a stay of one week. The little fellow is left here entirely alone among strangers, but he seems full of delight all the time, simply because he can breathe. As for lung troubles, the whole population seems to be composed of one-lunged people: people come here every week who cannot walk to their rooms, and in two months they are walking ten miles a day. It seems very odd that the air which relieves asthma and cures consumption should produce catarrh; but it certainly does. I had a violent attack of it on first coming here, and have had recurrences since; and in the case of one person it lasted with such severity for three months, that she lost twenty-five pounds of flesh. It is admitted by all the people to be one of the diseases of the country. That, and rheumatism, and the mountain fever, they acknowledge to; but they claim that it does "not hurt" you to have all three in this invigorating air. The mountain fever is, so far as I can learn, very like our typhoid fever, and an extremely ugly customer to deal with. It is said that nobody can stay here five years without having it.

I cannot think these hasty jottings of any sort of value. The summing up of my own experience here is, that I would never dare urge any one to come. I myself thank the good Lord daily that I had courage and strength to persevere and try the experiment; but I believe it to be purely an experiment for each individual case, unless, perhaps, in cases of asthma. There, perhaps, it is safe to generalize and expect a cure. But one thing I am very sure of,—that many consumptives are hurried into their graves by this rarefied air, and that nobody ought to think of coming here unless he has a good fund of internal resources to fall back on for occupation, and a passionate love of nature to draw him out-of-doors. People who require factitious excitements, or who have formed the habit of leading a surface life, might better die a little sooner at home than drag out a few more years here and be *bored* to death at last, as will inevitably happen. The scenery here is grander than anything I know, except the Yosemite, and the Valley of Gastine in the Austrian Alps. To one who loves mountains, it seems possible to live here content for a century of solitude; but I have seen people who could make mole-hills of mountains, and they were equally apt to reverse the process: all such would suffer here. Indeed I cannot imagine what a person would do here who had not a passion for nature. There is simply nothing to be done except to ride or walk. Three years ago this little town was a wilderness. To-day it has three thousand inhabitants, and it is wonderful to see what has been done. The necessaries of life and some luxuries are to be had, but they all come under the heads of food and shelter. Further than those, each individual must provide for himself.

I have said that I should never dare urge any one to come here. This statement will perhaps give a wrong impression, unless I add to it what is equally true, — that I very much long to urge every one to come. The air has done such wonders for me that I feel guilty of disloyalty to it in admitting that there can be a doubt of its curing everybody.

A CONVALESCENT.

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PARIS, February 1, 1874.\*

. . . The Hon. Edward Twistleton published last year a work by himself, entitled "The Tongue not Essential to Speech." It is stated and supposedly proved that if only a small portion of the tongue be removed, speech will become impracticable, but if the whole be sliced away to the roots, distinct articulation will still be possible. His position is supported by many plausible historical examples. The theme is an apple of discord for the doctors. It is also, more or less, a religious question, for when the Arians subdued the Catholics, in the time of Huneric, son of Genseric, they mutilated and mangled them, as good religionists were fond of doing in those days; and about the year 483, at Tipasa, which was some five or six leagues west of Algiers, a number of Catholic tongues were cut out. But *mirabile dictu!* it has been cherished among the miracles that these delinguated individuals were still as capable of saying their prayers and cursing their enemies as before. And now Twistleton removes the mystery of this strange occurrence.

But (something with which you are already familiar) perhaps you will think the event in Leipsic was still more singular. To take a Prussian soldier, condemned to death, and to saw carefully around the top of his head, and to remove the cerebrum, and then to substitute the brain of a barkeeper, just deceased, finally putting the cover on again, prepares the listener for nothing more remarkable than death; but when you are told that the man lived, and that the venous, nervous, arterial, and bony connections were all safely made, with the exception that the optic nerve and the auricular tympanum were too much disarranged to allow the subject to see or hear, you must still pale before the question, *who* this man was. He knew nothing about the manual of arms, but on the other hand was completely "up" in the price of drinks. He who had been a close-mouthed, surly varlet, now became a jolly, loquacious fellow, as merry as a clam is said to be when the high-water sets in. What is your belief concerning the transmigration of *brains*?

W.

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\* The above, from a private letter, may interest our readers to consult the Hon. E. Twistleton's work, "The Tongue not Essential to Speech," recently published by Murray, in London, the subject being a curious one, already noticed by physiologists from time to time.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*\*\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M.D., Secretary.*

FEB. 12, 1874. — The Society met in the new amphitheatre of the college building, on East Concord Street, by invitation of the Faculty, to assist in its dedication. Besides the members of the Society, other physicians were present, as well as the students of the B. U. School of Medicine.

Dr. Talbot, on behalf of the Faculty, welcomed the Society to the new amphitheatre, and remarked on the condition and prospects of the college. Dr. J. Heber Smith read a poem suited to the occasion. Dr. Woodbury, the President of the Society, in its behalf, then congratulated the College on the completion of the new building.

After the transaction of business, Dr. W. Wesselhoeft, of Cambridge, read a paper on Teratology. (See *March Gazette*, p. 116.) Dr. H. P. Hemenway, of East-Somerville, showed a photograph of a monstrosity called a *Siren*, and gave the following description: Weight of child, 3 lbs.; length from vertex to tip of extremity, and following the curve along the back, 16 inches; from the vertex to the navel,  $8\frac{3}{4}$  inches. This form of monstrosity is characterized by a fusion and turning upwards of the lower extremities, which end in a tail-like appendage, no foot being found, the whole resembling a mermaid. The child was born alive, at full term, and breathed about thirty minutes, during which time the heart was felt beating strongly on the right side. The mother had been in good health during pregnancy, and knew of no reason for the malformation. Labor was natural. Beside this, she has had two well-developed children, one before and one since the malformation. On dissection the diaphragm was wanting on the left side, and the stomach and spleen were pressed up into the thorax. The heart was crowded to the right side. The right lung was well formed, but the left consisted of a single lobe, which was small. The rectum culminated in a *cul-de-sac* in the pelvis. The right lobe of the liver was normal, the left was made up of several small and irregular lobes. The spleen consisted of five distinct masses, from a quarter to half an inch in diameter. Upon the right side was a supra-renal capsule, but no kidney; on the left a smaller capsule and a small kidney, which contained numerous cysts. The bladder was wanting. The uterus was in two distinct portions, each of which had its Fallopian tube and ovary well developed. The ilia were normal, the ischia were fused, both bodies and rami. The common femur was broad, and

three and a quarter inches in length. There were two patellæ at the knee joint. The common tibia was an inch and a quarter long.

Dr. Farnsworth, of East Cambridge, showed the photograph of a child whose head was enormously distended after birth. Its mother was healthy, and had had several children. It was born at the seventh month, was very small, and lived six months. At death its head weighed about sixteen pounds.

Dr. Chase, of Cambridge, described a child in which there was no ossification of the bones above the face. The mother was a primipara, the wife of a physician not in practice. When four months advanced in pregnancy she had visited an asylum for idiots. Whether this had anything to do with it he would not attempt to say.

Dr. Shattuck had seen a child, seven or eight years old, the bones of whose head had become ossified and the sutures entirely formed at a very early period so that while the body had grown the head did not gain in size. There was no manifestation of intellect, the child gazing stupidly around.

Dr. Woodbury referred to the *Cyclops* case of Dr. Hedenberg, of Medford (see Vol. VIII, p. 568).

Dr. Sanders showed a photograph of a monstrosity which he had seen in its last sickness, about two or three years ago. (It has been exhibited to the American Institute of Homœopathy in Philadelphia.) Life had continued about a year. The *Medical Times* had described this monstrosity as consisting of two individuals fused together on a common longitudinal or vertebral axis, by one pelvis common to both. Each pole of the common vertebral column terminates in a head, whilst each individual is normally developed as far as the pelvis. On one side of this appear two perfectly-formed legs, one of which belongs exclusively to Mina, the other to Minnie, — as appears from tickling each foot alternately. Between these limbs are situated one anus and one set of the external genital organs of a female. On the opposite side of the pelvis projects a rudimentary limb made up of lateral halves, contributed equally by each individual. It contains a broad femur, deeply furrowed in the median line, two tibiæ and two fibulæ, and ends in a foot furnished with two calcanei, two big and six little toes. The vascular and nervous systems of each individual are distinct. Thus the pulse in one may beat faster than that of the other. One may sleep while the other is awake. One is weak and puny, the other healthy and active. Finally, the larger one was taken sick with cholera infantum, the other remaining well. After its recovery, the smaller was taken with the same disease and died. A short time before its death, the other became sick and died three hours after the first. While the second was struggling in death, the action of the diaphragm seemed to partially resuscitate the dead child, occasioning feeble respiration and action of the heart, with opening of the eyes and gasping. The autopsy showed the length of the bodies to be twenty nine inches. There were two sets of thoracic organs, two livers, two spleens, two stomachs, two small intestines fused below, and one large intestine presenting some features belonging to two; also one complete set of pelvic organs, and on the opposite side two

ovaries and two Fallopian tubes, with probably undeveloped representatives of other organs. The spines were curved as they approached each other, and fused at the first sacral vertebra, which was broad and curved. The limb formed by the fusion of two was attached to the body by muscles only.

The photographs mentioned above were presented to the College.

Dr. C. Wesselhoeft spoke of a case of malformation of the skin. The cutis was deficient, there being a mere film to allow the ramification of the blood vessels. So thin was this, and irritable, that there was a constant tendency on the part of the thighs to adhere to the chest, the chin to the neck, and the forearm to the upper arm. The higher we rise in organic life the more frequent are the attempts of nature to deviate from the normal. Among the radiates and mollusks there are probably few or none such. As we rise in the scale of organic life, diseases also become more numerous.

Dr. Krebs spoke of the great pleasure he had received fifteen years ago, when the Siamese twins were here on exhibition, from seeing the careful, thorough, and skilful manner with which J. Mason Warren examined them. Years ago, he said, his (Dr. Warren's) father had given the opinion that they could be separated, but the agent, whose occupation in that case would be gone, was successful in persuading them not to have it done.

Dr. Nichols read extracts from Victor Hugo's "L'Homme qui Rit," referring to the artificial production of monstrosities after birth by the *Comprachicos*, a race of Gypsies who flourished in Europe in former centuries, and who, for political purposes and by various processes, disguised the faces of children of noble parentage. These men also performed operations for the production of deformed mountebanks. The Chinese occasionally produce monstrosities, as, for instance, a child is caused to grow in a glass bottle till it assumes some fantastic shape.

A bountiful collation was spread in the old lecture-room, by order of the Faculty, after which Dr. Thayer made some remarks, as did also Mr. Hudson, on behalf of the students. Dr. Packard told a humorous story, and Messrs. Collins and Hayward sang, with other selections, "The Larboard Watch." The Society then adjourned.

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## BOSTON UNIVERSITY SCHOOL OF MEDICINE.

### *First Annual Commencement.*

THIS was held Wednesday evening, March 4, in the new amphitheatre of the college building. The attendance filled the room to its utmost capacity. The Rev. J. W. F. Ware offered the invocation. The Dean, I. T. Talbot, M.D., delivered an address, in which he referred to the occasion as being the first one in which the university had conferred the degree of Doctor of Medicine upon its class. He spoke of the reasons which led to the foundation of this school, the relations which it sustains to other medical schools, its purpose and teachings, the number and character of its students. He dwelt upon

the character of Hahnemann, who perfected a system which is not antagonistic but supplementary to other schools, and just at the point where they fail to teach the relation of drugs to disease, this school gives most thorough instruction. In this institution the department of anatomy has no less than six instructors. Physiology has two instructors, while chemistry, botany, surgical obstetrics, diseases of women and children, pathology, medical surgery, clinical medicine, and diagnostics are taught by one or more professors. Over six hundred lectures have been given during the term. There have been thirty-one female and forty-six male students. He spoke in warm terms of the success of co-education, and of the uniform courtesy and correct deportment of the students, and of the courage of the women in their studies.

Theses were read by the graduating class as follows: On Pneumonia, by Levi Thomas Hayward, of Boston; on Puerperal Convulsions, by Mrs. Sophronia Nichols, of Corry, Pa.; on Heart Clot, by Thomas M. Dillingham, of Augusta, Me.; on Our Profession, by Jesse Milton Coburn, of New Hampshire; and on Typhoid Fever, by George F. Forbes, of West Brookfield, Mass.

The degrees were conferred by the President of the University, W. F. Warren, D.D., preceded by a few appropriate remarks, in which he reviewed the unscientific character of the practice of medicine in earlier periods, and congratulated the graduates on having received thorough scientific education in a new institution which has no hideous blunders to cover up, and no skeletons which it must keep in the closet.

Governor Washburn, and the the Hon. Henry Wilson, Vice-President of the United States, were enthusiastically received by the audience. The Governor made a short address. Mr. Wilson begged to be excused from saying anything at length, since he was under positive orders to make no speeches, and he was sure that in such a presence he would not be expected to violate the orders of the physician. He had been gratified by what he had seen and heard, and he wished the institution boundless prosperity and success.

Mr. Dillingham read the valedictory of the class: This paper was excellent, and was well delivered. He referred particularly to the beneficial influence exerted by the lady students in the institution. The valedictory address on the part of the faculty was delivered by Professor J. H. Woodbury, and was full of excellent advice to the graduates as to their relations to physicians, the community, and themselves. At the close the Dean announced that an alumni association had been formed, and that Mrs. Nichols had been awarded the prize for the best thesis on "Puerperal Convulsions." This is the gift of Dr. Cushing, of Lynn, and consists of a valuable case of homœopathic attenuations.

The exercises were concluded with a benediction. A supper awaited the faculty and graduates at Commonwealth Hotel.

## SURGICAL CLINIC.

H. M. JERNEGAN, M.D., PROF. CLIN. SURGERY, B. U. SCHOOL OF MEDICINE.

(Reported by F. W. Payne, M.D.)

*Pterygium*: — *Operation*. — Mr. —, æt. about 50 years, had a pterygium of right eye of twelve years' standing, extending from the inner canthus to a point about half over the area of the pupil. Dr. F. W. Payne passed a ligature through the breadth of the hypertrophied conjunctival and subconjunctival tissue, tying it firmly, and leaving to ulcerate.

*Pterygium*: — *Operation*. — Mr. —, æt. about 50 years, had a pterygium of twenty five years' standing, extending from the inner canthus of the left eye to a point well over the area of the edge of the pupil. Dr. F. W. Payne operated by the ingenious method devised by Szokalski. A couple of small curved needles, armed with a fine silk thread ligature, were passed under the growth, one needle passing under the breadth of the pterygium, near the cornea, the other needle passed in the same manner beneath the pterygium near its base. The needles were now cut off, the ends of the inner thread were tied, embracing firmly this portion of the pterygium; then the ends of the outer thread were tied; and finally the two ends of the central ligature at the lower edge of the growth were secured, then cut off, and the ligatures left to cut their way through.

*Trichiasis* of the upper lid: *Operation*. — Miss D., æt. 32, had complete trichiasis of the right upper lid, of about four years' standing. Dr. F. W. Payne operated on it, by Von Graefe's method. Two vertical incisions about four lines in length were made, passing upwards from the anterior edge of the lid through the skin and orbicularis muscle, — the outer incision at the outer commissure; the inner from a point close to the upper lachrymal punctum, leaving the punctum intact. Then an incision was carried along the free edge of the lid, between the eyelashes and the meibomian ducts, as far upward as the vertical incisions extended. The flap thus formed was raised, everting the cilia, and maintained in position by excising an oval portion of skin at a point midway, and over the flap; then the edges of the excised oval portion were brought securely together with two silk sutures.

(Reported by D. D. Hudson.)

The several clinics during January and February presented the following cases: —

Jan 3. — *Wound* over the left eye from a falling brick. The wound was cleansed, closed by silver wire suture, and left in water dressing.

Jan. 10. — *Convergent Strabismus* of left eye. Miss —, aged 21 years. A previous operation has given partial relief. The internal rectus muscle was severed.

Jan. 17. — *Strabismus*. W. D. G., a boy aged 11 years. Operation as above.

Feb. 19. — *Amputation at the knee joint*. J. F. L., aged 18.

His leg has been injured twelve years before by an accident in a factory, producing a backward dislocation of the head of the tibia, which was then pronounced a comminuted fracture, and allowed to heal with the leg at right angles with the thigh. Amputation was made by disarticulation at the knee joint. The arteries were secured by ligatures; an oval flap was dissected up from the anterior aspect of the tibia and fibula, and turned over the stump, uniting with the superior margin of the incision on the posterior aspect of the thigh, where it was secured by a silver wire suture. Application of moist lint was secured by a roller bandage.

Feb. 21. — *Plastic Operation* on the face. T. B., a girl aged nine years, had an unsightly congenital mark on the right side, occupying the angle and two thirds of the body of the lower jaw. The mark was removed by dissection. A flap of the same shape and dimensions was taken from the neck along the sterno-mastoid muscle, and carried forward, remaining in connection at its upper extremity, just beneath the ear. The edges were held in apposition by an interrupted silver wire suture, and the margins of the space which furnished the flap were approximated by means of the quilled suture. Subsequently a rapid union was made by the greater portion of the flap, but the lower extremity sloughed, having a granular surface, upon which skin from the mother's arms was grafted. (Further report hereafter.)

*Erectile Tumor* of the lower eyelid. Mrs. E. The growth has been slow, but its pressure is producing granulations. An incision was made upon the tumor, and that body, with the granulations, was dissected away. The incision was closed with silver wire, and left in water dressing.

*Pelvic Abscess.* Mr. P. An incision was made below Poupart's ligament, evacuating a large secretion, and admitting a probe upwards to a distance of eight inches.

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## NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

*F. L. Vincent, Secretary.*

### TWENTY-SECOND ANNUAL SESSION.

THE New York State Homœopathic Medical Society convened at the Common Council Chamber yesterday morning, for its twenty-second annual session, and was called to order by the President, Dr. E. D. Jones, of Albany.

The President, on taking the Chair, made the 22d annual address, from which we select:—

The value of these assemblies cannot be too highly estimated. In this Society, the welfare, success, and progress of our State interests are reposed; and the advance of our school (in this State at least) will be exactly proportionate to the vigor of your exertions and the discreetness of your counsels.

You have left personal interests and private cares only to assume these responsibilities which you owe the profession in your represen-

tative capacity. That your deliberations will redound to the great good of the profession, the precedent of former years assures me.

But before commencing the active duties of the meeting, we may profitably glance "with retrospective eye" at the past.

The year of '73 has been an eventful one for our school; no single year, perhaps, has shown so much progress as that through which we have just passed. It presents, from its incipiency to its close, a series of triumphs unparalleled in our history.

At the close of the year 1872 we numbered sixty-one distinct societies. The year 1873 has witnessed many additions. Queens and Seneca have organized county societies, thus making thirty-four local organizations representing forty-four counties.

A State Board of Medical Examiners has at last been appointed by the Regents. The fulfilment of the requirements of the Act of 1872, by the Regents, places us in a prominent position, so far as medical education is concerned. The third section of this Act states that "such examinations shall be in anatomy, materia medica, pathology, histology, clinical medicine, chemistry, surgery, midwifery, and in therapeutics, according to each system of practice represented by the several medical societies of this State." Surely, no examinations could be more liberal or more complete, and no diploma more honorable than the one gained by the successful candidate.

Brooklyn has her Maternity, comprising four distinct departments, — the lying-in hospital, a nursery, a child's hospital, and a school for training nurses. Each one of these departments, excepting the first, has been founded during the past year. The school for educating nurses will supply a want long felt by physicians and laymen alike. Each subdivision is in active working condition, and though the only institution of its kind in this country, I sincerely hope that it is only the precursor of many more.

Albany, Buffalo, and Brooklyn have each established hospitals, all of which are in successful operation.

That venerable institution, the Hahnemann Academy of Medicine of New York, has aroused from its lethargy and promises well for the future.

St. Luke's Hospital of Utica, formerly entirely under Allopathic régime, now has a staff composed of nine Allopathic and four Homœopathic physicians, — an instance of unexampled liberality on the part of the managers of any old school institution.

Our Insane Asylum, the only similar institution in the world exclusively under Homœopathic supervision, has made rapid progress during the past year. The main, or administrative, building is completed and ready for the reception of patients, of whom a goodly number have been accepted; other buildings are in various stages of erection, so that we may confidently expect at an early day to have an institution at once unique in all its architectural appointments, and possessing every qualification necessary for this the "crucial test" of Homœopathic treatment. That our most sanguine hopes will be realized none of you will question. We as a society, owe it our cordial support and fostering care. Serial literature has received two

new and worthy additions during the past year, the *New York Journal of Homœopathy*, and the *Medical Union*. Ten new monuments to Homœopathic progress have been erected in our State. Surely, last year has been one of unprecedented progress. Nor has this rapid advance been confined to the limits of our own State. Outside of our own borders, three important movements at least have been made.

The bill authorizing the establishment of two Chairs of Homœopathy in the University of Michigan has become a law; but through the temerity of the Board of Regents has not yet been enforced. But the right of State representation has been conceded; thus our aim has been theoretically if not practically established. At a meeting of the Board of Regents of the State University of Iowa, application was made for the appointment of two Homœopathic Chairs. The feeling in favor of granting the demand was almost unanimous, but owing to the State appropriation being exhausted, they had no means at command, and therefore resolved to petition the next Legislature to sufficiently enlarge the appropriation to accommodate the proposed addition. Boston, renewing her strength by the ordeal of Allopathic intolerance and persecution through which she had just passed, has established a medical school which will soon take a prominent position in that city of letters.

Now that we have cursorily reviewed the results of a most successful year, let us turn our attention to the coming year, which this meeting inaugurates. It becomes my duty, in my official capacity, to suggest such changes and propose such action in the operation of this Society as have occurred to me as necessary for its welfare and prosperity.

Our bureaus form one of the greatest features of our Society; indeed, it is mainly through their instrumentality that the advancement of medical science (which our constitution proclaims to be the object of this body) is attained. The reports of these bureaus represent the medical status of our school in this State; it is, therefore, of the highest importance that they severally should exercise great care and judgment in their respective duties. I would therefore recommend:—

First, that in the selection of the bureaus we adopt the plan of the American Institute, appointing none who do not or will not contribute papers.

Second, That each chief of bureau be held responsible for the printed report of his bureau, and that the executive officers and chiefs of bureaus constitute the publishing committee.

Third, That all reports and papers sent to the bureaus be given to the Society for enriching her published transactions, and not to the journals first.

In October the Treasurer resigned his office. I appointed Dr. Vincent, the Recording Secretary, to fill the office *ad interim*. His report will present a very favorable condition of the finances of the Society. . . .

Dr. Gray stated a proposition of his to the Society to establish a

series of prizes for students in medicine in the New York State University who excel in their studies. The offer was unanimously accepted.

A paper in relation to the Homœopathic Insane Asylum at Middletown was then read.

A paper on the comparative mortality statistics of Brooklyn was read by Dr. Searles.

Dr. Searles also read a paper entitled, "A Case of Transverse Presentation."

#### AFTERNOON SESSION.

The president appointed the following committee to wait on the printing committees of the legislature, relative to printing the Society's transactions, — Drs. Hand, Cook, and Haswell. Dr. Brown in the Chair.

Notice was given that at the next annual meeting of the Society a resolution would be offered to amend Article 3 of the constitution, relative to officers.

The following resolution was then offered: —

*Resolved*, That the duties of the treasurer shall be performed by the recording secretary this year. Carried.

Dr. H. R. Stiles, of Middletown, moved that the thanks of the Society be tendered Dr. John F. Gray for his liberality in establishing prizes for medical students, etc. Carried unanimously.

Dr. Watson rose and said: Mr. President, we have amongst us today a physician who is the oldest homœopathic practitioner in the State, probably in the United States, and possibly in the world, — Dr. Leveritt Bishop, of Sauquoit. I therefore move, sir, that he be elected an honorary member of this society. The motion was unanimously carried.

Dr. Bishop, in a few feeling remarks, thanked the Society for the honor conferred.

Dr. Gregg delivered a short lecture on Tuberculosis, illustrating his subject with handsomely prepared charts.

#### EVENING SESSION.

The annual address was delivered by Professor T. F. Allen, M.D., of New York city. The address was a finished production, and was listened to with marked attention throughout.

At the conclusion of the address, a vote of thanks was unanimously tendered Professor Allen.

On motion, the Society adjourned until nine o'clock A. M. to-morrow.

#### BANQUET.

After the adjournment, the members of the society and their guests proceeded to the spacious mansion of Dr. E. D. Jones, No. 140 State Street, where a bountiful collation was provided.

#### SECOND DAY'S SESSION.

The Society met in the Common Council Chamber this morning, at ten o'clock, President Jones in the Chair.

The major part of the session was occupied in the reading of interesting papers on various subjects appertaining to the profession, and in discussions thereon.

The following officers were elected for the ensuing year: —

*President* — L. M. Kenyon, M.D., of Buffalo.

*First Vice-President*. — A. E. Sumner, M.D., of Brooklyn.

*Second Vice-President* — S. C. Knickerbocker, M.D., of Watertown.

*Third Vice-President*. — Henry Sayles, M.D., of Elmira.

*Recording Secretary and Treasurer*. — Frank L. Vincent, M.D., of Troy.

*Corresponding Secretary*. — L. M. Pratt, M.D., of Albany.

*Censors*. — Northern district, Drs. George W. Little, Fort Edward; H. D. Brown, Potsdam; S. J. Pearsall, Saratoga Springs. Southern district, Drs. J. Franklin Smith, New York; H. G. Morrell, Brooklyn; R. C. Moffatt, Brooklyn. Middle district, Drs. S. C. Warren, Jordan; A. E. Wallace, Oneida; C. E. Swift, Auburn. Western district, Drs. T. C. White, Rochester; W. B. Brown, Palmyra; H. S. Hutchings, Batavia.

Resolutions of thanks to the legislature and common council and to the retiring officers of the Society were adopted.

On motion, the question of where the semi-annual meeting should be held was left to the Executive Committee.

The Society then adjourned *sine die*.

## HOM. MED. SOCIETY, OF THE COUNTY OF NEW YORK.

THE regular meetings of the Society are held on the second Wednesday evening of each month, at the Ophthalmic Hospital Building, corner 23d Street and 3d Avenue.

OFFICERS, 1874. — Wm. Tod Helmuth, M.D., president; A. P. Throop, M.D., vice-president; Henry C. Houghton, M.D., treasurer; Alfred K. Hills, M.D., secretary; Geo. S. Norton, M.D., librarian.

CENSORS. — Drs. John C. Miner, Alex. Berghaus, T. F. Allen, John S. Linsley, John H. Thompson.

Each bureau is assigned its own special month in which to report, thus ensuring regularity, and, so far as possible, excellence of reports. This feature seems worthy of adoption by other county societies.

## NEW YORK OPHTHALMIC HOSPITAL.

### TWENTY-SECOND ANNUAL REPORT.

PRESIDENT, Thomas C. Smith; Surgeons, T. F. Allen, M.D., C. T. Liebold, M.D., C. A. Bacon, M.D., A. K. Hills, M.D.; Aural Surgeon, H. C. Houghton, M.D.; Consulting Surgeons, G. E. Belcher, M.D., C. Dunham, M.D., H. D. Paine, M.D., P. P. Wells, M.D., J. McE. Wetmore, M.D.; Assistant Surgeons, D. B. Hunt, M.D., H. W. Westover, M.D.; Assistant Aural Surgeon, J. A. Terry, M.D.; Resident Surgeon, G. S. Norton, M.D.

COURSE OF INSTRUCTION. — (Lectures free to physicians and students of medicine). C. Th. Liebold, M.D., Operative Surgery of the Eye; T. F. Allen, M.D., Ophthalmoscopy and Diseases of the Internal Eye; H. C. Houghton, M.D., Diseases of the Ear, with Methods of Examination and Treatment; A. K. Hills, M.D., Anatomy and Physiology of the Eye, and Special Therapeutics; Geo. S. Norton, Diseases of the Lids and Lachrymal Apparatus, and Anomalies of Refraction and Accommodation; J. A. Terry, M.D., Diseases of the Throat, with Laryngoscopy.

The number of patients treated increases, — the returns of the past year showing an excess of more than four hundred cases over those of 1872, making a total of 1,855 cases.

The treasurer reports a balance on hand, Oct. 1, \$6,810.04.

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### DETROIT HOMŒOPATHIC MEDICAL COLLEGE.

THE third annual Commencement of this College took place February 12. The degree of the College was conferred upon twenty-three graduates, and the honorary degree of M. D. upon four physicians.

At a recent meeting of the Officers and Faculty, resolutions concerning the qualifications of applicants were passed. These resolutions are excellent in their design, but their whole power is lost for the lack of definiteness and directness.

The next session will commence Oct. 15, and continue five months.

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### HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

THE fifteenth annual Commencement was held at St. Louis, February 17. The degree of M. D. was received by twenty-four young men and one young lady. The course just ended is regarded as having been highly successful. The valedictory, on the part of the Faculty, was delivered by Dr. P. G. Valentine; on the part of the class, by H. J. Gamble.

There will be no summer term. The winter session will commence about October 20. A new building will be erected this season, the necessity for which shows the permanence and the popularity of the institution.

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## REVIEWS AND NOTICES OF BOOKS.

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

### RECENT PUBLICATIONS.

*Beale.* — The Microscope in Practical Medicine. 4th ed. Lindsay & Blakiston.  
*Dickson.* — Relations of Medicine and Mind. Appleton.  
*Kingsley.* — Health and Education. Scribner & Armstrong.  
*Maudsley.* — Responsibility in Disease. Appleton.

*Roberts.* — Student's Guide to the Practice of Midwifery. L. & B.

*Swain.* — Surgical Emergencies. L. & B.

*Thoroughgood.* — Student's Guide to Materia Medica. L. & B.

#### FOREIGN PUBLICATIONS.

*Baginsky.* — Das Leben des Weibes. Diätetische Briefe.

*Barker.* — The Puerperal Diseases.

*Barnes.* — A clinical History of Diseases of Women. New ed.

*Beigel.* — Die Krankheiten des weiblichen Geschlechtes.

*Bellamy.* — The Student's Guide to Surgical Anatomy. New ed.

*Chomet.* — Effets et influence de la musique sur la santé et sur la maladie.

*Déclat.* — Traitement des plaies au moyen de l'acide phénique, et des résultats que la nouvelle méthode a donnés pendant le siège de Paris.

*Dickson.* — Science and Practice of Medicine in Relation to Mind.

*Haeser.* — Lehrbuch der Geschichte der Medicin und der epidemischen Krankheiten. 3d ed.

*Magnus.* — Die Albuminurie in ihren ophthalmoskopischen Erscheinungen.

*Reich.* — Die Hygiene, deren Studium und Ausübung.

*Stokes.* — Lectures on Fever.

THE HOMŒOPATHIC TREATMENT OF SURGICAL DISEASES. By J. G. Gilchrist, M.D. Chicago: C. S. Halsey. 1873. Pp. 421. 8vo.

Dr. Gilchrist's design is well expressed in his introduction: "Among all the books treating on surgery in our profession, there is not one presenting anything more than the merest outline of treatment. On operative surgery, and pathology in general, we have, perhaps, books enough; and it is time that we apply our system to the treatment of surgical affections. That we have not done so, in the fullest meaning of the word, is evident; for in all our books a few lines are given to remedies, and pages and whole chapters to pathology and operative measures. I do not mean to undervalue these studies, but rather to make them subordinate to therapeutics. Believing that what we now need is a work on surgical practice purely homœopathic, with the fullest indications for the use of the remedies, and that the law of similars, the single remedy, and the minimum dose are just as applicable in surgery as anywhere else, the present pages have been written to help fill this demand." We can but agree with Dr. Gilchrist on the need of such a work. How well he has met the need, only long use of the book can fully determine.

That he has done so most excellently is our present conviction, based upon considerable use and a thorough examination of the book. He is evidently no dilettante writer, no drawing-room general, but one who has seen service, and has met and grappled with the difficulties of applying a new law to all the departments of the healing art. His enthusiasm and his earnest declarations concerning the powers of homœopathic remedies scientifically applied are therefore entitled to weight and influence. We shall only get better books than this when we get wider experience in the same direction; when in addition to our opportunities in private practice, which are necessarily somewhat limited, we gain the advantages of long observation upon large numbers of patients in large hospitals and dispensaries subject to our entire control: this time is coming soon. Not for many years, however, will

this book become obsolete. It should be the right-hand companion of every homœopathic *physician*, who should also add to it everything that his own experience and study may supply, to be incorporated in a new edition. This is the best way to prove our appreciation of the immense amount of conscientious labor which Dr. Gilchrist has bestowed upon this work.

J. B. B.

LECTURES ON DISEASES AND INJURIES OF THE EAR. Delivered at St. George's Hospital, by W. B. Dalby, F.R.C.S., M. B. Cantab., Aural Surgeon to the hospital. With twenty one illustrations. Philadelphia: Lindsay and Blakiston. Pp. 228. 12mo.

WE feel at liberty to commend this little volume heartily, despite its anti-homœopathic treatment. The young practitioner will sometimes meet with cases demanding prompt action, but severely taxing his memory of former study, where much depends upon his intelligent knowledge of the parts involved, but no opportunity is permitted him to consult standard treatises. This publication is especially adapted to aid him in such cases involving accidents of the ear and its surgical diseases; while it does not pretend to take the place of larger works, it contains in few words what is desired in these emergencies. Dr. Dalby's lectures are instructive without being tedious, simple, intelligible, and practical.

The first lecture gives a concise description of the anatomy of the external, middle, and internal ear in its relation to diseased actions and injuries; the uses of the auroscope in examining and diagnosing pathological conditions, and the changes produced by foreign bodies and vitiated secretions. The second lecture treats of inflammatory actions and products in the external and middle ear; of the anatomy of the tympanum, and the uses of its several appendages; diseases of the Eustachian tube, and the means of removing obstructions in it, and at the same time inflating the tympanic cavity. The third and fourth treat of the different instruments and methods for inflation of the tympanum and Eustachian tube; of catarrhal diseases and dropsy of the internal ear, and the consequent changes and thickening produced in the tympanic membrane by the continuance of such processes. The fifth and sixth lectures treat of purulent catarrh of the middle ear; of perforations and destruction of the tympanic membrane, and granulations, and of the method of applying and retaining the artificial drum.

In the seventh lecture, facial paralysis is noticed as being frequently due to inflammation within the tympanic cavity, from the diseased action affecting that part of the portio dura in its course through the aqueduct of Fallopius. The tympanic cavity is a favorite seat for foreign growths, especially polypi. This disease is here considered, and several good microscopic figures, illustrative of the cell formation of such growths in contradistinction to other sarcomata, are shown; also the mechanical means for their removal explained. Lectures eight and nine treat of suppurative inflammation of the internal ear and its frequent effects upon the brain itself through the mastoid cells. This condition is also illustrated by the mention of several well-marked

cases; the frequent causes of impaired hearing and tinnitus aurium are briefly but intelligibly explained.

The tenth lecture treats of inherited venereal and nervous diseases in their relation to the ear; and the book closes with a lecture on deaf-mutism, leaving the reader impressed with the practical value of the work as a whole.

F. W. P.

**A TREATISE ON PHARMACY.** By E. Parrish, late Professor Phil. College of Pharmacy, etc. Revised by T. S. Wiegard. 4th ed. 280 illustrations. Philadelphia: H. C. Lea. Pp. 977. 8vo.

A complete treatise on the subjects included in a work upon pharmacy is indispensable in the library of every physician. The work under notice contains valuable tables, and is a most complete book of reference in the department which it treats. The present reviser continues the use of syllabi in the scientific parts of the work, as introduced by the author. Mr. Parrish is known to have been a zealous and trustworthy worker in his profession; and with a few typographical errors there appears little to criticise, except in a favorable spirit, in the rendering of his work by his successor.

GEN. ED.

## ITEMS AND EXTRACTS.

**DR. HOLCOMBE'S PAPER.** — The pressure of matter in our last number prevented a notice of Dr. W. H. Holcombe's excellent paper entitled "Why are not all physicians homœopaths?" In quoting, we take the liberty to condense a few passages, advising our readers to send for and distribute the pamphlets published by Halsey Brothers, Chicago, which contain the article in full as published in *U. S. Medical and Surgical Journal*, January.

Commencing the paper, a piquant application from Dickens satirizes certain feeble parasites of allopathic medical societies who are deterred from expression of independent thought, and especially from an investigation of homœopathy, through sheer obsequiousness and fear of ridicule: —

" 'Now, Brittles,' says the magistrate, 'answer me truly. Are you a Protestant? What are your religious opinions?'

" 'God bless me!' says Brittles, in great trepidation, 'I — that is — I mean — they — are the same as Mr Giles.'

" 'Few men think,' said Berkeley, 'but all have opinions'; and he might have added, the more shallow the thought, the more fixed the opinion. It is vain to quote the great mottoes from the profoundest thinkers to these stationary spirits. 'The largest minds are the least constant,' said Bacon. 'In knowledge,' says Faraday, 'that man only is to be despised who is not in a state of transition.' And again, 'Nothing is so opposed to accuracy of philosophical deductions as fixity of opinion.' On the contrary, our medical unimprovables regard

an obstinate adhesion to the opinions and practice of their fathers and their instructors as a special virtue."

The evils resulting from this blind adhesion to precedent are evident in the condition of certain conservative nations: in illustration, an incident at the Fiji Islands: "One of the chiefs was ascending a mountain-path, his people following him in single file, when he happened to stumble and fall. Immediately every man, *except one*, stumbled, and lay flat upon the ground. When the chief arose, all arose likewise, fell upon the member who had dared to deviate from the sacred custom of the tribe, and beat him to death with their clubs. . . . Look at India or China. Government is despotic; social order imperfect; religion is superstition; art is unborn; science is impossible. . . . 'Toleration,' says a great thinker, 'is of all ideas the most modern. It is learned in discussion, and, as history shows, is only so learned. In rude places to this day one who says anything new is looked upon with suspicion, and is persecuted by opinion if not injured by penalty. One of the greatest pains to human nature is the pain of a new idea; it is, as common people say, 'so upsetting'; it makes you think that, after all, your favorite notions may be wrong, your firmest beliefs ill-founded. Naturally, therefore, common men hate a new idea, and are disposed more or less to ill-treat the man who brings it.'

" . . . One college refuses to grant its diploma except to those who sign a pledge never to investigate Homœopathy. Another threatens to recall its diploma from any one who adopts it." A pungent application is made as follows: When the New Orleans Medical Association passed a law expelling any member who might consult with a homœopath, however well educated the latter might be, the resolution called out this remark from a leading member of the bar: "It is," said he, "another iron hoop to keep the old allopathic tub from falling to pieces."

" . . . Besides the timid, who are ashamed to investigate Homœopathy, and the stupid, who are incapable of doing so, there is a large body of medical men in the old school, educated, intelligent, respected, concerning whom it is the theory that they have given Homœopathy an investigation, and have pronounced conscientiously against its claims. But the fact is quite different." Dr. Holcombe notes the confessions of distrust in their own system, expressed by eminent men of the old school. . . . "Is it strange that most young men trained in such a school are intolerant, self-satisfied, and stationary? Is it strange that the born heretic or dissenter, whom nature is ever producing, to dare and do, to suffer and to achieve, should find himself unhappy and dissatisfied, oppressed and stifled, in such an atmosphere? Is it surprising that the young physician, anxious for more light and willing to investigate, should feel afraid to move in the shadows of such a despotism, — should be ashamed to be seen with homœopathic books and medicines? Is it surprising that many so-called allopathic physicians are homœopaths at heart, and homœopathic in practice, so far as it can be concealed from the prying eyes of their ignorant and intolerant brethren? Is it astonishing even that they write books, saturated

with homœopathic ideas.— witness Ringer's Therapeutics,— without one word of acknowledgment of the source whence they were obtained?"

Nevertheless, Dr Holcombe allows certain extenuating circumstances in the case of those who wish to investigate Homœopathy: "There is a great wilderness of doubts and trials and struggles, a strong current of prejudices, misconceptions, and infatuations, which even the strongest minds cannot always successfully stem. It is not surprising that men cannot easily shake off a pressure which weighs upon them at all points, and of which they themselves are not conscious, for these mighty influences, like the tremendous pressure of the atmosphere on our own bodies, are actually unseen and unfelt.

"Let our young friend step out from the little professional ring or close corporation known as the allopathic school, and look at Homœopathy from the standpoint of the great reading, thinking, and progressive public of the United States, and he will be amazed at the difference in the result. Homœopathy has passed the severest ordeals of criticism, survived all its persecution, and marches onward from victory to victory. Despised and rejected as a therapeutic reform within the bounds of the old school, which was all it ever pretended or wished to be, it has been obliged to erect itself into an independent system. The public cares nothing for our theories or our squabbles; it estimates men by their attainments and their conduct, and medical practice by its failure or its success.

Dr. Holcombe gives a list of works upon Homœopathy, which he advises the inquirer to read, adding: "He need not, indeed ought not, to abandon a single allopathic prescription until he can displace it by a homœopathic one of superior efficacy. Let him pass slowly from one school to the other by this process of displacement, and when the preponderance is entirely on the homœopathic side, he may call himself, if he chooses, a homœopathic physician; and if there be any residue, great or small, which can not or does not yield to Homœopathy, it is his right and duty to employ in its treatment any methods, any measures which the vast domain of nature may offer him.

Speaking of the triumphs of our school, Dr. Holcombe alludes to that in our own city: "The splendid banquet given by the Common Council of Boston to the members of the American Institute of Homœopathy, a national organization containing more members than the American Medical Association, — a banquet given on the spot where, twelve years before, Oliver Wendell Holmes facetiously predicted the speedy and utter extinction of our school."

Dr. Holcombe concludes "Discussion must be tolerant, or both sides will be merely confirmed in their previous opinions and approach no nearer together. Discussion is not tolerant in the French Assembly, where members are permitted to hiss and howl at whatever displeases them. . . . Toleration is induced by discussion; because each party, by the conflict of thought, acquires more respect for the opinions and characters of the other, as well as some wholesome scepticism as to its own superiority. . . . The toleration we ask, and which is demanded of all men by the spirit of the age, is a daughter of that

charity so sweetly described by St. Paul. . . . So true is it, however, that Homœopathy has originated in the natural process of intellectual development, that were the whole allopathic school to be brought at once, by some miracle, to our present position, there would soon arise new heretics, new divergences, new systems, representing the eternal conflict between the radical and the conservative elements of the human mind.

“Let us beware, as we enter deeply and earnestly upon the work of extending the science of homœopathy, that we fall not into the very same error we so often lament in the old school. I heard once a professor in a homœopathic medical college remark, while lamenting the ignorance, bigotry, and intolerance of a certain academy of medicine, that, ‘as for himself, he would never have in his house an allopathic medical work of any kind, — no, not a book bearing any relations to such a school.’ Where was the beam and where the mote in such a case as this?” — W. TOD HELMUTH; *N. Y. Address*.

DIRECTORY OF HOMŒOPATHIC PHYSICIANS IN ILLINOIS. — We have received Dr. Hoyne’s Directory. A similar work in each State is desirable. The Homœopathic Mutual cannot be expected to gather all our statistics single handed.

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## PERSONAL.

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OBITUARY. — R. B. RUSH, M.D. — Dr. Rush, of Salem, Ohio, has recently been deprived by death of his wife. Mrs. Rush died in the forty-ninth year of her age, much mourned by those who were familiar with her amiable character and unusual powers of mind.

T. B. BENEDICT, M.D. — Died at Ionia, Mich., March 1, of congestion of the lungs, aet. 45.

M. W. WALLIENS, M.D. — At Somerville, N. J., of phthisis.

L. G. HATCH, M.D. — Of malignant angina, at Philadelphia, aet. 22. The following among other resolutions was adopted at a meeting of the Hahnemann Medical Institute, Mar. 9. “We desire to express our esteem for our departed classmate, who both by general conduct and careful attention to his duties while amongst us secured the respect and approbation of all.”


LOCATION. — *Greenwich, Conn.*, has no homœopathic physician. Its population numbers 8,000 permanent residents, — their number being largely augmented during the summer by visitors. We are informed by a gentleman just removing there with his family, that he is told of a general desire expressed by the inhabitants for a good practitioner of our school. Other information can be had by addressing editor of *N. E. Gazette*.

HENRY HALE, 53 Washington St., is appointed agent Hom. Mut. Life Ins. Co.

REMOVALS. — A. H. CARVILL, M.D., from 5 Warren Ave. to 6 Bow St., Somerville.

E. LIPPENCOTT, M.D., from 205 Catherine St., Philadelphia, to 220 W. Broad St., Hazleton, Pa.

DR. MIRA Y. HOWARD has resumed practice in Cincinnati, after an absence of a year in Vienna.

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

- . \*Metrorrhagia with prolonged copious and too frequent menstruation. (Two cases in Brit. Journ. Vol. 17, p. 293.) 275-285.
- . If women use it too long for bleeding hemorrhoids, it suppresses menstruation. Chomel.
- . \*In suppressed menstruation and all other menstrual irregularities. Popular remedy. Most.
- . \*Amenorrhœa. Maumery.
- 290. \*In irregularly menstruating young girls, pain in the stomach. 163.
- . \*Violent attacks of epilepsy, after suppressed menses, the attacks occurring 2-3 times daily, cease. Menstrual flow came on 36 hours after. Normand.
- . \*Chlorosis. Mellin.
- . \*Coughing blood after suppressed menses. 354.
- 295. Some leucorrhœa, 3 days after. Ng.
- . \*Cures leucorrhœa. T.
- . \*Commended in leucorrhœa. Haller.
- . Leucorrhœa. Hahnemann, Apothekerlexicon.
- . \*Leucorrhœa. Sundelin. Prolapsus uteri. N.
- 300. \*If women do not conceive, on account of profuse menstruation, or miscarry on account of it, Yarrow tea will help them. Popular remedy. G. Lingen. 283.
- . \*Is used for abortion. Simon Pauli.
- . \*For preventing abortion. Tragus.
- . \*Is highly commended in general against abortion. Koschwitz.

### *Childbed.*

- . \*Cramplike affections in confinement; severe after-pains. Tragus.
- 305. \*In attacks that follow a hard delivery. Maumery.
- . \*Convulsions following delivery. Maumery.
- . Convulsions of lying-in women! after a hard delivery. Maumery.
- . \*A bag full of the herb, hung up in the room, enables women in childbed to sleep. Popular remedy.
- . Convulsions in childbed with suppressed lochia. Maumery.
- . Suppressed lochia. Maumery. Haller. Chomel.
- 310. \*Suppressed lochia; violent fever, 4th day, after a miscarriage in the 8th month; lochia returned, fever disappeared. Normand in Frank's Mag. 1.
- . \*Violent pains at the top of the *left* os innominata, fever, suppressed lochia, no milk; 24 hours after confinement. Rapid recovery after an infusion. Normand.

- . \*Convulsive motions of all the limbs, terrible pains, and total suppression of lochia; 3d day after confinement; well, almost instantly. Normand.
- . \*Lochia too copious. Schwarze.

### *Breasts.*

- . \*For sore (cracked) nipples of nursing mothers, fresh juice. Reichenau (Rust's Mag. 13, 179).
- 315. \*Sore nipples. Strumpf.
- . \*No milk with suppressed lochia and fever. 309.

### *Chest.*

- . Piercing pains in the chest; 2d day. Mure.
- . Extending to the chest, burning from the stomach. 159.
- . Painful, severe piercing in the left breast, under the arm, does not affect breathing; 4 hours after. Ng.
- 320. Dull stinging in the left side of chest. Keil, 7.
- . Transient, dull stinging in the left side of chest; 4.30 evenings, 2d day. Keil.
- . Stinging in the right side of chest. Keil.
- . Transient stinging in right side of chest; 2d day. Keil.
- . Stinging sensations in the right side of chest, under the fourth rib. Sensation of contraction of the skin of the forehead; 6th day. Keil, 40.
- 325. Bruised sensation in the chest; 3d day. Keil.
- . Slight sensation of fulness in the chest; 8th day. Keil.
- . \*Pain in the chest, and spitting blood. Hong.
- . Violent congestion to the chest; to the head, with bleeding at the nose, and expectoration of bloody mucus. M. Müller.
- . \*Inflammation of the lungs. Pearson.
- 330. \*Piercing, drawing pain, close under the left shoulder-blade; for a few moments while sitting; afternoons 3d day. Keil.
- . A twitching stitch near one of the left false ribs; 4 hours after. Schr.
- . Rough piercing near the last right lower ribs; 2½ hours after. Schr.
- . Shortness of breath; 2d day. Mure. \*Hong.
- . \*Extremely difficult breathing in tetanic convulsions. 437.
- 335. Oppression of the chest and bloody expectoration. 352.
- . \*Asthmatic affections. Schwarze.

### *Cough.*

- . Cough and frothy expectoration; 3d day. Mure.

- . Cough and vomiting; 3d day. Mure.
- . \*Is good for cough. T.
- 340. \*Blennorrhœa of the lungs. Voigtel.
- . \*Spitting blood. Dioscorides. Galen.
- . \*Excellent for blood spitting. T.
- . \*If one has fallen from a height and spits blood in consequence. T.
- . \*Blood spitting from a ruptured vein. T.
- 345. \*Spitting blood. Haller.
- . \*Spitting blood. Bresl. Samm. 1718. — Chomel.
- . \*Spitting blood from asthenia of the vessels. Richter.
- . \*Habitual blood spitting. Richter.
- . Hemorrhages of the lungs, from a weak condition of the vessels. Strumpf.
- 350. \*In phthisic conditions with coughing of blood, or after frequent attacks of hemorrhage of the lungs. Repeated doses of 15, where other remedies had not given relief. G. W. Gross.
- . \*Hæmoptysis in incipient phthisis, indicated (after *Acon.* and *Arn.*) when the pains in the chest ceased entirely, or almost. 1 or 3. Lobethal. A. H. Z., 13, 356.
- . \*Frequent bloody expectoration; constant oppression of the chest, and excessive palpitation of the heart. In a man of 42, *Acon.*, *Arn.* in vain. Millefolium affords relief after 2 hours; healed within 36 hours. Hirsch. A. H. Z., 5.
- . \*Coughing blood in hemorrhoidal patients. Goullon, 248, 249.
- . \*Coughing blood. Vigorous woman of 48; no menstruation for two years; ebullitions in the chest *every evening* without cause. Warm blood rises into her throat and flows out of her mouth; then cough with more light red, bloody expectoration, half a pound in all, accompanied by great prostration. *Ledum* did not help. *Every evening*, worse when lying in bed; not at all during the day. Millef. 3 in the forenoon, relieved the same day, and permanently. Theod. Rückert, Annalen, 1, 114.
- 355. \*Coughing blood every afternoon at 4 o'clock, when *Arn.*, *Hamamelis*, and others had been tried in vain. Okie.
- . \*Lung disease after coughing blood. Gross.
- . Secretion of mucus in the larynx, soon, 1st day. Keil.
- . Again, some secretion of mucus in the larynx; sensation of roughness there, the evening after taking the med. 1st day. Keil.

- . \*For ulcers on the lungs, or consumption, it is praised by Joh. Praevotius.
- 360. \*Vomicæ. Chomel.
  - . \*Heals all injuries of the lungs. T.
  - . \*Heals defects of the lungs. Haller.
  - . \*Phthisis pulmonum pituitosa. Horn.
  - . \*Consumption. Fr. Hoffmann. Kellner.
- 365. \*Should any one with lung disease not be restored after this draught he is surely past help. T.
  - . \*Lung diseases of different kinds. Chomel.

### *Heart.*

- . \*Inflammation of the heart with tearing and piercing. Schr. 683.
- . Extending to the heart, hypochondriac pain with anxiousness. 180.
- . \*Excessive palpitation of the heart and bloody expectoration. 352.
- 370. \*Ebullitions from coughing blood. 354.

### *Back. Sacrum.*

- . Drawing sensation in the back, frequent but not very painful. 3d day. Ng.
- . Itching in the back, and itching pimples there. 7 days after. Ng.
- . Piercing pain in the sacrum. 3 hours after. Ng.
- . Stitches in the right side in the region of the loins. Keil, 28.
- 375. Transient; slight stitches in the region of the loins, next to the spine. 8th day. Keil.
  - . Pains in the region of the left kidney, then bloody urine. 256.

### *Upper Limbs.*

- . A violent piercing pain in the middle of the left shoulder-blade; three hours after. Ng.
- . While sitting, stinging drawing pain under the left shoulder-blade. Keil, 14.
- . Stitch between the shoulder-blades, 9th day. Keil.
- 380. Afternoons, dull drawing pains under the left shoulder-blade. Keil, 14.
  - . Fine, piercing pain in the left shoulder-blade in breathing when standing. After stretching and again contracting the body, a violent piercing pain in the right shoulder-blade; 3 hours after. Ng.

- . Piercing and burning in the left shoulder towards the front; 4 hours after. Ng.
- . A stitch in the left shoulder; 4 hours after. Ng.
- . Itching on both shoulders. R.
- 385. High up in the right upper arm, violent piercing pressure, 9 o'clock, A. M., 2d day. C. Hg.
- . Pain in the bones (?) of the left arm; after 1 hour. C. Hg.
- . Pain in the arms; pain in the arms and face, with involuntary twitching of the muscles of the face. Hong.
- . Going to sleep, prickling in the left arm. Forenoon, 2d day. C. Hg.
- . Frequent sensation as if the left arm were going to sleep. 1 week. C. Hg.
- 390. Right arm as if paralyzed, in attacks. 457.
- . Exterior piercing and burning of the right elbow; 2½ hours after. Ng.
- . Rough sensation on the inner surface of the left fore-arm, on a spot as large as palm, as if from a coarse brush. Ng.
- . Two successive stitches on the inner surface of the right fore-arm, then itching there which scratching stops. After 4 hours. Ng.
- . Pain above the left wrist; 3d day. C. Hg.
- 395. A fine stitch on the outer margin of the right hand, beyond the little finger; 2 hours after. Ng.
- . Pressing throbbing pains in the metacarpal joint of the left index finger and thumb. 4th day, evenings. C. Hg.
- . Sore sensation under the nail of the right thumb; later, in the left thumb, as if crushed. 10th day, disappeared entirely on the 11th day. R.
- . Burning and like the sting of a flea on the inner surface of the right little finger; 3½ hours after. Ng.
- . Hot hands. 467.

### *Lower Limbs.*

- 400.\* Violent pains on a level with crest of ilium, left. 310.
- . Fine piercing in the left crest of the ilium; after 2½ hours. Ng.
- . Right buttock painful as after falling upon it. 13th day, evenings. 14th day, mornings, the same; worse when pressing it and straining the gluteals, worse on the right at the point of insertion of the gluteus major at the sacrum. R.

- . Tearing and tension in the left buttock, during rest and motion, still worse when walking. 3d day forenoon. Ng.
- . Violent pain above the left knee when sitting. 11 o'clock evenings, 1st day. C. Hg.
- 405. Tearing pain in the left knee. Schr.
  - . A fine stitch in the left popliteal space, 2 hours after. Ng.
  - . The tendons of the right popliteal space are painful after a time, as well as the tendon achillis, but less, 1st day. C. Hg.
  - . Drawing sensation in the legs when lying down. R.
  - . Drawing in the left tibia.
- 410. Drawing in the left tibia, for several hours, after 1½ hours, 3d day. Keil.
  - . Tearing pain down the right tibia, afternoon, while walking, 2d day. Ng.
  - . Violent pain in the entire right foot, as if in the bones, 1st day. C. Hg.
  - . Violent pains in right external malleolus, 1st day, 3 o'clock, P. M.; disappears in the evening. C. Hg.
  - . Intermitting, throbbing, pressing pains, in the left foot, near the last toes in the joint, and in the middle of the foot, 4th day. C. Hg.
- 415. The right tendon achillis is sensitively and constantly painful, as if after a blow or sprain, increasing and decreasing by turns, not when walking or going up-stairs; 1 hour after, all day long. C. Hg.
  - . Sensation in the left foot as if it were going to sleep; does not cease after rising, 3 hours after. Ng.
  - . Frequent going to sleep of the right foot when sitting; does not cease on rising, after dinner. Ng.
  - . Crawling in the fore part of the right foot, as after going to sleep, 3 hours after. Ng.
  - . Hot feet. 467.

### *Limbs.*

- 420. Cold limbs, with headache. Schr. 542, 67.
  - . Severe, slow, piercing or throbbing pains, always near the bones, and not far from the joints, mostly left, and mostly in the hand and foot, for weeks. C. Hg.
  - . Tearing pains (head, ears, lips, palate, abdomen, chest, shoulder-blade, sacrum, shoulder, elbow, fore-arm, hand, knee). N. T.
  - . Crawling (eyes, ears, feet). N. T.

- . Strained sensation (head, eyes, buttocks, knee). N. T.
- 425. Clawing and digging (also stomach). N. T.
- . 325. \*Chronic, rheumatic, and gouty affections. Voigt.
- . \*For paralysis and contraction of the limbs; the limbs recover, even if they have been already paralyzed. T.

### *Strength, Convulsions.*

- . Weakness, 3d day. Mure.
- . Discomfort in all the limbs, 3d day. Mure.
- 430. Twisting and stretching, with a pleasant sensation afterwards. Forenoon. O.
- . \*Hysteria. Fr. Hoffmann. Stahl. Maumery.
- . \*Hypochondriasis. Fr. Hoffmann. Stahl.
- . \*Convulsive attacks of hypochondriacs. Richter.
- . \*Hypochondriacal and hysterical convulsions. Fr. Hoffmann. Stahl. Joh. Junker. Jahn.
- 435. \*Flowers soothe convulsions. Hahnemann, Apothekerlexicon.
- . \*Convulsion and swoon of the new-born child; recovers after the bath, but constantly wails and sighs. Well soon after 2 spoonfuls of infusion. Normand.
- . Convulsions of children while teething. Rückert.
- . \*General convulsions with tetanic rigidity of the limbs, and extremely difficult breathing, in a boy of 14, after a malignant fever; 2 hours after the 4th dose, countless vesicles of the size of a pea, rose all over his body; they were of a livid brown; dark violet after 7 hours, discharging an insupportably offensive syrup-like secretion. Dry after four days, leaving scar. Normand, in Fr. M., 1, 165.
- . \*Tetanus. Chomel, Plant. Med., p. 514. Haller.
- 440. \*In malignant fever. Normand.
- . \*For epilepsy it is commended by Arnoldus de Villanova, and Crato.
- . Tried in falling sickness with much success. T.
- . Starting, from noise in the ear. 91.
- . Terrified starting from a pain in the left side of abdomen. 182.
- 445. Twitching of the lids and frontal muscles in headache. 73.
- . Convulsive motions of all the limbs, and terrible pains. 311.
- . Epileptic fits after suppression of the menses. 290.
- . \*Convulsions after a confinement. 305.

### *Sleep.*

- . Was the symbol of sleep with the ancients. Comp., 229 b.

450. Yawning and stretching as though she had not slept enough.  $2\frac{1}{2}$  hours after. Ng.
- . Sleepy, she yawns from time to time.  $\frac{3}{4}$  hour after. Ng.
  - . Light sleep, interrupted and full of dreams. Keil, 16.
  - . Sound sleep, afterwards fulness in the head. Afternoon, 9th day. Keil.
  - . Yawning at noon while driving. C. Hg.
455. Very violent yawning, without any weariness, especially evenings; 1 week. C. Hg.
- . Does not fall asleep until  $\frac{3}{4}$  in the morning. 3d day, Schr.
  - . Sleeps longer than usual, and is very drowsy for weeks. C. Hg.
  - . Sound sleep afternoons. Keil, 34.
  - . Attack at 12 o'clock at night, while in bed asleep, as if seized by a terrible gust of wind, that raised him up (from the chest to head), as if this storm streamed howling through his head, and burst out on the right side of the head in a flame. The right arm seemed as if paralyzed. After this attack, he thought in his sleep that he was awake, and fearing a second similar attack, which really set in with redoubled force, and caused him to scream, as he thought, which awoke him. 25th day. R.

### *Fever.*

460. Chilliness with pains in the kidneys. 256.
- . Fever with shuddering, and inner and outer heat. 2d day for 2 hours. Mure.
  - . \*Lessens shivering and chills in fever. Oil applied to the spine. T.
  - . \*Scarlet fever epidemic, with excessive angina, and violent fever.
  - . \*Exanthema of difficult development, and delirium. Rückert. 165.
465. Fever-heat and thirst. 3d day. Mure.
- . Heat in hands and feet. 3d day. Mure.
  - . An acceleration in the vascular system is only perceived in sensitive persons. Strumpf.
  - . \*Pulse accelerated and contracted. 165.
  - . \*Irregular fevers. Haller.
470. Hectic fever. Hong. 22.
- . \*Violent fever lasting 3 days, after suppression of inveterate itch in a girl of 24. After infusion Millef. during the night a quantity of intolerably itching little vesicles, that rapidly filled with matter. Normand.

- . \*Malignant tertian fever. Maumery.
- . \*Malignant fever with tetanus. Normand.
- . \*Violent fever in suppressed lochia. 310.
- 475. \*Intermittent fever. Fr. Hoffmann.
- . \*Intermittent. E. F. Rückert. Uebersicht, etc., 2,385.
- . \*In quartan fever, before the attack. T.
- . \*For intermittent fever, placed in a bag on the pit of the stomach. Popular remedy.
- . \*Colliquative perspirations. Schwarze.
- 480. \*Was wonderfully protecting against pestilence. Claudius Deodatus.
- . \*Benefit during the pest, was found at Copenhagen, by Henricus Paschasius.
- . \*Preservative against the pest. Koelichen. Stahl. Fr. Hoffmann.
- . In fevers caused by *suppressed itch*. Haller, Comp. 165, 438, 471.
- . Increases natural warmth. T.
- 485. Slightly stimulating. Strumpf.

### *Skin.*

- . (Herpes.) Hong.
- . Itching pimple on the back. 372.
- . Suppressed itch appeared again. Normand. 483, 165, 471, 439.
- . \*Numerous small itching vesicles with matter. 471.
- 490. \*Countless vesicles, the size of a pea, livid brown, then violet, discharging offensive secretion. 165, 166, 437.
- . \*Scab of sheep. Haller.
- . \*Scab of sheep. Schreber.
- . \*Psoric! and scrofulous! dyscrasy! Voigt.
- . \*Morbus maculosus haemorrhagicus. B. IV. 312.
- 495. \*Painful varices venarum, of pregnant women. Pitschaft.
- . \*Ulcers and fistulas. Dioscorides.
- . \*Heals old sores and fistulas. T.
- . \*Old, and gangrenous ulcers and fistulas. Strumpf.
- . \*Inner ulcers and suppurations. Chomel. Schwarze.
- 500. \*Successful in caries. G. W. Gross.
- . \*Heals and removes. T.
- . \*Cancer and sores; noli me tangere. T.
- . \*Healed a cancer so far that only a little induration remained. Haller.

### *Injuries.*

- . \*Wounds. Achilles, the pupil of Chiron.

505. \* (Applied to severed noses), it heals them. Valentine Kräutermann. Maumery, in Raux. Journ. de Med. t. 34. 1770.
- . \* For the pain caused on the tongue by chewing fresh root of *Arum maculatum*, the best remedy is chewing the tips.
  - . \* Ranks first among healing herbs. Buchwald.
  - . \* Heals all manner of wounds and cleanses them. T.
  - . \* Subdues the swelling of wounds. T.
510. \* Protects fresh wounds against all severe swelling and inflammation. T.
- . \* Very good for fresh wounds. Haller. Azm.
  - . \* Induces healing of the wounds caused by lithotomy. Haller.
  - . \* Nothing better for the suppurations after lithotomy. Chomel.
  - . \* *Herbaque quae foliis nomen de mille receipt apposita prodest adipi permita vetusto.* Serenus.
515. \* Quickly healed injuries caused by a fall from a tree for want of Arnica. The disease had already been 3 days without medical help. Vicat.
- . \* Removes coagulated blood. T.
  - . \* Bruises. Strumpf.
  - . \* Bleeding of wounds. Tragus.
  - . \* Even if a person has lost too much blood, and his color is gone, his natural color will return after it. T.
520. \* Herb, strengthening and blood-quickening. Hahnemann, Apothekerlexicon.
- . \* In hemorrhages. Chomel.
  - . \* Fractured bones. Tragus.
  - . \* For indolent, fistulous, malignant and gangrenous ulcers. Reichardt.
  - . \* Caries in sheep. External application of juice; sulphur internally every week. "Therapeutic Experiences in Domestic Animals." 332.
525. Caries in horses. Diluted tincture externally. The same (2d edition, page 43).
- . \* Heals the bite of venomous vipers. T.
  - . \* Expels poisons from the body. T.
  - . \* Attacks from falling, overlifting. 208, 230, 274, 343, 517.

### Generalities.

- . Induces hemorrhages. Hahnemann, Apothekerlexicon.
530. \* Spastic hemorrhages. Fr. Hoffmann.

- . \*Hemorrhages. Haller.
- . Congestions of blood to the head and face, lungs, heart, etc. T.
- . *Hemorrhages from various organs.* Nose; ears; stomach; rectum and anus; bladder; uterus; lungs and skin (?) N. T.
- . Suppression of spontaneous secretions of blood from asthenia of the vessels. Maumery.
- 535. \*Discharges of mucus from a weak condition of the vessels. Strumpf.
- . Chronic, habitual flux of mucus. Fr. Hoffmann.
- . Chronic diseases of an asthenic nature. Voigt.
- . Its action upon the glandular system is yet to be investigated. Hahnemann, Apothekerlexicon.
- . \*Is particularly beneficial to aged people. T.
- 540. \*Very efficacious for females. Normand.
- . Cattle like it. Schreber.
- . \*Pungency of *Arum maculatum* and the pain caused by it, soothed by chewing Millef. Mongin. Monstrob.
- . \*Is said to be an antidote to *Arum maculatum*. Unger.
- . Drinking coffee causes congestion to the head, and now and then pains in the limbs. C. Hg.

### *Times of the Day.*

- 545. Mornings, buttocks as if beaten. 405.
- . Forenoon, stools, instead of afternoon. 158. Piercing in upper arms, 286.
- . Numbness in the arm. 288. Tearing in the buttocks. 403, 17.
- . Afternoon. Ears stopped, 89. Flatulency and passage of flatus, 193. Offensive, 221. Tearing pain in the tibia, when walking, 414. Pains in the ankles at 3 o'clock, 416. After dinner, going to sleep of foot, 420. *Coughing blood at 4 o'clock*, 355.
- . Evenings. Violent, irritable, 2. Infatuated, 13. Pain in the head and eyes when reading, 80. Tearing in left side of face, 99. Bunch appears on the lower lip, 122. Sore throat, 142, 143. Offensive flatus, 221.
- . \**Coughing blood*, 355. Throbbing in the middle of the hand, 399. Pain as if beaten in the buttocks, 405. Pain in the knee, 408.
- . At night. Refer under Sleep.

*Right.*

Vertigo causes falling. 17.  
 Through the head like gusts of wind  
 in paroxysms. 459.  
 As if screwed into the side of the  
 head. 41.  
 In the parietal bone. 42, 48.  
 Tearing and piercing. 53.  
 Stitch in the side. 55, 57.

Ring in the ears. 90.

Itching in the ear. 98.  
 Tearing in the lower jaw. 100.  
 Tearing from the articulation of the  
 jaw to the occiput. 101.  
 Pain in the throat near larynx. 143.

Hypochondrium, tearing, burning  
 pain. 175.  
 Pinching. 180.

Stitches. 375.

Piercing near the last ribs. 332.

Piercing. 381.  
 Upper arm, piercing pressure. 387.  
 Arm as if paralyzed. 459.  
 Elbow, piercing, burning. 391.  
 Fore-arm, piercing. 393.

Thumb as if sore. 397.  
 Little finger, piercing and burning.  
 398.  
 Buttocks, as if fallen on them. 402.  
 Tearing pain in the knee. 405.  
 Pain in tendons. 407.  
 Tearing pain in tibia. 411.  
 Pain in the foot. 412.  
 Pain in the ankle. 413.  
 Pain in tendon achillis. 407.  
 Foot, going to sleep of. 417, 418.

*Left.*

Headache towards the left shoulder.  
 (?) 32.  
 Stitches. 65.  
 Stinging. 58.

Tearing in the frontal protuberance.  
 49.

In the occiput. 59.

Headache. 70.

Twitching in the upper lid. 81.

Tickling in the canthus of the eye. 82.

Noise as of a bat in the ear. 91.

Drawing pains in the ear. 92, 95.

Fine pricking before the ear. 94.

Crawling in the ear. 97.

Tearing pain in the face. 99.

Twitching in the jaw. 102.

Ulcer on lower lip. 122.

Toothache. 130.

Sore throat. 140.

Hypochondrium, pinching. 180.

Piercing in rib. 181.

Side of abdomen, stitch. 182.

Pain near the navel. 187.

\*Pain in kidneys, and bloody urine.  
 256.

Pain in pelvis, after suppressed lo-  
 chia. 310.

Piercing in the chest. 317, 318.

Piercing in shoulder-blade. 377, 378.

Shoulder, piercing. 382, 383.

Arm, pain in the bones. 386. Prick-  
 ling. 388. Going to sleep. 389.

Fore-arm, rough sensation. 392.

Wrist, above the, pain. 394.

Middle of palm, throbbing. 396.

Thumb, as if sore, as if bruised. 397.

Crest of ilium, piercing. 401.

Os innom. after confinement. 311.

Buttocks, tearing pain. 403.

Pain in knee, 404, fine, piercing. 406.

Foot, throbbing. 414.

Foot, going to sleep of. 416.

Stitches, throbbing near the bones,  
 joints, especially in hand and foot.  
 421.

*Right then Left.*

Headache, 43, 48; then 49-55, 57, 59.  
 Ulcerative pain in the thumb, 397.  
 Pain in the foot, 412; then 414.

*Left then Right.*

Twitching in the ears, 95, 98.  
 Pinching in the hypochondria, 180.  
 Piercing in the shoulder, 382.

*Conditions and Influences.*

Cannot remain in any position during colic. 200.

After stretching, when doubling up, stitch in the shoulder. 381.

When stooping, vertigo with nausea. 17.

Ebullition in the head when rising up. 25.

When doubling up the body, burning in the stomach. 160.

When sitting, pain across the knee, 404; going to sleep of the foot, 417.

When sitting, ceases on rising, pain in hypochondria extending to the heart, 180.

When lying, drawing sensation in the leg, 408.

When laughing, as if cold air came from the ear. 91.

At every trifling motion, vertigo, 17, *not during violent motion.*

When eating, piercing pain in left side of abdomen, 182.

When walking, tearing pain in the buttocks, 403; in the tibia, 411.

When walking, vertigo, 17.

After dinner, irritable, 2; ears stopped up, 88.

In waking, headache, 52, 453; agglutination of the eyes, 83.

Sensation of hunger, 153.

After wine and coffee, dulness of the head, 13.



## GLONIN OR NITRO GLYCERINE.

[*Americanische Arzneiprüfungen, translated with additions.*]

HISTORY AS PROVED AND APPLIED BY C. HERING, PHILADELPHIA, 1847-1851.

WHEN the first gun-cotton was brought here, it was a question with some whether it were only a hollow wood-fibre saturated with nitric acid, or a new combination. I took one grain, prepared according to the first of Otto's published directions, washed it carefully once more, dried it, and triturated it with the hundredfold weight of sugar of milk. Only a few grains of it taken, decided the question; it acted differently from nitric acid, *in fact not at all like an acid, but like a combination.*

The peculiarity of this effect induced me to follow the course of further chemical investigations with the greatest attention. In the spring of 1847 a notice appeared in the chemical journals, from the *Comptes Rendus*, in which Sobrero announced that by treating Scheele's glycerine like the cotton, with nitro-sulphuric acid, the result was an oil of aromatic taste. "But," he adds, "whoever makes this experiment should be very careful; for even a very small quantity placed upon the tongue causes a violent headache of several hours' duration. This effect was observed by several in my laboratory, and I myself have frequently experienced it."

Above all things it was necessary to discover the nature of the aforesaid headache, that is, to find the *where? the how? by what? with what?* in all their details. As it is impossible to understand the effect of a remedy upon one organ not even in the slightest, shallowest manner, *without knowing its effect upon all the other organs*,—a proposition that will be proved in the preliminary chapters,—how important must be the complete action of such a remedy upon the entire man, body and soul! May not such a remedy furnish a basis from which we can learn to understand the effects of all other aromatic oils, that is, of a wide range of medicines from the vegetable kingdom?

All this, and more, was instantly suggested, and my expectations grew more eager, and my impatience to obtain this substance constantly increased. These anticipations were to be indeed far more than realized. But it was not so easy to obtain the substance; my patience was not only taxed for days and weeks, but for months. I had neither time nor skill to prepare this substance notwithstanding my complete laboratory, and I was obliged to enlist a skilful and experienced technologist, who possessed the tact by which alone knowledge becomes available. Not even glycerine was to be had, and half a dozen bottles of the best olive oil were converted into plaster, only to

wash out the glycerine, and then, contrary to the usual proceeding, the plaster thrown away instead. We tried in vain to purify the remains of soap lye from the factories, but could not free it from salts. The makers of sticking plaster would not be persuaded even by money to furnish the waste water (*öelsüsswaschwasser*) in which glycerine had been washed. The first attempts to alter the glycerine were unsuccessful, notwithstanding the closest observance of Sobrero's directions. Our want of success seemed mainly owing in summer, although ice was used, to the necessarily low temperature: we were obliged to wait till winter.

Mental coolness was in fact still more necessary, imperturbable impudence, and very warm friends who would allow themselves to be burdened, and much more besides. At last we succeeded! My friend, Morris Davis, chemist at Lovering's sugar refinery, triumphantly brought me the longed-for vial. There were scarcely twenty drops, but it held, besides, a world of expectation. Like a new-born son, wrapped in his glass swaddling-clothes, the child of pain was at last brought forth. I rejoiced greatly. Such a son, death cannot sweep away just when he has become most dear to us; he remains with his father all his life, and yet traverses the wide world. Such a son can cause no anxiety that he may not turn out well, no grief because he plunges into the greatest dangers. Such a son goes forth into the world and fulfils his mission, surely and faithfully fulfilling the decree of creation. He goes forth in the bands of thousands to soothe suffering, to heal disease, to avert danger, to restrain death; destined himself to live as long as humanity has headaches to heal, or other complaints amenable to his ordained power of cure.

Truly, imagination is a beautiful gift of God, and should gain the praise of mankind. Unhappy is the man who can boast that he has no imagination! But what a silly expression the critic assumes when he sighs, "N. N. is a diligent prover of drugs, but alas! he has *too much* imagination."

It was now time to begin the work, the careful, laborious, difficult, and constant work of investigation and collection. The chemist who had been first to prepare the drug on this side of the ocean, had also tried it; and although he had never suffered from a headache in his life, he learned what it was now. His proving already contained important elements, characteristic of the remedy.

That same evening I brought Dr. Jeanes the long coveted treasure. Accepting it, he laughed at my warning, and took somewhat more than a man troubled with hemorrhoids and pre-

## CHEMISTRY AND PHARMACOLOGY.

E. P. COLBY, M.D., EDITOR.

## CHEMISTRY IN DRUG PROVINGS.

BY THE EDITOR.

IN the provings of many drugs little attention appears to have been paid to the active process of metamorphosis constantly progressing in the human system; and as a natural consequence there exists the same disregard in the clinical use of remedies. It is well known that during disease this metamorphosis is either increased or decreased, *in toto*, or in some special organs. This is true in the aggregate; although in a notable percentage of diseased conditions decomposition may continue in the natural ratio, but from the failure of some of the excretory organs to perform their duty, the normal products of organic change may, by being retained within the system, induce a pathological, instead of a physiological state. Diseases arising from the non-excretion of metamorphic products are among the most grave and least amenable to medical treatment. From the nature of the causes this must always remain true, as the disease is generally the result of destructive change in the excreting organ. Still, there may be many cases where a thorough knowledge of the powers of remedies would enable us to afford relief, and arrest the morbid change if recognized and treated at the outset.

This knowledge of drug-power can only be derived through a careful and analytical study of the action of the drugs upon both secreting and excreting organs, obtained by well conducted provings and searching clinical observation. How are we to obtain this valuable information? As during life we are unable to examine the organs producing these important changes, there is evidently but one method, — that of examining the excreted products of the organic function. The average amount of certain important ingredients in the normal excreta being known by numerous carefully conducted physiological experiments, any great variation in quantity can be discovered, as can also the presence of any abnormal substance. Chemical analysis and the compound microscope enable us to recognize any marked deviation from the normal standard. At the present stage of physiological research, the important excretory organs are considered to be the liver, kidneys, and glands of the skin.

Upon the integrity of these organs depends — within certain limits — the continued existence of the system, as such.

The excretion from the glands of the skin cannot be easily examined except by roughly estimating it quantitatively; that from the liver is, from its disagreeable nature, placed beyond the limits of ordinary investigation, save that we note the relative amount of coloration of the feces produced by it, and this is often of great value; but the kidneys are equal in importance to any other emunctory system; and the urine has been so long and so thoroughly studied that it has become one of the most reliable material indicators of the changes going on within the system.

The normal ingredients of the urine are numerous; some being in large, while others are in minute proportions. Urea, uric-acid either free or in combination, together with the phosphates, are the most prominent. According to recent investigations (by Scherer, Harley, and others), the coloring matter in the urine becomes of great importance, the name urohæmatin has been given to this substance. The color may however be the result of other substances, such as biliary matter, vegetable coloring, etc.

As one example of the great need of scientific investigation, the use of the remedy *Chelidonium majus* may be cited. In the pathogenesis of this drug we find yellow urine foaming. This of itself tells us nothing of the conditions causing it, nor do the other symptoms; but a careful examination of the excretion discloses the fact that the urine is charged more or less highly with some yellow coloring matter, which not only tinctures the urine, as a whole, but also gives to the "bead" or foam a yellow color; and chemical analysis teaches, that, whenever this yellow color of the "bead" exists, there is biliary matter present. However highly colored the urine may be from urohæmatin (urosacin), the air bubbles are always white. This leads us at once to the inference that the pathological condition is in the liver. This organ does not properly excrete the bile, which, being present in the blood abnormally, is to a limited extent excreted by the kidneys, and the curative action of *Chelidonium* is often in direct conformity with this theory. Most of us have had abundant opportunity to verify at the bedside this action of the drug mentioned. The presence of biliary matter in the urine often precedes the yellow coloration of the skin and conjunctiva, and enables us to treat the condition in its earliest stage, when it is most readily controlled by our remedies.

Again, we can never find any remedy or remedies which will control Morbus Brightii, except by careful and scientific exam-

ination of the excretion of the kidneys. Not that provings upon the healthy are to be, or even can safely be, pushed to the extent of furnishing casts of the tubuli in the urine, but a diminution in the amount of urea, or the presence of albumen, may perhaps be reached with impunity; in fact, this condition may already have been attained in the provings, but from the absence of the necessary examination have passed unnoticed. One fact like this, well authenticated, would be worth a host of disconnected symptoms, strung together like beads on a thread, without regard to sequence or importance. At present, might we not as well use the materia medica alphabetically in treating this disease "and have done with it"? Already, in the proving of *Helonias*, Dr. S. A. Jones gives a daily record of quantity, reaction, specific gravity, amount of urea, while with laudable frankness he acknowledges shortcomings, which acknowledgment in itself stamps what facts he can give with added value.

To reconsider for a moment the subject of urohæmatin in its bearing upon some of our remedies: I will grant at the outset that the existence of this substance, as such, is not acknowledged by all authorities, but claim that the proofs brought by Harley to show that it exists are convincing. It is claimed that urohæmatin is the direct product of the hæmatin, — the coloring matter of the blood. "Taking it for granted, then, that blood-corpuscles die, and that their *débris* is removed from the circulation; if urohæmatin be regarded as the *débris*, or the product of the coloring matter of the red blood-corpuscles, it is evident that the amount of urohæmatin present in the urine, supposing it all to be eliminated by that channel, must, to some extent, afford us an idea of the daily destruction of blood-corpuscles." (Harley.) When crystals of uric acid or the urates are formed in urine they are generally noticed as red sand, or a brick dust sediment. The color of these crystals is caused by the absorption of the coloring matter of the urine, uric acid and the urates being of themselves nearly colorless; consequently, if much *free* urohæmatin be present the crystals have absorbed coloring matter and the deposit becomes distinctly visible. In pale urine the crystals may be present, but being colorless easily escape observation, and this often takes place. In our list of symptoms there are several remedies having yellow, pink, and red sand; prominent among these remedies stands *Lycopodium*, red sand being called one of its characteristics. With regard to this symptom, one of two circumstances must be true: if the efficacy of *Lycopodium* in these cases depends upon the presence of crystals of uric acid or the urates in the urine, it must equally be indicated in many cases where there is no red

sediment, as the deposit may be colorless; while if its adaptation to the case depends upon the color, it is equally uncertain, as the urohæmatin may be present in large amount, but, being combined with other constituents of the urine, give but little color to the excretion until set free by the addition of an acid, and an abundant deposit in this urine would be colorless. Both of these conditions, *i. e.* an excess of uric acid or of urohæmatin, indicate the existence of disease, but the two diseased conditions differ in origin and nature, and should be differentiated.

If in proving *Lycopodium* and similar remedies, both upon the sick and healthy, the urine had been examined carefully, and as far as possible quantitatively, we should have recorded a mass of valuable facts, not only available as symptoms but explaining the action of the drugs upon an intelligible, stable, and scientific basis. In diseases of the nervous system the amount of phosphoric acid excreted is taken as a measure of the condition, and it is also even now well known that certain remedies control this excretion to a remarkable extent: here again is another field for study of the same nature.

The means of pursuing these investigations are ready at hand to any one. Reliable manuals are numerous. Harley, Flint, Piffard, Neubauer, and Vogel give the facts to the present time. Formulæ are given for preparing standard tests for volumetric analysis, and the methods of using them are described in full. No expensive apparatus is required; a few dollars will procure the necessary set. The time required in pursuing these examinations is trifling, only fifteen or twenty minutes being required for any single analysis.

Not detracting in the least from the reliable symptoms already elicited by provers, we shall simply add by these provings a few facts, at least of equal value with those already noted in their pathogenesis.

There are other investigations of as great importance as are those touched upon, but they have already been more ably discussed, and cannot appropriately be considered in this department of the Journal.

It can take nothing from the value of a given remedy to know something of its physiological action and the pathological conditions caused or removed by its administration.

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#### CAUSTICUM.

BY THE EDITOR.

THIS substance has been the subject of some controversy in times past, and from the silence of this decade one might be led

to suppose the matter settled, and *Causticum* to be adopted as a chemical product definitely defined. It is earnestly to be hoped that this belief may not be final, as the substance first brought to notice by Hahnemann has never been acknowledged by any chemist of note, has no regularity in the formulæ for its production, and when produced by any of the various methods employed, there is always stronger evidence that the product is one of the established radicals or compounds, than a new substance to which the name *Causticum* should be given.

Hahnemann himself in the different editions of his works gives two formulæ between which there is no similarity; and yet he only claims for the latter *more* symptoms than for the former. Since his time, others have given still different formulæ for this same *Causticum*. Notwithstanding this confusion, it is classed among the polychrests, — according to Hull, a semi-polychrest. One such fact as this must prove a great hinderance to those beginners who demand scientific accuracy for the foundation of their knowledge. One formula produces caustic potash, while another gives *Ammonia*; and if one person relieves the same symptoms with *Potassa* that another does with *Ammonia*, the question at once arises, Where is the stability of the law of the similars?

Some three or four years ago, being desirous to have a remedy whose composition could be depended upon, I carefully proceeded according to the method laid down in Hempel's translation of the "Chronic Diseases," using freshly slaked lime and bisulphate of potassa. The distillate was clear, like water, had a caustic odor, and did not redden litmus paper (why should it?): thus far it entirely agreed with the text. The caustic odor in this product, which was rather more concentrated than that of Hahnemann, was precisely that of *Ammonia*; there was volatile matter enough, when gently heated, to force the stopper from the mouth of the bottle. A glass rod dipped in hydrochloric acid and held over it gave a white cloud of sal ammoniac; the reaction was alkaline; it was neutralized by the proper amount of an acid, and exhibited every characteristic of a weak solution of *Ammonia*. A pharmacist who supplies some of our most particular physicians has assured me that for *Causticum*, he puts up a solution of *Kali Causticum*, and it gives satisfaction. Whether *Potassa* or *Ammonia* or *Causticum*, let us know what it is. If each has some of the symptoms of *Causticum*, and neither of them all, the evident demand is for a separation and rearrangement, giving to each its own. There is, no doubt, an "overlapping" in the symptoms of all the alkalis, as in many other remedies, but if there is any truth in our formula *Similia*, etc.,

it seems impossible that the symptoms of any two drugs should be *entirely* interchangeable.

Let us hope that the forthcoming Dispensatory will rectify, not only this, but many other mistakes which have formed a portion of our burden since the foundation of our school of practice.

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## HOMŒOPATHY AND INSANITY.

BY J. HEBER SMITH, M.D., MELROSE, MASS.

THE movement contemplated in the recent appointment, by our State Society, of a committee on a Homœopathic Insane Asylum would seem to invite some discussion on the merits of the question. A fuller knowledge is needed of the extent of our resources and of the prospect of distinguishing success. It is desirable to ascertain if our patrons in Massachusetts want such an asylum, and to show that we do not seek to rest claims for the charge of an institution like this on groundless assumptions.

It will be urged against immediate action by this committee, that our State Hospital and the Medical School demand all of our energies for their establishment on a firm financial basis, and that it would be inexpedient to present too many rival claims to the generosity of our constituents; and, indeed, so forcibly has this objection weighed with me, individually, that it clearly seems that the only course for us to pursue at present is to correspond with the different sources of information, to gather pertinent statistics, and to watch the drift of events. The times are fraught with change and pregnant with reform.

After careful examination, should our therapeutical means be found more insufficient than we expected, should willing and qualified men not be forthcoming to be intrusted with such a delicate charge, or should the progress of reform, now in full tide, raise the institutions already existing beyond reproach, no one would wish our State Society to encumber itself with a needless burden for the purpose of advancing mere factional interests. We can show the superiority of our system of treatment in a thousand homes, but the walls of an insane hospital might obscure our triumphs while they entombed our failures.

And now, as to our means for combating that protean shape, insanity,—what are they? Do we mitigate its horrors, shorten its term, more than others, or hold more enlightened views?

Have we leaders who have written, spoken, sacrificed, for the cause of the insane, and are we distinguished in the van of this new reform? New York might answer, but not, I fear, Massachusetts. Do reports from hospitals in other States encourage us to proceed? Do the phantasms of diseased minds flit away before the spell of the globule, or does sleep steal upon the maniac like an irresistible power, in the guise of attenuated *hyoscyamus*, or *coffea cruda*? Do those in charge of homœopathic Retreats for the Insane use less restraint than is commonly resorted to in the management of the violent and sleepless in other asylums? — less crude *opium*, ether, or the potassic bromide? Surely, we are not in a position to condemn those whom our reproaches pass by, only to fall with greater weight on the deficiencies of the materia medica.

Insanity may be functional and self-limited; the patient may be only the victim of disturbed sensibilities, and our fortunate prescriptions receive too much praise for leading a mind back to health. But what can we do more than others, when the disease strikes its roots in past generations, and when its forces accumulate with the subtle tenure of a malignant cachexia? The literature of homœopathy does not appear to abound in favorable reports on insanity, that we should hasten to place ourselves in an untried position, with petitions in our hands for private subscription, legislative patronage, or testamentary remembrance. At least it would appear that if such reports exist, they are too modest to be conspicuous. Several such reports have adorned the pages of the *Gazette*, from the facile pen of Prof. J. H. P. Frost, that truly reflect credit on our system of practice. We have also had, from time to time, the benefit of the appreciative studies of others, who have offered us pearls from the depths of allopathy, in the shells of original comments.

We shall be asked on every side, what are the merits of our claim to preference, in the conduct of a hospital for this dreaded disease? We shall not suffer in the frank avowal of the same insufficiencies in our materia medica which exist in that of allopathy, for successfully coping with the more serious phases of insanity. There is professional disgrace in promising too much. It is essential for the preservation of the good repute of homœopathy that its representatives carefully weigh the statements they shall advance, should we move for the establishment of an asylum of our own, or for the adoption of our peculiar treatment by the institutions of the State.

It is a time when every movement that has for its object the betterment of human conditions meets a warm response from

the heart of society. The abuses of the insane which arose from the workings of a false system of social custom and civil enactment, and which rendered them virtually beyond the reach of legal redress, are being reformed by legislation looking towards the better management of hospitals and the regulation of commitments. This movement has been untiringly championed by a few brave souls, foremost of whom should be mentioned Mrs. E. P. W. Packard, herself once a sufferer from imputed insanity and the hardships of the old *régime*; she has advocated with effect bills before the Legislatures of several States, which provide *habeas corpus* for cases of wrongful commitment, and sections of which deserve the widest copying into the statutory provisions of every nation. Such a reform claims kinship with those most sacred attributes of the human soul, the sense of justice and love of brother man. The enormities aimed at by this legislation are of such magnitude that we are abashed at the contemplation of them, and the consideration, for the time being, of medical differences or preferences sinks into insignificance.

But the time is coming when we shall receive a hearing, and when the people will feel it for their highest interest to grant our wish. The scourge is increasing. We know not who will be its next victims; perhaps those closely linked to us by the ties of love or relationship. Hitherto it has been too often our unhappy lot, as homœopathic physicians having no asylum of our own, to struggle vainly with the disease in the unfavorable environment of the family circle, to waste our resources in anxious vigils, only to see our patients, incurable at home, removed at last beyond our care, perhaps never to return. Occasionally we have marshalled our little doses unsuccessfully against some terribly stubborn case of insomnia. Who has not had such a patient? — that would spend day after day wide awake, and make night insupportable to all, with howling and imprecations. We appreciate the value and significance of the mental symptoms of drugs too highly to cast them lightly aside; but one such experience as this — and I have passed through several even in my somewhat limited field — is sufficient to cast a shade of doubt on the utility of medication, and cause the vast array of so-called “moral symptoms” in our provings to read like an idle tale. For the purpose of coping with idiopathic insanity, favorable surroundings, and the great medicine for all human sorrows, *time*, are worth them all.

That insanity is functional in its character in a large number of cases renders it more amenable to treatment than most chronic diseases, at least under favorable conditions. The

actual disease is not usually commensurate with the gravity of the mental symptoms. With these facts in mind, one who is conversant with homœopathy can but hope to see that system of treatment, at once so mild and efficient, adopted in some field more favorable than private practice for the relief and cure of the insane; for there can be but little question of its ultimately proving eminently adapted to cases susceptible of benefit from medication. Possessing remedies that can find their way through all the avenues of a diseased mind, we also hold, in common with physicians of all the schools, a knowledge of those drugs that deaden quick fancy and steal away the senses. These we can apply, with skill equal to theirs, to the violent and the sleepless.

We look to our friends in New York, who have begun so well, and to those who are undertaking private Retreats for the Insane in other States, to strengthen our faith, and bid them God-speed. As for ourselves, we purpose to "make haste slowly," since undue haste and excitement are at once the cause and evidence of the very evil that some of us would be commissioned to cure.

Should all the unpublished virtues of the earth spring, aidant and remediate, with our tears, we could not turn the bounties of the State from their time-worn channels. Private munificence sees a multiplicity of objects, among which our claims will be jostled aside, and more fashionable charities continue to receive the posthumous generosity of heirless wealth. Perchance fortune may send to our camp some mad king, crowned with furrow-weeds and cuckoo-flowers, whose opulent daughter may offer us all her outward worth for restoring his bereaved sense. But I forget, we live in a republic!

### SPECIAL NOTICE.

#### THIRTY-FIRST ANNIVERSARY AND TWENTY-SEVENTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Twenty-seventh Session of the American Institute of Homœopathy will be held at the INTERNATIONAL HOTEL, NIAGARA FALLS, N. Y., commencing TUESDAY, JUNE 9, 1874, and continuing four days. The "PRELIMINARY MEETING" will be held on the evening of Monday, June 8, at the same place.

Reports and papers will be received from the following Bureaus, on the subjects indicated:—

BUREAU OF MATERIA MEDICA, etc., T. F. Allen, M D., *Chairman*, 3 East Thirty-third St., New York. *Subjects.*—1. Provings of Calabar Bean. 2. Verifications of *Lilium tigrinum*. 3. The Significance of Primary and Secondary Symptoms.

BUREAU OF CLINICAL MEDICINE. L. E. Ober, M.D., *Chairman*, La Crosse, Wis. *Subject*. — Meningitis Cerebro-Spinalis.

BUREAU OF OBSTETRICS. J. C. Sanders, M.D., *Chairman*, Cleveland, O. *Subject*. — Puerperal Fever.

BUREAU OF GYNÆCOLOGY. S. R. Beckwith, M.D., *Chairman*, Cincinnati, O. *Subject*. — Uterine Hemorrhage.

BUREAU OF PÆDOLOGY. T. C. Duncan, M.D., *Chairman*, 287 West Randolph St., Chicago, Ill. *Subject*. — Cholera Infantum.

BUREAU OF SURGERY. E. C. Franklin, M.D., *Chairman*, 1402 Olive St., St. Louis, Mo. *Subject*. — Fractures and Dislocations.

BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE. J. D. Buck, M.D., *Chairman*, Cincinnati, O. *Subject*. — The Functions and Disorders of the Lymphatics.

BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS. T. S. Hoyne, M.D., *Chairman*, 817 Wabash Ave., Chicago, Ill. Full reports from all homœopathic medical societies, institutions, and other organizations are requested, that a complete report may be made to the Institute.

BUREAU OF PSYCHOLOGICAL MEDICINE. G. W. Swazey, M.D., *Chairman*, Springfield, Mass. *Subjects*. — 1. Psychological Diseases in Relation to Homœopathy, by Dr J. H. P. Frost. 2. Hospitals for the Insane, their Organization and Management, by Dr. S. Worcester. 3. Influence of the Mind in the Cure of Disease, by Dr. T. L. Brown. 4. Psychical Nosology, by Dr. Geo. F. Foote. 5. Popular Psychology, by Dr. G. W. Swazey.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY. M. MacFarlan, M.D., *Chairman*, 1721 Chestnut St., Philadelphia. *Subjects*. — 1. Cataract. 2. Catarrhal Inflammation of the Middle Ear.

BUREAU OF MEDICAL LITERATURE. S. Lilienthal, M.D., *Chairman*, 230 West Twenty-fifth St., New York. A full report on this subject will be presented.

Papers are solicited from members by the various Bureaus, especially on the subjects selected. Papers on other subjects are likewise solicited. All papers should be placed in the hands of the Chairmen of Bureaus, prior to the meeting, or they may be sent to the General Secretary.

In addition to the reports of Bureaus, the following committees will render reports: Committee on Foreign Correspondence; Committee on Colleges; Committee on a Homœopathic Dispensatory; Committee on Legislation; Committee on Climatology. There will also be presented a Necrological Report.

The Executive Committee of the Institute have reason to believe that this forthcoming meeting will be memorable as in every way one of the best and most profitable meetings of the organization. It is expected that the attendance will be very large.

Applications for membership may be had by addressing the General Secretary.

At the time of meeting, the principal railroads will be selling "Excursion Tickets" to Niagara Falls, at reduced rates. The board at the International Hotel will be three dollars per diem, — a deduction

of one dollar and fifty cents per day in favor of members and those accompanying them. All other expenses have by special arrangement been proportionally reduced.

The General Secretary will issue a circular on or about the tenth of May, which will contain further particulars.

ROBT. J. McCLATCHEY,  
918 North Tenth St., Philadelphia,  
*General Secretary.*

CHICAGO, April, 1874.

*Mr. Editor,*—The undersigned, Bureau of Pædology, believing that the subject of “Cholera Infantum, its Nature, Causes, and Treatment,” would prove a most profitable one for discussion at the next meeting of the American Institute of Homœopathy, it has been so selected. To enable this new Bureau to make such a report as the importance of the subject demands, it is desired to gain the views, observation, and experience of the readers of the *Gazette*. Address T. C. Duncan, M.D., 287 W. Randolph St., Chicago; N. R. Morse, M.D., Salem, Mass.; E. Scott, M.D., 51 W. 32d St., N. Y.; H. N. Martin, M.D., 500 18th St., Philadelphia; F. R. McManus, M.D., 98 Saratoga St., Baltimore; C. H. Nibelung, M.D., St. Louis, Mo.

#### A CALL<sup>1</sup>

*Upon all Homœopathic Physicians for their Co-operation in the Proving of Medicinal Substances upon Healthy Human Beings and Animals.*

. . . In view of all that has come to notice of Asiatic Cholera within the current year in Europe, we propose to select the *Metallic Copper* as the first medicinal substance for re-proving.

On closing its pathogenesis, we shall take up the proving of *Cuprum aceticum*, *Cupr. sulphuricum*, and *Cupr. arsenicosum* in the order given, and at suitable longer or shorter intervals continually compare the results obtained with those of the proving of the metallic copper.

The centesimal triturations of the metallic copper will be microscopically examined immediately after their preparation, and previous to their distribution among the provers as to the quantity as well as minuteness of the copper-particles divided by trituration with milk-sugar, and the result represented by illustrations, to be annexed to the printed report of the proving. In the same manner, the copper-solutions will also be first examined microscopically, and by the aid of the spectrum analysis, in case the microscope should fail to demonstrate the presence of copper-particles, and the result of these researches published afterwards with the addition of faithful and well-executed illustrations.

<sup>1</sup> Homœopathic physicians throughout the world are requested to interest themselves in the proving of *Metallic Copper*, the complete study of which, through provings by a great many, will be arranged and published (inviting translation) in the *Internationale Hom. Presse*.

The medicinal substances selected for the proving, together with the most accurate description of the manner of their preparation, will be sent to every prover at the expense of the Society. or if it be his desire, at standard rates, from Dr. Willmar Schwabe's Homœopathic Central Pharmacy "zum Samuel Hahnemann," at Leipzig.

The respective remedy, selected for the proving by the Central Society, will be kept on hand at the above-named establishment in all decimal triturations and dilutions, ready to order, according to the individual choice of the prover.

The result of the provings must be sent to Dr. Clotar Muller, Chief Editor of the *Internationale Hom. Presse*, No. 5 Rudolphstrasse, Leipzig.

By order of the Meeting of the Central Society of the Homœopathic Physicians of Germany.<sup>1</sup>

DR ERNST HILARIUS FROLID, of Vienna.

PROF. DR. FRANCIS HAUSMANN, of Pesthe.

#### PROVINGS BY THE STUDENTS OF B. U. MEDICAL SCHOOL.

*Mr. Editor,* — In accordance with the request of the German Society of Provings, as well as in aid of whatever plans may be proposed by the American Institute, would it not be well to organize immediately a plan, which would doubtless prove highly instructive and agreeable — as it has elsewhere — to the students, both male and female, of our Boston school, whereby both *confirmations of the old* and provings of new remedies may be made? Would not many of our students engage in it, were they provided with pleasant lodgings, if they chose, free? Other studies might be continued, provided only they follow the faithful proving of the remedies, under the direction of competent instructors, the remedies to be proven not only upon healthy human subjects, but upon dogs, and other animals, experimenting in various ways, with the usual interesting and profitable result. This should be made a definite department in our system of instruction. Are there not a hundred physicians in New England who will give ten dollars a year to carry out this project? This amount would provide two hundred weeks' board (at \$5.00 per week) for twenty students ten weeks. The best observations to be published.

Respectfully,

A. M. CUSHING.

<sup>1</sup> Trans. by Emil Tietd, M.D.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, JUNE, 1874.

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WORK OF THE INSTITUTE, AND OTHER WORK. — The special notice by Dr. McClatchey serves to indicate to our readers the work proposed for the coming session of the Institute. From Dr. T. C. Duncan, Chairman of the Bureau of Pædology, we publish the brief request for information upon the subject selected for discussion by his department.

Among other matter published in the Proceedings for 1873, Dr. Dake's report on the Proper Proving of Remedies is suggestive of indispensable work. Bearing upon the subject of provings, two papers are given in our present number. While we regret that want of space (the space being occupied by a proving) prevents printing the paper in full, we give the latter portion of the "Call" of the Central Homœopathic Society of Germany, supplemented by Dr. Cushing's advocacy of systematic Provings by students of Boston University School of Medicine, which could certainly be pursued with advantage by all during the medical course. At this initial period of the life of the College, may it not fail to found its instruction to students upon the corner-stone of Homœopathy, — "bringing them up in the way they should go."

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SURGICAL CLINICS OF BOSTON UNIVERSITY SCHOOL. — The surgical branch of the Massachusetts Homœopathic Hospital has received an addition of two small wards. These wards are accessible to students when accompanied by the attending surgeon; each contains two beds, making a total of ten beds. One of the wards is to be devoted to ophthalmic surgery, and will be under the charge of Dr. F. W. Payne, Lecturer on Ophthalmology in the College. The reports of surgical clinics for the last two months betoken an activity at the Hospital which will be reassuring to us all; the surgical advantages of the School are thus placed on an excellent basis.

We only regret that want of space has twice compelled us to postpone monthly Clinical Reports. In the future a place will be assigned to them in each issue of the *Gazette*.

H. M. J.

MILLEFOLIUM. — The typographical error in the first portion of the translation of *Millefolium* renders it necessary to retain in this number the title on each page to the right, by which the common name Yarrow is used instead of *Millefolium*.

Some of the over-punctilious, who care more for quibbling than for curing the sick, may feel a pleasant pain in finding all our translated remedies paged as the reading matter of the *Gazette*; but this is a very good thing, since it cannot be helped, and those who have Hering's *Materia Medica* bound at last in alphabetical order, may find it convenient to have the printer renumber the whole book, which can be done at small expense by pasting numbers at the top of each page. At present, the numbering of the symptoms is a correct guide.

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OUR SUBSCRIBERS have been furnished specimens of the two tractates lately published by Otis Clapp & Son. We are desirous to call attention to their price, but two dollars per one hundred, mention of which is not made in the publisher's notice in the tracts.

A layman will read with profit that which at first merely amuses him, and perhaps afterwards quote it effectively in reply to some opponent of Homœopathy. We advise our readers to circulate a few of these little books, as well in the interests of their own practice as in general furtherance of the cause.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\* \* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by E. U. Jones, M. D., Secretary.*

THE thirty-fourth annual meeting of the Society was held in the College Building, East Concord St., Boston, on Wednesday, April 9, 1874.

#### MORNING SESSION.

The meeting was called to order at half past ten A. M., by the President, J. H. Woodbury, M.D.

The records of the last meeting and of the last two sessions of the Executive Committee were read and approved.

The remarks of the President followed:—

He expressed the feeling that this meeting in the college building marks an epoch in our history second to no one which has preceded it. For years we have recognized the desirability, nay, the necessity of a Homœopathic Medical College in Boston. To-day it is an accomplished fact, so hopeful in its inception, so vigorous in its growth, we can but anticipate for it a brilliant and useful future. It cannot be otherwise than a matter of the highest gratification that at last we have a school here in our midst devoted to the teaching of the healing art according to the principles which we practise and the doctrines which we believe. The officers and faculty of this school have asked you members of the Massachusetts Homœopathic Medical Society to meet here to-day to honor these halls with your presence, to place upon this school the seal of your approbation. They invite you to acquaint yourselves with its facilities for furnishing instruction in the various departments of a medical education; they ask your aid in supplying its deficiencies; and if found worthy, they especially crave your sympathy and encouragement.

Upon you and upon our brethren of the homœopathic school of medicine in New England must this college largely depend for its patronage and support. To make it worthy of your support is the full determination of its faculty, to afford a thorough medical education is its object; and in this direction the faculty will ever be found ready to occupy the most advanced position which the profession may demand.

The past year has been a most successful one for our cause in Massachusetts, and never has its progress been more rapid and satisfactory. The number of our physicians has been largely increased, and still the demand is as far from being supplied as ever. Highly gratifying as this may be, it is more than equalled by the satisfaction felt at the general tone of professional earnestness evinced throughout our ranks. I venture to say that no similar body of men anywhere sustain so many periodicals as do the homœopathic physicians of America. And one has but to glance over the contents of these journals to become fully conscious that the members of our profession are neither men of one idea nor wedded to dogmatism, but on the other hand they will find all departments of medical science cultivated with an earnest and intelligent enthusiasm.

From our present standpoint the prospects of our school of medicine in the future are of the most encouraging character. We have surmounted many difficulties; there may be others of equal gravity before us which to-day are not clearly apparent. Should this prove to be so, I am confident they will be met and overcome by the same steady courage and perseverance which have been so characteristic of the pioneers in our cause. "Per aspera ad astra" (through difficulties to the stars) has ever been our motto, and none the less so to-day than in the past.

The Society then elected the following candidates for membership, approved by the Board of Censors and recommended by the Executive Committee:—

E. F. Hinks, M.D., Marlboro'; H. M. Jernegan, M.D., Boston;

H. K. Bennett, M.D., Fitchburg; A. K. Carruthers, M.D., Boston; C. A. Libby, M.D., Arlington; F. W. Payne, M.D., Boston; I. S. Hall, M.D., Waltham; F. E. Crockett, M.D., West Newton; B. R. Harmon, M.D., Watertown; Mary J. S. Blake, M.D., Boston; Mercy B. Jackson, M.D., Boston; Anna Monroe, M.D., Boston; Caroline E. Hastings, M.D., Boston.

Dr. D. G. Woodvine of Boston, the Librarian, reported the library transferred, by a vote of the Society, to the Boston University School of Medicine, consequently the Society had no library of its own save about one hundred copies of its annual report.

Dr. E. U. Jones, of Taunton, from the Committee on Publication, reported that owing to the failure of authors to send in their manuscripts, he had been unable to complete the publication of Vol. III. It is now in the hands of the printers, and will be ready by October.

Dr. T. S. Scales, of Woburn, the Treasurer, reported that there was in the treasury at the commencement of the year, \$295; amount paid out for the use of rooms, refreshments, and expenses of the various officers of the Society, \$654; amount received during the year, \$889.50; remaining in the treasury, \$530.36.

#### MATERIA MEDICA.

The following papers were presented:—

- I. Veratrum Viride, by J. H. Smith, M.D.
- II. Accidental Proving of Carbolic Acid, by C. A. Norton, M.D.
- III. Ivy Poisoning, by A. M. Cushing, M.D.
- IV. Parturient Effects of Apocynum, by A. M. Cushing, M.D.

#### CLINICAL MEDICINE.

Six papers were presented.

- I. A Case of Cerebro Spinal Meningitis, by J. H. Sherman, M.D.
- II. Terebinthina in Cystitis, by H. C. Clapp, M.D.
- III. Ulceration of Throat and Nose cured by Iodoform et Ferri, by J. Hedenberg, M.D.
- IV. A Case of Infantile Leucorrhœa cured by Sepia, by J. Hedenberg, M.D.
- V. A Localized Epidemic of Typhoid Fever in Medford, by J. Hedenberg, M.D.
- VI. A Case of Ulceration of the Stomach, by D. G. Woodvine, M.D.

#### SURGERY.

No regular report was made.

Dr. I. T. Talbot, of the Committee on Surgery, congratulated the Society upon the increased attention which is being bestowed upon surgery by members of the homœopathic profession, and the facilities which have been provided at the Homœopathic Hospital for the practice of surgery. He read extracts from the *Surgical and Medical Journal* to show what great progress (!) had been made by allopathic physicians in discovering the value of homœopathic remedies.

Dr. H. M. Jernegan, Professor of Operative and Clinical Surgery, submitted interesting reports of operations at the college.

Dr. Colby made a few remarks on the *Eucalyptus globulus*, and related a case of extraction of needle from the thigh.

Dr. Woodvine related a case of luxation of the humerus forward, reduced by manipulation as directed by Dr. H. H. Smith.

#### REPORTS OF DELEGATES.

Dr. Talbot, in reporting concerning the American Institute of Homœopathy, referred to the approaching meeting of the American Institute, which is to be held at Niagara Falls at a time when it will be a pleasure to visit the Falls. The meetings are to be held on the 9th of June in the International Hotel, which will be opened expressly to the members.

On motion, a committee, consisting of Dr. Woodvine of Boston, Dr. Cushing of Lynn, and Dr. Thayer of Boston, was appointed to confer with the proper authorities in relation to the reduction of fares to Niagara Falls.

Brief reports were received from Dr. Morse, delegate to Maine; Dr. Scales, delegate to New Hampshire; Dr. C. W. Scott, delegate to Vermont.

#### FROM OTHER SOCIETIES.

Dr. Gottschalk of Providence, delegate from the Rhode Island Homœopathic Society, brought the salutations of that Society to the M. H. M. S. He spoke of the condition of his Society, now numbering forty-two members, all but two of the homœopathic practitioners in the State. The foundation has been laid for a hospital in Providence, and a Woman's Aid Society has been organized.

At one o'clock the Society adjourned to partake of lunch.

#### AFTERNOON SESSION.

At 1½ o'clock the Society assembled in the amphitheatre, and witnessed the resection of the radius of the right arm by Prof. Jernegan. (See Clinical Reports.)

After the operation the Society adjourned to the lecture-room, and proceeded to the election of officers for the ensuing year, with the following result:—

*For President.* L. MACFARLAND, M.D., of Boston.

*For first and second Vice-Presidents.* C. A. BROOKS, M.D., of Clinton; J. A. BURPEE, of Malden.

*For Corresponding Secretary.* L. D. PACKARD, M.D., of South Boston.

*For Recording Secretary.* E. U. JONES, M.D., of Taunton.

*For Treasurer.* T. S. SCALES, M.D., of Woburn.

*For Librarian.* F. H. UNDERWOOD, M.D., of Boston.

*For Censors.* J. H. SMITH, M.D., of Melrose; H. P. HEMENWAY, M.D., of Somerville; H. E. SPALDING, M.D., of Hingham; E. B. HOLT, M.D., of Chelsea; D. B. WHITTIER, M.D., of Fitchburg.

The Annual Address was delivered by N. R. Morse, M.D., of Salem. His subject was the "Co-Education of the Sexes."

He contended that women were subject to the same law, both human and divine, as men, and that both were subject to the same code of morals; therefore, he would educate both sexes in common, in order to develop the highest types of manhood and womanhood. Give our American girls a suitable dress, such as shall not restrict the full play of the muscles, and then present them with bat and ball, or skates and sled, and tell them to exercise as boys do, and in a few years, or generations at most, we should have no such sad pictures as they present to-day. The method of education, against which the anathemas of Dr. Clarke are hurled, pertains to what he terms the physiological neglect of the peculiarities of a "woman's organization," in the regimen of our schools and colleges, as they are conducted to-day, — an objection just as valid against all female schools, as to-day managed, as against those where both sexes are educated.

We must look for some other cause than increased brain-work to account for the increased degeneracy of the health of our young ladies, and this is to be found in the increased luxury, irregularity in home life, in parties and private theatricals and sentimental literature, late hours, and want of purpose which gives zest and animation to lives devoted to some heroic and noble work. The testimony of colleges in which the sexes are educated in common was cited to disapprove the assertions of Dr. Clarke respecting the effect of co-education upon the health of women. The physical and moral influences of the opposite sexes, unconsciously exerted upon each other, are essential in moulding a higher, nobler, and more complete manhood and womanhood. There is nothing like daily association in the class-room, and competition in study, to wear off the halo of young romance, and enable young men and young women to see each other as they really are. The social advantages of co-education are so markedly prominent that no one will attempt their denial, and it is equally evident that the more the sexes are separated the less social and refined do they become. Whatever shall tend to the happy union of the sexes in that highest of all human relations — the married — should be welcomed by every lover of mankind, as well as by the political economist, who can see in it the permanent elements of material growth and strength which shall add to the dominion of power by the state. The union of the sexes in the cultivation of the mind is one of the most powerful means that can be employed to ensure the youth of either sex against the allurements of vice and crime.

Dr. L. D. Packard, from the Special Committee on Registration, reported that he had written and sent out about three hundred letters, and received about one hundred and fifty returns from physicians, some of which were very full. These returns had been sent to the manager of the Homœopathic Mutual Life Insurance Company, who had offered to publish them without expense to the Society. They will be issued in May, together with the returns from all New England, and a copy sent to each member of the society.

On motion of Dr. George Russell of Boston, it was voted to publish

a report of the proceedings of the last semi-annual meeting and of this annual meeting in pamphlet form.

Dr. David Thayer of Boston, from the Committee on the College, submitted a report relating to the course of studies in the college, and other matters which have been made public. Dr. I. T. Talbot of the same committee supplemented the report with brief remarks, in the course of which he said that real work was required to make this college an able and successful institution. It has commenced with seventy-eight students, but it would not be a success if that number were not increased; it would not be a success unless the debt were wiped off and its machinery increased. Opulent men don't give to medical colleges, but to dispensaries and hospitals, saying that the doctors must take care of those, and secure aid from their opulent patients and friends. On motion it was voted that the special committee on the College be continued.

Reports of the present condition of the Boston Homœopathic Medical Society were made by Dr. H. C. Clapp; and of the Essex County Homœopathic Society by Dr. Morse of Salem, who stated that there were twenty-nine members, of whom six had joined the past year, and one member had died.

Dr. Talbot called the attention of the meeting to the Massachusetts Homœopathic Hospital, in aid of which a coffee party and reunion, under the charge of a joint committee of the Trustees and Ladies' Aid Association, will be held at Music Hall, opening on Wednesday, the 15th inst., at 5 o'clock, P. M., and closing at 10 P. M. on Thursday, the 16th.

The Secretary read a paper, written by Dr. Worcester, of Burlington, Vt., which was an appeal for the establishment of a Hospital for the Insane in Massachusetts, to be conducted under homœopathic management, which was referred to a special committee consisting of Drs. J. H. Smith, S. H. Worcester, H. B. Clark, L. B. Nichols, and D. Thayer.

On motion, adjourned.

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### SURGICAL CLINIC.

H. M. JERNEGAN, M.D., PROF. CLIN. SURGERY, B. U. SCHOOL OF MEDICINE.

*Reported by David D. Hudson.*

At the Clinic, during the month past, the following operations were performed.

MARCH 14. *Cortical Cataract* of the left eye of seven years' duration. Dr. F. W. Payne operated by Von Graefe's linear extraction method: The lids were held apart by the lid-holders; an incision was made at the temporal side of the corneal junction, with the broad, straight iridectomy knife; a portion of the iris was excised, the capsule lacerated, and the lens removed in separate masses. A compress was applied over both eyes, atropine instilled into the one operated upon, and *Acon.*<sup>30</sup> given internally.

*Erectile Tumor* of six months' growth, small but troublesome, imbedded in the right upper eyelid. Removed by Prof. Jernegan.

MARCH 21 *Necrosis of Radius*. G. W. G. of Boston, aged 18, came before the class exhibiting this case, which showed extensive tumefaction and ulceration. Prof. Jernegan ordered a dressing of *Carbolic acid* and *Kali iod.* internally, and postponed resection to await a subsidence of acute inflammation and a better constitutional condition in the patient. (See p 273.)

*Hydrocele* of twelve years' duration. Prof. Jernegan made an incision into the scrotum, liberating a pint of fluid, and excised a portion of the tunica vaginalis. The incision closed spontaneously when distension was removed, and a simple dressing sufficed.

*Plastic Operation* for loss of tissue by a burn. By Prof. Jernegan. The burn was received ten years since, and the cicatrix has been twice operated upon at the Massachusetts General Hospital. The under lip was completely everted, and the chin drawn down; the former was dissected up and restored to its natural position, which also released the chin from depression. Two flaps to fill up the denuded space — one from each side of the neck, and each of a half oval shape — were dissected up, and united on the median line, and joined to the surrounding margins by the interrupted silver wire suture, to be reinforced by strips of adhesive plaster, and left in water dressing.

*Skin Grafting*. The case of plastic operation previously reported, in which skin grafting had been resorted to in order to cover the spot denuded by sloughing, appeared, showing that the grafting had been successful. A few more particles of skin were taken from the mother's arm, and deposited upon the healthy granules remaining uncovered.

MARCH 28. *Hare Lip*. Operation by Professors Talbot and Jernegan. Child, at 2 months. The lip was partially separated from the alveolar process by dissection, the margins of the fissure freshened in two straight diverging lines, and the cut surfaces put in apposition by means of pins and the figure of eight ligature. These were reinforced by a strip of isinglass plaster. Ether was used for anaesthesia.

The case of *Racial Necrosis*, mentioned above, appeared in an improved condition. The *Kali iod.* and *Carbolic acid* were continued, with the addition of marine lint.

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#### PULTE COLLEGE.

THE Commencement exercises were held in Hopkins Hall, and were well attended; sixteen young men were graduated. The address was by Prof. J. D. Buck; the address and conferring of College Degrees by the President, Hon. Bellamy Storer; the Valedictory Address by Charles E. Walton.

Conferring of Hahnemann Society Degrees, by Prof. T. P. Wilson

## REVIEWS AND NOTICES OF BOOKS.

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

## RECENT PUBLICATIONS.

- Adams.* — Sewers and Drainage for Populous Districts. Van Nostrand.  
*Carpenter.* — Principles of Mental Physiology. Appletons.  
*Chauveau.* — Comp. Anat. of Domesticated Animals. Transl. Appletons.

## FOREIGN PUBLICATIONS.

(For sale by Schönhof & Moeller, 40 Winter Street, Boston.)

- Brière.* — Étude clinique et anatomique sur le sarcome de la choroïde et sur la mélanose intra-oculaire  
*Brücke.* — Vorlesungen über Physiologie.  
*Daffner.* — Die Blennorrhœe der Sexualorgane  
*Gautier.* — Chimie appliquée à la physiologie.  
*Hirschberg.* — Klinische Beobachtungen aus der Augenheilanstalt.  
*Kaposi.* — Die Syphilis der Haut und der angrenzenden Schleimhäute.  
*Maillot.* — Traité pratique d'auscultation appliquée au diagnostic des maladies des organes respiratoires.  
*Rüdinger.* — Topographisch Chirurgische Anatomie des Menschen. III. Abth.  
 1. Hälfte. [Der Kopf]

THE SCIENCE OF HOMEOPATHY. A Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By C. J. Hempel, M.D. Boericke and Tafel. Boston: Otis Clapp & Son. Pp. 177, 8vo.

Coming from a veteran in the ranks whose translations and original contributions to our literature are already numerous, Dr Hempel's recent work will be read with interest. Bearing upon the discussion of pathological indications of drugs, the chapter which treats of the inadequacy "and unreliability of chemical analysis as a means of determining the therapeutic powers of drugs" is excellent. Any one after reading this chapter will hardly be disposed to use a remedy according to some chemical theory of the action of its elements in combination. Not only are the well-known differences in isomeric bodies recounted, but among other objections to a theoretical symptomatology, Dr. Hempel shows that the characteristics of medicines cannot be determined by chemical analysis; for instance, he says chemistry informs us that the active principle, strychnine, is the same in the bean of St. Ignatius as in the case of *Nux vomica*, "with this difference, that the bean contains a much larger quantity of this poison than the button-shaped *Nux vomica*. Now, does it not seem fair to infer from these results of chemical analysis that the bean of St Ignatius is a far more important therapeutic agent than *Nux vomica*? . . .

nevertheless the bean is generally done up in a few meagre lines as an appendage to the more important chapter of the Nut. . . .

Chemistry operates by quantities not qualities ; physiological medicine imitates chemistry in this, — that its adherents seek to determine the power of drugs by weight and fire. How is this possible, I ask, if we consider that the same quantity of quinine which a patient swallows is again found, by exact weight, in his urinary or other secretions? Yet a fever and ague may have been cured during the injection and secretion of this drug. . . . One of the most remarkable evidences of the inadequacy of chemical analysis to discover the line that separates the wholesome and deadly is given in a late number of the *English Medical Press*, which states that the poison of the cobra, the most venomous of the East India serpents, gives the following chemical analysis: carbon 46; nitrogen 13; oxygen 6; sulphur 25; the rest hydrogen. This is exactly the composition of beer, yeast. While the latter is used in manufacturing the “staff of life,” the poison of the former is of so deadly a nature that, even after long preservation, when injected under the skin of animals, it is immediately fatal.”

He speaks thus in another chapter: “These gentlemen analyze pus and find that its chemical composition differs from that of blood, lymph, or mucus only by the number and weight of its atoms of carbon, oxygen, hydrogen, and nitrogen; they analyze other morbid exudations and transudations, and find to their amazement that they are chemically constituted of the same ingredients as the normal secretions. Hence, they jump at the conclusion that, inasmuch as the same physical and chemical laws govern the normal as well as abnormal formation of the organism, health and disease are simply two different manifestations of one and the same principle of life.”

The author’s “Definition of the Homœopathic Law of Cure from the Standpoint of Vitalism,” enforces Hahnemann’s belief in the *Lebenskraft*, — that there is a living entity in each simple substance; and this cannot be imitated by any artificial process, however definitely the chemical elements are known.

Led by the interest of Dr. Hempel’s discussion of chemistry, we have quoted especially from these portions of the work, including, therefore, chiefly *objections* to theories both allopathic and homœopathic; but we trust the whole work will be carefully read by all, particularly treating the drug nomenclature, and “The Homœopathic Law as a Cosmonognical Principle.”

GEN. ED.

CONSTIPATION, HYPOCHONDRIASIS, AND HYSTERIA. By Richard Epps, M.D., M.R.C.S. 2d ed. London: J. Epps & Co. Pp. 124, 12mo.

This work has had a large circulation, and we are glad to see a second edition, for if a popular book will influence the people to make less constant use of cathartics and injections, its service is of inestimable value. At the outset, a remark attracts notice; the author urges the practitioner to inform himself fully of the condition he has to treat, as follows: “I would strongly advise all practitioners in

cases where the patient complains of having suffered pain during defecation, especially if the motion be hard and blood-streaked, to examine the rectum. . . . The same course should be pursued in all cases of chronic diarrhœa” The examination often discovers ulceration or fistula, the presence of which greatly influences treatment. Dr. Epps says that this examination made by him in cases of “chronic diarrhœa” has discovered, in several cases, cancer of the rectum. As in everything else, some of the observing men in the old school are awaking to their mistake in the treatment of diseases of the bowels, and Prof. Skoda writes that “constipation does not in itself constitute a state very dangerous to the general health, and that much harm has been done by the untimely use of purgatives. . . . The administration of a purgative gives rise, in the majority of cases, to a certain excitement of the patient, and he commonly finds himself far less well after the purgative than he was before it.”

The frequent accompaniments of an inactive state of the bowels — hypochondriasis and hysteria — are discussed by Dr. Epps, and his treatment, in which, as in all constipations, no cathartics are used, is briefly given. In several instances, most graphically described by the author, the mental as well as physical conditions were so distressing, that their relief without the use of a purgative should encourage any who hesitate to rely on medication alone.

We cannot assent to the advisability of scarification of the urethra, which the author seems often to practise in cases of irritable urethra, even before he has attempted to give relief by medication; for this process must often prove nothing better than a suppression; and is at best a clumsy substitute for a remedy administered after thoughtful study of every symptom in the individual case.

THE SPECIFIC ACTION OF DRUGS ON THE HEALTHY SYSTEM. By Alexander E. Burness, M.B., C.M., etc. London.

. . . “The results of a series of experiments to ascertain the true *therapeutic* value of each drug, from its *physiological* action on the healthy system.” — *Author's Preface.*

From a homœopathic point of view such a book as this cannot fail to be much talked of. When Dr. Sidney Ringer's “Manual of Therapeutics” was first published, it probably caused a greater sensation among the profession at large, than any work which had been published for years previously. Homœopaths saw at a glance how his views of treatment tended unmistakably towards homœopathy, and wondered that a book so full of heresy should be so well received by the allopaths; while allopaths were rather taken aback by the recommendation of what seemed to them startlingly new pieces of treatment. This book, however, of Dr. Burness's is a great advance on that of Dr. Ringer. . . .

There are four introductory chapters, the contents of which Dr. Burness thus gives in his introduction: “In the first chapter, a few examples are adduced to show that each disease is characterized by certain primary symptoms peculiar to itself, due in most cases to some, as yet, unknown cause, specifically influencing some special

parts or tracts; and in the same chapter, examples are brought forward showing that there are various agents which influence primarily certain parts, and produce certain symptoms peculiar to each, when introduced into the healthy animal economy. . . .

In the second chapter Dr. B. goes on to say that "it is shown that the knowledge of the specific action of each substance thus gained, is a *key* to its therapeutic value; and at the same time allusion is made to the fact that each exerts a twofold action upon the same parts, according to the quantity taken and the state of the part, — one, its physiological action; another, which for want of a better name may be called its restorative action; and it is indicated where it is advisable to use an agent in physiological or restorative doses. Cases are also quoted to show that experience has already proved the truth of the above statements" . . . .

Dr. B. runs over the various tissues or organs affected by the drug; then comes its therapeutic use, first, in "restorative" doses, for which read homœopathic; and second, in physiological doses, for which read allopathic; after which, in the case of some of the medicines, the therapeutic use in the case of animals is given. . . .

We can fancy with what widely-opened eyes an allopathic reader of the "orthodox" type will scan the words that *cantharides* in "restorative" doses is indicated in "acute nephritis and cystitis, in strangury, suppression of urine, and hæmaturia from acute congestion, and in dropsy after scarlet fever," etc. etc.; or that *croton oil* is indicated in restorative doses in "choleraic" and watery diarrhœa; also "internally and externally in some pustular skin diseases"; or that *colocynth* is "indicated in watery diarrhœa and dysentery, also in colic." . . . Some of our homœopathic readers, who have borne the brunt of the open fight and not shrunk from the obloquy incurred by confessing their conscientious views, may, still more than with Dr. Ringer, be disgusted at finding Dr. Burness "bag" homœopathy entire, or a good part of it, and bring it out under a scientific garb, avoiding all reference to, or acknowledgment of those who have, by years of application, deduced his facts for him. But we would rather rejoice. Truth is truth, however it is put; and if Dr. B.'s book "goes down" with the allopathic portion of the profession, we shall only rejoice that the good seed will be so widely sown, knowing that in time the true nature of his "restorative" treatment will be seen to be identical with the hated system of homœopathy. — *Mo. Hom. Review.*

In 1868 a remarkable pamphlet was published by Dr. Archibald Reith, Physician to the Royal Infirmary of Aberdeen, entitled "Homœopathy; Its Nature and Relative Value." In this pamphlet, our author says, "After entering my profession, I found, as all practitioners have likewise done, that medicine exerted little influence on the progress of disease, and was, moreover, injurious in many cases." For two years, therefore, he carefully studied the subject for himself, and at length came to conclusions as to the treatment of disease identical with those of Hahnemann. "I would not," he says, "at first believe it; but after reading some of the peculiar writings of that

system, I was *obliged* to confess, to my disappointment, that the ground I was preparing to occupy was already filled, and that the field I proposed to enter had already been well cultivated by Hahnemann and his followers." His allopathic friends now sought to flatter him with the assurance that "*his system was rational and intelligible, quite different from Hahnemann's absurd system*"; but he was far too noble-minded a man to be thus acted upon, and he replied, "My Homœopathy and Hahnemann's are *identical*" When, therefore, the day for the annual election of the medical officers of the Royal Infirmary arrived, the whole staff with whom he had been previously associated sent in a letter to the governors to say "they would all resign if Dr. Reith were re-elected." The governors had no alternative but to submit, and Dr. Reith was deprived of his position and stripped of his preferment!

Will the allopaths of to-day thus deal with Dr. Burness? We think not, for two reasons: first, because Dr. Burness ignores Homœopathy altogether; and second, because we believe our allopathic friends are wiser than they were in 1868.

But Dr. Burness has certainly ventured on the publication of a work which is nothing more nor less than Homœopathy under another name; for he lays down these positions: "Each disease is characterized by certain primary symptoms peculiar to itself, . . . specially influencing some special parts or tracts. . . . That there are *various* (medicinal) *agents* which influence primarily certain parts, and produce certain *symptoms peculiar to each* when introduced into the *healthy* animal economy. . . . That the *knowledge* of the *specific action* of each substance thus gained is a *key* to its *therapeutic value*. . . . That each (medicinal) substance exerts a *twofold* action upon the *same* parts, according to the quantity taken and the *state* of the part, — *one*, its physiological action; another, . . . its restorative action. . . . That by a *physiological* dose is meant such a dose as is prescribed in (allopathic) works on *Materia Medica* as the *medicinal dose*; that the *restorative* dose must be *considerably below* the physiological dose, otherwise physiological effects will be produced, and *the disease* aggravated."

We have said that this is nothing more nor less than Homœopathy under another name. Nevertheless, your readers will scarcely be prepared to find the resemblance between the language of the illustrious Hahnemann in 1796, and that of Dr. Burness in 1874, so complete as will be found by comparing the foregoing extracts with the following: "Every powerful medicinal substance," says Hahnemann, "produces in the (healthy) human body a kind of peculiar disease! We should imitate nature . . . and employ in the disease we wish to cure, *that medicine* which is able to produce another very similar artificial disease, and the former will be cured: '*Similia similibus*'" [*The Key*," etc., of Dr. Burness.] We only require to know, on the one hand, the diseases of the human frame accurately in their essential characteristics and their accidental complications, and on the other hand, the pure effects of drugs, that is, the essential characteristics of the specific artificial disease they excite, together with the accidental symp-

toms caused by difference of dose, form, etc ; and by choosing a remedy for a given natural disease that is capable of producing a very similar artificial disease, we shall be able to cure the most obstinate diseases. . . . The cautious physician will give this ordinary remedy only in such a dose as will scarcely perceptibly develop the expected artificial disease. [Dr. Burness' "Restorative dose to avoid producing physiological effects, and thereby aggravating the disease."] — *Hom. World.*

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## ITEMS AND EXTRACTS.

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**CREMATION.** — The following extracts from recent articles treating the subject of burning the human body after death, present some of the arguments in its favor. On this topic the *London Medical Times and Gazette* remarks: "Due care must be taken not to lessen the reverence that should ever surround the dead body, and the utmost consideration must be given to the feelings of the surviving relatives and friends. Inhumation is, however, attended with some very serious inconveniences and danger; and these constitute the real objections to it. Our graveyards and cemeteries becoming crowded with decomposing bodies act injuriously on the health of the living.

"Dr. Prospero de Piétra Santa tells us that a substance, the composition of which is at present a secret, was melted in a crucible at a very high temperature, and on the liquid attaining the degree of ebullition required for the destruction of all the tissues, portions of the human body (foot, leg, thigh, hand, head) were cast into it. The moment the limb touched the incandescent liquid it was enveloped in intense flame, and in the space of twenty minutes was completely destroyed.

"It must be allowed, then, that it has been proved that the cremation of the human body can be accomplished with rapidity and perfect success; though at present the Gorini method is too expensive for general adoption, as the combustion of a single body costs nearly three pounds."

Sir Henry Thompson writes as follows to the *Contemporary Review*: "What, then, is it proposed to substitute for this custom of burial?" The answer is easy and simple. — Do that which is done in all good work of every kind, — follow Nature's indication, and do the work she does, but do it better and more rapidly. For example, in the human body she sometimes throws off a diseased portion in order to save life, by slow and clumsy efforts, it is true, and productive of much suffering: the surgeon performs the task more rapidly and better, follows her lead and improves upon it. Here also let us follow her. The naturally slow and disagreeable process of decomposition which we have made by our mode of treatment, infinitely more slow and not less repulsive, we can, by another mode of treatment, greatly shorten, and accomplish without offence to the living. What in this

particular matter is naturally the work of weeks or months, can be perfectly done in an hour or two.

The answer may be practically supplied in a properly constructed furnace. The gases can be driven off without offensive odor; the mineral constituents will remain in a crucible. The gases will, ere night, be consumed by plants and trees; the ashes or any portion of them may be preserved in a funeral urn, or may be scattered on the fields, which latter is their destination.

“And what has sentiment to urge on behalf of the present process? Let us see what the process is — so far as I dare! for could I paint in its true colors the ghastly picture of that which happens to the mortal remains of the dearest we have lost, the page would be too deeply stained for publication. The sentiment of the survivor on behalf of preserving the beauty of form and expression, were it possible to do so, would, I confess, go far to neutralize the argument based on utility, powerful as it is; but a glimpse of the reality which we achieve by burial would annihilate, in an instant, every sentiment for continuing that process.”

The author thus alludes to the popular dread lest a trance or other condition be mistaken for death: “Happily, such occurrences must be exceedingly rare, especially in this country, where the interval between death and burial is considerable, and the fear is almost a groundless one. The completeness of a properly conducted process would render death instantaneous and painless, if by an unhappy chance any individual so circumstanced were submitted to it; but the guarantee against this danger would be doubled, since inspection of the entire body must of necessity immediately precede the act of cremation.

“In the substitution of cremation for burial, let me observe that the former is equally susceptible with the latter, of association with religious funeral rites, if not more so. Never could the solemn and touching words, ‘Ashes to ashes, dust to dust,’ be more appropriately uttered than over a body about to be consigned to the furnace; while with a view to metaphor, the dissipation of almost the whole body in the atmosphere in the ethereal form of gaseous matter, is far more suggestive as a type of another and a brighter life than the consignment of the body to the abhorred prison of the tomb,” etc.

The Communal Council of Vienna has adopted, by a large majority, the proposal of one of its members to establish in the cemetery the necessary apparatus for cremation, the use of which will be optional and open to all. A similar proposition is now being agitated at Grutz, which contains a population of 100,000. — *B Med. & Surg. Journal.*

**HOMŒOPATHY IN RUSSIA.** — Homœopathy has not only obtained a firm footing in the capital, but is quietly making its way and gaining ground in various parts of the country. The Homœopathic Medical Society of St. Petersburg has established a dispensary for out-door patients, which began its operations in August, 1870. The poor receive advice and medicine free, and somewhat less than a shilling is required from those who can afford it. The following facts will show the working of this Institution from its establishment until nearly

the close of 1873. The whole number of patients treated was 5,869, of whom 1,921 were discharged cured, 887 relieved, and 11 died. The percentage of cured and relieved was about 50, not reckoning those unknown cases necessitating but a single application and of which no final information could be obtained.

The total receipts of the dispensary from donations, etc., amount to somewhat less than £2,000; expenditures have been £1,500, leaving a balance in favor of the Institution of £500.

The success attending the operations of the dispensary has evidently told upon the position of Homœopathy, that success having attracted the attention of the authorities, and caused them to regard the system with less distrust. An offer has been made the Society of participating in the measures adopted by the sanitary administration for the gratuitous treatment of sick children of the poor. This is the first instance of an official acknowledgment of the rights of Homœopathy, and as other significant symptoms are presented, we feel sure that step by step the great truth is advancing; and it is to be hoped that those who enjoy the blessings of Homœopathy will seek to further the growth of the Institution and the ultimate triumph of the true system of cure — *W. H. Heard, quoted in Homœopathic World.*

**HOMŒOPATHY IN THE UNIVERSITY OF PESTH.** — The Hungarian government has decreed at last that the Homœopathic course shall be annexed to the University at Pesth. The theoretic part (properly so called) is taught by Messrs. Haussmann and Von Bakody, two professors well known in the annals of science. As to the clinical teaching, it is given by homœopathic physicians attached to the hospital St. Roch, at Buda, Pesth. — *Revue Homœopathique, Beige.*

**BOSTON'S CARE FOR THE CONTAGIOUSLY SICK.** — We cannot but regard the order for the closing up of the Marcella Street Small-pox Hospital as unfortunate. We have no fault to find with the good people of the Roxbury district who desire a pest-house removed from their fair precincts; but they should secure another retreat before the only means for the humane and Christian treatment of the contagiously sick is cut off. It is proposed that all patients shall be transferred by boat to Gallope's Island. Setting aside the danger of the delay arising from this long water-carriage, there is a possibility of the machinery of the boat being out of order, or of an unexpected fog in the harbor, or if protracted into the winter of ice in the stream and about the landings, to hinder and obstruct the speedy care of the infected. — *Commonwealth.*

**INEVITABLE.** — The Legislature, at its recent session, provided in the Act to establish a "County Board of Health and Vital Statistics," that one of the two physicians should be a practitioner of the homœopathic school. Yesterday the Board of Freeholders carried this provision of law into effect, by appointing Dr. J. J. Youlin, of this city, a member of the Board. Dr. Y. was unanimously chosen. He has been a practising physician here for twenty-five years, and is this year

President of the "American Institute of Homœopathy," which has, by the way, a larger number of members on its roll than any other medical society in the world. — *Jersey City Evening Journal*.

**METASTASES.**—According to Lænnec, suppression of hæmorrhoids is said to engender apoplexy of the lungs oftener than bleeding. Spitting of blood has been seen to occur after the disappearance (drying up) of skin diseases and abscesses, and after the cure of fistulæ-in-ano. — *Canstatt*, § 910.

**THE HEALING OF FISTULA-IN-ANO.**—Modern surgeons frequently deny that the operation for fistula is a cause of phthisis. We may conclude from this that phthisis follows the operation in a certain number of cases only, but by no means in all. Even the kind of operation, whether by cutting or galvano-caustic, etc., may not be without some influence on the result, since resorption of detritus from the surface of the fistula may be facilitated by the one operation and rendered difficult by the other. Besides, operators often quickly lose sight of their patients and learn nothing of their subsequent internal maladies. *Waldenburg's Experiments on Animals applied to Human Tuberculosis, in Brit. Jour. of Homœopathy, January.*

On this point my own experience accords with that of the ancients, and I remember two cases particularly in which phthisis appeared in previously healthy persons shortly after recovery from fistula. — *Notes by C. M., Brit. Jour., p. 521.*

**MORTALITY AFTER AMPUTATIONS.**—Dr. Erichsen, in a lecture upon the causes of mortality after amputation in hospitals, reported in the *London Lancet*, advises his hearers "not to be sceptics about the influence of septics," and gives, among the fruitful causes of pyæmia, etc., not the difference in the speed and skill with which the operation has been performed, nor the previous state of the health of patients, nor their treatment after the operation, but mainly attributes it to defective hygiene in many hospitals. We trust the committee, in whose hands are the plans for our own hospital building, will take notice of such practical remarks as these from a distinguished authority. Dr. Erichsen says: "The three main causes of the impurity of the air inside the hospital corridors and staircases appear to me to be, firstly, the effluvia from the kitchens, cellars, and washing-places on the basement floor. The odors arising from these various sources of impurity, the smell of cooking, washing, etc., are often perceptible in a very marked degree in hospitals. This evil might easily be remedied by removing all these offices into an out-building, as is now generally done in all well-constructed modern houses. A second cause of impurity in the general air of many hospitals is the out-patient department being under the general roof of the building. This I cannot but consider to be a great evil, and a most fertile source of disease amongst the inmates. The out-patient room is

commonly situated near one of the entrances to the hospital; and who that has gone into the apartment when crowded with patients, many afflicted alike with dirt and disease, has not been conscious of a heavy and noisome odor tainting the air at its very entry into the hospital, and rendering it, at the very doors of the building, unfitted for contact with the wounded within its walls?

“The third cause of the impurity of the general, as distinguished from the ward air of hospitals, is often the proximity of the dead-house and post-mortem room to the main building, with which it is in many instances connected by means of a corridor.”

Dr. Erichsen further speaks of the importance of isolating in separate buildings the cases of peculiarly contagious disease.

*VIS MEDICATRIX NATURÆ.* — Dr. Wollenstein publishes, in the *Alig. W. Medical Zeitung*, December, 1873, the case of a lady, sixty-eight years of age, who suffered from incarcerated hernia. The latter ran into inflammation and abscess from neglect; and when the matter was evacuated by incision, fæcal liquid escaped with the pus. The swelling was situated in the left groin above Poupart's ligament, and had involved the sigmoid flexure. Milk injected into the rectum reappeared at the wound, showing that the flexure was perforated. Severe sloughing came on, the femoral artery shared in it, and was tied, but the patient, who fell into great debility, was kept up by stimulants. The usual antiseptic applications were used, and on the seventh day after the establishment of the artificial anus, motions began to pass the normal way, and no fæcal oozing was observed in the groin. In ten weeks the wound was healed, and the patient quite well. — *Lancet*.

*HOSPITAL TRAINING FOR LADIES.* — Under this title the Viscountess Strangford has written an appeal to the Hospital Boards in England. The subject is specially seasonable, for it is high time to decide which system of hospital nursing works best, and how it can be improved; and then to aid its inauguration in all metropolitan hospitals. The dearth of useful occupation of women of the higher grades of society, and the advantages to be gained by employing cultivated and educated women as nurses, are the principal objects of the pamphlet. “A whole crowd of men, of medical students, whether intending to practise professionally or not, are admitted into the wards of hospitals, and why not a few ladies who are dying of *ennui* from want of work to do?” The plan, as proposed, might possibly benefit the nurses, but not the patients; for the hours when “ladies of society” are unemployed are those in which hospital service is least required; and it is not the nursing for a few hours, but continuous watching, which is the duty of an efficient nurse.

We concur in the opinion that an educated woman will acquire information more quickly than an uneducated one, and that refinement and practical gentleness usually go together; but the *art of nursing* can only be properly attained by a system of training, and our ladies of rank have not the time, nor are they willing to continuously sacri-

fice pleasure for the benefit of the suffering, and in nursing, as in other sorts of labor, "a little knowledge is a dangerous thing." — *Medical Times and Gazette*.

GANGRENE OF THE LUNGS IN A CHILD. — Dr. T. C. Haynes, in the *London Medical Times and Gazette*, speaks of the supposed infrequency of gangrene of the lungs in children, and adds: "The question now arises, is pulmonary gangrene so very rare among children in England and America? I cannot think so; indeed, I am persuaded that many cases pass unnoticed, because practitioners are unaware that this terrible disease may find its victims among the young." He reports a case: A boy, æt. 7, entered the Royal Infirmary on account of passing an *ascaris lumbricoides*. A week after, his health began to fail insidiously. He drooped, coughed, and complained of pain in the chest. Amendments, when he would go out to play, were illusory, and he lost steadily in flesh and color.

Oct. 3, his mother says she noticed a fortnight ago a most offensive odor from his mouth when he coughed; more than once the room was so full of it that she was obliged to open the window. He has cared more for drink than anything else. Lately the cough, which was dry and short, has become moist and paroxysmal; it is very troublesome, and interferes greatly with his sleep. He shivers, feels sick, and has become very hot and feverish; the face and lips are pale; eyes sunken and lustreless; countenance distressed and pinched. There are no signs of struma. Over the base of the right lung behind, there are loss of resonance and distant bronchial breathing, with crepitant râles. Over both lungs mucus râles are audible, but more especially over the right.

6th. Movement in the bed causes painful fits of coughing, and then an unbearable stench comes from the breath. When quiet and free from cough, the fetor is not perceptible. The expectoration is very copious, frothy, semi-liquid, and of a dirty reddish-brown color; on standing, it deposits a dirty, reddish-brown, shreddy sediment; the respiratory murmur is feeble. Tongue still furred. No signs of typhoid fever. The mouth and throat are healthy. Pulse, 132; respirations, 44; temperature, 104°. Treatment: Large doses of ammonia and bark, with six ounces of wine; poultice to chest.

9th. Appears much better. Countenance brighter; cough less frequent; expectoration very abundant, — twelve to fourteen ounces in twenty-four hours, of the same appearance, but not so fetid. Tongue moist and clean at the edges. Dulness at the right base not so marked. There is no diarrhœa. The liver reaches to within a quarter of an inch of the umbilicus. Pulse, 120; respirations, 34; temperature, 100.2°.

15th. Weaker; complexion very pale and leaden; other symptoms unaltered. Pulse, 146; respirations, 40; temperature, 102°. The pulse is small and compressible.

17th. After a fit of coughing, he spat up about half a pint of red frothy blood; it smelt abominably. In the evening there was a repetition of the hæmoptysis; he died shortly afterwards.

*Autopsy* (eighteen hours after death). Body very emaciated: No signs of gangrene in mouth or throat. Right lung adherent everywhere to the chest and diaphragm. Pleura thickened and covered with firm layers of recent lymph, except at the apex. The lower half of the lower lobe of the right lung in a state of gray hepatisation, the tissue being very friable; on squeezing, drops of pus exude. The rest of the lung has a dark purplish color; its tissue breaks down on the least pressure, and exhales an unbearable stench; in a word, it is completely gangrenous. In the centre of the middle lobe there is an irregular cavity, about the size of a large walnut, filled with putrilage. The left lung is slightly adherent to the chest-wall; somewhat œdematous, but otherwise healthy. The heart is healthy; the blood in its cavities not peculiar. The liver much enlarged, but its tissue seems normal. The spleen softer than usual. Other organs healthy. Brain not examined.

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## PERSONAL.

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**OBITUARY.** — ALPHEUS MORRILL, M.D. — Died of apoplexy, at Concord, N. H., May 9, the above well-known practitioner. Dr. Morrill's practice extended over a term of over thirty years. His skill in his profession gave him a wide reputation, not only throughout New Hampshire, where he passed a large portion of his professional life, but his rare attainments were known and recognized by his colleagues throughout the country. He was born at Canterbury in 1808. Having pursued his earlier studies at Pembroke Academy, he commenced the study of medicine with Dr. J. Abbott, at Sanbornton, in 1829. He was graduated from Dartmouth College in 1832, his practice of medicine beginning in Chester, Ohio. After ten years' pursuit of his profession, Dr. Morrill became interested in the study of Homœopathy, which, in 1845, he introduced into Columbus, Ohio. Here he remained until 1848, when ill health led him to his native State. He established his practice at Concord, where he remained in active professional life till about three years since, when the state of his health compelled him to retire. In addition to his long service to the New Hampshire Homœopathic Medical Society, which he was largely instrumental in founding, and of which he continued president throughout a long period, Dr. Morrill was an honored member of numerous other medical bodies. Personally, the departed was endowed with traits which gained him the admiration and love of his colleagues and patients. He was of fine physical proportions, and his attractive manner but accompanied the noblest qualities of heart.

**REMOVALS.** — DAVID HUNT, M.D., formerly of Worcester, who has spent the past two years in Europe devoting himself to the study of diseases of the eye and ear, has returned and located at No. 31 Mount Vernon Street, Boston.

J. M. COBURN, M.D., to South Framingham, Mass.; Clinton, corner of Grant Street.

L. Z. HAYWARD, to Scituate, Mass.


F. E. CROCKETT, M.D., from Norway, Maine, to West Newton, Mass.; Washington Street, first house east of Catholic Church.

H. C. BRIGHAM, M.D., from Montpelier, Vt., to Hyde Park, Mass.

W. A. LEVANWAY, M.D., from Dixon, Ill., to Oakland, Cal.

JOS. E. JONES, M.D., to No. 39 South High Street, West Chester, Pa.

W. E. PAYNE, M.D. — We are sorry to record Prof. Payne's illness, at his residence in Bath.

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

THE  
New England Medical Gazette.

No. 7.]

BOSTON, JULY, 1874.

[VOL. IX.

CLINICAL DEPARTMENT.

HENRY B. CLARKE, M.D., EDITOR.

IRRITATION OF SUPERIOR APERTURE OF LARYNX AS A  
MEANS OF EXCITING INSPIRATION IN ASPHYXIA.

BY HENRY B. CLARKE., M.D , NEW BEDFORD, MASS.

CASE I. — In 1866, while intently occupied in an operation for the removal of a tumor from the vagina of a middle-aged, vigorous woman, I was startled by the exclamation of the physician who administered the chloroform, that he believed the woman was dead! I was operating with an *écraseur*, had got the chain properly applied, and had just begun to tighten it. Hoping that he was unduly alarmed, I continued at work till the tumor was removed. He meanwhile had thrown open the windows, dashed water on the face and chest of the patient, and in various ways had endeavored to restore respiration. Her appearance at this time excited my apprehension that she was indeed dead. The respiration was completely suspended, and she was entirely passive under the shock of dashing cold water upon the face and breast, shaking, slapping, etc. In the performance of artificial respiration, which seemed wholly ineffectual, I passed my finger along the tongue, within the fauces, for the purpose of being sure that the glottis was well open. The touch of my finger thus applied to the opening of the larynx was followed by a gasping inspiration, soon followed by others, and in a short time the patient again breathed, and was finally fully restored. The quantity of chloroform which had been used was not more than two drachms.

CASE II. — In April, 1872, I was hurriedly called to a girl three years of age, reported "choking to death." I found the patient purple in the face, respiration gasping and spasmodic. Soon after my arrival she was seized with a general convulsion.

While in a hot bath there was sudden relaxation of all the muscles, the respiration ceased, the purple look gave place to extreme pallor, she became pulseless, and was apparently dead.

After laying the child down and declaring the case hopeless, it occurred to me that artificial respiration might possibly succeed. It was accordingly undertaken, and again, as in the preceding case, I put my finger into the throat with the intention of securing a free passage of air into the glottis. The touch of my finger in this case as in the former seemed to excite respiratory action, and the child breathed again. When restored, the breathing was hoarse, croupy, and rapid. After *Tart. emet.* had been given, it grew easier. The child was delicate and of a nervous temperament. It was stated that she had been ailing, and had taken no wholesome food for a day or two, but had been eating peanuts and possibly apples. She formerly had lumbricoid worms. The attack for which I was called had begun with a kind of fit, seizing her while at play in the garden. This patient continued for a week feverish, with hurried respiration; an enema was followed by putty-like stools with some undigested peanuts; subsequently there was some pain in the bowels and diarrhoea. On the eighth day after the attack which I have described, she was again seized with convulsions early in the morning, which proved fatal. I was sent for, but was unable to go to her. She had been dead half an hour upon the arrival of the physician whom I sent.

CASE III. — About two months ago I went to a dentist's office at the request of a patient who was unwilling "to take the gas" without my being present. Upon my arrival I found the dentist occupied in an attempt to rouse an old lady more than 70 years old, from the unconscious state, caused by the inhalation of the nitrous oxide. He had become somewhat alarmed, said he had never seen the unconscious condition remain so long, etc.; while we were discussing her condition, it grew worse, her face becoming quite purple, and her respiration, which had been very much embarrassed, stopped. At my suggestion he put his finger into her throat, when it at once excited a gasping inspiration, followed by relief. This dentist, a well-informed member of his profession, assured me that he had never heard of this device for exciting suspended respiration, though he had studied the subject carefully, and it is somewhat the result of his suggestion that I have reported these cases.

CASE IV. — Occurred last month (March, 1874), in convulsions attending teething in a child 18 months old; the attack began in the evening, and convulsions recurred at intervals of four or five hours with increasing severity; at 11 A. M. of the

following day, while I was present, a fearful convulsion occurred with prolonged spasm of the glottis, during which the child changed suddenly from a purple hue to that of pallor and apparent death.

The touch of the finger at the base of the tongue at once excited inspiration, as in the other cases narrated.

Though not apropos to the subject of this communication, it may be worth while to add, that in this case, as in several similar ones in my experience, small inhalations of ether given from time to time at the slightest manifestation of spasmodic action, proved effectual in controlling the convulsions which, previous to its administration, had shown a tendency to persist and increase in severity.

The foregoing cases have been reported in order to call attention to the fact, that while the larger number of cases of asphyxia, which come to the notice of the physician, in ordinary practice, are those from spasm of the glottis, or the inhalation of irrespirable gases, chloroform, etc., but little stress is put upon the excitation of reflex action of the lungs, as compared with the prominence given to artificial respiration. And yet an examination of the reported cases of resuscitation, and the experience of most physicians, I think, will show that the manner of recovery, in most cases, when artificial respiration is resorted to, indicates a resumption of nervous energy in the respiratory muscles, from some cause independent of the changes which seem to attend efforts to force air into the lungs. Whether this view be correct or not, there can be no harm in suggesting that in such cases where a minute of time is so valuable, the *first thought* of the medical attendant should be given to the possibility of causing the inspiratory act by reflex irritation, and this method of touching the throat with the finger (which I have never seen suggested) may prove valuable on account of the promptness with which it can be applied, while it need not cause the least delay in the performance of artificial respiration.

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### CLINICAL CASES.

BY J. W. BERRIDGE, M.D.

(1.) *Sepia, Dulc., Sulphur, Arsen.*—Dec. 21, 1870.—C. W., aged 14; subject to pneumonia when a child; had gastric fever a year ago. His brother is phthisical, and his father and paternal uncle died of that disease. For two months he has had cough causing pain in stomach; worse when in a cold place; losing flesh for five or six weeks; sweat on waking at night;

left chest moves deficiently on inspiration, and there is dulness there in percussion, with bronchial breathing; scanty sputa, watery, but get thicker on standing; appetite very good; sputa nearly white. His brothers are all scrofulous; father died of phthisis at age of 39; an allopathic physician who examined him said the left lung was diseased. *Sepia*<sup>100m</sup> (Fincke), one dose.

*Jan. 12, 1871.* — Cough left him almost at once after the dose, but returned a little yesterday; no pain in stomach; very little sweat; appetite good; feels much stronger; his mother says he looks stouter; left chest moves better. (Weather very cold.)

*Feb. 15.* — Improved till a week ago, then got weaker; coughs very seldom; sweat at night about a week ago; no sputa; appetite good; for a week, giddiness on rising from bed in morning, and from exertion, lasting half a minute (had this before he came to me); with the giddiness, dim sight and headache. *Dulcamara*<sup>3m</sup> (Jenichen), one dose.

*March 23.* — Giddiness soon went; also the dim sight and headache; strength increased for a fortnight; no sweat at night. About fourteen days ago (wet weather) cough returned, but ceased in four days; stouter; thirsting for much cold water every two or three hours; feels stronger; left chest still moves less than right, and there is bronchial breathing there, but less dulness on percussion. For a week, pimples on face which become pustules, better for last day or two, has been subject to them for a year.

*April 11.* — No cough, sweat, or vertigo; less thirst; pimples on face still come and become pustules. Three weeks ago, weight 120 pounds. *Sulphur*<sup>100m</sup> (Fincke), one dose.

*June 5.* — No more sweat or giddiness; spots on face less; a week ago weight 122 to 123 pounds. For ten days return of cough from leaving off underclothing; cough with white, scanty, frothy sputa; no thirst; feels stronger; costive. *Arsenicum*<sup>103m</sup> (Fincke), one dose.

28. — Cough went in three days; spots on face less; stronger; left chest moves more freely, but there is still bronchial breathing and dulness there.

*Sept. 24, 1872.* — Says he has remained quite well till to-day except that the pimples on face continue. Examined him and found that the chest moves equally on both sides, and the auscultatory signs are natural.

1874. — Still in good health.

(2.) *Phos., Sulph., Merc. viv., Nit. ac, Thuya.* — *April 24, 1871.* — J. W., aged 17, brother of the above, a fort-

night ago was crushed in a crowd, after which he had very violent pain in both sides of chest, now only on left side. Blood has come up without cough; has aching pain in left chest when lying on left side or twisting body to right; for five days nose feels stopped; difficult breathing for five days after lying on back, not when lying on sides; enlarged left cervical glands. Eighteen months ago had psoriasis on legs and body, preceded for five months by prurigo; for this he went to the Skin Hospital; they gave him there two ointments, the last being *Kreosote* and *Arsenic* internally; before this had sulphur baths which brought out a rash on chest. The *Kreosote* and *Arsenic* relieved, but did not cure. Has had rheumatic fever three times at intervals of twelve and four months, the first attack being four and one fourth years ago. Two months ago had chancre, followed by gonorrhœa, and then followed by buboes; for this he took *Iron* and *Quinine* and *Alum lotion*; then took *Quinine* and *Iodide of Potassium*. The buboes are now gone; discharge from urethra still continues, though less; it is creamy in color and thick; urine scalds him towards the end of urination. Left chest is dull on percussion; on chest are pimples with black heads; on squeezing them a black substance comes out; pustules on forehead; scaly eruption still on legs. Had mercurial ointment for the chancre. When he had the prurigo, had also *pediculi capitis*. Pain in left chest, after stooping for some time; passes urine more often than usual, and generally rather little at a time. The pimples on chest came on after the chancre, and were increased by vaccination; those on the forehead he had before, but were worse after the chancre, and still more so after vaccination; head scurfy; six months ago had scaly rash on genitals (like that on legs), itching after running or excitement.

Here was a case! *psora*, *syphilis*, and *sycosis* (vaccination) combined, with the addition of allopathic drugging and a mechanical injury to chest. *Phosph.*<sup>100m</sup> (Fincke), one dose.

May 2. — Pain in left chest much less; dyspnoea nearly gone; nose still stopped; right nostril bleeds often, dark blood; is subject to it; glands in neck the same; discharge less, scalding unchanged; urinates less often; eruptions unchanged.

9. — Pain in left chest less; dyspnoea better, but felt much yesterday during a thunder-storm; nose has not bled, less stopped; taste of blood in throat once after exertion, and a little came up; scalding less; discharge nearly gone; on left side of mucous surface of prepuce is a superficial ulcer, pricking like a needle on touching it (the old one was on right side of penis, and was suppressed by lotion, after which spots came out

on face); urine more natural; eruptions on chest nearly gone; no black apices; rash on face and forehead dying, also scales on legs; feels stronger, though formerly in hot weather felt weak; cervical glands smaller.

18. — No more pain in chest; dyspnœa very much better. Nose bled (left nostril) two days ago and yesterday; less stuffed; no more taste of blood till two days ago when nose bled; scalding and discharge less, sometimes go off for a day or two; the chancre and the pricking went shortly after last visit; eruptions on chest and face better; head and brows feel sore after scratching the scales off; scales on legs less; stronger; gland in neck almost natural; left chest less dull on percussion.

30. — About three days ago very slight pain in right lower chest. Breathing easier; nose has bled several times, especially left; scalding and discharge less; rash on forehead better; cervical gland well; very much stronger.

June 9. — No more pain in right chest, occasionally in left chest as before, but less; nose bleeds on blowing it; discharge rather increased after a seminal emission with dreams (this once before aggravated it); scalding rather worse towards end of urination; rash on forehead increased; the pricking pain where the chancre was, has returned; scales on legs the same; scales on brows increased, extending down nose and where hair begins on forehead. About a week ago got feet wet and caught cold; nose stopped; upper lids feel heavy. *Sulphur*<sup>100m</sup> (Fincke), one dose.

12. — No pain in chest; nose less stopped; discharge very much less; scalding less; brows better; forehead better; legs the same; pricking less, but watery discharge from the spot; lids less heavy.

30. — No more pain in chest; nose-bleed less; discharge the same, but very little scalding; rash on chest better; legs nearly well; two chancres have appeared, one each side of mucous surface of prepuce, with sore pain on touch, swelling around, and white liquid discharge from them; still rash on forehead; vertigo on moving head suddenly. *Merc. vivus*<sup>200</sup> (Lehrmann), one dose.

July 5. — No more nose-bleed; discharge from urethra only in morning; slight aching when urinating; chancres gone, and discharge there less, but for a week red spots on glans. When the chancres became bad again, the rash on forehead came out again; better for last two or three days; rash on chest better, but has red pimples on back; legs nearly well; giddiness less often; stronger; the aching is very slight and is

chiefly felt towards end of urination; discharge from urethra thick, cream-colored. When in the hospital had two buboes; has them at times now if he greatly exercises the leg. The spots on glans discharge a little water; they are not painful, but look as if the skin was abraded. *Nitric acid*<sup>200</sup>, one dose.

*Aug. 4.* — Has gone to sea, and reports by letter: general health improved; chancre broke out again July 22d; red spots on glans have returned; discharge and scalding still. *Thuja*<sup>1m</sup> (Jenichen), one dose.

*Sept. 17, 1872.* — Says he received the *Thuja*, which removed all the symptoms for six months. Then he caught gonorrhœa again which he stopped himself. Then remained well till he arrived at Southampton three weeks ago; here he caught gonorrhœa again from a woman who was pronounced by the government inspector to be free from disease, both a few days before and after the occurrence! A striking proof of the uselessness of that most *infernal* Act of the English Parliament called the *Contagious Disease Act*. I found the eruption on face, chest, and back had all gone; no pains in chest; red spots on body of penis had returned. *Auscultation is perfectly natural, and his life has been accepted at an insurance office.*

I have stopped several other cases of phthisis, but am delaying the publication of the reports till I see whether the cure is permanent.

(3.) *Arg. met.* — *August 8.* — Mrs. ——. For a week, pain in chest and left hypochondrium, with sickness. This morning vomited liquid bitter fluid with retching. The pain in chest is sometimes burning, sometimes like a stone there; aching pain in left hypochondrium; the sickness is the most recent symptom. *Argentum metallum*<sup>200</sup> (Lehrmann), at 6.10 P. M.

12. — Pain relieved at once; to-day quite gone; no return of sickness, only once a slight feeling of it. Cured.

(4.) *Lycopodium.* — *Feb. 11.* — Mrs. ——, aged 28. Ulcerated throat since yesterday at four P. M.; sore throat, *first right, then left*; whitish ulcer on right tonsil; sharp pain in throat on swallowing, especially *warm drinks*; pains as if bruised all over limbs; frontal headache. Yesterday shivering, tongue brown, pulse 120. Has taken *Bell.* and *Merc.* without result. To inhale steam and apply cold water compress to the throat, and took *Lyc.*<sup>100m</sup> (Fincke), in water every three hours.

12. — Slept well; pains in limbs nearly gone; tonsil still ulcerated; pulse 114; tongue light brown; neck externally swelled and tender; free sweat of strong smell; mouth dry; urine turbid; no stool; headache with buzzing and deafness. Repeat medicine.

13. — Headache better; feels better; pulse 90; no pain in limbs; buzzing better; hears better with left ear (has had deafness and buzzing of *right* ear for many years); ulcer very much better; tongue less furred and less brown; not nearly so much pain on swallowing. Stop medicine.

14. — Much better; has eaten a mutton-chop; no headache, only giddiness; buzzing and deafness of left ear gone; tongue better; no pain on swallowing.

15. — Nearly well; no ulceration; a little pain there on swallowing; tongue better; no giddiness; for two days *swelling and redness of tip of nose with pustules on left side of tip and septum*. (This was evidently the effect of *Lycop.*, for I experienced a similar symptom from a high potency proving of *Lycop.* when in health. It shows that pathogenetic symptoms obtained on the sick are of value.)

16. — Came down stairs yesterday; giddy; appetite good; no pain on swallowing; nose better; tongue clearer.

18. — Yesterday headache and weakness; to-day much better; neck feels stiff; tongue natural; skin of nose where the pustule was, is scaling off (as it did in my proving).

22. — Quite well, except rather weak.

Four of her children had similar attacks but not so severe. The two which were attacked first, were treated by their parents according to a work on "Domestic Homœopathy," compiled by a notorious mongrel in London. They *recovered* (but were not *cured*) from the throat symptoms, but were under my care for several days afterwards, with very large swellings of the parotid glands. The other two, whom I attended from the first, recovered without any *sequelæ*. I have often noticed that when patients are "doctored" by their parents according to these wretchedly deceptive works, though the acute symptoms yield, they are followed by chronic ailments far more troublesome to eradicate. This seldom occurs in the practice of a *true* Hahnemannian physician, and never if he can find a remedy suitable not only to the acute symptoms but also to the constitutional state of the patient. Unless the public can treat their families *with the Repertory and Materia Medica*, which is the *only* sure and scientific way of treating disease, they had better leave it alone.

(5.) *Erythrox. coca.* — Sept. 24, 1872. — Mr. —, aged sixteen, at the end of July had gonorrhœa, which he nearly removed by aperient medicines and pitch pills; scarcely any discharge; for two days has had pain in perineum at the end of urination; stream of urine twisted; waiting before urination (this he has had for years, but it is worse since the gonor-

rhœa; since the gonorrhœa dribbling after urination); for four days piles, with constant desire for stool. After urine has stood, there is an *orange-colored flocculent sediment collected in one spot*, "like a sponge"; had it before, but it is worse since the gonorrhœa; for fourteen days at times, urine has ammoniacal odor; piles painful on walking or sitting; the urinary sediment symptoms pointed clearly to *Erythroxyton coca*, according to my own proving, and I gave him one dose of <sup>100m</sup> (Fincke).

Oct. 1.—Piles better in two days, and have now quite gone; no unnatural desire for stool. This morning noticed a *film on surface of urine*, which is quite new to him (effect of medicine; compare my proving in C. Hering's M. M.); no discharge; no pain in perineum; it went away with the piles; urine still twisted; waits before urination, but less; still dribbling; no orange-colored sediment, but urine has been thick when passed for three or four days, with red sediment adhering to vessel (never had this before for so long; has no catarrh. Query; effect of medicine?); urine has no ammoniacal odor.

8.—No piles; soreness at anus during and after stool (Query; effect of medicine?); yesterday, film on urine; pain in perineum once or twice again; urine much less twisted; waits less before urination; still dribbling; no more orange-colored sediment; red sand still; urine not thick when passed; no ammoniacal odor; stool every day, but with some difficulty; feels better and stronger this week.

15.—Soreness at anus much less; pain in perineum almost gone; urine not nearly so twisted; not nearly so much waiting before urination; still dribbling, but a little less; red sand has ceased almost entirely for two days; rather costive; feels better generally. For a month has had much bleeding of nose on blowing it, formerly from *right* nostril, but to-day from *left*; blood is dark and liquid; this he had *before* he came to me; for a week, *aching pain behind eyes, making eyes feel as if they were squinting inwards*. (This symptom is quite new, and is an effect of the medicine, as the next clinical case will show.)

22.—No soreness at anus; once a film on urine; red sand two or three times; urine less twisted; a little less dribbling; no waiting before urination; costive; nose has bled only once, from right nostril; pain behind eyes nearly gone; at times a pricking in anus (Query; effect of medicine? piles have not returned); feels better generally.

29.—For three days constant desire for stool; no piles; no soreness or pricking at anus; films on urine two or three times; less red sand; urine thick after standing; stream still

twisted; still dribbles; no nose-bleed; pain behind eyes for last few days, but does not cause feeling of squinting.

Nov. 5. — No unnatural desire for stool for three days; orange-colored sediment once returned; no red sand or film for a week; still dribbles; no nose-bleed; no pain as if he would squint.

19. — Films noticed once; orange-sediments noticed every morning; less dribbling; feels very well generally.

26. — Urine thick after standing; no orange-sediments for six days; film two or three times; urine dribbles a little; a little pain behind eyes at times.

Dec. 3. — Only slight dribbling. No other symptoms. Feels quite well.

(6.) *Erythrox. coca.* — Mr. ——. For fourteen days of pain behind eyes and in vortex, *causing feeling as if he were squinting inwards.* As *Erythrox. coca* had apparently caused an almost identical symptom in a patient (see previous case). I gave a dose of <sup>100m</sup> (Fincke), to be taken three times a day, till better. The symptoms went after the first dose, but returned; the second dose removed them permanently. Thus a symptom occurring *in a patient* fifteen days after a few globules of a <sup>100m</sup> potency has proved reliable in practice; a fact which will probably make the purifiers of our *Materia Medica* shudder.

(7.) *Merc. sol.* — Mrs. —, after a miscarriage, breasts are swelled, hard, and feel cold unless covered up warmly. *Merc. sol.*<sup>1m</sup> (Jenichen), in water, cured.

(8.) *Phos. acid.* — Mr. — has had for one day, dull pains in loins, going down back of legs to lower part of calves; pain in loins relieved by walking, rest, or pressure; is subject to these attacks, and they make him ill for several days. *Phosph. acid*<sup>2300</sup> (Jenichen), every three hours till better. Woke next morning almost without pain, and was soon well.

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### NEUROSIS CORDIS: SULPHUR.

BY MIRA YOUNG HOWARD, M.D., CINCINNATI, OHIO.

July 16, 1870. — I was called to see Carrie B., fifteen years of age, supposed to be suffering from organic heart disease. I found her reclining on the sofa, which she had occupied almost constantly the past six months. Her illness had commenced with a slight attack of intermittent fever, and a hacking cough. She had been under allopathic treatment. She now suffered from extreme lassitude; palpitation of the heart upon the slightest exertion; no desire, neither strength to move about;

emaciation, shown more particularly in the hands; cachexia with a peculiar yellow tint over the entire cutaneous surface; no pain was complained of. All her physicians had pronounced hers a case of organic heart disease, giving the parents little encouragement as to her recovery. Upon a careful examination I found nothing to corroborate the diagnosis made by my predecessors. She was chlorotic, but there were no murmurs at the heart, and not even the bruit in the carotid arteries, usually so marked in patients thus affected. The heart sounds were clear and distinct, but there was an occasional complete intermission of one beat, followed by some irregularity; pulse ninety-five, and synchronous with the heart's action. I considered the disease *Neurosis cordis*, a functional and not an organic affection. There was evidently too much labor for the heart to do, fed by blood so impoverished as was hers. I selected *Sulph.* and *Puls.* as the remedies. I wrote a history of the case to Prof. Lilienthal of New York, my esteemed instructor, and was indeed gratified to receive a hearty confirmation, not only of my diagnosis, but of the remedies selected. The patient now took *Sulph.*<sup>200</sup> three mornings in succession, then dropped it for four weeks, and during the interim took *Puls.*<sup>3</sup>, a dose every morning. The result was most happy. Two weeks after, the mother reported a change for the better; six weeks later, the report was, "Carrie is decidedly improved; she has begun to take some exercise. Took cold, had a hacking cough and some rasping of the throat." I gave a few doses of *Caust.*, then continued the other remedies as before.

*Sept.* 30. — Her menses occurred for the first time; flow slight, lasted but two days.

*Oct.* 22. — Upon examination found the heart's action less violent. She was much improved in flesh, in general appearance, and with an increase of strength, and development of form.

*Jan.* 16. — Menses reappeared; flow normal in quantity and in duration. The heart's action is now regular, and all is well with her except the old habit, so long indulged in, of lying upon the sofa. To break this up I advised some incentive to active exercise in and out of doors, which proved the thing needed to make a strong, well girl of the hopeless invalid of a few months before.

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## PARALYSIS OF THE OPTIC NERVE: GELSEM. SULPHUR.

BY MOSES DODGE, M.D. AND R. S. DODGE.

*January* 4, 1874. — Mrs. L., age 57. Has sharp, darting, intermittent pain in right side of occiput, sometimes seeming

to run along a line into the right eyeball; objects scarcely perceptible in close proximity; everything imperceptible at a distance; an appearance of gauze before the eyes; to outward appearance no signs of disease in the eye. General health poor; has been subject to rheumatism for several years. She has been assured, after two years allopathic treatment, that "nothing but an operation would do any good." *Gelsemium*<sup>3</sup> was given once in four days.

*Jan. 29.* — She reports much improvement; pain less severe; can sleep better; thinks the eyesight is improving. *Gels.*<sup>3</sup> once in seven days.

*Feb. 17.* — Pain gone; much smarting inside the lids; heat and inflammation and slight agglutination of the eyelids at night; gauze-like appearance before the eyes still remains. *Sulphur*<sup>200</sup>, two powders four days apart.

*March 7.* — Smarting heat, inflammation, and gauze appearance gone; she can see objects at a distance very well, and can read without much inconvenience; sleeps well and the general health is much improved.

## MATERIA MEDICA.

### PROVINGS OF CALCIC FLUORIDE.

BY JAMES B. BELL, M.D., AUGUSTA, ME.

THE *fluoride of calcium* occurs abundantly in nature in the form of fluor-spar, and usually in association with lead. As a natural compound and very stable union of two of the most important elements in nature, it certainly deserves to be proved, and we may well expect it to exhibit some characteristic effects upon the animal organism. The spar from which these provings were made was obtained in the form of fine, light-brown sand from the Rev. Frederic Gardiner, then of Gardiner, Me., an amateur chemist of no mean acquirements. I made the three triturations myself with the utmost care, and potentized to the thirtieth centesimal upon the remaining drop.

#### FIRST PROVING.

J. B. B., age 29, sanguine-mental-bilious temperament, dark brown, fine hair and beard, blue eyes. — August 22d, 1867, took four drops *Calc. fluor.*<sup>15</sup>, soon afterward sneezing twice. That night vivid and distinct dreams, also natural and con-

nected, of the death of a relative, causing much grief and weeping.

*Aug. 23d*, 8 A. M. — Some tickling in the larynx and occasional hawking with desire to clear the larynx. Blowing of much mucus from the nose with ineffectual desire to sneeze.

P. M. — Occasional attacks of tickling-itching in the larynx, inducing a hacking cough; worse from 3 to 4 P. M.

*24th*. — Sleep unrefreshing on account of indistinct dreams of unsuccessful efforts to do various things, leaving an unpleasant impression on waking.

A. M. — Slight feeling of oppression and tickling in the larynx, occasional sneezing through the day.

*25th*, A. M. — Dreams vivid and distinct of new scenes, places, books, etc.

Some depression of spirits through the day.

*26th*. — Vivid and distinct dreams of wholly new scenes and places, not unpleasant, but with a sense of impending danger. All day an entirely unusual tendency to look on the dark side of things, with much depression of spirits. Feeling of anxiety about money matters, or thought would come to want, or would soon be "running astern" financially (entirely without occasion).

*27th*. — Dreams not as distinct, nor well remembered.

Depression of spirits, and disposition to set a higher value on money than natural to him (*avarice?*). Indecision.

*28th*. — Dreams of death of his little daughter, and of great grief and weeping. Still low-spirited.

*29th and 30th*. — Dreams less. Thoughts still more upon financial matters than usual. After laughing very hoarse.

*31st*. — During the night awakened by itching at the anus from pin-worms, not felt to that degree since childhood and rarely felt at all. Soon afterward itching-tickling in the larynx, forcing a spasmodic cough, which was relieved after a few turns by hawking a little mucus from the larynx.

#### SECOND PROVING.

No further symptoms appearing, on *Sept. 3d* took *Calc. fluor.*<sup>30</sup>, 10 drops. In ten minutes itching-tickling in the larynx, passing off after hawking up some mucus from that spot.

*4th*. — Dreamed much, unremembered. Rose twice during the night to pass urine profusely, which he never did before. The same tickling in the larynx, and hacking once or twice in the forenoon. Profuse emission of pale, watery urine from 8 A. M. to 3 P. M.

5th. — Dreamed of cutting up a woman in pieces, as an animal for salting. The details very distinct, and the dream seemed to continue a long time. Feeling of fatigue all day. Tired aching of the small of the back, as after long ride, but did not ride far. Can sit in no position to relieve the back.

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J. U. W., age 23. Sanguine temperament. Light hair, bald in front, blue eyes, beard reddish.

#### FIRST PROVING.

Aug. 22d, 1867. — *Calc. fluor.*<sup>15</sup>, 4 drops; 8.45 A. M. Soon after dinner a hacking cough occurring in one or two paroxysms at a time, caused by a tickling in the larynx, as from a small, foreign body. Not relieved by coughing. Desire to swallow from the same cause, but without relief. The tickling extends from the larynx about three inches down the trachea. Dryness in the larynx. Slight hoarseness. Dull headache over the whole head, with faintish nausea at the stomach all the afternoon, better in the evening. Reading aloud during the evening for about twenty minutes caused hoarseness and desire to clear the larynx. After writing some time was no longer able to see distinctly, because of a blur or mist before the eyes, with some aching in the eyeball; better when closing the eyes and pressing lightly upon them.

23d. — Hoarseness, but less cough.

#### SECOND PROVING.

Feeling well again; took Aug. 24th one drop of *Calc. fluor.*<sup>15</sup>, at 8 A. M. Towards night dryness in the larynx with desire to clear it, and some hoarseness, but no cough.

#### THIRD PROVING.

Sept. 4th, 9 P. M. — 1 powder *Calc. fl.*<sup>15</sup>.

Sept. 5th, 6.30 A. M. — 1 powder, *Calc. fl.*<sup>15</sup>. During the afternoon much pain and tired aching in lower part of the back, with bodily restlessness; must walk about.

6th. — Tired aching in the back with restlessness. At four P. M., the cough and hoarseness came on slightly.

7th. — About midnight or soon after, was awakened by a sharp pain in the right hypochondrium, under the eleventh rib, occurring in paroxysms of lancination, worse when lying on the painful side; so much so as to cause a feeling of bursting out-

ward; better when lying on the painless side and when doubling up, and accompanied with restlessness.

8 A. M. — Frequent attacks of the lancinating pains in the liver region, worse when sitting, better when walking about.

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I. S. H. Age 22. Bilious-sanguine temperament. Black rather coarse hair, dark beard; dark hazel eyes.

#### FIRST PROVING.

*Aug. 23d, 1867.* — 12 M., 5 drops *Calc. fluor.*<sup>15</sup>.

*24th.* — Hawking of mucus in the morning caused an attack of hiccough, which was long and weakening, and recurred frequently all day.

*26th.* — Increased secretion of pale urine.

*28th.* — Urine scanty, high colored and turbid.

#### SECOND PROVING.

*Aug. 29th.* — 1 powder *Calc fluor.*<sup>15</sup>.

*Sept. 1st.* — Since the last dose has not slept well; has dreamed constantly. Last night jumped from the bed in a dream, and tried to get out of the window, which woke him.

*Sept. 3d.* — For some days much wind in lower bowels; worse when riding and towards evening; better after lying down at night.

*Sept. 4th.* — Slight diarrhœa. First part of stools natural; last part loose with urging pain before stool.

*Sept. 9th.* — Two days ago a "cold sore" commenced at the left corner of the mouth; to-day it is quite extensive. Has no cold and cannot recall ever having had a "cold sore" in his life before.

#### CLINICAL CONFIRMATIONS.

Several cases of small goitres improved, but not cured.

*Lumbago, from strains; pains worse after rest, better after moving a little, and from warmth.* (When *Rhus tox.* did no good.)

*Cold Sores rather small; hard herpetic sores on the lips, from colds* (not diffused like *natr. m.*).

"Schuessler gives *Calc. fl.* for periostitis, and for spavin or horses where others have given *Phos. ac.* and especially *Silicea*. Schussler says: Further indications will result from practice; exactly what has been said in the *New York Review*, 1866, p. 57."\* — C. Hg.

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\* American Homœopathic Review. Appendix. J. B. B.

## REMARKS.

This little proving is confirmed, for the most part, by four things: —

1st. — By internal evidence; the symptoms were mostly new to the provers, and arose without any other apparent cause.

2d. — By confirmation.

3d. — By striking likeness of some of the symptoms to those of *Calcarea carbonica*, particularly of the mind and larynx.

4th. — By equally marked similarity of some symptoms to those of fluoric acid, especially the vivid dreams of new scenes, of the death of relatives, and of the cadaver.\*

Thus, also, incidentally and inferentially the provings of calc.c. and *Fluor. ac.* are confirmed, and all by the fifteenth dilution of an inert substance.

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 CARBOLIC ACID POISONING.

BY C. A. NORTON, M.D., PORTSMOUTH, N. H.

*Read before the Essex Co. (Mass.) Homœopathic Medical Society.*

Aug. 26, 1873.—While writing I was so annoyed by the flies that I was obliged to desist, and devise some means to expel the pests from the room. On my desk stood a bottle of Calver's English carbolic acid in crystals. From this I prepared a strong solution, and placed it near me, thinking that the odor would banish the flies.

The smell of the acid was at first disagreeable to me, but it banished the flies, and I continued writing for about half an hour, when I began to feel deathly faint, experiencing this faintness especially at the stomach. About ten minutes after the faintness came on, my head began to feel as if it were being inflated. The greatest pressure appeared to be in the temples. It seemed that if I should turn my eyes sideways, I should see my temples sticking out. At first there was no pain in the head, but this peculiar pressure from the inside, resembling pain, was novel, but not unpleasant. I would often stop writing and shake my head, although it increased the pressure, merely for the gratification the sensation produced.

About an hour after preparing the acid, the faintness had become so general that I was obliged to cease writing, and on

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\* Since writing the above, I spilled, one day, some *Calc. fl.*<sup>30</sup> on my hands. I thought nothing more of it, but that night I had the vivid dreams; and the dreams of death, and weeping of seven years before. Did the substance in some way enter the system, and thus cause these symptoms, or was it all coincidence only? — J. B. B.

attempting to rise, my legs were so weak that I could with difficulty stand. The sensation in my head was so strange that I could not refrain from laughing, but soon felt serious, for the faintness obliged me to sit down. My mind, which before I mixed the acid had been rather sluggish, now teemed with delightful ideas, which came faster than I could express in words. When I again attempted to use my pen, my arm was so weak that I could not trace a line.

I had not yet thought what produced these strange feelings, and on attempting to analyze them, became alarmed. I arose with difficulty and went to another room. Upon standing, I seemed to lose all feeling, except in the head, which felt as if increased to ten times its natural size; I can give no better description of the difficulty I felt in walking than that I lost all realization of the possession of a body, while my head seemed to float. Entering another room, I lay down, and soon felt better, the strange symptoms abating as they had come on; first, the weakness at the stomach decreased, then the head seemed to diminish in size, and my active brain became more calm and quiet. I remained lying about twenty minutes, and then returned to my room. I still felt weak, with a dull, aching distress in the stomach, and my head somewhat giddy.

Convinced that the odor of the acid was the cause of my troubles, I at once threw the solution out of the window, and thoroughly aired the room.

I was now called to tea. On entering the dining-room, I seemed to smell everything on the table, even the bread and butter. If my eyes rested on a thing, I could smell it, even at the farther end of the table. This sense of smell satisfied my appetite. I ate but a small piece of bread, and returned to my room. I soon had a desire to go to the water-closet. The moment I entered, it seemed as if I should be overpowered by the stench. I could not remain, but went to my room again. The water-closet was not peculiarly offensive, but its odor distressed me an hour after.

My strange feelings were ludicrous to me, and I lay quietly on my bed, and had it not been for the distress at the stomach, should have been quite happy. This distress was worse when lying on either side, but was easier when I lay on my back with my legs drawn up. In this position I fell asleep, and remained so until some one awoke me. I had been asleep about two hours and a half; remembered no dreams, but should judge that my sleep had been very uneasy, for the bed was much disarranged, and seemed as if I had been all over it; in fact, I was lying across it when awakened. The distress in the stomach

had now given place to deathly faintness, and my head felt bruised and sore.

I began to undress, but was obliged several times to stop and rest. I thought I should faint before I could get into bed. I was not alarmed, but rather pleased with my peculiar feeling; attempted to whistle and sing, but had not the strength. Soon after getting into bed, fell asleep in the same position as before, on my back, with my legs drawn up, and did not awake until 6 o'clock next morning; but what was unusual, was wide awake in an instant; there was no rubbing the eyes, nor stretching, but from sound slumber I passed in an instant to absolute wakefulness. I did not feel so weak as the night before, but had all the symptoms of a bad diarrhœa, with no discharges; but with a disagreeable, hot, burning sensation in the rectum. I felt also as if I had taken a large dose of opium; particularly was this sensation experienced in the head. But what was my disgust when I arose from bed to find that I had passed several small stools, involuntarily, during the night. All the sensations of threatening diarrhœa continued, but no movement of the bowels. I now took one dose of *Arsenicum album*.<sup>3d</sup>, and went to breakfast; had no desire for food; drank part of a cup of tea (usually drink coffee), and ate a small piece of dry toast. Food caused nausea. The opium-like symptoms in the head continued; were worse when walking; going up and down stairs made me giddy; cold water caused nausea. Could neither comb nor brush my hair nor wipe my face with a towel, the scalp and face were so sensitive to touch.

I went out to visit my patients, but the jarring motion of the carriage so increased all my bad feelings that I was obliged to return to the house.

There was now a bruised, sore feeling through the small of the back and abdomen. By noon, this feeling had passed into the hips, which ached badly. The burning in the rectum was very troublesome; so much so that I took a cold water injection. My bowels seemed filled with flatulency. Did not go to dinner, had no desire for food; thinking of it was unpleasant. About two o'clock I had a stool, not large, but passed with considerable flatulency. The stool appeared like thick glue, mixed with currant seeds. It was passed in thin strips, like tape. This same peculiarity I had noticed in the involuntary stool I passed the night before.

Towards night the pain in my hips had passed into the right leg, from the hip to the knee. I did not eat any supper, but retired early, and passed a restless night. The pain in my

right leg prevented sleep. By morning the pain had gone from the knee to the foot, and during the day it passed off altogether. My bowels, however, continued to feel sore, and my head was still uncomfortable. All the strange feelings grew gradually less, and in three days were nearly gone.

Previous to exposing myself to the fumes of the acid my health had been good, and during the experience I took no remedy but *Arsenicum*.

I will add that I have twice since been exposed to the fumes of carbolic acid, and in both instances it produced effects similar to those described above.

A "key-note" of *carbolic acid* would seem from my experience to be "deathly faintness, and distress at the stomach."

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## OBSTETRICS AND DISEASES OF WOMEN.

F. H. KREBS, M.D., EDITOR.

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### A CASE OF CRANIOTOMY.

REPORTED BY THE EDITOR.

I WAS called at six o'clock in the morning, April 27, to attend Mrs. H. in her first confinement.

Labor pains had commenced at midnight and had been quite regular, coming on at intervals of eight or ten minutes. The patient, twenty-nine years of age, dark brown hair, gray eyes, short, thick set, very muscular; she weighed before pregnancy one hundred and seventy pounds, and possessed good health.

Did not menstruate until her eighteenth year; suffered at each period from vomiting, and severe pains, compelling her to keep her bed. The menstrual flow has always been scanty; during the catamenia her hands and feet would turn purple, the blood settling under the nails.

In her childhood she had frequent attacks of what she called membranous croup. Before marriage she had a sickness which lasted four weeks, during which time she suffered much from backache; the physician would give her no name for the disease. Mrs. H. was married four years ago, and about two years after, had an attack of pneumonia. During her last menstruation, which took place on the 12th and 13th of last June, she suffered less than usual from pain and vomiting.

According to her account she should have been confined March 19, instead of April 29.

She gives the time of fecundation as occurring June 15, and states that after this date she went to the country and was separated from her husband.

She felt the first motion Oct. 25, and as I have no reason to doubt the truth of her statement, we have a case of protracted pregnancy of thirty-eight days over the usual term of two hundred and eighty days, — three hundred and eighteen days.

There had been no subsidence of the uterine tumor. On examination I found a glairy discharge from the vagina, tinged with blood; the os uteri could not be reached. I left her with the promise to call during the day. At 12 o'clock, I could with difficulty reach the os, which was dilated, barely admitting the tip of the forefinger. At 10 o'clock, P. M., I again examined and found that there had been no advance made since noon. The presentation could not be determined; I therefore made an external examination, which revealed a breech presentation, the head of the fœtus in the left hypogastric region.

Hoping to ensure a better chance for the child and a safe delivery, I corrected the position by cephalic version through external manipulation. In this I succeeded with little trouble, by transfixing the head until the uterus had sufficiently contracted, and the head had become engaged in the superior strait. The membranes could not be ruptured. The pains came on strong and regular, and were accompanied by frequent vomiting.

At two o'clock, A. M., the following day, I found the os dilated to the size of a silver dollar, and could feel the presenting head, and during the pain the formation of the bag.

At six o'clock, A. M., matters remaining the same, I left the patient, with instructions to the nurse to summon me if any important change should occur.

I was called at half-past nine o'clock, A. M., and found the patient slightly convulsed. I gave ether at once, and kept her under its influence until five o'clock, P. M. At that time the pains were feeble and irregular, not the slightest progress having been made; I left directions to renew the ether on the return of convulsions.

At half-past nine o'clock, P. M., the patient was in good spirits; the pains were strong and regular, returning at intervals of three to four minutes; the os dilating, still the head remained *in statu quo*. At twelve o'clock the waters escaped; the pains became very powerful, hardly bearable, yet no progress was made.

At three o'clock next morning the patient was exceedingly

weary and restless, and had great thirst; the pulse arose to 120 beats, and above; there was unnatural soreness of the vulva, great heat and tumefaction of the vagina; the countenance anxious; eyes dull; face pale; tongue dry and thickly coated; and the pains gradually subsided.

An attempt was made to deliver by the forceps, but without success. On auscultation, I could not hear the pulsation of the foetal heart, which up to this time had been distinctly audible.

At half-past four o'clock, A. M., fearing that the patient's strength might become exhausted, I decided to remove the foetus by craniotomy, — relieve the mother, and if possible save her life. She was etherized, and placed across the bed on her back, with the nates a little beyond the edge of the bed. For opening the cranium and extracting the foetus I used Braun's trephine-shaped perforator and cranioclast. After the opening of the head, the brain was allowed to escape; there being no pain, and the condition of the patient such that the delivery could be delayed no longer, and fearing that procrastination might place the mother in imminent danger, I therefore effected the extraction artificially.

This was, however, not easily accomplished, and, for some time I thought it would be necessary to empty the chest and contents of the abdomen also; yet the steady traction enabled me at last to deliver the foetus. After the removal of the placenta, the flooding being slight, the patient was made comfortable. Immediately after delivery the pulse fell to one hundred, and her countenance began to look more natural. I gave one dose of *Arnica*, and left her sleeping quietly under the influence of the anæsthetic. On my afternoon visit I found the patient comfortable; she had taken some gruel. The *Arnica* was continued.

*April 30.* — She had slept but little, and complained of tenderness and pain in the abdomen, left side and leg; she was obliged to have her limbs drawn up and supported by pillows; pulse one hundred; great thirst; no appetite. Continued *Arnica*, and a wet compress on the abdomen.

*May 1.* — The patient had passed a better night; the pains were less severe, but the left leg was swollen, and there was an offensive discharge from the vagina. Gave *Secale* every three hours.

*May 2.* — Much better in every respect; discontinued the medicine.

*May 3.* — The swelling of the limb rapidly decreasing; she felt comfortable.

*May 4.* — The patient complained of a sharp, darting pain in

the region of the heart, which did not interfere with her breathing; *Cactus grand* was given.

May 5. — Lochia normal; pain and soreness hardly perceptible; appetite and sleep good; pulse eighty. The bowels moved by the assistance of an enema of cool water. After this her recovery gradually progressed, and she is now in her usual state of health.

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### OVARIAN TUMOR: SEPIA, APIS.

BY IRA BARROWS, M. D., PROVIDENCE, R. I.

THE patient, aged about sixty-five, of dark complexion, has had several miscarriages with considerable hemorrhage, and has borne two living children. Five years ago she discovered enlargement of the abdomen, œdema of the feet and legs, felt great weakness of the lower limbs when walking; she had dyspnoea from exercise, and was easily fatigued. Her physician, a member of the old school, and fellow of the R. I. Medical Society, assured her that hers was no unusual condition for a lady of her age, that there was no remedy, and she must have patience. Having confidence in her adviser, she adopted the expectant course, so often advised, and waited a year, hoping for "something to turn up." Her progress was from bad to worse.

On her consulting me, January, 1870, I gave her *Sepia*<sup>30</sup>. *Sepia* was continued about three months, at the end of which time, although there had been improvement in some respects, her symptoms were as follows: The abdomen was enlarged; the right ovary appeared to be about the size of a pint bowl; the feet and legs were œdematous to the knees; the limbs felt weak when walking; she felt dyspnoea on exercise; the urine was scanty, dark, and thick. *Sepia* was taken six weeks longer; at the end of this time, improvement having ceased, I gave *Apis*<sup>3</sup> night and morning. Eight or nine weeks later the tumor had become smaller and softer, the œdema less, and the urine more profuse. *Apis* was taken six weeks longer, once a day. Improvement continued, but more slowly. She now took *Sepia*<sup>200</sup> once a day for six or eight weeks; the tumor was now scarcely perceptible, the œdema of abdomen and limbs lessening, the limbs were stronger; she could walk half a mile, no dyspnoea, slept and rested well.

Once more gave *Apis*<sup>3</sup> four weeks, then again *Sepia*<sup>200</sup>. The whole treatment occupied about twelve months. No trace of the tumor could then be discovered. She had some dyspepsia, for which I gave *Nux vom.*<sup>200</sup>, and soon after discharged her, cured.

During the three years which have elapsed, she has neither enlarged ovary, œdema, dyspnœa, nor abnormal urine, to dispute the cure. A year after, she had swelling of the lower limbs, which appeared purple. This yielded to *Hamamelis*, *Arnica*, and *China*.

## FROM BÖNNINGHAUSEN'S APHORISMS OF HIPPOCRATES.

### BOOK VI, APH. 20.

“If blood has been effused into the abdominal cavity, it must necessarily be changed into pus.”

IN Hippocrates' time there seemed hardly to have been a suspicion that blood effused into the cavities of the body could be removed by means of internal remedies, producing solution and absorption, and in this way suppuration prevented. Even down to later times, the external treatment of these lesions was far from satisfactory, since, if we are not mistaken, Thilenius is the only member of the old school who used *Arnica* alone, and with the most brilliant results, while all others, by an admixture of *Camphor*, *Sal ammoniac*, *neutral salts*, and the like, weakened its strength and consequently could achieve only partial success. By a more intimate knowledge, and through experience in the treatment of the so-called *Morbus Maculosus Werlhofii*, the views on this subject seem to have become somewhat clearer, since it was learned that resorption of extravasated matter, resembling blood, was possible. It was discovered, though but by chance, that *Sulph. acid* exerted a powerful effect in these cases; but not content with using it alone, this effect was theoretically extended to all, particularly the mineral, acids; at the same time, in order nominally to satisfy all indications, there were added many other powerful substances, which were entirely out of place. Moreover, the allopaths, and we must confess it, many homœopaths, even at the present day, cannot free themselves from the preconceived opinion that external injuries must be treated by external means, as if in these, as in all other cases, without any exception, the activity of the vital force alone could not and must not alone work the cure; and as if the internal use of medicines did not influence the cure more immediately than the external, which, in many external treatment cases, has the additional disadvantage of obscuring the symptoms, and interfering with the progress of the cure. It was reserved for the ever advancing observation of Homœopathy to bring more light into these secrets of Nature, and it has succeeded, in nearly every

condition which occurs in practice, in determining the characteristics which correspond best to this or that medicine, and has so increased the number of these remedies that with them we can reach almost every case where assistance is still possible. In addition to the two remedies already recognized and used by allopathy (*Arn.* and *Sulph. ac.*), which we also place at the head, we often have indicated: *Bry.*, *Bursa past.*, *Cham.*, *Con.*, *Dulc.*, *Hep.*, *Hyper.*, *Lach.*, *N. vom.*, *Petr.*, *Puls.*, *Rhus*, *Ruta*, *Sec. corn.*, and *Sulph.*; to these, for peculiar and rare cases, must be added *Bell*, *Chin.*, *Cic. vir.*, *Euphras.*, *Ferr.*, *Iod.*, *Laur.*, *Par. quad.*, *Phos.*, and *Plumb.*, and perhaps others. In the choice here offered it is understood that in these as in all other cases, the dictates of Homœopathy are to be followed, and all the symptoms which can be obtained must be united into one disease picture. To this belong, first of all the exciting cause, the part of the body, the appearance of the injured part, the kind of sensation and pain, the exacerbation or amelioration of these last, in respect to time, position, and circumstances. and finally everything which can be learned of minor disorders of every kind. If we proceed in this way with circumspection and care, the results are not only perfectly satisfactory, but often surpass all expectation, especially if the suitable remedy is exhibited in doses just sufficient to rouse the reaction of the vital force without obliging it to expend its energy in the removal of the medicinal disease.

*Transl. by H. C. Chase.*

THE "HEALTH LIFT."—We are glad to see Dr. Paul's establishment well filled this season. Our own experience has been in favor of this mode of exercise as well for the warm season as for the winter. A reasonable amount of muscular effort at this time is more agreeable and healthful than complete inertia.

FROM R. A. PROCTOR'S NEW YORK ADDRESS — The difference between the mind brought by the American to the consideration of scientific data and the mind of the English student is somewhat marked. For instance, in America men of science recognize authority as a form of scientific evidence, because the fact that a great thinker has held such and such a view is *pro tanto* evidence in favor of the justice of the view; but Americans refuse to allow authority to decide scientific questions.

Mr. Hind had once rebuked him (Mr. Proctor) for quoting an observation made by an amateur astronomer; not that Mr. Hind denied the particular fact to have been noted, but because the gentleman who made the observation had not made for himself a great scientific name. This appeared to him a most mischievous mistake; and he believed that science in any country would never make such progress as it might, so long as considerations such as this were allowed to operate.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, JULY, 1874.

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HOMŒOPATHY AT THE HAWAIIAN ISLANDS. — Shortly after assuming his duties as sovereign, *Kulakaua*, the newly elected Hawaiian king, notified Dr. Cummings, the homœopathic practitioner at Honolulu, of his appointment as medical adviser to his majesty. It is now nearly four years since the introduction of the practice at Honolulu, where it has been conducted the past two years by Dr. Cummings with increasing reputation among the natives. The population has been of late much diminished by evil habits and disease, and by mercury, which means both. Yet we may hope that in all respects a better future awaits the people of these beautiful islands, and that not only His Majesty, but the members of his council, which is composed in large part of intelligent Americans and Europeans, may interest themselves still further in the medical treatment of the natives, and establish proper asylums for the lepers, where the remedies of our school may be applied to this scourge, which their former medical men confessed themselves powerless to cure; while we have but to recall Hering's experience in Surinam, as well as the writings of other members of our school in Europe, to be assured that we have the same grounds for hope in this as in other formidable disorders.

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THE NEW STATISTICS. — Dr. Kellogg publishes a pamphlet in which he gives further statistics. We hardly know whether to admire homœopathy or the doctor the more. The clear-headed doctor presents his argument to “*indubitably prove that the Homœopathic practice cures MOST PLEASANTLY, MOST SPEEDILY, MOST SAFELY, AND MOST SURELY,*” so that “he who runs may read,” and whoever runs will certainly run in an opposite direction from the old practice, and towards the new.

We extract as follows:—

“The *time* statistics from hospitals in Europe show the mean duration of hospital diseases to be:

“Under Allopathic treatment, twenty-eight to twenty-nine days.

“Under Homœopathic treatment, twenty to twenty-one days.

“Then the statistics of mortality in American cities whose collection must have involved immense research, and a large pecuniary outlay, all *directly in behalf of* OUR CAUSE.

## NEW YORK CITY.

Year.	No. of Physicians.	Number of Deaths.	Average deaths to each Physician.
ALLOPATHIC.			
1870 .....	944	14,869	15.75
1871 .....	984	15,526	15.78
Total .....	1,928	30,395	15.76
HOMŒOPATHIC.			
1870 .....	143	1,287	9.00
1871 .....	156	1,243	7.97
Total .....	299	2,530	8.46

“The average Allopath loses nearly sixteen patients annually, while the average Homœopath loses less than nine! This, too, when both are practising side by side in the same locality, subject to exactly the same epidemic, malarial, and climatic influences.

“Let us now take up the mortality record of

## BOSTON.

Year.	No. of Physicians.	Number of Deaths.	Average deaths to each Physician.
ALLOPATHIC.			
1870 .....	218	3,872	17.76
1871 .....	233	3,369	14.46
1872 .....	233	4,575	19.63
Total .....	684	11,816	17.27
HOMŒOPATHIC.			
1870 .....	40	402	10.05
1871 .....	44	363	8.25
1872 .....	54	446	8.26
Total .....	138	1,211	8.77

“The Allopathic losses by death are to the Homœopathic more than seventeen to nine!

“How can we account for this? Is there any fallacy in it? Do these figures tell the whole truth? In reply, this question suggests itself: Do the Homœopaths treat as many patients, proportionately, as the Allopaths? What is the ratio between the number of patients treated by the two schools, and the number of deaths given in these tables?

“This query, which at first sight seems vital, proves upon examination to be of little or no practical importance. We could not hon-

estly and fairly compare the mortality occurring in the practice of any two physicians as a test of their relative success, unless we really knew how many patients each had treated during the year; but when we compare the two schools of practitioners in a mass, thus including hundreds, and even thousands, of every age and grade and degree of ability, we are safe in assuming that the average Homœopath on one side treats as many patients per annum as the average Allopath on the other; and that this is a fair assumption will be readily believed by any one who will compare the apparent business success and thrift of the two classes of physicians. Consequently we believe and maintain that these tables of mortality, as they stand, are a fair exponent of the relative merits of the two medical systems.

“Let us now take the comparative mortality of

#### PHILADELPHIA.

Year.	No. of Physicians.	Number of Deaths.	Average deaths to each physician.
ALLOPATHIC.			
1872 .....	655	12,468	19.03
HOMŒOPATHIC.			
1872 .....	168	2,162	12.87

“This fatal year shows the same wonderful disparity. Allopathy losing nineteen, where Homœopathy, under precisely the same circumstances, loses less than thirteen.

#### NEWARK, N. J.

Year.	No. of Physicians.	Number of Deaths.	Average deaths to each physician.
ALLOPATHIC.			
1872 .....	77	2,121	27.54
1873 .....	77	1,185	15.29
Total .....	154	3,306	21.46
HOMŒOPATHIC.			
1872 .....	13	168	12.92
1873 .....	16	153	9.56
Total .....	29	321	11.07

“An average Allopathic mortality almost twice as great as the Homœopathic! How can this additional evidence be explained away? We have heard it urged that Homœopathic physicians, as a rule, are called upon more frequently than their Allopathic brethren, to prescribe for trivial ailments, and that thus their time is taken up with cases that rarely become serious and endanger life. The unsoundness of this charge is apparent, when we reflect that the physician of the family attends to all the cases of illness that occur in that family;

and the reason that the Homœopath seems to have more trivial cases to attend, can be found in the fact that he does not often convert a trivial case into a serious one. Those physicians who have practised for years on both systems universally attest that, though they now, as Homœopaths, visit daily more patients than they did as Allopaths, they are much less frequently called out at night, to look after the disturbing effects of medicine given during the day.

“ Last of all, we come to the mortality of

BROOKLYN.

Year.	No. of Physicians.	No. of Deaths.	Average deaths to each physician.
ALLOPATHIC.			
1872 .....	317	7 636	24.08
1873 .....	333	7.181	21.56
Total .....	650	14,817	22.79
HOMŒOPATHIC.			
1872 .....	84	976	11.62
1873 .....	92	916	9.95
Total .....	176	1.892	10.75

“ Or an Allopathic mortality more than double the Homœopathic, in proportion to the number of practising physicians! Can any more evidence be needed? Are not the comparisons of five cities enough? especially when they unite in telling the same story so emphatically!

“ There is one extenuating point as regards this very damaging exhibit of the results of Allopathic practice, and but one that we are aware of; and that lies in the fact that the clientage of the Homœopaths, as a rule, is composed of the higher and more intelligent classes, who enjoy better dietetic and sanitary advantages. A smaller percentage of their patients live and die in tenement houses; in a word, they are less exposed to the ills which poverty and crowding engender. But this will not explain the difference in hospital results; nor will it do away with the enormous discrepancy in mortality in private practice. The statistics of the various City Dispensaries (and those who die in their own homes under the care of Dispensary physicians *are* included in these reports) show that the Homœopaths do attend a fair share of this class. Thus in New York city, where the Homœopathic physicians are only one sixth as numerous as the Allopathic, official reports show that the seven Homœopathic Dispensaries prescribe for one fourth as many sick poor as do all the Allopathic Dispensaries.

“ We very frequently hear it said that Homœopathic treatment is good for children and in slight ailments, but that more heroic treatment is necessary for the severe forms of disease to which strong men are liable. To throw some light upon this point, we have checked off, in the medical statistics of Brooklyn and Philadelphia, all the cases which have died from some of the more common acute diseases. And due allowance being made for the respective numbers of physicians, we find the ratio of deaths under the two systems to be as follows:—

DISEASES.	DEATHS.	
	Homœopathic	Allopathic.
Bronchitis.....	48	100
Cerebro-Spinal Meningitis.....	44	100
Cholera Infantum.....	64	100
Croup.....	37	100
Diarrhœa.....	35	100
Diphtheria.....	63	100
Dysentery.....	39	100
Erysipelas.....	33	100
Inflammation of Brain.....	69	100
"    "    Bowels.....	33	100
"    "    Lungs.....	39	100
Scarlet Fever.....	69	100
Small Pox.....	61	100
Typhoid Fever.....	88	100

"It is worthy of special note, that in regard to small-pox, we know not only the number of deaths, but also the exact number of the cases treated by both schools; for the Health Board requires a report of every case, whether fatal or not. In this disease, therefore, we have the precise ratio between cases and deaths; and the result confirms the accuracy of the general statistics already given.

"Adding together the comparative statistics of the five cities of New York, Boston, Philadelphia, Newark, and Brooklyn, we have this result:

"4,071 ALLOPATHIC physicians report 72,802 deaths.

"810 HOMŒOPATHIC physicians report 8,116 deaths.

"Or, judging from a total of over 80,000 cases, the average Allopathic physician annually loses by death more than seventeen of his patients, while the average Homœopathic physician loses only ten.

"Or, had all these 80,918 cases been treated Homœopathically, upwards of 32,000 lives might have been saved to their families and the world. What a startling commentary is this upon the dominant practice of medicine! And yet with what self-conceit does the old school bar its doors against the Homœopathic physician, refuse to meet him in consultation, and brand him as a quack! Such a cumulative mass of statistics (the accuracy of which is proven by their slight individual differences) gives us a result so positive and overwhelming, that it can neither be denied nor explained away."

THE CELEBRATION OF THE BIRTHDAY OF HAHNEMANN, IN MEXICO. — The columns of *El Propagandor Homœopatico* for April and May contain an account of an enthusiastic celebration of this anniversary. The occasion thus commemorated at the residence of a wealthy citizen gave rise to several discourses, by members of the homœopathic profession and others.

## CORRESPONDENCE.

NEW YORK, May 14, 1874.

EDITOR MEDICAL GAZETTE :

In your May number I find a letter from Colorado, with a foot-note by the editor, suggesting a theory as to the *modus* of cure of consumption by the air of Colorado, which, by a process of external counter-irritation, appears to cure a deep and fatal lesion.\*

This theory, in reference to the treatment of consumption, was presented with a vast deal of detail, some years ago, by Dr. Francis Hopkins Ramadge, of London, physician to the "Infirmity for Asthma, Consumption, and other Diseases of the Chest."

My attention was called to it in 1860, by Dr. John L. Sullivan, then residing in this city, but who died in Boston a few years ago. Dr. Sullivan made persevering efforts to found in New York an infirmary in which the mode of treatment adopted by Dr. Ramadge might be put to the test of experience. Dr. Ramadge published a small volume in 1839, developing his theory and practice at considerable length; and from this book I make one or two extracts to show you the general drift of his views. Under the head of "causes of consumption," he says:—

"Particular employments, in which dusty particles and noxious fumes are inhaled, have long been regarded as producing this disease: but experience has taught me that some catarrhal affection, and not consumption, is what most commonly supervenes, and *that the former complaint is a preservation against the latter.*

"Laennec denies that *phthisis pulmonalis* is a frequent consequence of pulmonary catarrh. He clearly saw that catarrh was not the cause of consumption, and affirms: 'We recognize a thousand instances of catarrh to one of phthisis.' One step further would have led him to the discovery *that catarrh was the remedy of nature for the cure of phthisis.*"

A prominent cause of consumption, in the judgment of Dr. Ramadge, is an undue narrowness of the chest, especially in its upper part. To verify this judgment, he states, as an invariable law, that the com-

\* We would not be understood as advocating the idea of a *cure* by *counter-irritation* as usually understood. The departure of disease from the body is often announced by irritation at the surface; whether this evidence of cure takes the form of an eruption of the skin, or a catarrh of external membranes, is a matter of indifference. But the practitioner of medicine treads on dangerous ground when he returns to dubious theories of counter-irritation. Let us treat the sick with remedies selected according to proven symptoms. The letter in the *Gazette* for May may be said to contain a partial proving of *Colorado Air* which may have curative action on the mucous membrane of nose, throat, and lungs. See *The Organon*, foot of 1st page of preface, also § 41, 42, 43, 44, 180, 187, 202.

Any statistics in answers to queries of the foot-note above referred to, might lead to curious, possibly to practical information on the influence of the alkaline dust in the air of the plains, and we are glad they have elicited the present communication from Dr. Baner.

mencement of pulmonary consumption will be found to take place in the superior lobes of the lungs, owing doubtless to the small extension of the upper ribs as compared with the more complete movement of the lower. Another instance, confirmatory of this view of the subject, is found in the exemption of asthmatic patients from consumption. From the nature of their complaint, gasping for breath, and forced to respire frequently, their lungs are fully exercised; and the expansion of the chest, which follows as a necessary consequence, preserves the sufferer free from the attacks of this still more dreadful malady. Looking at the causes of consumption in this light, and accepting the position that catarrh of the air passages and pulmonary phthisis never co-exist in the same subject, except in rare and exceptional cases, Dr. Ramadge proceeds to the *treatment* of phthisis which grows out of these views. From what "theory of cure" he does not mention, but he begins always by free venesection and an active purge; he follows this usually with the "exhibition of nitre in doses of a scruple"; if his patient still lives, he will perhaps "touch up his liver" with a little calomel. But after he gets his patient safely through this dispensation, he brings him to the real work of curing the consumption: first, by *enlarging the capacity of the chest, and increasing the size and quality of the tissue of the lungs*; and second by *inducing a catarrhal condition of the air passages*.

Both of these results were reached by the same means, viz. by the inhalation of large volumes of medicated vapor, several times each day, for many months. What the vapor shall be medicated with, seems to Dr. Ramadge a matter of no consequence, as he relies apparently to a great extent upon the mechanical effect of deep and full inspirations to work the desired changes in the pulmonary tissues. To make this effect more certain, he says that properly made inhalers should be so constructed as to offer impediments to free expiration, thus obliging the patient to retain the vapor as long as possible within the bronchiæ and vesicles of the lungs.

Dr. Sullivan, to whom I referred in the early part of this letter, — a well-trained physician, and an ardent Homœopath, — determined to take advantage of the mechanical results obtained by Dr. Ramadge, and to add to them the curative means placed in his hands by Homœopathy. Thus after a careful examination into the symptomatology of his cases, he made the selection of his remedy according to the Homœopathic law, and medicated the vapor used in inhalation with the remedy thus chosen. The results of this treatment were more satisfactory than any other with which I am acquainted.

WM. J. BANER.

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PHILADELPHIA, 1204 Walnut Street, }  
 May 26, 1874. }

*My Dear Sir,* — While I was reading S. A. Jones' most abusive paper in the May number of the *American Observer*, a communication which is an insult to the profession at large, I received your note of

the 24th inst., in which, referring to this paper, you remark upon the unfairness of expecting from the profession the immediate publication of critiques such as Aconite deserves, for, you observe, the very ground there taken, that the critic must make an exhaustive study of his subject, renders it difficult to obtain such notice from a capable member of the profession. Permit me to say a few words on the subject. Why does not S. A. Jones write a criticism of the Aconite sample circulated extensively by the proposing publishers? Does this want-to-be-witty S. A. Jones really desire to be informed of the means which friend Allen used “*to hermetically seal the many mouthed Cerberus of Criticism*”? If friend Allen did apply some charming remedies and did not apply them to S. A. Jones, he is surely guilty of a great oversight. Jones appears as the “Advance Guard” to warn others of an approaching enemy. — an enemy in the shape of an Encyclopædia of Materia Medica, which in fact “S. A. Jones *knows*” many of the pretending followers of Hahnemann do *not know* how to use. S. A. Jones, who no doubt likes to see his name in print, should know (does he?) that to work up *Aconite* properly, comprehensively, is a very difficult task; that *Aconite* is probably the most misunderstood of all our proved medicines. In the sample which S. A. Jones has not criticised, we find a collection of the known *Aconite* symptoms; the student of *Materia Medica* desires to know the genius of each medicine to be able to use it for the cure of the sick, whether the student seeking to find this genius of *Aconite*, or, to express myself probably more familiarly, find the characteristics of *Aconite* by using for his guide this sample, is a question which only the use of the work can determine. Professor Allen has not utilized the works of other men who have made an effort to give a helping hand to the student by publishing the characteristics of *Aconite*, as is especially apparent under what Professor Allen gives now as the “conditions.” Professor Allen’s allusion to the terrible caricature of *Aconite* published by Dr. Dudgeon in *Hahnemann. Materia Medica, Part I*, may be considered from different standpoints — it may be prudent to flatter Dr. D., but I cannot believe that those who know the characteristics of *Aconite* can overflow in admiration of said caricature. The late publications of part of our *Materia Medica*, by Dr. Hering, and especially of *Stramonium* and *Nux Moschata*, are masterly productions, and might serve as samples to those who further work out our *Materia Medica*.

A few words more about the typographical arrangement. Hahnemann as well as Hering gave each single symptom on one line, or at least by itself, if it covered more than one line; and if so printed it is a very easy matter to read and compare the various symptoms. Every medical man has his specialty. Professor Allen has done much for Ophthalmology, and we are inclined to believe that only his fondness for this specialty has induced him to submit to the paper-saving, light-destroying typography of his work in willingness, and in full confidence of his power to cure all the inevitably injured eyes of those who really study the *Encyclopædia of Materia Medica*, as many or as few they may be.

Since this does not stand for a final or complete criticism of the

sample before alluded to, as these are merely a few passing remarks, I wish to say, that we need a *Materia Medica*, and a complete one; if not perfect in all respects, we shall be thankful for what is now offered us even at the risk of our eyes. To show at least our own earnest in the matter, we have subscribed for it.

Yours very truly,

AD. LIPPE.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*\*\*Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

### AMERICAN INSTITUTE OF HOMŒOPATHY.

THE Thirty-first Anniversary and Twenty-seventh Session of the American Institute of Homœopathy commenced in a preliminary way at the parlors of the International Hotel, Niagara Falls, on Monday evening, June 8th. A goodly number of the delegates were present, many with their wives and daughters.

The Association numbers over a thousand active members, besides many veterans who have been connected with the Society for over twenty-five years.

#### THE FIRST DAY.

##### *Morning Session.*

The Session of the Institute commenced at Grant Hall, at nine o'clock Tuesday morning, President J. J. Youlin, M.D., in the chair, who opened the Convention with an earnest address.

At the conclusion of his address the President appointed the following committees:—

*Committee on Credentials*—Dr. N. R. Morse, Salem, Mass.; Dr. R. B. Rush, Salem, Ohio; Dr. T. L. Brown, Binghamton, N. Y.

*Auditing Committee*—Dr. E. D. Jones, Albany, N. Y.; Dr. Geo. A. Hall, Chicago, Ill.; Dr. H. A. Stone, Fair Haven, Conn.

It was made the order that fifteen minutes should be allowed for reading each report, and ten minutes for discussion to each speaker.

#### ANATOMY, PHYSIOLOGY, AND HYGIENE.

Four papers were presented by this Bureau. "The Functions and Disorders of the Lymphatics," by Dr. J. D. Buck, of Cincinnati, the Chairman; "The Functions of the Lymphatic Glands," by Dr. F. F. de Derkey, of Mobile, Ala.; "The Diseases of the Lymphatic Glands and their Relations to other Diseases," by Dr. W. von Gottschalk, of

Providence, R. I.; and "Observations on the Lymphatics," by Dr. A. R. Thomas, of Philadelphia. The last two were read by title, but all were received and referred to the Committee on Publication.

The discussion which followed was participated in by Drs. T. P. Wilson, W. von Gottschalk, S. Lilienthal, Wm. Tod Helmuth, and S. R. Beckwith, and was earnest and suggestive.

The President appointed the Bureau for the ensuing year, as follows:—

W. von Gottschalk, M.D., Providence, R. I.; J. D. Buck, M.D., Cincinnati, O.; A. R. Thomas, M.D., Philadelphia, Pa.; A. R. Wright, M.D., Buffalo, N. Y.; Thomas Shearer, M.D., Baltimore, Md.; F. F. de Derkey, M.D., Mobile, Ala.; J. Y. Kinsee, M.D., Paterson, N. J.

#### MATERIA MEDICA, PHARMACY, AND PROVINGS.

In the absence of the Chairman, two papers were presented by Dr. J. P. Dake, of Nashville, Tenn., "Verifications of *Lilium Tigrinum*," by Dr. H. H. Baxter, of Cleveland, and "Vindication of the Bureau of *Materia Medica*," by Dr. Dake. It was written in reply to a paper read before the Institute the previous year by a member who disagreed with the opinions of Dr. Dake upon the subject of provings, and who did not believe in the practicability of the establishment of a college for the proving of drugs.

This paper elicited considerable earnest discussion, its general tone not being in favor of the proposed college. Drs. S. Lilienthal, P. P. Wells, C. Wesselhœft, I. T. Talbot, W. H. Holcombe, S. R. Beckwith, and R. Ludlam, were the participants. The consideration of the remaining papers of the Bureau was referred to the evening session.

The Treasurer, Dr. E. M. Kellogg, of New York, submitted his report, showing that the receipts of the Institute for the past year were \$3,166.00, and the expenditures \$3,160.41, leaving a balance of \$5.59 in the treasury. The report was referred to the Auditing Committee.

Dr. R. J. McClatchey, Chairman of the Publication Committee, made a verbal report regarding the printing and binding of the proceedings of the meeting of the last year. The report was received.

#### EVENING SESSION.

The first business of the session was the appointment of a Botanical Committee by the Chair.

The consideration of the reports and papers of the Bureau of *Materia Medica* was then resumed. The Chairman, Dr. T. F. Allen, of New York, presented the following papers: "Proving of *Hamamelis Virginica*," by Dr. Wallace McGeorge, of Woodbury, N. J.; "Provings of *Tanacetum Vulgare*," by Dr. A. K. Hills, of New York; "Provings of Lactic Acid," by Dr. A. K. Hills; "Provings of Aztec Flower Gentian," by Dr. Emma Scott, of New York; "Provings of the Calabar Bean," and the "Relative Value of Primary and Secondary Symptoms," by Dr. E. M. Hale, of Chicago. The papers were referred to the Publication Committee with the

proviso that all single provings of remedies be referred back to the Bureau of the *Materia Medica*, to be collated and presented for publication when sufficiently numerous.

The Bureau was then closed, and the President appointed the Bureau for the ensuing year, as follows:—

Carroll Dunham, M.D., Irvington, N. Y.; Conrad Wesselhœft, M.D., Boston, Mass.; T. F. Allen, M.D., New York, N. Y.; E. M. Hale, M.D., Chicago, Ill.; W. E. Payne, M.D., Bath, Me.; W. McGeorge, M.D., Woodbury, N. J.; J. P. Dake, M.D., Nashville, Tenn.; J. H. Smith, M.D., Melrose, Mass.; H. H. Baxter, M.D., Cleveland, O.

#### CLINICAL MEDICINE.

Dr. L. E. Ober, of La Crosse, Wis., Chairman of the Bureau of Clinical Medicine, presented the following papers: "Diagnosis, Pathology, and Prognosis of Cerebro-spinal Meningitis," by Dr. W. H. Watson, of Utica; Reports of Cases of the same disease, by Dr. George A. Hall, of Chicago; and the "Effects of Cerebro-spinal Meningitis upon the Heart," by Dr. B. W. James, of Philadelphia.

The reports were referred, the Bureau closed, and the Bureau for the ensuing year appointed as follows:—

H. N. Martin, M.D., Philadelphia, Pa.; S. Lilienthal, M.D., New York; George A. Hall, M.D., Chicago, Ill.; L. E. Ober, M.D., La Crosse, Wis.; W. H. Holcombe, M.D., New Orleans, La.; E. C. Beckwith, M.D., Zanesville, O.; W. H. Watson, M.D., Utica, N. Y.; William Eggert, M.D., Indianapolis, Ind.; T. F. Cooper, M.D., Allegheny, Pa.

The Institute then adjourned until 9 o'clock Wednesday morning.

#### SECOND DAY.

##### *Morning Session.*

The first business was the reception of the Botanical Committee, comprising Dr. T. F. Allen, of New York, Dr. Henry Detwiler, of Easton, Pa., and Dr. W. von Gottschalk, of Providence, R. I. The Committee presented a very interesting report and exhibited twenty-five specimens of medical plants secured within the vicinity of Niagara Falls, among them a fine specimen of a genuine *Hyoseyamus Niger*, an escape from Europe.

#### CLIMATOLOGY.

In the absence of M. Mayer-Marix, M.D., the Chairman, the report of the Committee on Climatology was presented by Dr. A. R. Wright, of Buffalo, in a paper written by himself, and containing important suggestions with relation to the influence of atmospheric states upon disease.

The following resolution was offered and adopted:—

*Resolved*, That the Committee on Climatology be instructed to secure reports from the chief points of observation taken by the Signal Corps of the Army, showing the prevalence of various diseases at those points from time to time.

The President appointed the following as the Committee on Climatology for the ensuing year : —

Bushrod W. James, M.D., Philadelphia, Pa. ; A. R. Wright, M.D., Buffalo, N. Y. ; Thomas Nichol, M.D., Montreal, Canada ; L. D. Morse, M.D., Memphis, Tenn. ; W. H. Leonard, M.D., Minneapolis, Min. ; D. H. Beckwith, M.D., Cleveland, O. ; F. H. Ormes, M.D., Atlanta, Ga. ; T. W. Donovan, M.D., St. Augustine, Fla.

#### OBSTETRICS.

In the absence of the Chairman, Dr. R. Ludlam of Chicago read a paper on the special subject for presentation and discussion, "Puerperal Fever." A paper on the "Treatment of Puerperal Fever" was read by Dr. O. B. Gause of Philadelphia.

Dr. Conrad Wesselhœft, of Boston, Dr. G. W. Swazey, of Springfield, Dr. T. F. Allen, of New York, and Dr. S. Lilienthal, of New York, all spoke upon the general subject, and by consent another paper was subsequently read by Dr. J. C. Saunders, of Cleveland.

The President appointed the following to compose the Bureau of Obstetrics for the ensuing year : —

J. H. Woodbury, M.D., Boston, Mass. ; O. B. Gause, M.D., Philadelphia, Pa. ; J. T. Alley, M.D., St. Paul, Minn. ; S. P. Burdick, M. D., New York, N. Y. ; Mercy B. Jackson, M.D., Boston, Mass. ; J. C. Saunders, M.D., Cleveland, O.

The Bureau was continued in sectional session in the afternoon, and the many present showed the interest felt. The paper of Dr. Saunders, on Puerperal Conditions, was read.

Dr. Woodbury wished to know concerning the contagiousness of puerperal fever, and instanced two cases to which he had been called in consultation recently.

Dr. Willard had recently passed through a very severe epidemic of the disease, marked by some peculiar symptoms. The patients became stupid and insensible ; had tenderness of the spine at various spots ; no tympanitic distension about most of the cases, with some drawing backward of the head. Opium, Veratrum, Arsenicum, and Rhus were the remedies. There was an epidemic of cerebro-spinal meningitis in a neighboring town.

Dr. Clary had seen one bad epidemic of the disease. One Irish midwife lost eighteen cases in a week ; he lost three. All were characterized by great tenderness and distension of the bowels. Thinks that the midwife carried the infection, and he did not know but that he himself did.

Dr. Brown believed that pure homœopaths had many less cases than those who gave heroic medicines. One physician lost nineteen cases ; seven of them had chloroform ; all died from excitement ; twelve had opium, and died from symptoms much resembling puerperal peritonitis, the tympanitis being very marked.

Dr. S. R. Beckwith gives a little brandy in those cases in which the stomach rejects water. Whether alcohol is a nutrient or not has never been decided, but it is much used on the continent.

Dr. Morse believed that some cases had followed the treatment of a case of phlegmonous erysipelas, and gave the particulars.

Dr. Martin would use no external remedies. He thinks there are two kinds of so-called puerperal fever, — one a kind of septic fever, like that of surgical erysipelas; the other a milder form. Many cases seem to be brought on by too mild a diet. He gives milk freely.

Dr. Ball has used the bandages for forty years, but he feeds his patients well. Thinks that many children have been lost in infancy because the mother was not fed well during her confinement.

Dr. Holcombe considers puerperal fever specific and contagious. Can a woman have it twice? Is she better of uterine disease afterward, in other confinements? Dr. Davis, a former partner, was very successful in this disease, and yet he ran only three remedies, Acon., Bell., and Bry., with turpentine as a local application. Hot water will relieve the vomiting, but better still is a grain of sulpho-carbolate of soda dissolved in one half a glass of water, a teaspoonful every few hours. This will also relieve the vomiting of bilious colic. Alcohol has its place. It is good in drug stores, but bad in groceries. Give brandy before giving chloroform.

Dr. Allen. Alcohol, in any form, puts a stop to endosmotic and exosmotic action. It does not become easily eliminated from the system, nor will septicæmic action take place rapidly in its presence. It is this fact which gives it power in snake bites.

Dr. Ludlam uses collodion, combined with castor oil, as an external application. It is also excellent in articular rheumatism.

#### GYNÆCOLOGY.

Dr. S. Lilienthal, of New York, chairman, read a paper upon the special subject, "Uterine Hemorrhage."

Papers on the treatment of Uterine Hemorrhage were presented by Mrs. Dr. Mercy B. Jackson, of Boston, Mrs. Dr. J. A. Dunning, of Corry, Pa., Dr. S. R. Beckwith, of Cincinnati, Dr. W. H. Hunt, of Covington, Ky., and Dr. C. Ormes, of Jamestown, N. Y.

Considerable discussion followed the reading of the papers, especially upon that of which Dr. Hunt was the author. Those who took part in the debate were Dr. C. Preston, Dr. S. Lilienthal, Dr. J. C. Saunders, Dr. A. Ball, Dr. T. L. Brown, Dr. S. R. Beckwith, and Dr. J. H. Woodbury.

The papers were referred and the Bureau then closed.

The President then appointed the following as the Bureau of Gynecology for the ensuing year: —

S. R. Beckwith, M.D., Cincinnati, O.; J. C. Burgher, M.D., Pittsburg, Pa.; I. S. Sawin, M.D., Providence, R. I.; W. H. Hunt, M.D., Covington, Ky.; R. Ludlam, M.D., Chicago, Ill.; S. S. Lungren, M.D., Toledo, O.; W. A. Edmunds, M.D., Memphis, Tenn.; H. F. Hunt, M.D., Camden, N. J.; C. Ormes, M.D., Jamestown, N. Y.

The presentation of reports and papers of the Bureau of Pædology was postponed until the evening session, and at half-past one the Institute adjourned.

*Evening Session.*

The first business was the presentation and discussion of the reports and papers of the Bureau of Pædology, which had remained over from the forenoon session. Dr. H. N. Martin, of Philadelphia, presented the several papers of the Bureau upon the causes, pathology, and treatment of Cholera Infantum. They were received and referred to the Publication Committee.

The paper of Dr. Martin accurately defined the pathology of Cholera Infantum, distinguishing it from the teething diarrhœa and common summer complaint of children, and consequently limiting its treatment to those remedies only which had especial relation to it, and to Cholera Asiatica. The discussion which followed showed the necessity of more accurate discrimination and diagnosis on the part of the profession generally.

The Committees on Foreign Correspondence and a Homœopathic Dispensary reported, and their reports were received. That of the Committee on Homœopathic Colleges was referred back.

The New Constitution and By-Laws, presented at the annual session of 1873, were then taken for discussion and action. After long debate they were amended to some extent and finally adopted.

## THIRD DAY.

*Morning Session.*

Dr. T. F. Allen, of New York, Chairman of the Botanical Committee, submitted a second report, and exhibited quite a number of medical plants found in the neighborhood of the Falls.

Dr. H. D. Paine, of New York, submitted the Necrological report. Several veteran members of the profession were reported as having died within the year, and suitable memorials were presented.

## PLACE OF MEETING.

Dr. I. T. Talbot, of Boston, Chairman of the Committee on Place of Next Meeting, submitted a report, which was adopted.

After considerable discussion it was determined that the next session should be held on the second Tuesday of June, 1875, at Put-in Bay, O.

## SURGERY.

The papers of this Bureau were presented through Dr. S. R. Beckwith, and were "Dislocations of the Shoulder, Elbow, and Thumb," by Dr. L. H. Willard; "Fractures of the Leg," by Dr. J. H. McClelland; "Fractures and Dislocations of the Ankle," by Dr. S. R. Beckwith, and "Fractures of the Cranium, by Dr. E. C. Franklin.

The general subject and the papers were discussed by Dr. J. D. Buck, of Cincinnati, Dr. Grosvenor, of Chicago, Dr. Burr, of Lansing, and Dr. T. P. Wilson, of Cincinnati.

The papers were received and referred, and the Bureau then closed.

The President appointed the following to constitute the Bureau of Surgery for the ensuing year: —

L. H. Willard, M.D., Allegheny, Pa.; William T. Helmuth, M.D., New York, N. Y.; M. Macfarlan, M.D., Philadelphia, Pa.; E. C. Franklin, M.D., St. Louis, Mo.; H. M. Jernegan, M.D., Boston, Mass.; H. F. Biggar, M.D., Cleveland, O.; J. H. McClelland, M.D., Pittsburg, Pa.; George A. Hall, M.D., Chicago, Ill.; J. R. Flowers, M.D., Columbus, O.

#### OPHTHALMOLOGY AND OTOTOLOGY.

The reports and papers were presented by Dr. H. C. Houghton, of New York.

A paper on "Congenital Cataract" was read by Dr. T. P. Wilson, and a paper on "Catarrhal Inflammation of the Middle Ear," by Dr. Houghton. A paper on the treatment of the disease considered in the previous essay, written by Dr. Guernsey, of New York, was read by Dr. W. H. Woodyatt, of Chicago. Several other papers were referred with those mentioned to the publication committee.

The Bureau was then closed, and the president announced as the Bureau for the ensuing year the following:—

H. C. Houghton, M.D., New York, N. Y.; T. P. Wilson, M.D., Cincinnati, O.; C. J. Liebold, M.D., New York, N. Y.; W. H. Woodyatt, M.D., Chicago, Ill.; H. C. Angell, M.D., Boston, Mass.; W. L. Breyfogle, M.D., Louisville, Ky.; George S. Norton, M.D., New York, N. Y.

This Bureau had a sectional session in the afternoon, which was very interesting to those who attended.

#### MICROSCOPY.

The President also appointed the following to act as a Bureau of Microscopy, as provided by the newly adopted By-laws.

O. P. Baer, M.D., Richmond, Ind.; T. F. Allen, M.D., New York, N. Y.; Bushrod W. James, M.D., Philadelphia, Pa.; J. D. Buck, M.D., Cincinnati, O.; D. G. Woodvine, M. D., Boston, Mass.

#### COLLEGES.

Dr. D. Thayer, of Boston, submitted the report of the Committee.

The report was adopted, and the President appointed the following as the Committee on Colleges for the ensuing year:—

A. E. Small, M.D., Chicago, Ill.; J. P. Dake, M.D., Nashville, Tenn.; J. C. Saunders, M.D., Cleveland, O.; David Thayer, M.D., Boston, Mass.; T. P. Wilson, M.D., Cincinnati, O.

#### PSYCHOLOGY.

Dr. G. W. Swazey, of Springfield, Mass., the Chairman, presented the report of the Bureau of Psychological Medicine, and gave a synopsis of a paper by Dr. George F. Foote, of Stamford, Ct., on "Psychical Nosology."

The other papers were "Psychological Diseases in relation to Homœopathy," by Dr. J. H. P. Frost, of Danville, Pa.; "Influence of the

mind in the cure of Diseases," by Dr. T. L. Brown, of Binghamton; "Popular Psychology," by Dr. Swazey.

The papers were received and referred, and the Bureau closed.

The President appointed the following to constitute the Bureau for the ensuing year:—

Henry R. Stiles, M.D., Middletown, N. Y.; G. W. Swazey, M.D., Springfield, Mass.; G. F. Foote, M.D., Stamford, Ct.; T. L. Brown, M.D., Binghamton, N. Y.; Samuel Worcester, M.D., Burlington, Vt.; J. H. P. Frost, M.D., Danville, Pa.; T. Dwight Stow, M.D., Fall River, Mass.; J. B. Hunt, M.D., Indianapolis, Ind.

The Institute then adjourned until Friday, nine o'clock, A. M.

The afternoon was spent by the members, their ladies, and invited guests at a banquet given by Mr. Fulton, of the International. Three hundred were comfortably seated in the large dining hall, and spent two hours in gustatory and intellectual enjoyment. In the evening all were again assembled in the parlor, and kept time to the excellent music till past midnight.

#### FOURTH AND LAST DAY.

##### MEDICAL LITERATURE.

Dr. S. Lilienthal, Chairman, made a report relating to the Homœopathic works published in this country during the past year. The Bureau was then declared closed, and the President appointed the following to constitute the Bureau of Medical Literature for the ensuing year:—

I. T. Talbot, M.D., Boston, Mass.; S. A. Jones, M.D., New York, N. Y.; S. Lilienthal, M.D., N. Y.; R. Ludlow, M.D., Chicago, Ill.; W. H. Holcombe, M.D., New Orleans, La.

##### ORGANIZATION, REGISTRATION, AND STATISTICS.

The papers of this Bureau were presented by E. U. Jones, M.D. The paper by Dr. Hoyne embodied much valuable statistical information. The following appointments for the year were made by President Youlin:—

E. U. Jones, M.D., Taunton, Mass.; T. S. Hoyne, M.D., Chicago, Ill.; M. F. Page, M.D., Appleton, Wis.; H. M. Smith, M.D., New York, N. Y.; P. Dudley, M.D., Philadelphia, Pa.

The report of the Committee on Credentials was received. It set forth that the number of regular members in attendance at the annual session was 207, and the number of delegates representing asylums, hospitals, colleges, journals, societies, etc., 94.

An invitation to attend the opening of the New York State Homœopathic Insane Asylum at Middletown on Thursday next was received and accepted.

Some miscellaneous business pertaining to the Institute was transacted, and the meeting proceeded to the election of officers for the ensuing year.

The officers were elected by ballot. The voting was done expeditiously, and resulted in the choice of the following:—

*President* — Wm. H. Holcombe, M.D., New Orleans, La.

*Vice-President* — L. E. Ober, M.D., La Crosse, Wis.

*General Secretary* — Robert J. McClatchey, M.D., Philadelphia, Pa.

*Provisional Secretary* — Bushrod W. James, M.D., Philadelphia, Pa.

*Treasurer* — E. M. Kellogg, M.D., New York, N. Y.

*Board of Censors* — F. R. McManus, M.D., Baltimore; N. R. Morse, M.D., Salem, Mass.; C. G. Higbee, M.D., St. Paul, Minn.; C. L. Eldridge, M.D., Chicago, Ill.; H. F. Biggar, M.D., Cleveland, O.

On motion of Dr. N. R. Morse, of Salem, Mass., the Institute adjourned.

The session was, in all respects, harmonious, and the large amount of business included in the programme was carried out with unusual promptness. "A larger and finer representation of professional men has rarely been seen in this part of the country." — *Buffalo Courier*.

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## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by H. C. Clapp, M.D., Secretary.*

MARCH 26, '74. *Ulceration of the Os Uteri.* Dr. Chase generally turns over his cases of this disease to lady practitioners. He has used injections of *Calendula* with success, and thinks highly of the internal administration of *Sepia*. Has never applied nitrate of silver. He thinks the speculum is used a great deal too often.

Dr. Underwood used to rely mostly on topical applications, but of late years has discarded them, trusting entirely to internal remedies, with injections of tepid water. He regards ulceration as of a secondary character, and therefore needing constitutional treatment. In many cases spinal trouble is the primary cause.

Dr. Hall is of the opinion that a great many cases of this trouble result from harsh treatment of the old school. He uses no local applications.

Dr. Bell, of Augusta, who was present by invitation, states that he now treats the disease by internal medication, having given up local applications. He addresses himself to the symptoms, not of the os, but of the patient. Very often the local appearances are out of all proportion to the suffering, there being very little to be discovered. He very seldom uses the speculum unless he desires to confirm or refute a diagnosis. He has several times had the mortification of seeing his patients pass into Allopathic hands and temporarily "cured" by applications, but ultimately, in most cases, they come back to him to be cured homœopathically.

Dr. Palmer certainly inclines to constitutional treatment, although he has seen cases where topical applications might benefit temporarily.

Dr. Mercy B. Jackson depends entirely on internal remedies. She has never used caustics and never saw any permanent benefit result

from their use, except when a healthy woman after confinement gets up too soon and has a prolapsus, and there results an abrasion. The only topical application she ever uses, and that very seldom, is a soft sponge saturated with castile soap. She does not use a speculum in more than one third of her uterine cases. She never uses the sound, considering it very dangerous. She protests against the use of the speculum in unmarried women.

Dr. Krebs is in constant use of the speculum, and has derived great assistance therefrom. No one can make a diagnosis of ulceration of the os without seeing it, and it is always our duty to find out as accurately as possible the nature of the disease we are treating. He acknowledges the usefulness also of the sound and other appliances.

It is possible to have all the pains and sympathetic symptoms of ulceration, and yet be unable to find any on examination. But even then, if we enlarge the os, we may find extensive ulceration of the cervix to explain the symptoms. He never uses caustics, as they harden the os, and prevent its dilating easily in child-birth. If the ulceration be slight, *Calendula* with *Glycerine* will relieve it. If this is unsuccessful, and the pavement epithelium is denuded, a very mild solution of sulphate of zinc or of sulphate of copper will be serviceable. Where the follicles are disorganized and the discharge is offensive, he uses chromic acid in substance. Cleanliness does a great deal in these disorders, and that is one secret of the success of external applications. Neither external nor internal remedies alone are sufficient; both should be conjoined.

Dr. Carruthers recommends two injections to be used, during alternate weeks. One is a drachm of *Humamelis* to eight ounces of water, the other, ten grains of sulphate of zinc to an ounce of water. One table spoonful of the latter is to be diluted with two of water before using. Internally he uses *Sepia*, *Cocculus*, *Calcareo carb.*, etc.

Dr. Talbot considers the occasional use of the speculum very valuable, but to make an examination for every pain in the back as some do is the height of absurdity. A lady, who had formerly been a patient of his, went to consult a well-known "uterine speculator" in this city who had a partner. After waiting some hours an examination was made. The gynæcologist felt obliged to call out to his partner to come and see one of the worst cases of ulceration and version they had ever had. They made applications about twice a week for a year. Then on inquiry she was told that she had improved, and that it would take only about *six months* more to cure her. Feeling a little discouraged at the prospect, she returned to Dr. Talbot. The only symptom she had experienced all this time was a neuralgic pain over the left hip. There had been no leucorrhœa or peculiar uterine symptoms. For the purpose of diagnosis, he made a speculum examination and found *not the slightest trace* of ulceration. The pain was entirely cured in two or three days by *Cimicifuga*, and she soon considered herself a well woman.

April 9. Dr. Mary Safford Blake uses *Glycerine*, *Carbolic acid*, *Calendula*, *Hydrastis tincture*, and very occasionally, where the ulcers are indolent, resorts to Chromic acid and Nitrate of silver.

Dr. Sanders uses the dry powder of *Hydrastis* on cotton wool, attaching a string to facilitate removal. For ulceration in scorbutic constitutions he applies a weak solution of iodine on cotton wool. Where the ulcers are deep seated and indolent he applies diluted Chromic acid on a camel's hair brush, and sometimes the pure crystals on cotton. For leucorrhœa in a person of scrofulous diathesis and with catarrhal difficulty, he recommends an injection of twenty drops *tincture of Iodine* to a pint of water. Where there is chronic inflammation of the uterus without ulceration, he uses *Mercurial* or *Belladonna* ointment diluted with three parts of simple cerate on soft linen, using internally the same remedies.

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### SURGICAL CLINIC.

BOSTON UNIVERSITY SCHOOL OF MEDICINE. BY H. M. JERNEGAN, M D.,  
PROF. CLINICAL SURGERY.

*Reported by David D. Hudson.*

THE clinics for April present the following exhibit:—

April 4. *Papilloma of the Glans-penis*. Son of F. S. of Stoughton, aged seven years, had a growth of the above nature of about a year's standing. It was excised by Prof. Jernegan with scissors, and the pedicle touched with chromic acid.

April 8. *Resection of the radius for Necrosis*. This operation was performed by Prof Jernegan in the presence of the Massachusetts Homœopathic Medical Society at its annual meeting, in the amphitheatre of the college. G. W. G. (to whose case reference was made in last month's report), seventeen years old and a resident of Boston, had suffered for a long time with painful swelling and abscesses of the right forearm. The disease had been diagnosed as erysipelas and treated accordingly. After some twenty days of preparatory treatment with *Carbolic acid* dressing, and *Kali jodatun* internally, the operation was undertaken.

An incision was made along the tendon of the supinator longus muscle, from the carpal articulation to a point near the elbow; the incised integument and muscles were held away; the bone was freed from periosteum by careful dissection; the shaft was severed just below the tubercle by means of the chain-saw, its carpal end disarticulated, and the whole diseased mass was removed. The resected portion measured over six inches. The cavity was filled with marine lint saturated with *Balsam-Peru*. Six days later, inflammation being subdued, the arm was put in a gutta-percha splint. At the present (May 1st), the incision is rapidly closing, a new osseous deposit is sensible to the finger touch, and motion is had in each finger, and in the thumb, while the health and strength of the patient are increased to a most gratifying extent. Generous diet has been allowed. The splint has not yet been removed.

April 11. *Skin-grafting* was successfully employed in two cases to cover denuded surfaces in a state of healthy granulation.

J. B. of Lynn, aged thirty-seven, had a *Fibroid Tumor* under the chin, of seven years' standing, and as large as a hen's egg. It was removed with scalpel and director. The margins were co-opted with silver wire stitches.

*Sebaceous Tumor.* F. A. E. R. of Andover, aged eight years, had a congenital sebaceous tumor immediately beneath the right frontal eminence. It was dissected out, but the bone having suffered from pressure so as to threaten caries, the incision was left unclosed, and suitable treatment directed to the condition.

*Circumcision for Hydrocele.* A child of S. T. L. of Hyde Park, aged four years. The condition had been mistaken for hernia. Phymosis was, however, present in a marked degree, and was considered as the real cause of the hydrocele. Since the circumcision the hydrocele has almost entirely disappeared, and a speedy cure may be expected.

April 18. *Dissection of a Cicatrix.* The case of Miss R., previously reported, was brought up for completion. The former operation had restored the everted lip, and partially developed the retracted chin. The present object was to develop the chin and angles of the jaw to their natural prominence, and release the head from all forward depression. A patient and tedious dissection by Prof. Jernegan, who made two widened incisions from side to side of the neck, was so far successful that the patient now (May 1) holds and elevates her head naturally, and shows the sub-maxillary angles and symphysis with due prominence. Skin grafts are doing well on the granulated surfaces.

April 25. *Hydrocele.* Operation by Prof. Talbot. J. F. M. of Needham, aged fifty-five, has suffered with extensive thickening of the tunica-vaginales and hydrocele for two years. Dr. Talbot withdrew a quart of the morbid secretion in October of last year. About the same quantity was taken on this occasion by means of the trocar and canula. An ounce of *Iodine* was injected into the sac to produce adhesive inflammation.

April 28. *Extirpation of both Testes.* W. H. D. of Newton was kicked by a vicious cow, while milking, some two years since. Abscesses formed in one testicle soon after, and fifteen months later in the other. Some time was fruitlessly spent in the Mass. Gen. Hospital, and in the City Hospital. Case came to the College Hospital April 18. It being evident that only an operation could give relief, after ten days' treatment by medicine and nourishment, Prof. Jernegan removed the testes, and the diseased portions of the scrotum. The several tissues were so degenerated as to be undistinguishable, and great caution had to be used to secure the cords. This was done by ligatures supported by a hair lip pin in one case, and silver wire in the other. Several arteries of the dartos were ligated also, and marine lint dressing was applied. After one night of intense pain the patient has got along comfortably, and the prognosis, at first very dubious, is now favorable. This is the more gratifying since a large abscess in the sheath of the spermatic cord, in which the pus rose within the external abdominal ring, was opened in the course of the operation. The patient is an unmarried man thirty-five years old.

## REVIEWS AND NOTICES OF BOOKS.

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

## RECENT PUBLICATIONS.

- Murray.* — Pathology and Treatment of Cholera. Putnam.  
*Parker.* — The Treatment of Syphilitic Diseases by the Mercurial Vapor Bath. Compiled from the 5th London edition, by J. W. Foye, M.D., Boston. Williams.  
*Pettigrew.* — The Physiology of the Circulation in Plants, in the Lower Animals, and in Man. Macmillan.  
*Van Buren and Keyes.* — Surgical Diseases of the Genito-Urinary Organs. Appleton.

## FOREIGN PUBLICATIONS.

(For sale by Schoenhof & Moeller, 40 Winter Street, Boston.)

- Benecke.* — Grundlinien der Pathologie des Stoffwechsels.  
*Burkart.* — Noch ein Wort über Homöopathie.  
*Dusart.* — De l' inanition minérale dans les maladies. 1re partie: Rachitisme, phthisie, dyspepsie.  
*Fouilhoux.* — Essai sur les variations de l'urée.  
*Gasser.* — Des Parasites des organes génitaux de la femme.  
*Gesellius.* — Zur Thierblut-Transfusion beim Menschen.  
*Guillemin.* — Les Origines et la propagation du typhus.  
*Hasse.* — Die Lammblood-Transfusion beim Menschen.  
*Hüter.* — Compendium der geburtshülflichen Operationen.  
*Mouton.* — Du calibre de l'œsophage et du cathétérisme œsophagien.  
*Ritti.* — Théorie physiologique de l'hallucination.  
*Sévestre.* — Des Manifestations cardiaques dans l'érysipèle de la face.  
*Zeroni.* — Die Cholera und das Choleragift.

## THE TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY FOR 1873.

The record of the twenty-sixth session of the Institute forms an interesting volume of 763 pages, these being available to all who become members of the Institute.

## ON THE UNIVERSALITY OF THE HOMŒOPATHIC LAW OF CURE. By Charles Neidhard, M.D., 2d Ed. Philadelphia.

We will not indulge in a lengthy discussion of Dr. Neidhard's readable and suggestive essay, now in the second pamphlet edition, but by placing it first in our reviews thus call attention to it. It is another essentially popular pamphlet, of which many more should be disseminated among the people.

Recognizing briefly the material proofs usually given by the supporters of the homœopathic law, Dr. Neidhard devotes his monograph almost wholly to a study of the mental confirmations of the rule of the similars. Here he is bold and quaint to a degree which may excite, for a moment, surprise on the part of those especially who forget

that the body is but a temporary home for the mind, hence the mind is the essential part, recognized by Hahnemann as offering most of the characteristic symptoms for the study of disease, and thus furnishing the *subjective*, — far more important than objective symptoms.

The very advisable cure of inordinate love *by love*, of homesickness, fear, over-energy, pride, misanthropy, vanity, etc., by the exhibition of similiar states, is illustrated and enforced; and the well-known need of treatment completely homœopathic to the form of each individual case of insanity is brought to the notice of the reader.

It seems all-important to enforce the truth emphasized near the conclusion of the essay, namely, that homœopathy reveals a law, and does not arrogantly dictate one. for “the homœopathic law is not merely a rule devised by man, like allopathy, hydropathy, and other methods, but a divine law of nature,” always unconsciously practised by those who have been successful in the healing art.

GEN. ED.

THE SPECIFIC ACTION OF DRUGS ON THE HEALTHY SYSTEM; AN INDEX TO THEIR THERAPEUTIC VALUE. By Alexander G. Burness, M.B., C.M., University Aberdeen. London, 1874.

This remarkable book has at last reached us from England, and we can now see for ourselves what is contained between its covers. Since reading the criticisms in the last number of the *Gazette*, which were taken from English homœopathic journals, we have impatiently awaited the arrival of the book, wishing to place before our readers a more detailed account of its startling revelations.

The first chapter we find devoted to a theoretical explanation of acute diseases; also the statement that “each disease is characterized by certain primary symptoms peculiar to itself, specially influencing some special parts or tracts.” Then going over to the action of drugs, these are said to act by virtue of their physical, chemical, or *dynamical* properties. Each agent introduced into the *healthy* organism produces a train of symptoms *peculiar to itself*. These are called by Dr. Burness the physiological effects of drugs. He requires that those who experiment with drugs on the healthy shall bear in mind that “a substance may be introduced into the alimentary canal in such a form as only to excite topical effects.” He desires “therefore that the experimenter shall carefully note both the quantity, form, and mode of administering the drugs; they should be given in different doses, forms, and modes, and observing the effects in each case, take the totality of symptoms produced as the physiological effects of the substance.” This is the author’s first homœopathic summer-sault.

Now we come to the second chapter, which opens with this astounding assertion: “We have now to show that the same substance that influenced special tracts or parts of the body in their *healthy condition*, will influence the same special parts or tracts in their *diseased condition*, and will so act upon them as to restore them to their normal condition.” It would be impossible better to express Hahnemann’s formula “*Similia similibus curantur*” in the English language. This

is the second homœopathic summersault of an "original" and upright author.

Regarding the dose, this great discoverer makes three distinctions: the *toxic* dose, a sufficient quantity of a substance to produce the full physiological effects, and cause death. The *physiological* dose, the usual amounts of a substance as given in works on materia medica. "But when a substance is used for its *specific* action on the *diseased* parts or tracts, the dose must be *considerably below* the last mentioned dose"; this is the author's *restorative* dose. Further on he says, "The exact quantity of each substance to be given for this purpose is a point to be determined yet by experiment. The rule, however, is to give it in such a dose as will *not* produce physiological effects, and thus *aggravate the disease*. This is exactly what Hahnemann told us more than fifty years ago, and here occurs the third and final homœopathic summersault of Alexander G. Burness, M.B., C.M."

Shall we hail such a book with enthusiasm, in which not even an allusion is made to the great discoverer of all these truths? No, the authors of such productions should be branded as felons, and held up to the medical world as impudent thieves.

For the sake of the many sufferers daily outraged by the "regulars," we hope the book may have due influence in the ranks of our opponents, who have maligned Hahnemann for half a century, chiefly from gross ignorance of his writings. Some of these may be induced to take practical hints from this contemptible counterfeiter, and continue to gain comfort in the names of "rational" and "regular." We predict that the aconite phial will be in more allopathic vest-pockets in the future, than heretofore.

Finally we will cite three cases, showing what is meant by B.'s specific treatment: —

"(b.) This patient, for the last two days, has been passing slimy, bloody stools every second or third hour; there was a great deal of tenesmus and much prostration.

*Treatment.* Liquor *hydrargyri bichloridi* was given in restorative doses every hour, and at intervals small quantities of boiled milk. Next day the patient was much better, and on the third day quite recovered

"(f.) In the following case the patient was elderly, and in addition to the inflammation of the bronchial mucous membrane, there was a tendency to asthma. The treatment adopted was at first *Aconite* and *Tartar emetic*, but afterward *Ipecacuanha* was given with marked benefit.

"(m.) The patient was feverish, complained of an acute cutting pain in the left side, which was increased by deep inspiration, coughing, or pressure; the temperature was one hundred and three degrees, the pulse hard and quick, flushed cheeks and great restlessness. On examination, at first, a friction sound was perceptible. Solution of *Morphia* was subcutaneously injected. *Aconite* was given every half hour in restorative doses, and warm flannels applied round the chest. Under this treatment the temperature fell to the normal, the pain subsided, and the patient recovered."

The first case was a properly treated one, one remedy only being given, which was the homœopathic specific in the case.

The second was treated by three homœopathic remedies, *Aconite* and *Tartar emetic*, probably given in alternation, followed by *Ipecac*, which last remedy would probably have cured the case from the outset, without *Aconite* or *Tartar emetic*.

In the last case, *Aconite* alone would have done better and quicker without morphia injections.

How does Burness reconcile such mixture of medicines, when he starts from the proposition, "Each disease is characterized by certain primary symptoms, peculiar to itself, specially influencing some special parts or tracts; each agent introduced into the healthy organism produces a train of symptoms *peculiar to itself*, influencing some special parts or tracts"? How many special parts or tracts were influenced by disease in the last two cases mentioned? No, Mr. Burness must learn more logic from Hahnemann, and not follow blindly the wretched mixing of medicines which has so strong a hold upon our English colleagues.

We homœopaths can learn nothing from this book; the provings are coarse and fragmentary; all the therapeutic indications of any value are stolen from Hahnemann's provings.

Those who have the curiosity to look more deeply into this marvel of insolence can now find a copy of it in our Public Library.

W. P. W.

## PERSONAL.

OBITUARY. — Died at Philadelphia, May 5, WALTER M. WILLIAMSON, M.D., æt. 38. Doctor Williamson was known as an active member of the profession, in which he was highly esteemed as a practitioner, and as an honest, genial, and capable man. He was a member of the American Institute of Homœopathy, where he served several years as chairman of one of its bureaus. Resolutions expressing esteem and regret for his loss were passed at a meeting held May 7th, by the Homœopathic Medical Society of the County of Philadelphia.

Also, in Germany, DR. RITTINGER, known by his opposition to vaccination; DRs. ROTHANSEL and WALTERA.

REMOVALS. — H. M. JERNEGAN, M.D., from 9 Franklin Square to 133 West Newton St.

J. D. DRESSER, M.D., from Turner, Me., to Greenwich, Conn.

E. MORRILL, M.D., of Salem, Mass., on changing his place of residence, has transferred his practice to S. H. Worcester, M.D., of Salem.

J. H. SHERMAN, M.D., of Lynn, Mass., to 476 Broadway, So. Boston. His practice is transferred to C. F. Brown, M.D., of Burroughs Place Hospital.

F. R. SCHMUCKER, M.D., from Reading, Pa., to 103 Fifth Avenue Extension, Pittsburg, Pa.

H. R. FETTERHOFF, M.D., from Newville, Pa., to 257 West Hoffman Street, Baltimore, Md.

W. B. REYNOLDS, M.D., of Carlisle, Pa., has removed to Newville, Pa.

DR. E. K. EATON, from Wareham to Lowell, Mass.

THE  
New England Medical Gazette.

No. 8.]

BOSTON, AUGUST, 1874.

[Vol. IX.

GLONONIN OR NITRO-GLYCERINE.

[Continued.]

disposition to apoplexy ought to have taken. While he was still coolly dictating his first symptoms to me, he suddenly started up and exclaimed, "Indeed, you are right, here it is! Oh, how it seizes me!" He paced the room with long steps, holding his head with both his hands, and said, "Surely, this acts on the spinal cord and the brain." Visibly overcome, he continued his walk up and down the room, — who could tell if in danger or not? — describing his sensations, while I took them down as vigorously as a short-hand reporter in Congress. Meanwhile I also considered what would be the best antidote, and concluded in case of need to try coffee, *because this acts downward from above, and our new remedy upward, from below*, etc. After a few minutes the threatening sensation diminished, and in twenty minutes we were already making further experiments on a few other friends. The news soon spread, and the matter took its course as long as the vial yielded its store.

But above all things the child required a name. Sobrero had not considered one necessary, and the gun-cotton had not even been chemically christened, so I coined a name from the components, — Glycerine, or hydrate of glyceryl-oxide with nitro-sulphuric acid gave the product. The sulphuric acid and the water remaining, our substance was Glyceryl Oxide and Nitrogen Oxygen, the latter perhaps as nitric acid, and the elements of the first transferred to alkalies: all this we did not even know how to investigate, and were obliged to wait for adepts to discover it. But the name could not wait, so to Gl. O. N. O., *inum* was added, to designate *what is derived*, abbreviating which, we had the euphonic and significant name of Glonoin, the *i* long and accented.

As it was shown at the outset that the headache was throb-

bing, and increased when shaking the head, I urged that the pulse should be felt, and so made the important discovery, that Glonoin, even in very small quantities, exercised a more decided influence upon the activity of the heart than any other remedy had done before. *The pulse was accelerated in almost every prover*, and so soon after taking it, that the acceleration is sometimes already felt by the finger when the globules can scarcely have melted on the tongue. To be sure, there was difference of from one second, to two and three minutes; the size of the dose also had an influence, so that with many the small doses did not accelerate the pulse. But it was only necessary to proceed from  $\frac{1}{1000}$  to  $\frac{1}{100}$ , and to  $\frac{1}{10}$ , and a person will seldom be found whose pulse will not be accelerated by so doing. That it increases from sixty to one hundred and twenty is a very usual phenomenon after  $\frac{1}{10}$  or  $\frac{1}{5}$  of a drop.

The first beneficial result we derived from this experience was a facetious one. We began to carry vials of pellets moistened with Glonoin in our pocket medicine-cases, which were coolly offered to such witty men as were wont to boast that they could eat a whole box of homœopathic pills without injury. (Apothekenfresser.) If such a boaster be brought to a stand, he is made to take out his watch and count his pulse, whereupon the pellets are poured in considerable quantity upon his audacious tongue, when miracles will be seen and experienced.

Young people without preconceived opinions can be convinced of the effects of very small doses of Glonoin if given between intervals of twenty-four hours,  $\frac{1}{10}$ , then  $\frac{1}{100}$ , then  $\frac{1}{1000}$ , and so on, in one or more doses.

But the chief thing is this: experiments can be produced that demonstrate the truth of the homœopathic therapeutic law. Cause some one to count his pulse. Then he must walk a given distance as rapidly as possible, a hundred or several hundred steps, or run up and down several pairs of stairs. Then count the pulse again. The experimenter now remains quietly in his chair, counting his pulse until it returns to its natural condition; the time required for this must be noted in writing. Now let him go over the same distance just as fast, and the accelerated pulse must be counted once more. Admitting as very probable that the pulse, when sitting, will return to its normal number of beats in the same space of time, — although after every second and subsequent trial it will take longer, — give a pellet of the  $\frac{1}{1000}$  at once, while the pulse is counted all the time, on one hand by a "believer," and on the other hand by an "unbeliever." I know of no exception in which the result was not a far more rapid return of the pulse to its nor-

mal state, indeed, at some times even a decrease from that. I know of no experiment which shows more convincingly this so-called reaction or counteraction of the organism, by which Hahnemann tried to explain why similar effects were curative. In my opinion, cure is only possible by means of a counter-direction to its like; as the effacing of waves by similar waves in counter-motion, or like the interference of light, where similar waves of light in meeting extinguish each other. As will be shown, the Glonoin experiments entirely confirm this view.

But this is not all. The observations of the pulse by provers showed, besides many deviations, that may with the most be entirely individual, a decrease of the number of strokes below the usual number, and almost always after a previous increase. This furnishes a good example of that wave-like effect of medicine which Hahnemann wished to have distinguished as first effect and after effect, and only exceptionally designated as alternate action; but which, according to my opinion, now generally accepted and fortunately prevalent, must be regarded as simply the effect of medicine from first to last, whether the time be longer or shorter, inasmuch as all so-called counter-effect of the organism is preposterous. This change of the pulse is illustrated in tables in a supplement.

What vistas are here opened to the physiologists! What a clear comprehension of more pathic processes can we thus gain! I might expatiate here in my usual manner: that is, as I have expressed it, I would climb the heights and proclaim beforehand, as I did after the proving of the snake poisons, what series of experiments were to be made, what brilliant results and reliable answers to yet unforeseen questions we might then obtain, but I forbear. While from one lurking-place our weaklings, who could not follow, cried out at swindle, in spite of the most rigorous conditions on my part, to accept only that as true which repeated and careful experiments should establish, worthless literary talkers and cavillers in another lurking-place stole what they were entirely unable to produce themselves, and, what was most vexatious, distorted, garbled, and spoilt my mental offspring until not a single proposal of mine was truly carried out. If I afterwards quoted *what I printed more than ten years before*, I was accused of theft, and what this or that one wrote *five years before* quoted as proof. I would not waste one word on the subject, were it not for the cause, which must lose by such stupidity on one hand and such brutality on the other. I do not mean that it will lose in the eyes of our opponents, for there is not much to be lost in that direction, but its inherent strength will suffer.

Let us turn to what is before us. A series of experiments, —nearly all of them deficient attempts, hasty, superficial, most of them still incomplete; and yet what a brilliant contrast is even here made manifest between the old-school method, including the very newest fashions, and that of our new school! Into whatever territory, into whatever province of the realm of medicine we journey, triumphal arches rise for us everywhere; nature erects them, even if mankind does not yet comprehend us.

What could the old school do with Sobrero's explosive oil? What could they make of it? A chemist here discovered a powerful substance, preparable by every expert, and easily handled. This substance has a very decided and clearly defined power; it produces headache, pain in the most important central organ, accelerates the beating of the heart, the action of the other most important central organ, and it is certainly done more decidedly, rapidly, and surely than by the action of any other substance yet known to us. More decidedly than *Belladonna* enlarges the pupil, more decidedly and quickly than croton-oil causes purging. But what can the old school do with it? Perhaps quicken the pulse of old people, a short-lived pleasure. Perhaps give it to patients with heart disease: the suffering would be brief. Perhaps antidote slow poisoning by lead; but that we know, and give lead for glonoin, and glonoin for lead. Perhaps use it after perilous doses of *Digitalis* or *Colchicum*: that we know, too. There is then nothing left, as in the case of *Aconite*, except a shameless theft; and in order to cover it, a gay cloak is hung about stolen facts, with all kinds of fringes and tassels of technical terms, that will lose their meaning and be scoffed at in the next generation.

But what ought to have been done on our part? Every homœopathic physician, as soon as he read Sobrero's notice, should have thought at once, this substance must be proved, so that we may discover what kind of headache is caused by it, for it *must* cure patients in similar cases. Here we have a *must* that is just as sure as the  $\pi\omega\sigma\tau\omega$  of Archimedes; here we have a certainty which is mathematical, that is, a truth which is as sure in its application as any mathematical one in mechanics.

#### PREPARATION.

Although it is advisable to leave, as far as possible, the preparation of Glonoin to professional chemists, yet I will try to place every one in the position to make for himself this powerful remedy, especially as it is not fit for transportation except

in alcoholic solution. In its manufacture are used glycerine, nitric acid, sulphuric acid, and ice.

GLYCERINE is the sweet principle in oil, discovered by Scheele in 1779, also called *oleo saccharum*, and after the discoverer, "*Scheel'sche Süß*" or "*Oel Süß*." In regard to the intrinsic composition of this substance, and the combining proportion of its elements, different chemists have advanced different theories; it is sufficient to mention here that Liebig accepts a Glyceryl ( $C^6 H^7$ ), which forms with  $O^5$ , the Glyceryl oxide ( $C^6 H^7 O^5$ ), and, by adding one molecule of water, the Glyceryloxyhydrate, or Glycerine, the formula of which would therefore be ( $C^6 H^7 O^5 H^2 O$ ).

Fats and oils, as they occur in animals and plants, consist, for the most part, of similar, but chemically distinct, compounds. Among these, chemists recognize a very great class as Glycerides, or sweet fats, *i. e.* those which contain Glycerine; these compounds, during the process of saponification, divide on the one hand into fatty acids, which form soap by their combination with a base, and on the other into Glycerine, which does not enter into the composition of soap. Soap-making is, therefore, the method of obtaining Glycerine, which not being saponifiable remains, and since it is soluble in water can be washed out.

All fatty vegetable oils, and all animal fats, liquid as well as solid, may serve for this purpose; the sweeter the taste, the greater is, in all probability, the amount of Glycerine contained. The best preparation is from olive oil, in the same way as Scheele discovered it.

In the manufacture of the common sticking-plaster, olive oil is first heated; to nine parts of oil, five parts of finely powdered litharge are added, while water is continuously poured in and the whole stirred; the mass of plaster is separated from the liquid residue, washed and kneaded, yielding more and more Glycerine as the process is prolonged.

Should the plaster remain greasy, the Glycerine is not all washed out.

This liquid contains Glycerine and lead in solution; the latter is best precipitated by treating it with a small quantity of sulphuric acid or sulphuretted hydrogen. I have found that Glycerine even from the best laboratories contains something acrid, and if applied to sore nipples causes severe pain. Doctor Zumbrock found lead in the same preparation; what else there was we could not ascertain in the small quantity tested.

I consider it decidedly better to purify the Glycerine, for Glonoin manufacture, with sulphuric acid; this is added drop

by drop as long as a cloudiness is visible; and after it has been frequently shaken and allowed to stand, more is added until a small surplus remains, as this does no harm in the preparation of Glonoin.

When the liquid has been filtered, the water must be evaporated; it is perhaps, for our use, necessary to remove the water entirely; but it would be advisable, if sulphate of lead is thrown down in solution, to again filter or pour off.

Glycerine ( $C^6 H^8 O^6$ ) is a syrup-like oil, miscible with water in all proportions; tastes very sweet; has no smell; no color, or sometimes has a pale yellow color, often darker, but the clearer it is the better; perhaps it would be judicious to bleach that which may be colored with animal charcoal or alcohol; both the aqueous and the anhydrous dissolve oxide of lead. Since Glycerine has lately been recommended by Yearsley as a remedy for deafness, especially in old people, it is to be found in all apothecary stores. As it does not become rancid, it can, in cases of deafness, from want of cerumen, supply the place of the cerumen; and it has shown itself efficacious in many instances, also as an application for abrasions of the skin. Whether the small quantity of lead contained therein was not many times the real curative agent, as iodine and bromine in cod liver oil, will be seen later; since small quantities, indeed so small that chemical analysis cannot discover them, can certainly cure, and often serve better than larger doses, it is probable the lead is the chief thing. I should not wonder if Glycerine, containing sulphate of lead, would cure or alleviate abscess of the lungs and diabetes.

#### GLONOIN

( $C^6 H^5 (NO^4)^3 O^6$ ) is obtained by the union of Glycerine with a mixture of nitric and sulphuric acids, at an ice-cold temperature. If the acids are united with Glycerine at the common temperature, the latter is consumed, or, chemically speaking, oxidized into different analytical products. Sobrero conceived the happy thought of preventing this heat, and hence the method, by means of *cold and stirring*.

These then are the chief conditions for the production of Glonoin. Sobrero gives the following direction: "Two parts, by measure, of sulphuric acid (1.83 Beaumais), and one part of nitric acid (1.43), are placed in a freezing mixture of snow and salt, and while being continuously stirred, the Glycerine is added; the latter dissolves very quickly; the mixture is then poured into water; an oily substance heavier than water sinks to the bottom; this is thoroughly washed in water, losing by

this process but a small portion, as this oil is nearly insoluble. After the cleansing it is dissolved in alcohol, which is again evaporated. It is then entirely freed from water over sulphuric acid, in a vacuum. It is similar to olive oil; light yellow; odorless; and tastes sweet, pungent, and aromatic.

In regard to the method of preparation according to which he succeeded in making this oil, Morris Davis makes the following statement:—

“I made the Glycerine myself, from the best olive oil boiled with oxide of lead, washed out with water, the lead precipitated from this by sulphuretted hydrogen, filtered and dried in a vacuum to the consistency of thick oil. In a freezing mixture, in which the thermometer stood at zero, there were mixed two parts of sulphuric acid (1.83), and one part of nitric acid (1.43); to this was added slowly and with constant stirring, one and a half parts; that is, the half of the former of Glycerine which had been previously cooled in the same freezing mixture; it formed thick, honey-like syrup; this was poured into a large quantity of water, and the mixture stirred. The new substance sank to the bottom; the water was then poured off, the oil dissolved in alcohol, thrown down with water, and because some whitish powder was also precipitated (sulphate of lead), dissolved in ether and separated; the ether evaporated, and then thoroughly freed from water over sulphuric acid in a vacuum. It still smelt a little of ether, although this was perfectly pure.” This Glonoin was used in all the early experiments.

Since this Glonoin, first prepared, was very soon exhausted, especially because I at first insisted on proving the undiluted substance, and not the alcoholic solution, intending a second, separate experiment for this, we had to think about preparing a greater supply. Doct. Zumbrock, my assistant at that time, expended considerable time and labor on it, and succeeded in so perfecting the mode of preparation, that any one, even on the hottest summer's day, can make for himself a sufficient quantity of Glonoin.

The temperature may even be above zero, especially if one is operating with small quantities. According to Zumbrock, the acids are poured into a common test tube, and placed in a glass of water, to which some pieces of ice are added. The Glycerine may be first cooled in another tube, but it is not necessary. Zumbrock also found that the common fuming nitric acid was suitable. Since it appeared to him that in the methods previously employed, the effects of the acids on the Glycerine very soon ceased, he took a greater quantity of it:

one part Glycerine, two parts nitric acid, and three parts sulphuric acid, in the proportion therefore of 1 to 5, and succeeded far better, quicker, and easier.

As soon as the Glycerine is added, the refrigeration may be promoted by moving the glass tube in the ice-cold water. The presence of Glonoin is recognized by the mixture becoming milky, like an emulsion; if it remains clear, or becomes thick, there is no Glonoin present. (Z.) As soon as it has become milky, it is to be quickly poured into about twenty times the quantity of water, stirred and allowed to settle; the water is poured off; it is then washed until the water no longer reddens litmus paper. (Z.)

The separation from the water is very easy, if it is allowed to stand long enough and to settle properly, and then poured into a glass funnel, from the bottom of which the oil may be allowed to run off into the separate vials. (Z.) If some is wanted immediately, less water is taken, the first drops separated, and the rest allowed more time.

Three methods for the preparation of this substance have been recently given, which, although chiefly useful for chemists, we reproduce.

(1.) A hundred grammes (1543.3) of syrupy glycerin of specific gravity 1.262 are gradually added to 200 c. c. of monohydrated nitric acid of specific gravity 1.52, previously immersed in a freezing mixture, the liquid being continually stirred, and the temperature allowed to fall to  $10^{\circ}$  C. before each fresh addition, and never to rise above  $0^{\circ}$ . 200 c. c. of strong sulphuric acid are now added gradually. This operation is attended with the greatest danger if the temperature is not kept below  $0^{\circ}$ . The oily nitro-glycerine (200 grms.) which now floats on the surface is separated by a tap-funnel from the acid liquid, and dissolved in the smallest possible quantity of ether; the solution is repeatedly shaken with water till the water no longer reddens litmus, the ether evaporated, and the remaining nitro-glycerine heated over the water bath till its weight remains constant. The product amounts to 184 grms. of pure nitro-glycerine (De Vrij).

(2) Half an ounce of dehydrated Glycerine is poured with constant stirring into a mixture of 2 oz. of oil of vitriol and 1 oz. fuming nitric acid of specific gravity 1.52, the temperature of the mixture being kept below  $25^{\circ}$  C, and as soon as oily drops begin to form on the surface, the mixture is poured with constant stirring into 50 oz. of cold water. Nitro-glycerine then separates and may be purified by washing and drying in small portions in a vapor bath. — Liebe. See, also, Sobrero.

(3) Champion gives the following directions (1871). (In *Wagner's Jahresbericht*, 1868, p. 345, are found others.)

Since but a few seconds are required for the complete action of the nitro-sulphuric-acid mixture upon Glycerine, it is necessary to complete the mixture as quickly as possible, and then throw the mass instantly into cold water.

The author's apparatus is a receiver, movable about a horizontal axis, in which the mixture of the liquids is effected by means of a current of air forcibly introduced; above this is another vessel, which may be quickly overturned, in which the Glycerine is measured off. Beneath the whole is a large reservoir containing the water for washing, and provided with an apparatus for stirring. The best proportion of the constituents is: 380 parts Glycerine (31 per cent), 1000 parts fuming nitric acid (50 per cent), and 2000 parts sulphuric acid. The result is 760 parts nitro-glycerine, *i. e.* 200 per cent.

If one work with a small quantity, he can proceed as follows: The mixture of acids is placed in a large glass; the requisite quantity is carefully poured on the side of the glass, so that it quietly spreads itself over the acids. No reaction occurs under these circumstances. The mixture is rapidly stirred, while cold water is poured in in large quantities. Commercial nitric acid usually contains 48 per cent. To bring this up to 50 per cent, an equal weight of sulphuric acid is added, the whole distilled, and only the first half collected. An admixture of hyponitrous acid may be removed by repeated distillation with peroxide of manganese, or better, by a current of air or carbonic acid gas driven forcibly through the mixture. Commercial Glycerine has a strength of about 28 per cent. When concentrated, it becomes brown, but if carefully heated in the oil-bath, it may be brought to a temperature of 135° without change of color.

Solution in alcohol or ether is only necessary if it has to be filtered, in case it should have become dirty. But the slightest quantity of ether or of etherized oil in the alcohol would adhere persistently to the Glonoin, which would be a great inconvenience.

On the surface of the Glonoin when it is separated from the water, a white powder-like dust often appears. (Z.) It would be very desirable to institute at least a few experiments with it; but we do not know whether the dust is soluble in alcohol or not; whether it originates from a substance mixed with the glycerine, or from the water, or whether it is a new formation; at all events, the powder must be carefully removed. The Glonoin may still perhaps contain a little superfluous Glycerine,

especially if the acids have been used in a small proportion. It has then a fatty taste besides the aromatic. Moreover, water may also be contained, and it is perhaps more desirable to dry it under the air pump over sulphuric acid.

#### PROPERTIES.

*Glonoin evaporates.* For the sake of experiment I put a drop on Berzelius' blotting paper. It made, it is true, an oil stain, but this disappeared entirely in a few weeks. A bottle half full of very clear Glonoin prepared in 1848, has drops always hanging at the top. It evaporates continually and runs back again. It seemed also that the pellets moistened with it lost all virtue after a little while, especially if exposed to heat. This evaporation, especially in the sun, explains what we soon noticed, that sensitive people experienced a headache on opening the vials in which it was contained; also non-sensitive persons became sensitive to it after frequent inhalations of the vapor, and were afraid of this substance ever afterwards. Since our later experiments have abundantly proved that the solution in alcohol works just the same, it is advisable to dissolve the Glonoin immediately in it. In this way it may be kept unchanged as far as we know.

*Glonoin explodes on exposure to heat,\** as was to be expected. If the common pellets are shaken up with it so that about  $\frac{1}{5000}$  of a drop adheres to each one, and they are laid singly on paper and the paper lighted, each one may be seen to explode. Once, as Dr. Zumbrock wished to dry a drop in a glass tube, the tube became too hot in the gaslight, it exploded with a report like a pistol shot, and which sounded so at a distance. The glass tube was broken into small pieces, and these scattered about the room. In the vicinity of the explosion was found a quantity of very small drops of undecomposed Glonoin. The explosion was limited to the small part which was heated next the tube. If a whole drop could be brought equally to the required degree of heat, the consequence would be dangerous. It is doubtful whether any good use will be made of its explosive qualities, except in blasting and in blowing up burning buildings. Gun-cotton might be moistened with it.

*Glonoin changes on exposure to air.* According to Zumbrock,

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\* At 185° seething, with production of yellow fumes. At 194° slow volatilization. At 200° rapid volatilization. At 217° violent combustion. At 218° active volatilization. At 241° difficult detonation. At 257° violent detonation. At 267° faint detonation. At 287° weak detonation, with flame. — *Wagner's Jahresbericht*, 1871.

it has at first the appearance of perfectly white blisters or flakes; separated from the water it is at first perfectly limpid, becomes by degrees somewhat darker and yellowish; if allowed to stand in the air, it grows still darker and begins to smell more and more of nitric acid. (Z.) Experiments with such gradually decomposing Glonoin have shown no difference up to the present time; but it is advisable to wash this again, when it should become as clear as water, before it is used as a remedy.

*Glonoin is soluble in water.* The rapid separation in water, the precipitation of the oil drops, excuses Sobrero and Champion's acceptance of its insolubility, which we also in the beginning considered true; but Dr. Zumbrock thought he noticed that the quantity of Glonoin became lessened by washing, and subjected the solubility to a careful examination. It appeared from careful weighing that Glonoin dissolves in alcohol as follows: alcohol of 87 per cent or 0.8413 at 60° F. or 12.44 Reaumur, dissolves Glonoin in the proportion of 1 to 6.212, so that 100 parts of this alcohol take up 16.170 parts of Glonoin. This solution becomes cloudy at 58° F. and precipitates Glonoin on standing. Rademacher added to 480 drops of John's Glonoin 960 drops of alcohol, and obtained a solution which remained entirely unchanged. Distilled water at 70° F. dissolves it in the proportion of 1:780, so that a 100 parts of water dissolve 0.128 parts of Glonoin. From its solubility in water, it may be concluded that there is, as with Creosote, a compound of more Glonoin with less water.

*Glonoin becomes decomposed sometimes by keeping;\** we had this very disagreeable experience after some months. Schönbein could hardly have felt worse when he discovered the endless changes in his gun-cotton. We had kept small quantities of the different preparations, as improvements were suggested, preserved in vials. It was too late to inquire after the conditions, without beginning again. To this Zumbrock, who had endured like a martyr the ever-recurring headache for months at a time, could not make up his mind; nor could the apothecary Johns, who, together with his assistant (as related later), had to suffer a very severe Glonoin headache. In the experiments of the former, a great quantity of the mixture of the acids with Glycerine sometimes escaped because it was not poured quickly enough into the water, when he was obliged to seek the open air on his hands and knees. That prepared by Johns had reached other apothecaries, and through them physicians everywhere, and had become decomposed or

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\* This applies in part to the potencies; but see foot-note, p. 350.

had exploded on opening the bottles. With the high price which Glonoin must necessarily bring, this made a speedy end to the trade in it. But the alcoholic solution had everywhere proved durable and efficacious, so we had this consolation left to us. I will now relate what we experienced with the perfectly limpid Glonoin. This substance, made from the chemically purest acids, with the very best Glycerine, which, as a great treasure, had been kept in the dark in little glass vials with very tight fitting glass stoppers, began to fail us, becoming green, though indeed a most beautiful green, like the meadows in spring; but by no means a symbol of cheerful hope. After a little time there were found only some green oil and white crystals, and at last the crystals alone remained. The entire collection soon followed the pernicious example of this *pure* article, which had been labelled *Glonoinum purissimum*. This continued for months; and in the majority of cases, after a little time, this *odious* "saltpetre" was found in the vials, instead of the magic oil.

If the bottles were opened during the incipient stages of the change, which resulted in the disappearance of the nitric acid, they behaved very disagreeably and popped; hence great alarm took possession of the homœopathic apothecaries who were not accustomed to such tricks, since their tinctures, dilutions, and even the *potencies* had always shown themselves very tame. This as a warning. We consigned the purest crystals to alcohol, our trusty warder, because we expected another trick from the evil spirits that had taken possession of them. Of these some became decomposed and others did not, without my being able to discover a reason. Still my experience has led me to believe that the Glonoin which is perfectly anhydrous, does not become decomposed easily, nor that prepared with a small quantity of acid, still tasting somewhat fatty. That quickly prepared with a slight degree of cold and with greater quantities of acids, appeared to decompose more easily; all other properties appeared similar.

On a closer consideration nothing else is to be expected, than that a substance so easily explosive as this is, on account of the changing of its elements, should not behave quietly.

#### COMPARATIVE TABLE.

If we compare Glycerine before its transformation, and afterwards as Glonoin, we find that both are odorless. Glon., at least, can be smelt only by very sensitive persons; neither crystallizes; but Glon. forms crystals after losing nitric acid; both are oily and make grease spots on paper.

GLYCERINE.	HEAT.	GLONONIN.
Burns slowly at high temperature, with a clear flame. (Scheele.)		Explodes by slight (?) heat, with red fumes. (Zumbrock.) The flame has a clear blue color. (C. Hg.)
LIGHT.		
Colorless; somewhat yellowish.		Colorless, or light yellow. (Sobrero. Davis, Z.)
AIR.		
Does not become rancid; may be distilled with water. (Gmellin.)		Becomes brown on exposure to air. (Zumbrock.) Evaporates completely. (C. Hg.)
SPECIFIC GRAVITY.		
1.252 at 15° R. (Zumbrock.)		1.60 (Champion.)
1.27 " 10° C. (Chevreuil.)		1.55778 at 16° R. (Zumbrock) (perhaps not perfectly anhydrous.)
1.28 " 15° C. (Pelouse.)		Sinks in water. (Sobrero.)
CONSISTENCY.		
Thick as Syrup. (Scheele.)		Like Olive oil. (Sobrero.)
WATER.		
Miscible in all proportions. (Scheele.)		Sinks; is insoluble. (Sobrero.) Soluble 1.780, Zumbrock. (Champion.)
ALCOHOL.		
Miscible in all proportions?		Miscible in Ether and Methylalcohol, but very imperfectly in cold alcohol. Fully miscible at 50° and evaporates at 100°. (Champion.) Soluble, 1 : 6.212. (Z.)
ETHER.		
Insoluble. (Scheele.)		Soluble in all proportions. (Sobrero.)
TASTE.		
Very sweet. (Scheele.)		Pungent, aromatic, like cinnamon. (Sobrero.)
ACTION.		
Mechanically; as an application. (Yearsley.) Chemically; dynamically, by the Sulphate of lead contained. (C Hg.)		Chemically; is immediately absorbed, and "explodes" in the blood; works very quickly, especially on the brain and heart; sometimes even continuing. (C. Hg.)

### PREPARATION OF THE PARTS AND POTENCIES.

In the majority of the experiments, at first in all, the pure Glonoin was put upon the tongue. In order to determine the quantities somewhat approximately, Glonoin and pellets were shaken together in a vial until all were wet alike, and that adhering to the glass amounted to only a small quantity in com-

parison. The pellets do not absorb the Glonoin, but it adheres to the surface of them. If a common small drop of the former were taken, and of the latter, a known number at a certain weight, it was found that of the larger sort about 300 used up a drop, while of the smaller 5,000 were necessary. These were used in the majority of cases on the healthy, and we could in this way specify the doses more accurately than would otherwise have been possible. Of the former were used  $3 = \frac{1}{100}$ ;  $6 = \frac{1}{50}$ ;  $10 = \frac{1}{30}$ ;  $30 = \frac{1}{10}$ , etc. And of the latter  $5 = \frac{1}{1000}$ ;  $50 = \frac{1}{100}$ ;  $250 = \frac{1}{20}$ ;  $500 = \frac{1}{10}$ , etc. All data in the experiments are referred to this. But these globules lose their Glonoin gradually, especially on exposure to heat; hence must often be freshly prepared.\* We did not yet know the solubility in water, and the alcoholic solution I wished to have especially proved, on account of the possible influence of these two substances on each other. Later experiments of this sort have shown no difference, but it is still possible.

The aqueous solution, which would be better in many experiments still to be tried, especially in those with animals, and which may also serve in practice, may be regarded as the first step in the centesimal scale. It may be obtained always of the same strength, if care be taken that some drops of Glonoin remain at the bottom.

If a round proportion is desired 1:1000 should be taken. The worshippers of the decimal scale which, alas! was proposed by me, can make their first step 1:10 with common alcohol, and rest assured that this first dilution, taken drop by drop, works adequately. Dr. Jeanes has introduced a singular method of potentization in preparing his remedies. He takes a strong tincture or saturated solution and moistens pellets with it; he puts a single one of these to 100 drops and shakes it often for several days; again moistens pellets with it, of which one serves again for further potentization, etc. To distinguish, he labels these degrees, A, B, C, and has already gone as high as M, N, O, with many remedies.

This method of preparation resembles Jenichen's, and is much easier, quicker, and cheaper. The experiments with alcoholic solution up to this time, justify the statement that Alcohol, although it acts like Glonoin, perhaps for that very reason, increases the effects. Wine drinking before and after taking Glonoin increases and prolongs the effect, according to Dr. Lippe, which confirmed my experiments.

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\* Yet the globules in both low and high potencies often hold their strength for years. Dr. H. L. Chase, of Cambridge, experiences headache and cures it in others by means of globules in the 1st potency which he obtained in 1849.

## LITERATURE.

1847. — In *Comptes Rendus*, 24, 247, Sobrero.

1848. — Continuous provings in the spring, and especially in summer. Numerous cases of the use of the medicine by physicians.

1849. — I allowed Davis Jackson, a student of medicine, to use the above material for his dissertation. This was published in the *Medical Examiner*, an Allopathic journal in Philadelphia.

A daily journal of the city commended upon this "discovery," which led Dr. Zumbrock to enlighten them with regard to its source, whereupon the greatest silence was observed on the side of the Allopaths.

*Gmullin's Handbuch* publishes Sobrero's discoveries, Vol. 5, p. 176. They are also mentioned in *Liebig's Jahresbericht*, 1847-1848, p. 1146.

Extracts from my collections were published by Dr. Dudgeon, in the *British Journal*, 1849, p. 412, and at about the same time in various German, French, English, and American journals; since which, additions to the chemistry, provings, and curative effects of Glonoin have appeared. They are used in the present new arrangement, and their sources are named in the following list, which gives my authorities previous to 1851, with Dr. Nichols' collations of original matter since issued. No attempt is made to catalogue the publications which have condensed or referred to my collections.

## AUTHORITIES AND PROVERS.

\* Signifies curative effects.

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<i>B. (Dudgeon).</i> — Proving. Brit. J. Hom., v. 11, p. 284. Tinct.	$\frac{1}{10}$ .
<i>Battman.</i>	$\frac{1}{100}$ .
<i>Dr. R. E. Belding.</i> — Proving. Hahn. Mo., v. 4, p. 120.	$\frac{1}{10}$ .
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<i>Dr. E. W. Berridge.</i> — *Am. J. Hom., M. M. 1870, p. 46.	$\frac{1}{200}$ .
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<i>Dr. Black.</i> — *Brit. J. Hom., v. 13, p. 139.	$\frac{1}{10}$ , $\frac{1}{20}$ , $\frac{1}{30}$ .
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<i>Brangwin (Dudgeon).</i> — Proving. Brit. J. Hom., v. 11, p. 275.	$\frac{1}{10}$ .
<i>Dr. Brink.</i> — Proving. <i>Arzneipr.</i> , p. 63. Later observations.	$\frac{1}{250}$ .
<i>Bute.</i>	
<i>S. B. (Lippe).</i> — Proving. <i>Arzneipr.</i> , p. 74.	$\frac{1}{50}$ .
<i>Miss C. (Dudgeon).</i> — Proving. Brit. J. Hom., v. 13, p. 284.	$\frac{1}{10}$ .
<i>Dr. Campos.</i> — * <i>Arzneipr.</i> , p. 82.	$\frac{3}{5000}$ .
<i>J. B. Castle.</i> — Proving. <i>Arzneipr.</i> , p. 56.	$\frac{1}{100}$ .

- Dr. D. J. Chaffee.* — Hahn. Mo., v. 4, p. 120. Dose not stated.  
*W. G. Chaffee.* — Dose not stated.  
*P. Champion.* — Comptes Rendus, lxxiii, p. 42; Zeitsch. f. Chemie., 1871, vii, p. 350; Chem. Centralbl., 1871, p. 557; Polyt. Centralbl., 1871, p. 1,327.  
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*A. D. (Dudgeon).* — Proving. Brit. J. Hom., v. 11, p. 284.  $\frac{1}{10}$ .  
*Mrs. A. D. (Dudgeon).* — Proving. Brit. J. Hom., v. 11, p. 284.  $\frac{1}{10}$ .  
*J. J. D. (Dudgeon).* — “ “ “ v. 11, p. 278.  $\frac{1}{10}$ .  
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*Dr. W. P. Esry.* — Proving. Arzneipr., p. 62.  $\frac{1}{100}$ ,  $\frac{1}{200}$ .  
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## SURGICAL DEPARTMENT.

JAMES B. BELL, M.D., EDITOR.

## THOUGHTS ON SURGICAL DIAGNOSTICS.

BY JAMES B. BELL, M.D., AUGUSTA, ME.

*(Read before the Maine Hom. Med. Society.)*

“WHAT is it?” is the most important question an anxious patient ever puts to the surgeon; for until this one is answered he can make no reply to the other one, “Can anything be done?” Nor can he satisfy anxiety on that other point, “What is the result to be?”

In the practice of medicine, accurate pathological diagnosis is often impossible; and yet we may make triumphant homœopathic cures without it.

But in mechanical surgery we must know just what needs to be done, and what can and cannot be done, before we lift a finger. The dangers of a false diagnosis are very great, as we all know, to the surgeon’s good name; and the danger to his pocket and his peace of mind may be judged from the numerous trials for malpractice—whether just or unjust—which come to our knowledge.

The difficulties of diagnosis in the average of cases as they present themselves, are always considerable and often extreme. We might infer this from the many errors with which we meet, made by men of average attainments and judgment. In a case of malpractice in which I was consulted by the counsel, one of the best known surgeons in Maine had declared the injury to be an oblique fracture of the tibia, just below the knee, with sound union, but some displacement; while two others, one a man of prominence, had decided in favor of partial dislocation of the knee, the head of the tibia being thrown outward.

This was all in the face of the facts that the head of the tibia was plainly in its place in the knee joint, and that about an inch below the joint a depression could be felt running squarely across the bone; and that, with the fingers placed in this depression, it could be felt to open and shut as the leg below it was swung from side to side like a pendulum, the motion stopping at this crevice, which was plainly a transverse fracture of the tibia at this point with ligamentous union. One of the surgeons acknowledged his error in my presence.

Another case: a brother of an allopathic physician in Oxford County had always had a retained testicle in the left inguinal canal,

complicated with a small hernia. Within five months the whole enlargement had rapidly grown to a tumor of about six inches by four, of a regular, ovoid form, smooth and not discolored; skin movable over it, and with a distinct sense of fluctuation. One well-known surgeon diagnosed hydrocele of the retained testicle, and appointed a time for tapping. Another, better known, diagnosed hydrocele with hernia, and seemed disinclined to interfere with it. On being called, I found that the sense of fluctuation was indeed very decided, and the resemblance to hydrocele very deceptive; but I prevailed on the patient to allow me to use the exploring trocar. This passed with difficulty through a firm sac, and then easily through the tumor, but no fluid followed. It was clearly a case of encephaloid disease, of the colloid variety. The second surgeon who saw him has since been induced to visit him and operate. The details I did not learn, but he told a friend of mine since his return, that he found the tumor to be encephaloid of the testicle. The patient died about two months later. The late Prof. H. L. Hodge, of Philadelphia, operated on a pregnant woman for dropsy, carrying his trocar well into the womb and wounding the child in utero, so that premature labor came on, and a living child was born bearing the marks of the trocar. These errors were made by men of far more than average ability and experience, and there occur constantly failures in diagnosis of which we hear, as well as many others, doubtless, of which we shall never hear. Rather, however, than to allow ourselves to be appalled by these facts, let us look about us and see if we are not provided with resources which will enable us to do better. The real cause of such errors in the cases of able men is, most frequently, over-confidence, which betrays them into haste and want of carefulness. That was the way the hare got beaten by the turtle in the first race in which I ever took a lively interest. Every new case is a new problem, and must be put in the witness-box and cross-questioned on every point. The cases are few in which we can make a brilliant diagnosis at a glance. In most we have to weigh the evidence carefully, and in many collect every grain of proof upon which we can seize. The first point I would make then is, that *we should investigate every case thoroughly*. We should give no hasty opinions; apply, if necessary, all the means at our command that will clear up the case, particularly where there is something to be done, as in many tumors and in fractures. Do not spare the patient, but etherize if necessary, and explore everything thoroughly, then the prognosis can be pronounced, and appliances or operations be made with well-grounded assurance. I believe

that many of the failures in the treatment of fractures are due to faulty diagnosis, on account of the haste and excitement which the circumstances are likely to induce. My settled motto in this, as in all things, is, "*Be sure you are right, then go ahead.*"

Of course, as our next point, *we must understand the subject thoroughly*. None of us can "read, mark, and inwardly digest" more than a fraction of the material we would gladly command, but with a little diligence can constantly gain and retain such general knowledge as will lead us at least to rightly classify our cases, and show us where to look for light on special questions. This all can do. In cases of a chronic character there is usually time to do this, if necessary. In acute cases, however, as injuries and fractures, one has no time to lose. But with a good knowledge of anatomy, one need not depend upon any set rules of diagnosis, and can thus be said to understand the subject thoroughly. All one has to do, in the case of suspected fracture or dislocation, for instance, is to proceed by a simple process of elimination. The patient being etherized, if necessary, make a supposition in your mind that it is this, or that, and then test the matter by position, motion, touch; all on that supposition; you find it cannot be that; then drop it, and try for the next thing, and so the subject becomes narrowed down to the one thing which it proves to be.

As regards the methods or means of diagnosis, something must be said. In all chronic cases the *history* is of the utmost importance. Malignant affections, for instance, have a different history, and a briefer one than the non-malignant. The same is true, also, in some degree of the influence of *age, sex, temperament*, and of the symptoms, as of *pain, heat, numbness, etc.*; but we cannot go into detail now. The same remarks apply, but in a less degree, to acute injuries, etc.

*The location* of the trouble, and the structure involved, needs close attention. If a tumor, whether its location be *glandular, osseous, ovarian, uterine, fatty, fibrous, cartilaginous*, the fact of the location will help a good deal towards the solution of the question as to its character. You will hardly expect any other result of an injury at the lower part of the arm by a fall, than a case of Colles's fracture, or at the clavicular region, than a fracture of the clavicle.

*The physical appearances* are revealed by sight, touch, and hearing. The color and form of tumors help the diagnosis somewhat, and the consistency, whether soft or hard, very soft and fluctuating, or very hard, soft, and doughy, firm and elastic, are of the greatest assistance. The eye and the touch discover

the pulsation of aneurism, if external, but the ear alone must accomplish it, if internal.

The physical appearances of injuries are sufficiently characteristic.

*The pathological condition* of course sums up the evidence; and for reaching this, we shall often have to resort to instrumental help. The *probe*, the *microscope*, the *exploring needle* and *trocar*, are all of them of great value. The more recently introduced aspirator of Dieulafoy is also of great use for this purpose. I know it is somewhat the fashion in some quarters to belittle both the newness and value of the invention, and I know that Dr. D. introduced the instrument with considerable flourish and egotism, nevertheless I consider it a most valuable acquisition. It enables us to ascertain with certainty, and without danger, whether or no a tumor contains any fluid, and of what character and quantity. The smallness of the puncture removes all danger, even in malignant tumors, from hemorrhage or inflammation, and the application of the vacuum renders it far more effective than any other exploring instrument.

The indispensable controlling and applying power of all these adjuncts is, however, what I must call *practical sagacity*, a quality which, like that of great generalship, is rather born than made, but which can be greatly improved by a habit of close observation and reflection. Not altogether the superabundant weight of knowledge, but the tact to apply the right knowledge in the right place, is the thing most to be coveted.

## CHININUM ARSENICOSUM IN DIPHTHERITIS.

BY DAVID HUNT, M.D., OF BOSTON.

DR. FINDEISEN, of Dantzic, in the *Allg. Hom. Zeitung*, Dec. 15, 1873, gives an account of a fatal case of diphtheritis treated with his favorite remedy, *Chinium arsenicosum*. He says, "A short time ago, I published in this journal the results obtained by me in the treatment of diphtheritis with *Chin. arsen.*, and I believed that, having been confirmed by several hundred observations, I was justified in drawing the conclusion that with a timely use of *Chin. arsen.* 1st cent. trit. the diphtheritic process would never pass over from the tonsils to the larynx. Since that time a case of diphtheritis has presented itself that forces me to recall this statement, as truth is of more importance to me than a bombastic show of brilliant results."

He then narrates the case of A. G., a little girl aet. 4, who

died after the thorough employment of *Chin. arsen.*; towards the end *Brom.* was given without beneficial result.

In the next number of the same journal (Dec. 22, 1873), Dr. Findeisen gives another case, the last and most difficult one that he had then treated, which was cured by the use of the remedy. The 1st. cent. trituration being apparently about to fail, the doctor proceeded to the use of the 1st dec. trituration, of which a dose of two centigrammes was given (two centigrammes = about one third of a grain). The description of this case gives a picture of a very severe, fully developed diphtheritis; and a remedy that acted as Dr. Findeisen describes the *Chin. arsen.* to have acted in this case, deserves the closest attention, even if it does not fulfil all the earlier predictions of the doctor regarding it.

Finally, it is well perhaps to mention that Dr. Findeisen's contribution is characterized by a most refreshing candor and considerable exactness. Has any one had experience with the remedy in such cases?

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MACROTIN AND CAULOPHYLLUM BEFORE PARTURITION.—The last number of the *Eclectic Medical Journal* contains an interesting article on this subject by Dr. Dowler, of Illinois, who advises "ten drops of the first decimal attenuation of the homœopathic *Macrotys* four times a day," and who speaks of its effects in a variety of cases in terms of enthusiastic praise. If it should be found that this remedy already extolled by several homœopaths for its service in modifying labor-pains when given during childbed, is capable of an action which may be called prophylactic, it will be of inestimable value. Dr. Hill, of Cincinnati, has given it in alternation with *Caulophyllum*.

Recently I have simply given the *Cimicifuga* (*Macrotys*), three or four drops of the first decimal dilution three times daily for a month before confinement, and I do not hesitate to say that the results have been such as to justify all reasonable expectations.

J. H. GALLINGER.

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PIPER METHYSTICUM.—Dr. E. M. Hale calls attention in the *Homœopathic Observer*, June, 1874, to this remedy under its Hawaiian name *Ava* or *Awa*. The effect of a fermented emulsion of the chewed root on those who habitually use it in various tropical countries as a narcotic stimulant, indicates its possible service in the treatment of leprosy: "the skin becomes covered as in leprosy, with large scales which fall off and leave white scars which often become ulcers." (Remy translated by

Brigham). A plant so peculiar in its action should be proved upon the healthy in a manner not open to the objections apparent in the disgusting native preparation of the *awa* beverage; for this drink is nothing but the *awa* root-fibres, diluted with water and the saliva of those who prepare the root *for others, in their own mouths*, — syphilis, so prevalent among the natives, leprosy, also prevalent; sulphocyanide of potassium (?) in the saliva, which is recommended by Hering in the treatment of small-pox; the other chemical ingredients of the saliva; tobacco; food, etc., — fermented or unfermented, — all mingling in the horrid popular drink.

The *awa* drink is said to produce immediately a craving hunger, and to aid the powers of digestion to such a degree that the native glutton who has freely taken *awa*, can immediately swallow from one to two gallons of *poi*, the pasty mixture of the *kalo* root (*Colocasia æsculenta*), which he digests during the heavy sleep which follows his debauch. Several among the island chiefs of former times are said to have made themselves noteworthy clinical illustrations of these powers of the *Piper methysticum*.

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ANTIPATHIA. — A young woman suffering from rheumatic fever was recently treated with the cold bath at the University College Hospital, London, with the following result, quoted from *London Practitioner*: “Whilst in the bath” (at temperature 69°), “she took four ounces of brandy” (her breathing had fallen from 105° to 103.°4). “She was removed because her breathing grew rather shallow. After being put to bed, she merely gasped a few times for five minutes, and died, notwithstanding the employment of artificial respiration, energetic friction, and anal injection of brandy.” Dr. Sydney Ringer observes, “These short notes are published as this case will help to answer the following questions: Can cold baths be administered in rheumatic fever, without danger? And is it advisable, before employing this treatment, to wait for the onset of hyperpyrexia? or should we commence it when high fever, absence of joint-pain, suppression of perspiration, and delirium show that there is danger that hyperpyrexia may occur? As hitherto, all cases of rheumatic hyperpyrexia have proved fatal unless treated by cold baths, it is obvious that this case in no way contra-indicates that treatment on the occurrence of this dangerous condition.”

Such treatment is tersely noticed by travellers among barbarous nations, who comment less favorably than Dr. Ringer upon similar thoughtless customs of savages, who plunge into rivers or the sea to cool the heat of small-pox and other eruptive or rheumatic fevers, thereby perishing in great numbers.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, AUGUST, 1874.

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“LAPIS ALBUS” IN CANCER AND GOITRE. — Still another remedy is being discussed in Germany; and it is announced as a cure for nothing less obdurate than cancer. We quote from the *Zeitschrift für Hom. Klinik*, Mar. 15 and June 1: —

In the treatment of cancer several homœopaths have lately made empirical use of a remedy introduced by Dr. Grauvogl, under the arbitrary name *Lapis albus*. The component parts of this remedy are known only to Dr. Grauvogl; it is thus a secret remedy. In the early history of the allopathic school, an occurrence of this sort was not unfrequent; not only would the public make willing use of the unknown medicine, but it would be prescribed by the physician. . . . But what is *Lapis albus*? In answer to an inquiry from the editor, Dr. Grauvogl says the remedy was introduced as the result of a controversy between himself and Liebig, who had asserted medicine to be capable of further advancement, only by means of chemistry, when it would gain for the first time the position of a true science. It now became Grauvogl's object to collect a certain number of undoubted cures of disease of acknowledged severity by some potentized remedy, whose chemical analysis should discover nothing or very little of a medicinal nature. *Cancer* was chosen for the disease; — the remedy is known only to Grauvogl, but its name will be announced when the desired result has been gained. Cancer of the breast will be especially regarded. Provings of the dilutions of this medicine upon the healthy are desirable, and Dr. Grauvogl is already busy with them. — *Z. H. K.*, Mar. 15.

June 1, Grauvogl writes: —

Your statements in March are correct. I have long sought for some undeniable results in practice, that I might be able to hammer Liebig's nose against the truths of Homœopathy, for Liebig is our greatest enemy. While planning a scientific treatise upon our medicinal plants, I had already become disconcerted by the poverty of our provings of the mineral formations. At this time my professional duties led me to visit Gastein, in the valley of the Ache, which river takes its source at the base of the Tauern, and descends in a series of immense falls over the gneiss formations. The inhabitants of this valley have invariably swollen necks and often very large goitres. After I had purposely drunk the water of the Ache for several weeks, my thyroid gland began to swell. The additional fact that this therma, bubbling from the gneiss mountain, caused a marked aggra-

vation both of cancerous swellings and open cancer, led me instantly to prove the gneiss. I prepared five triturations and then dilutions, all in the decimal scale, and gave the sixth to men and women. The most constant symptom was a burning pain, and after longer use of the medicine, — 4 to 5 drops every two hours, — the pains became sharp in the cardia and pylorus, the female breast and womb, often of great intensity. . . . That portion of the mineral which had the most glittering appearance and came from the lower Ache vale was now chosen for trituration. In my practice I now experienced the most remarkable results, and the cure of a cancer of the cheek in the case of a woman of fifty, which had produced an opening in the cheek larger than a silver dollar, and had rendered both chewing and swallowing difficult, attracted so much attention in Nuremberg that I soon found the other homœopaths were making experiments with the *Lapis albus*. In the case of this woman I observed a most remarkable action of the remedy upon the skin, so that she shortly possessed a perfectly fresh and healthy color, such as one rarely beholds in a person of her age, as if the whole condition of the blood had become normal. Acting upon this suggestion, I used this preparation for chlorosis, but thus far without result; an evidence that our indications must in every respect differ from those of the physiological school. But the results were most important in the treatment of all so-called cases of scrofulous affections, ulcers, etc., diseases of the gland, and lymphatics, glandular tumors where physiologically glands do not naturally occur; and further, in cases of closed cancer, fluor albus, and tuberculous deposits, which also reminds us that much which is called tuberculous really originates in the so-called scrofulous diathesis. . . . Thus far my experiences had extended, when going to St. Petersburg, I was informed of five cases of cancer of the womb, pronounced by allopathic physicians to be incurable, which were, however, fully and permanently healed by *Lapis albus*. I have not yet seen an open cancer resolved by this remedy.

Dr. Grauvogl thinks the remedy injurious in cases where the patients had previously suffered from malarial and intermittent fevers, where its employment frequently awakens the previous symptoms.

Since Liebig's death, the reason no longer existing for withholding his remedy from general use, Dr. Grauvogl has distributed specimens of the gneiss, among others, to Dr. Bojanus, of Moscow, and the druggist Hess, in Nuremberg. In selecting his specimens of the ore, Dr. Grauvogl again calls attention to the element which he regards of the greatest importance in the constitution of this mineral, — the glittering (biaxial) mica. It is desirable that the mineral be analyzed, — receiving, perhaps, a more characteristic name.<sup>3</sup>

## CORRESPONDENCE.

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### WHAT DID THE GELSEMINUM CURE?

EDITOR OF GAZETTE, — In the present number of the GAZETTE, just received, I notice the report of a cure headed “Paralysis of the optic nerve.”

The symptoms were, pain in right side of the head, “sometimes seeming” to run into the right eyeball; dimness of vision for both far and near objects, and later inflammation and agglutination of the eyelids

These symptoms are entirely inadequate for the diagnosis of “paralysis of the optic nerve.” The days are past and gone for those old-fashioned jumpings to the conclusion that obscuration of sight, if it is n’t cataract, must be amaurosis or “incipient amaurosis,” meaning some affection of the optic nerve.

The probability is that the case was one of asthenopia, from debility, or possibly an attack of rheumatic iritis, the old lady having been “subject to rheumatism for several years.” It is, however, quite impossible for any one familiar with diseases of the eye to guess with any probability of guessing right, what the disease was. A reasonably careful examination of the eye is necessary for a good diagnosis.

H. C. ANGELL.

16 Beacon Street, July 10.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*\*Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

[Continued.]

Reported by H. C. Clapp, M.D., Secretary.

*External Remedies.* Dr. Krebs considers this a very important subject. A physician who neglects these deprives himself of a very powerful means of relieving the sick.

Dr. Farnsworth makes a very liberal use of cold water in all inflammatory diseases, such as pneumonia, pleurisy, rheumatism, cerebritis, etc. Some persons with acute rheumatism have not enough vitality to bear cold water. For them he recommends cotton bathing and oiled silk or india rubber. For inflammation of the throat or tonsils tending to abscess, he even uses ice, rubbing it on the neck

from side to side till the pain stops. He has himself derived very much benefit from this treatment. He has used ice and snow in peritonitis after childbirth. He applies *Arnica* for bruises, *Hamamelis* for hæmorrhoids, and *Calendula* for soreness of the breast and nipples. In milk fever he applies a towel wrung out in cold water to the breast, and never had suppuration where the woman was in a tolerable degree of health. For burns, gum tragacanth, and for common leucorrhœa, injections of warm water.

Dr. Palmer often says to the patient, "Use which seems to be the most comfortable. If you don't like hot water, use cold." He lately met with a gratifying success from the application of the cold-water dressing to a terrible carbuncle on the neck. Cold water in almost every severe case of inflammation is invaluable. *Arnica* is good for bruises, but for sprains a liniment of sweet oil and tincture of *Rhus*, perhaps fifteen to one, is preferable. He has seen good results from *Hamamelis* in ecchymosis. For pruritus he uses a strong solution of borax, or the benzoated oxide of zinc ointment. The latter he has used for ulcers.

Dr. Carvill treats inflammation of the breast by bathing with diluted tincture of *Belladonna*, gently rubbing towards the nipple, and then covering with cotton batting. For eczema, an external application of cod liver oil is beneficial.

Dr. Nichols mentioned as an external remedy, manipulation or rubbing. This is an established mode of cure in the tropics, and forms a part of the routine of the Turkish bath. He has seen much use of the process of skilfully rubbing and kneading the muscles (*lomi lomi*) as practised at the Hawaiian Islands. The Hawaiians apply an emulsion of the seeds of the *Ipomœa Pes-capræ* and *insularis* to recent fractures, sprains, and contusions, with rapid reduction of pain and swelling (see *N. E. Gaz.* Vol. 8, No. 3).

He would select, as far as possible, the external applications by their proven symptoms — as *Cantharis* for burns, with characteristic burning pain, serous blisters, etc.

Most external treatment should be but an adjunct to the internal; relief from certain applications, as heat, moisture, cold, pressure, etc., seem to him chiefly valuable, when considered as indications for the use of an internal remedy.

Dr. Harris disapproves of rubbing an inflamed breast, but uses cold water. He is in general opposed to strong external remedies. A weak solution of *Cantharis* or *Urtica Urens* relieves burns. Many cases of colic have been cured by cold water, after hot water has been tried without success. To carbuncles especially, after they are opened, he applies water in which is dissolved *Ars.*<sup>3</sup>, because it is indicated internally. He often mixes *Calendula* with a poultice for indolent ulcers.

Dr. Monroe uses a lotion of *Aconite tincture* one part, water two or three parts for spinal irritation and severe neuralgia; Carbolic acid and lately Cosmoline for pruritus; Cosmoline for scaly eruptions on the head, tincture of *Iodine* for enlarged glands, and *Aqua Ammonia* in water for headaches.

Dr. Sanders is in the habit of resorting to the following methods of external treatment: For *sprains*, the oil of wormwood diluted with bay rum, or the herb put into a bag and quilted, wet with new rum and applied under a bandage. For *bruises*, a mixture of tincture of *Arnica* eight parts, and spirits of camphor one part (the camphor to prevent blistering), to be diluted with from four to sixteen times as much water. For *muscular debility*, *arnica* plaster, also manipulation. For *cuts*, *fresh wounds*, or *suppurating surfaces*, a decoction of *Calendula*, full strength. For *neuralgia*, *phlegmasia dolens*, *varicose veins*, *piles*, etc., Sanford's *Hamamelis*. For *spinal irritation*, ironing the back with ice, followed by rubbing well with a dry towel, and then with the bare hand. For *inflammation* of the spine, the same, preceded by bathing with *tincture* of *Aconite*, one part to sixteen parts of bay rum. If there is coldness of the extremities, substitute *Veratrum viride* for *Aconite*. For *articular rheumatism*, rubber cloth or dry cotton batting sprinkled with flowers of sulphur; or compresses of hot water for one or two hours, changed every half hour, followed by compresses of cold water, changed every two, three, or four hours. For *cold extremities*, immersion of the hands and feet in hot water, morning and evening, for ten or fifteen minutes, followed by dashing quickly into cold water, rubbing briskly with a dry towel, and active exercise. He also employs this alternation of hot and cold water to relieve croup, to accelerate the lacteal secretion, to remove inflammation or to promote suppuration. For *burns*, teething eruptions, eczema, piles after the use of *Hamamelis*, etc., cerate *Cosmoline*. To arrest *whitlow*, solution of chromic acid. For abscesses, tincture *Aconite*, diluted with eight parts of water; after opening the abscess, Fowler's solution diluted with eight parts of water. People in the country use part of a hornet's nest, wet or dry, or the dry skin of a snake, to produce suppuration.

MAY 7. Dr. Spalding, of Hingham, spoke very highly of the flax-seed poultice in pneumonia, which he now always uses, having superseded with it the cold-water applications, which he used to employ. For mammary abscess, he uses the fluid extract of *Phytolacca*, half an ounce to a pint of water.

Dr. Talbot has recently been very successful in the use of chromic acid in an ulcer with fungus granulations as large as a copper cent, on the forehead of a boy thirteen years old. It closed with astonishing rapidity, in forty-eight hours diminishing two thirds. The discharge and pain had been quite distressing to him, and had affected his appetite. It is ten days since the application, and it is now almost well.

Dr. Woodbury endorsed both the flax-seed poultice and cold water in pneumonia, the last being especially indicated at the onset of the disease, during active congestion. He had himself, when in Vienna, suffering from pneumonia under the treatment of Skoda, received great relief from a flax-seed poultice made to cover the whole chest, back and front. In scarlet fever he often applies cold water to the throat at the very beginning, and always uses the cold pack when there is re-percussion.

Dr. Walker, of Chelsea, has used the poultice this year, and substitutes rye for flax when the latter is not handy.

Dr. Woods recommends the tight bandage around the waist in acute pleuritis, which he has tried two or three times with advantage. At first it is very inconvenient to breathe, but afterwards comes great relief to pain and also to the cough. Cosmoline he has used a great deal. In the case of a little child six years old with inflammatory rheumatism, the application allayed the pain and reduced the swelling in a short time. A lady, who for neuralgia of the hips had resorted for a long time to subcutaneous injections of morphine, had four hundred or more little pustules (caused by the syringe) which gave her so much pain that she had constantly to pick off the scales to obtain relief. Cosmoline rubbed in and allowed to dry before the fire after a short time cured her. Dr. Hayne's Neuropathic balsam, which had such a run, is simply crude petroleum.

MAY 14. Dr. J. H. Smith has great faith in *Hypericum* as an application for penetrating wounds. To prevent suppuration he often uses the impure carbolate of soda, the phenol sodique sold by Metcalf. He has seen persons injured by Turkish baths and never recommends them. From them there results a lowering of vitality like the debility which follows excesses. He considers the hydropathic treatment of influenzas a grand thing. After a sponge bath, with water at summer temperature, the body is enveloped in a sheet for ten minutes. This is repeated twice a week at night and followed up through the year, beginning in summer-time. In the earlier part of his practice he prescribed *Sepia* for ringworms, which disfigured the whole of the lower part of the face and neck of a young lady. Being no better after six months, she went to a druggist and obtained something which cured her immediately. The application turned out to be tincture of *Cantharides*. Dr. Hammond recommends for bed-sores (which he thinks are neuroses) the zinc and silver battery.

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### ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by N. R. Morse, M.D., Secretary.*

THE Annual Excursion and Field Day of the Essex County Homœopathic Medical Society occurred on Wednesday, July 15th, and was enlivened by a basket picnic beside Kenosa Lake in Haverhill.

The Society was called to order at 3 P. M. by the President, Dr. E. P. Cummings, of Newburyport, who called upon the Secretary to read the records of the last meeting.

Voted, on motion of Dr. Cushing of Lynn, that they stand approved, and the further reading be omitted for want of time. The Secretary then announced that an address by the President was next in order.

"The Sunny Side of the Physician's Life" was the subject proposed for the day's consideration, and, after speaking earnestly and pleasantly of the success of Homœopathy, and of the need of agitation in order to its still further advance, the President said:—

“Of the sunny side, I suppose one view may be the point of self-congratulation; for, if one cannot take a sunny-hued view of his own life, of what has he a right to.

“I think I can honestly say that my most precious reflections on my past life are, that my life, however short of my hopes and aims, has not been wholly spent in vain; that there are some people in the land of the living to-day, who, under God’s blessing, owe their lives to my professional exertions, — that some are aware of it and acknowledge it. Gratitude for my services is to me better, more precious, than money. To be sure it will not replenish the store-room, pay the house rent, or clothe the doctor or his family; but to know that a payment is made with a feeling that it is but a part of the debt, makes the money have greater value. We all have our dreams of the future, and how few realize them.

“Shall I tell mine? I sometimes feel that after twenty-five years of practice, I have a right to retire and leave the hard work to younger hands, that I may get a little spot, where, with my family, my few acres of land, with its accompanying domestic enjoyments, I can take my sunny side in my later days.”

Dr. Scott moved the thanks of the Society be extended to Dr. Cummings for his interesting address. Adopted.

Dr. C. A. Norton, of Portsmouth, N. H., then read a poem entitled “A Dream that was not all a Dream.”

Dr. Gale, of Newburyport, moved that the thanks of the Society be extended to Dr. Norton for his very interesting and instructive poem. Adopted.

Dr. A. M. Cushing, of Lynn, followed with a unique poem, taking off old-school physic, and singing the virtues of the new-school practice, which was much enjoyed. On motion of Dr. Scales, of Woburn, the thanks of the Society were extended to Dr. Cushing also.

Dr. Sawyer, of Haverhill, the host of the day, remarked that his friend Davis was present, and we should enjoy to hear him relate some of his experiences and travels, which he did, much to the enjoyment of all present. His account of the Doctor up in Vermont, who took out his pencil, book, and watch, and betted a hundred dollars against death, and thereby saved his patient, was well enjoyed; as was also the story about making a visit on board the finest steamship in the British Navy, when not even the Mayor of Quebec could be allowed on board that gala day, as the Governor-General and other great dignitaries were to be received on board with a salute of one hundred guns. Determined to see the ship, he hired a boy to row him out, and he steered straight to the ship’s side, when he was accosted by the officer on duty. “What do you want? Come on board, sir.” He retired, and soon appeared with another officer who inquired, “Whom do you represent?” — “The United States of America,” was the quick reply. “Then pass to the larboard side.” When he went on board the gangway was carpeted, and the ropes wound with bunting, and he was ordered to be shown to every part of the vessel.

The President said we have several distinguished guests among us to-day, among whom I see Dr. Talbot, of Boston, Dean of Boston

University Medical School, — who has seen much of the sunny side of a physician's life.

Dr. Talbot jocosely asked, how long would it be before the barges were to start on their return, and spoke of the various ways in which physicians enjoyed the sunny-side, — some with their cigars, some in their chaise behind a fine horse, some when overrun with business, and some in their office surrounded by friends. But, said he, they are the truest happy who realize that they have been instrumental in saving life. God alone has given to some of us that power, to be his instruments in saving life. He alluded to Boston University, and said that its foundations were laid deep and broad, and that nowhere could be found better opportunities for a complete medical education.

Dr. Mercy B. Jackson, of Boston, was next called out, and spoke with much emphasis and beauty of the virtues of Homœopathy, and how she was led to embrace the doctrine more than thirty years ago. Would we know the sunny-side of a physician's life, we might examine our own lives and see wherein the greatest joy is found. It is the joy and sunny-side of my life that I embraced the idea of Homœopathy so early in life, and that for more than thirty years I have tried to be a faithful adherent to the law of similia, and under Heaven have been the means of relieving so much of suffering, sickness, and death.

Dr. Krebs, of Boston, having been called upon, said that his sunny-side of life commenced when he was born, but that he had been on the "sunny side" all day to-day. He spoke of home — what can reward one for its loss? — that he had given up his own home in fatherland, and had purchased his lot in Mt. Auburn, where he hoped finally to rest with his American wife — whom he loved better than fatherland — and that the remainder of his days were to be spent and entirely devoted to our American ideas and institutions. It is a sunny-side when the bills are paid; but I advise you to be *just* in your charges. Some are very unjust. One day they must account for it. Two of his best paying patients were those who were unable to pay him a cent, but they had done more for him and paid him better than any others, for they had stood by him to this day, and one had clothed his feet till he was married.

Dr. Holt, of Lowell, followed in some happy remarks; but as time did not wait, Dr. French, of Lawrence, offered the following: "That the cordial and hearty thanks of the Essex Co. Homœopathic Medical Society are hereby extended to Dr. Benj. E. Sawyer, of Haverhill, for his hearty invitation to the Society, through its Secretary, to visit Kenosa Lake, and for the generous provision of tea and coffee, and conveyance to and from the lake and steamboat; also to Dr. Moore, of Haverhill, for his personal attention to make our visit pleasant and agreeable." Adopted by a rising vote; adjourned to the boat.

The Essex County Society evidently knows how to create and maintain enthusiasm for itself, and thereby shames those other counties and districts which are unable or unwilling to form organizations of their own. We refer our readers to the abstract of Dr. Vincent's paper in the report of the Northern New York Society.

## WORCESTER COUNTY HOMŒOPATHIC SOCIETY.

*Reported by J. M. Barton, M.D., Secretary.*

THE quarterly meeting was held May 15, the president, Dr. Whittier of Fitchburg, presiding, and about twenty members being in attendance.

The session opened with the reading of a paper upon catarrh by Dr. Slocum of Millbury. He finds it a prevalent disease, especially in this climate and in certain seasons of the year. Many cases are inherited and many are also complicated with consumption. The reading of the paper was followed by a discussion on the part of the members, the remarks tending to show that the many varied treatments used are more often palliative than curative, and that many times the trouble is driven from the nose and head to the lungs by strong troches and snuff.

Dr. Bennett, of Fitchburg, gave reports of two cases of rheumatic carditis, and one of obstruction of the lachrymal duct, treated successfully without operation.

Dr. Brown, of Leomister, requested information in regard to several cases, as also did Dr. Forbes of West Brookfield. The society then adjourned for dinner.

The society spent the hour after dinner in hearing clinical cases. Dr. Mary G. Baker read a paper upon uterine diseases, which was followed by a discussion upon that topic.

The censors reported favorably upon the names of Dr. G. A. Adams of Webster, Dr. G. L. Kingsbury of Spencer, Dr. J. H. Carmichael of Worcester, and Dr. C. H. Wilcox.

Dr. J. K. Warren of Palmer, was elected delegate to represent the society at the meeting of the American Institute of Homœopathy at Niagara in June.

The society adjourned to meet again in August.

## NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

*J. C. Moore, M.D., Secretary.*

THE twenty-second annual meeting of this Society was held on Wednesday, June 17, and was one of the most interesting meetings the Society has ever held.

After the reading of records, an interesting case of malformation was presented to the Society.

Dr. O. S. Sanders, of Boston, delegate from the Massachusetts Homœopathic Medical Society, presented his credentials, and addressed the Society at considerable length, alluding feelingly to the death of Dr. Alpheus Morrill, a warm personal friend.

A paper was next read by Dr. G. H. Hackett, of Henniker, on "Clinical Medicine," which was discussed by Drs. Sanders, of Boston, We ks, of Laconia, Jones, of Wilton, Brick, of Keene, Gallinger, of Concord, and D. F. Moore, of Lake Village.

Dr. Gallinger made a report from the Committee on Obstetrics, presenting an elaborate paper, which, after a free and full discussion, was adopted.

Resolutions, strongly asserting the faith of the Society in the law *Similia similibus curantur*; reciting the comparative mortality in the large cities; condemning the assertion of the orator at the recent Commencement of the Medical Department of Dartmouth College, that all who do not practice in the "regular" way are quacks and impostors; and pledging aid to the Medical School of Boston University, were earnestly discussed.

Dr. Gallinger offered some warm-hearted resolutions concerning the death of Dr. Alpheus Morrill, of Concord.

Dr. Weeks, of Laconia, moved the adoption of the resolutions, and spoke feelingly of the loss the Society and profession had sustained in the death of Dr. Morrill. Dr. J. C. Moore, of Lake Village, seconded the motion, and testified to the rare worth of Dr. Morrill as a man and a physician, the language of the resolutions being but a faint expression of the feelings of the Society. The resolutions were then adopted.

The Treasurer's report, showing a healthy state of the finances of the Society, was presented and accepted.

The following officers were elected for the ensuing year:—

*President*—Dr. J. H. Gallinger, of Concord.

*Vice-President*—Dr. L. T. Weeks, of Laconia.

*Secretary and Treasurer*—Dr. J. C. Moore, of Lake Village.

*Councillors*—Drs. E. Custer, of Manchester, Francis Brick, of Keene, and the President and Secretary, *ex officio*.

*Censors*—Drs. J. F. Whittle, of Nashua, S. C. Morrill, of Concord, T. E. Sanger, of Littleton, G. H. Hackett, of Henniker, and D. F. Moore, of Lake Village.

After the appointment of committees for the ensuing year, the election of delegates to the State societies, and the transaction of some routine business, the Society adjourned, and partook of a dinner at the Phenix Hotel.

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## CHAMPLAIN VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by Samuel Worcester, M.D., Secretary.*

PURSUANT to a call, the homœopathic physicians of Vermont and Northern New York, residing along the Champlain Valley, met at the office of Dr. C. B. Currier, in Middlebury, on Tuesday, May 5th, to organize a medical society.

The meeting was well attended and called to order by Dr. Currier, and the call was read. Dr. Currier was chosen temporary chairman, and Dr. Worcester temporary secretary.

A committee of three was appointed to draft a constitution and by-laws, whose report was soon afterward submitted, and adopted.

The balloting for officers resulted as follows:—

*President* — DR. C. B. CURRIER, of Middlebury.

*Vice-President* — DR. A. A. ARTHUR, of Vergennes.

*Secretary and Treasurer* — DR. SAMUEL WORCESTER, of Burlington.

*Censors* — DR. T. R. WAUGH, of St. Albans, DR. N. D. PECK, of Ticonderoga, DR. CHARLES T. FLANDERS, of West Cornwall.

Erysipelas was chosen as a subject for discussion at the next meeting, and Dr. Waugh appointed to prepare a paper upon it.

The subject of scarlatina was then discussed, and Drs. Currier, Worcester, and Waugh described the late epidemic as it appeared in Middlebury, Burlington, and Milton. Statistics were given, proving the great superiority of homœopathic treatment over the allopathic in this disease.

Dr. Currier related several interesting cases of typhoid fever occurring in Middlebury during the past winter, and the members of the Society participated in the discussion that followed.

Dr. Arthur, of Vergennes, described the peculiar paralysis sometimes following severe cases of diphtheria.

Dr. Currier was chosen delegate to the American Institute of Homœopathy, meeting at Niagara Falls in June.

On motion of Dr. Worcester, a vote of thanks was given to President Currier for his kind hospitality, and the Society then adjourned to meet at Middlebury on the first Tuesday of August.

## VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by Samuel Worcester, M.D., Recording Secretary.*

THE twenty-fourth annual meeting of this Society was held at Montpelier, June 24, 1874. The meeting was called to order at nine A. M. by the President, Dr. G. M. Brigham, of Montpelier, and the minutes of the last annual and semi-annual meetings were read by the Secretary and approved.

Dr. J. H. Gallinger, of Concord, N. H., delegate from the New Hampshire Society, spoke of the progress of Homœopathy in his State. Young physicians err in leaving the country towns for practice in crowded cities. Physicians do not display sufficient charity and good will toward each other, for the field is large enough for all. Dr. Gallinger commented upon the great change that has taken place in medical practice during the past few years, so that now it is a common occurrence to hear an allopathic physician claim to give no more medicine than a homœopathic, — as if merit consisted in the amount of medicine given, rather than in its adaptability to the disease.

Dr. N. H. Thomas, of Stowe, spoke of the importance of gaining the good will of children.

The Bureau of Obstetrics was then opened. The chairman, Dr. Van Deusen, of Waitsfield, made some remarks upon the general subject. In his vicinity there was a prejudice against chloroform, in parturition, owing to some unfavorable results following its use; he should, however, administer it if the patient requested. He has only

once used instruments in cases of labor. Previous to the meeting of this Society in 1873, he had been in favor of using the bandage, but during the past year has omitted its use, with success; he would, however, use it in connection with a compress in case of hemorrhage.

Dr. Waugh, of St. Albans inquired the proper method to be pursued in case the placenta was not thrown off in a reasonable time.

Dr. Van Deusen did not hasten its delivery, but administered the proper remedy, and after waiting a sufficient time, extracted it as carefully as possible.

Dr. Worcester, of Burlington, waited half an hour or more for the remedy to act, and in the meanwhile manipulated the bowels; he then introduced the hand and carefully removed the placenta, the woman at the same time blowing strongly through a tube formed by the hands. Saw no reason to wait three or four hours.

Dr. Gallinger said that for the last three years he had successfully omitted the use of the bandage in the majority of cases; considers its use a relic of barbarism. Thinks that rupture of the perinæum may be prevented by delaying the descent of the head until the soft parts are sufficiently dilated. Is accustomed to pack the bowels with warm alcohol after delivery; also with success in threatened milk leg. Considers *Veratrum viride* the most valuable remedy in puerperal convulsions. He asked for information on the physiology of after-pains: if they are dependent on the contraction of the womb, why do they not occur in primipara?

Dr. C. B. Currier, of Middlebury, considers both puerperal convulsions and peritonitis to be epidemic.

Dr. G. E. Sparhawk, of Gaysville, considered *Lactic acid* to be almost specific in puerperal convulsions and in albuminuria; also alluded to the use of *Ricinus communis* in deficient secretion of milk.

Dr. G. N. Brigham, of Montpelier, does not consider the woman delivered until the afterbirth is taken away. He contrasted the few instances of postpartum hemorrhage that had occurred during the twenty years of his practising homœopathy with the many cases during his experience in allopathy.

Dr. Jernegan, Professor of Clinical Surgery in the Boston University Medical School, delegate from the Massachusetts Homœopathic Medical Society, urged the importance of sending surgical cases to the Boston Hospital for treatment, that the college might furnish its students as thorough clinical advantages as are offered by other schools. He described several cases treated before the class during the past winter.

At the afternoon session Dr. J. H. Jones, of Bradford, the chairman, read the report presented at the semi-annual meeting at St. Johnsbury at which only a few members were present. He stated that he had lately tried the lower potencies, but not so successfully as the 30th or 200th attenuations.

Dr. Samuel Worcester, of Burlington, read a paper upon Scarlatina. He had used remedies ranging from the tincture to the 8000th. In several cases that seemed to call for *Ailanthus*, no benefit followed its use. Had made free external application of olive oil to allay the

intense itching, and for nourishment. In the few cases apparently needing stimulants, had given liberal doses of beef tea and brandy; always allowed milk. The epidemic remedies were *Rhus*, *Arsen.*, *Bry.*, and *Puls.*, but was obliged to use the latter in a high attenuation in order to avoid retention of urine.

Dr. Gallinger, of Concord, could not see the philosophy of greasing the skin; thought it desirable to keep the pores open; thought, however, it might depend on the patient.

Dr. J. H. Jones considered *Carbolic acid* <sup>200</sup> an excellent remedy in malignant scarlatina.

Remarks were made by other members.

The Board of Censors reported in favor of admitting Dr. F. H. Packer, of St. Johnsbury, as member, and Thos. Nichol, M.D., LL. D., of Montreal, Canada, as honorary member; they were elected.

The Committee on Nominations reported the following list of officers to serve for the ensuing year, all of whom were unanimously elected:—

*President*, C. H. Chamberlin, M.D., Barre.

*Vice-President*, A. E. Horton, M.D., East Poultney.

*Recording Secretary and Treasurer*, Sam'l Worcester, M.D., Burlington.

*Corresponding Secretary*, J. H. Jones, M.D., Bradford.

*Censors*, Drs. N. H. Thomas, Stowe; E. B. Whittaker, Hinesburgh; and M. W. Hill, Waterbury.

Upon retiring from the chair, Dr. Brigham reviewed the progress of homœopathy in Vermont since he embraced the cause.

Dr. Chamberlin then took the chair, and after thanking the Society for the honor of his election, the Bureau of Venereal Diseases was opened, and cases reported by several members present.

Dr. A. E. Horton spoke of the terrible nocturnal pains in tertiary syphilis, and suggested the use of *Phytolacca* and *Kali hydriod.*

Dr. Jones had found injections of glycerine and water very useful in gonorrhœa, also confirmed by Dr. Worcester.

Dr. Jernegan has found that by dipping his sound in glycerine he has cured cases of irritable urethra more quickly than by using oil.

Dr. Colvin uses *Carbolate of glycerine* and *iodoform* successfully in gonorrhœa.

*Bureau of Uterine Diseases.* — Dr. Horton reported a case of chronic hardening of left ovary, cured by *Iodide of lime*. Dr. C. B. Currier recommended the use of *Chloral hydrate* as a local application in cancer of the os uteri or rectum. Dr. Sparhawk and others reported cases.

Dr. S. Worcester made a verbal report from the Bureau of Psychological Medicine, showing the progress made in different States toward establishing homœopathic hospitals for the insane. New York has already built a State Hospital for the Insane at Middletown, which, by the terms of its charter, is always to be under homœopathic management, and is on the same footing with the other State asylums. The hospital is now open for the reception of patients.

On motion, a committee of three was appointed to prepare a re-

vised copy of the Constitution and By-Laws, and to submit the same at the next annual meeting, and Drs. Currier, Jones, and Sparhawk were appointed as committee.

Dr. Worcester offered a series of resolutions favoring the establishment of a State Board of Health and Vital Statistics, which was unanimously adopted, and the following committee appointed to bring the matter before the Legislature: Drs. Worcester, Burlington; Currier, Middlebury; Brigham, Montpelier; Jones, Bradford; Kelsey, Newport.

On motion it was voted to hold the semi-annual meeting at Burlington, on the first Wednesday in January, 1875, and the annual meeting at Montpelier on the first Wednesday in June, 1875.

The Society then adjourned.

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### THE HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

THE twenty-third session of the Homœopathic Medical Society of Northern New York convened in the parlor of the Grand Hotel, Saratoga, on Tuesday, July 15.

The meeting was called to order by the President, A. H. Holden, M.D., of Glen Falls. About thirty physicians, members of the Society, were present. Among the visitors and honorary members were John F. Gray, M.D., LL D., and John M. Dowling, M.D., of New York; also Wm. S. Searles, M.D., of Brooklyn.

After the reading and approval of the minutes of the last meeting, the President read a very able address, which was well received and heartily applauded.

The next order of business was the election of officers for the ensuing year, and resulted in the election of L. B. Waldo, M.D., President; D. W. Pitts, M. D., Vice-President; A. G. Peckham, M.D., Secretary and Treasurer; Drs. Bullard, Pettit, Mosher, Paine, Clements, and Vincent as the Board of Censors.

Dr. Gray moved, by virtue of his official relationship to the State Lunatic Asylum at Middletown, that this Society appoint two visitors to act with a similar committee from the State and County societies, to visit that institution at stated periods and examine its management, according to the statute law. Motion approved. Drs. Frank L. Vincent, of Troy, and A. W. Holden, of Glen Falls, were appointed.

On motion of Dr. Cornell, J. W. Dowling, M.D., was elected honorary member of the Society.

Dr. Cornell referred to the proving of *Solanum nig.* stating that he had found the remedy very similar in its action to *Beladonna*. One characteristic symptom for which its sphere seemed curative was for that form of headache, as of pain in circumscribed spot on the top of the head, as a nail being driven in, similar to *ignatia*. Also for pain and soreness in the cervical vertebræ, and in the muscles of the neck.

Dr. Clements reported a case of spasms, that under other treatment had continued ten days, speedily cured by *Hyoscyamus*, followed by *Verat alb.*

Dr. Cornell would have expected similar results from the *Solanum nig.*

Dr. Cornell reported a remarkable case of freezing of the hands and feet, wherein amputation had been strongly urged, but his faith in the recuperative powers of nature caused him to oppose the operation, and the patient is to-day in the use of his members.

Dr. Vincent reported a case of pelvic cellulitis, with spontaneous rupture into the rectum, patient making good recovery.

After some general discussion upon various subjects, —

Dr. Vincent presented a report upon "The Necessity for reorganizing the County Societies." The principal arguments advanced were that in the sixty counties of the State we have but thirty-three organized societies, of which, from want of numerical strength and professional harmony, three-fourths are now without *active* organization. Again, that there seemed to be a growing tendency to unite several county societies into one sectional organization, he citing the fact that the most active working societies to-day were to be found in the New York County Society, — the northern, central, and southwestern New York; that in these larger societies personalities and prejudices are lost in the common desire to promote homœopathic therapeutics, medical and sanitary science in general. He favored the organization of eight District Homœopathic Medical Societies, the districts to be governed by the present judicial limit; and then called the attention of the Society to the *individual* advantages derivable from such a condensation of the societies. By uniting these counties into districts, all of the present outside material would be made available, the numerical strength be so greatly augmented that special bureaus could be formed and masterly service performed each year. District Libraries, District Pathological Cabinets, District Provers' Unions, and District Clinics could be established, and by a simple arrangement students of medicine could be instructed and qualified by the physicians of the district, in furtherance of the provisions of the new law.

He then considered the benefits the State Society would derive from this plan.

*First.* In the increased delegate representation secured.

*Second.* In the improvement that would be manifest in the number and value of the reports, provings, and essays.

*Third.* In the more hearty financial support of the Society. By this plan the income to the State Society would be sufficient to pay its annual expenses and publish each year its volume of Transactions.

The report elicited discussion upon some legal points involved in the reorganization.

Dr. Cornell offered the following: —

*Resolved,* That the Homœopathic Medical Society of Northern New York urgently request Dr. Vincent to have his article on the plan of reorganizing the county societies into judicial district societies printed and disseminated throughout the State, that it may be submitted to the State Homœopathic Medical Society at its annual meeting.

The above resolution was passed by a unanimous vote of the Society.

Dr. Searle then presented a very valuable and practical paper upon Therapeutic Hints. A few of the most popular suggestions we give:—

*Acne faciei.* Dr. Ringer advises an ointment of *Iodide of sulphur*.

*Boils* may be aborted by gently rubbing the surface every three or four hours with the tips of the fingers, wet in spirits of camphor, and then covering the spot with flannel soaked in camphorated oil.

*In the indigestion of children* during summer complaints, the Lacto-Peptide is very useful as a palliative. A good diet for such patients, when digestion is very weak, is grated or finely chopped raw meat, with salt and a little red pepper. Let the dish containing it stand in hot water till the meat is warmed through.

*Epistaxis.* Stuff cotton under upper lip, and tie a cord, passing beneath the nose and over the ears, tightly behind the head. *Carbo veg.* is the best remedy.

*Freckles.* Small round ones can be removed by the application of chlorine water every night and morning, allowing it to dry in. For the more dense ones, chloride of lime, one to ten, fifteen or twenty parts of water, according to the sensitiveness of the skin. When using the stronger solutions, merely touch the spots with a moistened camel's-hair brush.

*Hiccough.* Spasmodic may sometimes be stopped by applying a compress over the stomach and a binder over the abdomen. In bad cases it must be kept on for several hours.

*Foreign Bodies in the Nose.* These may be removed by giving the patient an emetic, and when about to vomit to hold a cloth tightly over the mouth.

*Nelou.* Apply in its incipency strong nitric acid; it will always abort the disease.

*Ulcerated throat after scarlet fever* with ichorous sanious discharge from the nose, *Mercurius cyanuret* third to sixth is beautifully curative.

*Ovarian neuralgia.* Crude *Ammonia mur.* is almost a specific.

*Synovitis and Bursitis.* *Sticta* is a very valuable remedy.

*Tinea capitis.* A very bad case of years' duration was rapidly cured by *Conium* third, and a lotion of the tincture in water.

*Earache.* Ninety-nine times out of one hundred it is inflammatory and should be treated as such.

*Hemorrhoids.* These are often excessively painful in puerperal women just after confinement. They may be greatly relieved by ice bags of rubber or oiled silk, applied to the tumors, replaced as soon as it melts; within an hour absence of pain will be obtained. Then wet a cloth in ice water, leave it in contact with the parts; this prevents pain from reaction.

*Hemorrhage, post partum,* is to be expected when the pains of labor are sharp but short, with long intervals. It may also be looked for when the pulse remains rapid, or pains of an aching character extend from the back down the limbs.

*Hysteria,*— may be diagnosed by touching the epiglottis with the

finger; if this part is insensible the case is hysterical. This has been tested in twenty thousand cases by a French physician.

*Nourishing Injections.* Remove the fat from the pancreas of the hog or ox and chop it fine. Fifty to one hundred grains are to be added to one hundred and fifty or two hundred grains of lean beef, pounded in a mortar with warm water, and injected through a syringe of large aperture.

*Phytolacca* is said to cure *mammary abscess* in thirty-six hours, if administered in doses of x or xx gtt. of the fl. extract.

In *rheumatic affections* with slow pulse *Kalmia lat.* is the remedy.

The subject of typhoid fever was discussed, and the manner of treatment given by several physicians.

A prevailing opinion was that we give solid food too early in convalescence. A good rule was not to administer it until the fever thermometer for two successive evenings was below 98°.

After the examination of two clinical cases brought by Dr. Bullard, and whose history was related by him, the Society adjourned to meet in Saratoga one year from this date.

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#### TOMPKINS SQUARE HOMŒOPATHIC DISPENSARY.

WE have received the Articles of Incorporation, and By-Laws of this new Dispensary, located in the city of New York. It was incorporated on the twentieth day of April last, and is an offshoot from the Bond Street Dispensary, so famous for the good it has done, and the power it has been under Dr. Fullgräff. Dr. J. P. Ermentraut is the Medical Director, and most certainly has our best wishes for his complete success, both in the cure of his patients and his rivalry with the parent charity.

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#### BRITISH HOMŒOPATHIC CONGRESS.

WE are indebted to Mr. Pope, the Secretary of the Convention, for early proof-sheets of the *Med. Hom. Review*, containing a report of the Congress, whose annual session was held June 4, Dr. Dudgeon being President. Among the papers read giving rise to discussion was one by Dr. Hale, on "The Action, Selection, and Administration of Drugs."

Dr. Hale, after some introductory remarks on the advantages of theoretical investigations, urged the necessity for raising the formula *similia similibus curantur* from an empirical basis to the higher standard of a scientific principle. He suggested that drugs acted dynamically in some cases, reversely in others, in controlling abnormal vibrations. To secure a perfect specific effect, it was necessary that the closest relation in kind should subsist between the drug-remedy and the disease, and that the dose given should have the closest return potentially to the normal rate of vibration which disease has perverted and disturbed. Remarking that, energized by forces emanating from the ganglia of the sympathetic and cerebro-spinal systems, the

work and function of each organ was performed by cell growth and metamorphosis, resulting from vibrations of the ultimate molecules of which each cell is composed, he argued that it was into these hidden recesses that our curative agencies must reach. The withdrawal of electro-motor energy he regarded as the first link in the chain of causes leading to a departure from health; according to the extent of this withdrawal, temporary arrest of function, organic change, or death resulted. The action of *belladonna* and *nicotine* was adduced in illustration. The membrane of the structure invaded in disease, Dr. Hale argued, indicated that the doses used should be in relatively minute proportions. In remarking on the dose, after acknowledging the difficulties which surrounded its selection, Dr. Hale suggested that it should be regulated by the nature of the tissue, by the rapidity or slowness of metamorphosis, and especially by the greater or less excitability of the tissue in relation to electro-motor force. Dr. Hale concluded by some observations on dynamization, which he thought was capable of proof by well-known physical facts. He argued that during the process of attenuation the forces which before were potentially latent, became dynamically energetic, because of the molecular changes that occur whilst it is going on. He concluded by suggesting that different potencies of medicines are more curative than others, in proportion as their rates of vibration are in harmony with the rates of vibration in the diseased organ.

In the discussion which followed,—

Dr. Drysdale said that he was glad that such an interesting though intricate subject had been brought forward, and had been so ably treated by its author. No doubt, molecular movements took place in living bodies, as in all other bodies in nature; but he did not agree with the author, that vibratory movements took place in any living action, or could be the basis of explanation of the specific differences among drugs or their therapeutic actions. For that we must still go back to their operation as stimuli, which was something quite *sui generis*, corresponding to the nature of vital actions themselves, which were utterly *sui generis*, and not paralleled by any chemical or physical actions. The proof of this lay in the fact that in all vibratory movements the molecule, at the end of each excursion, returned exactly to the same place as at starting; and also its chemical constitution was unchanged. Whereas, in all vital action no doubt there was movement of the atoms and molecules, but invariably they did not return to the same place, and there was change of composition. In no vital action did the material particles remain in the same state of composition at the end as in the beginning. So all vibratory actions are merely physical forces, and as such, dead; and all they could do in a living organism was to act as stimuli. For example, when the fibres of Corti respond to the vibration of similar vibrations in the air, or the rods and cones of the retina answer to those of light, the action is purely physical, although it took place by harmony between the periods of vibration. But as far as that went, there was still no sensation of sound or light till the fibres acted on the living matter connected with them, and produced a vital change, which was

apprehended in a vital manner by the sensorium. As to dynamization, he was satisfied that the whole physical effect of trituration and solution was merely that of reducing the mass to a state of finer division. And with respect to the apparently different, and at times apparently greater, effect of small doses than single large doses, he thought the explanation of Fletcher was still the best, viz., that all positive agents are stimuli to an increased action, primarily, which was followed sooner or later by a corresponding exhaustion of the specific effect. In this we have a natural explanation of the apparently opposite action of small and large doses. And when this is taken in connection with the fact that the susceptibility to all action from many stimuli may be exhausted, often quickly, we see the reason why repeated small doses may produce much more grave effects than one large dose given at once. The latter soon exhausts the susceptibility, and no scope or time is given for the more profound alteration of the protoplasm in which palpable disease consists.

Dr. Pearce thought they should always distinguish between the chemical and dynamic actions of medicines. It appeared to him that every medicinal substance was endowed with two distinct forces,— one, belonging to the grosser or material form, which might be called chemical or mechanical, and the other, which partook more of the transcendental or electrical character. This might be seen in an experiment with a grain of zinc and a grain of copper, which, when their chemical action was developed by juxtaposition, would throw out a gigantic force previously pent up, and only liberated by their electrical relationship. In the same way he thought subdivision of a medicine set free a force—he would not call it a spiritual force—which, acting upon the vital organs, produced changes which were indicated by either detriment to the health or improvement in the condition of the patient. He had made many experiments in that direction, and was fully convinced that in very many diseases the higher potencies do produce changes much more quickly than those which are lower, though no doubt in other diseases this was not so. He trusted that the discussion would lead to further inquiry on the subject.

Dr. Hughes was unable to acquiesce in Dr. Drysdale's sweeping exclusion of molecules and vibrations from living substance. If the composition of dead matter were molecular, and its forces vibratory, why should we suppose that such molecules ceased to exist, and such vibrations to go on, because the matter had assumed that "metabolic" state of combination in which, and not in any added entity, Dr. Drysdale himself has taught us that life consists? For himself he agreed with Dr. Hale in looking to these two great imaginations of science as the preparation for the reception of the homœopathic doctrine. If force be conceived as undulatory, it was easy to recognise that two similar undulations might neutralize one another; and to the conception of matter as molecular, the infinitesimal dose fits itself in evident harmony.

## REVIEWS AND NOTICES OF BOOKS.

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

### RECENT PUBLICATIONS.

- Allen.* — Medical Problems of the Day. Williams.  
*Biddell.* — Materia Medica. L. & Blakiston.  
*Putnam.* — The Metric System of Weights and Measures. Williams.  
*Siebold.* — Anatomy of the Invertebrata. Trans. from the German. Campbell.  
*Will.* — Tables for Qualitative Chemical Analysis. Appletons.

### FOREIGN PUBLICATIONS.

(For sale by Schoenhof & Moeller, 40 Winter Street, Boston.)

- Baltzer.* — Nahrungs u. Genussmittel des Menschen in ihrer chem. Zusammensetzung u. physiolog. Bedeutung.  
*Béranger-Féraud.* — De la fièvre bilieuse mélanurique des pay comparée avec la fièvre jaune. Étude clinique faite au Sénégal.  
*Cauty.* — Diseases of the Skin.  
*Hamilton.* — Lectures on syphilitic Osteitis and Periostitis.  
*Leyden.* — Klinik der Rückenmarks-Krankheiten. 1 Bd.  
*Manouvriez.* — Recherches cliniques sur l'intoxication saturnine.  
*Pick.* — Ueber das Amylnitrit und seine therapeutische Anwendung.  
*Poincaré.* — Leçons sur la physiologie normale et pathologique du système nerveux. I. II.  
*Reichert.* — Beschreibung einer frühzeitigen menschlichen Frucht im bläschenförmigen Bildungszustande nebst vergleichenden Untersuchungen über die bläschenförmigen Früchte der Säugethiere und der Menschen.  
*Reynaud.* — Étude sur les kystes du maxillaire inférieur.

THE PSYCHOLOGICAL AND MEDICO-LEGAL JOURNAL, NEW SERIES, VOL. I, No. 1; F. W. CHRISTERN, NEW YORK.

The homœopathic practitioner should not be without the latest and best literature on the topics treated in this publication, especially the subject of mental disease. When we can give convincing statistics of the efficacy of our treatment of the insane, we shall have yet another hold on the confidence of intelligent people. We think we may justly say that the right to make this claim will soon be ours. It is clear in the practice of every careful homœopathic physician that his remedies exert a control over non-hereditary mental diseases, far exceeding that of the other school, and it should be our object to test the matter in hospital practice and publish comparative tables. The contents of the present number of the *Journal* are certainly most promising. The editor, Dr. W. A. Hammond, of New York, contributes an interesting article on the influence of alcohol on the nervous system; Prof. M. Benedict's theories on "The Laws of Topographical Diagnosis in Nervous Diseases," translated by Dr. D. F. Lincoln, are worthy of criticism, and the reviews of recent publications on mental affections and medical jurisprudence are alone of much value.

CONJUGAL SINS. THEIR EFFECTS UPON THE FATHER, MOTHER, AND CHILD. By A. K. Gardner, A.M., M.D. Revised ed. New York: G. J. Moulton. pp. 240, 12mo.

We delayed our notice of the second edition of Dr. Gardner's work, already known to our readers through the comments of others, till we might become more fully informed of its contents by another reading. Are there not too many books of the sort, even *almost* good ones? Yet this book must, we think, do much good in place of the harm accomplished by many treatises having similar titles. Physiologically (which is *morally*) its positions cannot be questioned. A professional reader will not regret his time bestowed on the subjects. — Conjugal Relations with regard to time, age, etc., Continnence, physically injurious? etc., while for the perusal of both laymen and physicians, Dr. Gardner's work conveys, without especial assumption of philanthropic design, the needed threats, exposures, and teachings

LECTURES ON THE DISEASES OF INFANCY AND CHILDHOOD. By Charles West, M.D., F.R.C.P., etc. 5th American from 6th revised English ed. Philadelphia: H. C. Lea. pp. 676. 8vo.

The records of 743 new cases and of 181 additional post-mortem examinations are brought to bear upon the additions, omissions, and other changes of the present edition. This treatise is in many points indispensable to us, until, with larger means for the study of disease, we can embody in full descriptive and theoretical works also the medicinal indications of our own practice.

Dr. West's treatment is severe, but he says, "Changes in medical opinion such as have taken place within the past twenty years have so influenced my practice that it differs much from what it was a quarter of a century ago. I give less antimony than before. . . . And yet I am unwilling to believe that all my former observations were erroneous, and my old faith was entirely misplaced; but unhappily I have no longer leisure to test the value of these changes as I could wish." . . . The author approves depletion with leeches, although their free use acts at a disadvantage, "not very seldom by producing convulsions." He advises mercurials in "acute inflammation of serous membranes of the chest and abdomen," although he knows not where to pause in their use, since infants are rarely salivated. "So rare," he says, "is mercurial stomatitis in early life that I have seen but one instance in which it proved fatal, and have very seldom met with it in such a degree as to be troublesome. I should therefore regard gangrene of the mouth by the administration of mercury, as an evidence of some rare idiosyncrasy on the part of the patient, rather than a want of due care on the part of the doctor." (!) Antimony is useful, while it also causes "nausea which may obscure the approach of cerebral mischief," "exerts a powerful depressing effect on the lungs," etc. Opium "must sometimes be given as an experiment whereby the real nature of the disease is tested." The child, by its conduct under allopathic dosing, as long as its reason is unaffected by disease, has influenced Dr. West to admit: "You will lose nothing in the confidence of the parents, and gain much in the love of the patients by sparing them the nauseous draught, and the agony of tears

and fright and temper which they often undergo before they swallow it. The battle with the child to compel it to take the medicine . . . generally does far more harm than the remedy so administered can do good; and the many tears saved by it in the nursery are one of the "strongest recommendations of Homœopathy to the public."

The chapters treating diseases of the brain and spinal cord are instructive. Perhaps a fuller study of Atrophy of the Brain could be made profitable, especially if it can be shown to exist as co-existing with the general anæmia of ill-nourished children. Night terrors in infants, the author thinks, most often proceed from intestinal disorders; if the latter be cured, these troublesome attacks will disappear. Following the remaining subjects in order, the diseases of the respiratory organs, the heart, organs of digestion, tumors, fevers, etc., the reader will find much of interest, and will discover numerous additions since the publication of the last edition. Much new material is used in treating the subject of *Chorea*. Dr. West thinks the theory of embolism can not account for all the symptoms of this complaint; he considers these convulsive manifestations to be often caused by other irritations than the above.

Under Bronchitis the author remarks (p. 277): "The confidence sometimes expressed in Nature's healing power in this affection is, however, altogether misplaced, unless accompanied with every care to place the patient in the most favorable conditions for the power to be exercised." "Nature" then does not alone give to Homœopathy its favorable statistics in regard to the treatment of childrens' thoracic diseases. With reference to Gangrene of the Lung (p. 30), see also an interesting account of a case from the *Med Times* in our last number. Dr. West speaks of the occasional failure of that important characteristic in the diagnosis of this disease, — extreme fetor of the breath, which may lose its value in case there should exist gangrene of the mouth. Among the many barbarities patent to such treatment as the author's, and which must lead us to congratulate ourselves on our escape from the crimes of the old school practice, is the advice in favor of paracentesis, which is to be early performed because they cannot induce the disappearance of fluid by means of medicine, and there is danger that Nature's opening "will be in a situation unfavorable for its eventual closure," etc. While the author recognized the greater danger from an earlier opening, that there may be "failure of constitutional power in consequence of the continued drain on the system, though this occurs far less often *than might be expected*." In those where a natural evacuation inevitably occurs under the treatment of Homœopathy, where we often see such openings most favorably controlled and directed by *Hepar*, the natural fistula is readily healed by *Silicea*, a result most frequently observed in the treatment of all fistulous openings. In diarrhœa and dysentery Dr. West doses his defenceless little patients with brandy, aromatics, astringents, and opium, but fortunately allows them nourishing food. While the author employs the ophthalmoscope, the thermometer, and other modern means of diagnosis, we are still forced to conclude that he has been less influenced than Ringer and Burness in his treatment by "the march of improvement."

## ITEMS AND EXTRACTS.

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WE are indebted to Mr. H. A. Chase, of Cambridge, for valuable aid in the translation of that portion of "Glonoin" which enters the present number of the GAZETTE.

IN the Vienna hospitals, compound fractures are irrigated with warm water. In the case of a child where the skin did not heal after four weeks, the plastic operation was used, the new skin therefor having been taken *as a punishment, from the arm of a drowsy nurse* who had neglected the child a half hour, thus interrupting the continuous flow of water over the arm. *J. W., extract from a letter.*

CRIME AND INSANITY. — At first two kinds of insanity only seem to have been recognized by English law — *idiccy* and *lunacy*. "The idiot who, from his nativity, by a perpetual infirmity is *non compos*, and the lunatic, who hath sometimes his understanding, and sometimes not." But as time went on, a partial insanity was recognized as distinct from total insanity, although this partial insanity was declared not to absolve a person from responsibility for his criminal acts. "There is," says Lord Hale, "a partial insanity, and a total insanity. Some persons that have a competent use of reason in respect of some subjects, are yet under a particular *dementia* in respect of some particular discourses, subjects, or applications; or else it is partial in respect of degrees; and this is the condition of very many, especially melancholy persons, who for the most part discover their defect in excessive fears and griefs, and yet are not wholly destitute of the use of reason; and this partial insanity seems not to excuse them in the committing of any offense for its matter capital; for, doubtless, most persons that are felons of themselves and others are under a degree of partial insanity when they commit these offenses. This must duly be weighed by judge and jury, lest, on the one side, there be a kind of inhumanity toward the defects of human nature; or, on the other side, too great an indulgence given to great crimes." The line which it was so difficult to define was not, let it be noted, between sanity and insanity, but between perfect and partial insanity. It was thought no inhumanity toward the defects of human nature to punish as a fully responsible agent a person who was suffering from partial insanity, whatever influence the disease might have had upon his unlawful act.

The principle thus laid down by Lord Hale was subsequently acted upon in English courts. Thus, in the trial of Arnold, an undoubted lunatic, for shooting at Lord Onslow, in 1723, Mr. Justice Tracy said: "It is not every kind of frantic humor, or something unaccountable in a man's actions, that points him out to be such a madman as is exempted from punishment; it must be a man that is totally deprived of his understanding and memory, and doth not know what he is doing, no more than an infant, than a brute or a wild beast; such a

one is never the object of punishment." In this respect a wide distinction was maintained between civil and criminal cases; for while the law would not allow exemption from punishment for criminal acts unless the reason was entirely gone, it invalidated a person's civil acts, and deprived him of the management of himself and his affairs, when his insanity was only partial, and when the act voided had no discoverable relation to it. A man's intellect might not be sufficient to enable him to conduct his affairs, and to dispose of his property, though quite sufficient to make him responsible for a criminal act: it was right to hang for murder one who was not thought fit to take care of himself and his affairs. — *Dr. Maudsley, in Popular Science Monthly for May.*

A HOMŒOPATHIC physician has a special duty to perform in which his own individual success is deeply interested. He is to be a missionary of Homœopathy. He represents a great advance in medical science, a vast reform in practice. The truth he advocates will be assailed with severe ridicule and bitter invective. His personal character will be ruthlessly attacked by strangers. He will be called a quack, an imposter, a spiritualist, a crazy fellow, and all simply because he believes that *similia similibus* is a reliable law of cure, and that cures may be effected by medicines so attenuated as to be beyond the reach of chemical analysis.

Assailed in dark corners and private chambers, where he has no hearing and can make no reply; misrepresented and traduced in secret and undiscoverable ways; suspected of ignoble motives and charged with unprofessional conduct, how is he to defend himself and his cause? By two methods:

*First* He must so live a pure, honest, noble life, social and professional, that the tongue of calumny shall be palsied, and that all men may say, Here is a homœopathist, as intelligent, truthful, honorable, and praiseworthy as any man that ever adorned the medical profession. Here comes in the mighty power of individual character in the defence and propagation of Homœopathy.

*Second.* He is to do all in his power to enlighten the public mind on the subject, and to educate the people as to the true meaning and extent of the medical reform we advocate. The press is the great, free platform on which our voice can be heard, and examination and discussion invited and partially obtained. Let him distribute tracts, pamphlets, and books, explaining and defending the system; not indiscriminately and offensively, but to personal friends, to medical men, who are specially interested in the matter, and who ought to thank him for his courtesy, and to thinking and cultivated people who are fond of inquiry, and who secretly and quietly mould the opinions of society. — *Holcombe.*

WHEN TO LANCE THE GUMS. — Dr. J. L. Smith says, in his late work on "Diseases of Infancy and Childhood," "The gum-lancet is now much less frequently employed than formerly. It is used more by the ignorant practitioner, who is deficient in the ability to diagnos-

ticate obscure diseases, than by one of intelligence, who can discern more clearly the true pathological state. — *Dental Cosmos*.

“It is well to bear in mind, as aiding in the elucidation of this subject, the remark made by Trousseau, that the tooth is not released by lancing the gum over the advancing crown. The gum is not rendered tense by pressure of the tooth, as many seem to think, for, if so, the incision would not remain linear, and the edges of the wound would not unite, as they ordinarily do by first intention within a day or two. This speedy healing of the incision, unless the tooth is on the point of protruding, is an important fact, for it shows that the effect of the scarification can only last one or two days.

“Too much importance has evidently been attached to the supposed tension and resistance of the gum in the process of dentition.

“Follicles in the period of development are especially liable to inflammation. This fact affords a better explanation of the frequency of the so-called laborious or difficult dentition than that it is due to the resistance which dental evolution encounters from the gums.

“If there are no symptoms except such as occur directly from the swelling and congestion of the gum, the lancet should seldom be used. The pathological state of the gum which would, without doubt, require its use, is an abscess over the tooth. As to symptoms which are general or referable to other organs, as fever and diarrhœa, the lancet should not be used if the symptoms can be controlled by other safe measures. All co-operating causes should first be removed, when, in a large proportion of cases, the patient will experience such relief that scarification can be deferred.

“If the state of the infant is such that life is in danger, as in convulsions, or there is danger that the infant will be permanently injured or disabled, as by paralysis, every measure which can possibly give relief should be employed without delay.

“I know no accidents of dentition which require scarification except suppuration of the gums, convulsions, and paralysis. — *Medical and Surgical Reporter*.

SKODA ON CONSTIPATION. — A recent number of the *London Medical Record* contains an abstract of a clinical lecture by Prof. Skoda, on constipation, particularly that of pneumonia. The lecturer concluded that constipation does not in itself constitute a state very dangerous to the general health. This fact has hitherto been too much disregarded in practice, and much harm has been done by the untimely use of purgatives.

When constipation has lasted several days without inflation of the belly being produced, it is absolutely useless to interfere, for it is a sign rather favorable for the normal condition of the malady. We do not diminish at all the intensity or duration of pneumonia by provoking intestinal flux; on the contrary, a new affection — intestinal catarrh — is created, which can but be prejudicial to the general condition, and augment the malaise. The old idea that the respiration becomes less embarrassed in patients with pneumonia when diarrhœa supervenes, is a false one.

The administration of a purgative gives rise in the majority of cases to a certain excitement of the patient, and he commonly finds himself far less well after the purgative than he was before it. Oppolzer has shown that this same state of things is true of the use of tartar emetic; it is only when the effect of the medicine has passed off that he experiences relief; the relief being due not to the action of the remedy but to the disappearance of the malaise, which the remedy had superadded to the primitive state of the patient.

From these considerations, the deduction is that in the great number of diseases we are to abstain from purgatives as long as they are not indicated in the clearest manner. — *B. Med. and Sur. Journal.*

## PERSONAL.

*To the Medical Profession and the Public: —*

*Whereas*, I did about the year 1868 obtain Letters Patent of the United States for a pessary, and

*Whereas*, "To hold a patent for any surgical instrument or appliance" is held according to our code of medical ethics "to be derogatory to professional character, and inconsistent with the beneficence and liberality which should characterize the medical profession," and

*Whereas*, It is not my desire to derive pecuniary profit from said patent to the disadvantage of any person living, either professional or otherwise, and

*Whereas*, I would regret exceedingly to stain the fair name of our beneficent and liberal profession by holding a patent as aforesaid,

Now, therefore, I hereby relinquish all the right, title, and interest which were secured to me by said Letters Patent, to the free use of the profession and the public forever.

E. J. FRASER, M.D.

*San Francisco, May 1, 1874.*

OBITUARY. Dr. Julius Ægidi died, May 11, at Freienwalde, Germany, in his seventy-ninth year. Commencing his medical practice as an allopath, he was led to embrace the principles of Hahnemann by being himself relieved of a chronic difficulty through Hahnemann's personal treatment. Dr. Ægidi was physician to the Princess Frederika, of Prussia, and practised in Düsseldorf, Königsberg, and Berlin. His contributions to our literature were numerous, and his medical and social influence was widely felt.

REMOVALS. L. MCFARLAND, M.D., from 2 E. Brookline St. to 413 Shawmut Ave., Boston.

F. B. KIMBALL, M.D., from Reading, Mass., to Franklin St., East Somerville.

PROF. N. H. GUERNSEY has resigned the position of Dean and Professor of *Materia Medica* in the State Medical College, of Philadelphia. This step is rendered necessary by the pressure of Dr. Guernsey's professional duties. Prof. E. H. Farrington fills the chair thus made vacant.

S. Y. RUSH, M. D., from Bedford, Pa., to 3715 Walnut St., Philadelphia.

W. F. KISTLER, M.D., from Muncy, to Minersville, Pa.

T. T. O'CONNOR, M.D., from Washington, D. C., to 3 E. 33d St., New York City. Dr. O'Connor takes the chair of Chemistry and Toxicology in the New York Homœopathic Medical College. His practice in Washington is taken by C. Pearson, M.D.

# THE New England Medical Gazette.

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BOSTON, SEPTEMBER, 1874.

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Dr. Jeanes.— “ “ p. 47. *p. 54.	B. & C.
Johns (a druggist).— “ “ p. 79.	
When preparing the Glonoin.	
Dr. Junod (Dudgeon).—Proving. Brit. J. Hom., v. 11, p. 279.	1/10
Samuel J.—Proving. Arzneipr., p. 49.	3/10
K. (Lippe).— “ “ p. 74.	5/10
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W. K.—Proving. Arzneipr., p. 52.	1/10
L.—Proving. “ p. 61.	1/10, 2/50
T. Leadham (Dudgeon).—Proving. Brit. J. Hom., v. 11, p. 278.	Sat. Sol.
Lembke.—Proving. Zeitsch. Hom. Klin., v. 2, p. 152.	1/10
Liebe.—Preparation. Ann. Ch. Pharm. cix, p. 122.	1/10, 2/50
Dr. A. Lippe.—Provings and observations. Arzneipr., pp. 74, 75, 84, 85.	5/10, 1/10, 2/50
Dr. Little.—Provings on 9 persons. Arzneipr., pp. 64, 68.	2/50
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Dr. Von Meyer.—Observations. Allgemeine hom. Zeit. 1862.	
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Mrs. M. (C. Hg.).—	Potency not stated.
N. (a druggist).—Proving. Arzneipr., p. 61.	2/10
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Dr. Neidhard.—Proving. Arzneipr., p. 64.	5/10
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O.—Proving. Arzneipr., p. 58.	2/50
Dr. A. H. Okie.—Provings on self and others. Am. Mag. Hom. p. 439.	1/10
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P. (Schiek).—Proving. Arzneipr., p. 75.	2/5
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- Dr. Reil, and three colleagues.*— Proving. Zeitsch. Hom. Klin., v. 2, p. 52, with remarks and cases, by Hirschel. Reil  $\frac{1}{100}$ , Hirschel  $\frac{1}{10}$ .
- Dr. M. J. Rhees.*— Proving. Arzneipr., pp. 65, 67.  $\frac{1}{50}$ ,  $\frac{1}{60}$ ,  $\frac{1}{125}$ .
- Dr. Riehle.*— Proving. Arzneipr., pp. 52, 60, 64.  $\frac{1}{10}$ ,  $\frac{1}{50}$ .
- Robertson, (Dudgeon).*— Proving. Brit. J. Hom., v. 11, p. 282.  $\frac{1}{10}$ .
- Dr Roth, (Dudgeon).*— Proving. Brit. J. Hom., v. 11, p. 281.  $\frac{1}{10}$ .
- Emma Roussel.*— Proving. Brit. J. Hom., v. 11, p. 283.  $\frac{1}{10}$ .
- Rr.*— Proving. Arzneipr., p. 61.  $\frac{1}{150}$ ,  $\frac{1}{250}$ ,  $\frac{1}{500}$ .
- S. (Dudgeon).*— Proving. Brit. J. Hom., v. 11, p. 278.
- S. & F. (C. Hg.).*— Potency not stated.
- Dr. S.*— Proving. Arzneipr., p. 58.  $\frac{1}{20}$ .
- C. G. S.* “ “ p. 62.  $\frac{1}{100}$ ,  $\frac{1}{200}$ .
- E. S. (Dudgeon).*— Proving. Brit. J. Hom., v. 11, p. 282.  $\frac{1}{10}$ .
- J. R. S.*— Proving. Arzneipr., p. 62.  $\frac{1}{100}$ ,  $\frac{1}{200}$ .
- Mrs. St. (Okie).*—Arzneipr., p. 78.  $\frac{1}{200}$ .
- Dr. Schiek.*— Proving. Arzneipr., p. 61,  $\frac{1}{100}$ ,  $\frac{1}{250}$ .
- provings by a woman, a girl, and others. pp. 75, 76, 88.  $\frac{1}{100}$ ,  $\frac{1}{150}$ ,  $\frac{1}{160}$ ,  $\frac{1}{250}$ .
- Schlechardt.*— Action of Chem. Centralbl., 1866. No. 31.  $\frac{1}{10}$ .
- Dr. Small.*— Provings, several persons. Arzneipr., p. 68. 6c,  $\frac{1}{200}$ ,  $\frac{1}{300}$ .
- Dr. A. E. Small.*— U. S. Med. and Surg. Journal, v. 6, p. 419. 1c.
- Dr. E. Smith.*— Proving. Arzneipr., p. 62.  $\frac{1}{150}$ ,  $\frac{1}{200}$ ,  $\frac{1}{250}$ ,  $\frac{1}{500}$ .
- Dr. J. H. Smith.*— Observations Med. Investigator, v. 8, p. 67.  $\frac{1}{200}$ .
- A. Sobrero.*— In Comptes rendus, Headaches, 1847.
- Dr. T. Dwight Stow.*— Provings on self and others. Hahn. Mo., v. 4, p. 117. Oil,  $\frac{1}{10}$ .
- Streintz.*— Proving. (C. Hg.) Potency not stated.
- Dr. A. J. Tafel.*— Proving. “ “ “
- Dr D. Thayer.*— \* Med. Investigator., v. 8, p. 67. “ not remembered.
- M. Valpiau.*— Rev. Ther. du Med., Jan. 30, 1850. Remarks.
- Dr. Vinal.*— \* Arzneipr., p. 56.  $\frac{1}{300}$ ,  $\frac{1}{300}$ .
- “ “ p. 67. Brit. J. Hom. v. 11, p. 273.
- De Vrij.*— Preparation Jour. de Pharmacie d'Anvers; Jour. de Pharmacie, Paris; Pharmaceut. Jour., Nov. 1855.
- Waage.*— Proving. \*Arzneipr., p. 83. B., C.,  $\frac{1}{300}$ .
- Dr A. E. Wallace.*— Proving. Hahn. Mo., v. 4. p. 119.  $\frac{1}{10}$ .
- J. W.*— Proving. Arzneipr., p. 76.  $\frac{1}{250}$ .
- J. Wh.*— Proving. “ Arzneipr., p. 76.  $\frac{1}{50}$ .
- W. P. W.*— Proving. Arzneipr., p. 49.  $\frac{1}{300}$ .
- Dr C. Wesselhoeft.*— \* Med. Investigator, v. 8, p. 67. 6c.?
- Dr. W. P. Wesselhoeft.*— \*N. E. Med. Gaz., v. 8, p. 55. 6c.
- Dr. Wg. (Raue).*— Proving. Arzneipr., p. 85.  $\frac{1}{200}$ .
- Dr. Whitey.*— “ “ p. 52.  $\frac{1}{20}$ .
- Dr. Willans.*— Observations. N. A. J. Hom., v. 5, p 439.
- Dr. Williamson.*— Proving. Arzneipr., p. 54; \* p. 88.  $\frac{1}{30}$ ,  $\frac{1}{150}$ .
- Dr. J. G. Wood.*— Am. Inst. Proc., v. 17.  $\frac{1}{10}$ .
- Dr. G. Wyld (Dudgeon).*— Proving. Brit. J. Hom., v. 11, p. 278.  $\frac{1}{10}$ .
- Zumbrock.*— Arzneipr., pp. 51, 58, 66, 76.  $\frac{1}{300}$ .
- “ “ Drinking Glon. water. Smelling preparat.  $\frac{1}{300}$ .
- Additional, *Dr. E. B. de Gersdorff, Dr. J. Kafka.*
- Allg. Hom. Zeitung.*— \* Feb. 13, 1865; Jan. 3, 1873.
- Am. Jour. Hom.*— Vol. 4, p. 174.
- Brit. Jour. Homeopathy.*— Provings and observations. V. 18\* p. 139, v. 21, p. 457.
- Mo. Hom. Review.*— \*Feb. 1863.
- Neue Zeitsch Hom. Klinik.*— \*v. 12, p. 8.
- Wagner's Jahresbericht.*— 1868, 1874, properties, preparation, etc.

*Cats.*—Proving. Arzneipr. M. Davis, pp. 10, 69;  
 Lippe, p. 84.  
*Frog.*—Proving. *C. Hg.* Arzneipr. p. 53.

Sat. Sol.  
 Oil,  $\frac{1}{10}$ .  
 Oil.

*Note.*—The symptoms observed in animals seem to form no safe criterion of the effects of Glonoin on the human frame. At least on one occasion I gave 10 drops of the Glonoin solution to a kitten (in divided doses of two, three, and five drops at short intervals) without finding any effect beyond great temporary aggravation of the animal's playfulness, followed by a corresponding amount of torpor.—*Brady, Med. Times and Gaz., Mar. 1859.*

Alkin, after a series of experiments, concludes (1) it belongs to the active poisons which produce their full effects in a few minutes. The action on frogs is intermediate between strychnine and caffein. (2) In warm-blooded animals it produces effects like those of hydrocyanic acid. Its action is exerted chiefly on the brain and spinal cord, less upon those parts presided over by the sympathetic nerve. The heart is only so far affected that its action ceases somewhat earlier, and its chambers are somewhat less full of blood than when death occurs in a natural way. The brain and medulla of animals present an anaemic appearance after the full action of nitro-glycerine. (3) In large doses it impairs the power of motion more than sensation.—*Brit. J. Hom., v. 19.*

#### ABBREVIATIONS.

Ch., Chaffee; Cle., Castle; M. Dvs., Morris Davis; Dgn., Dudgeon; Fd., Field; Gdr., Gardiner; C. Hg., Hering; Nhd., Neidhard; Ok., Okie; Ph., Phearson; Rhl., Riehle; Sch., Schiek; Wft., Wesselhoeft; Wn., Williamson; Z., Zumbrock.

. Signifies that the symptom is counted a separate one.

\* The symptom disappeared after taking the drug.

The fractions refer to the potency, when, as will be found by referring to the prover's name, more than one potency was taken.

#### SYMPTOMS.

ACCORDING TO LOCALITY, KIND, CONDITION, AND RELATION TO ONE ANOTHER.

*Rearranged with additions, by C. F. Nichols, M. D.*

**Mind and Mood.** . Fear of the attack. 66, 345, 1118, 1165.

- . Anxiety, aft. 7 minutes, K.; with headache,  $\frac{1}{30}$ . Z.
  - . Anxiety and inclination to run away. Z.
  - . Fear and terror. J. W.
5. Though naturally cheerful, she became apprehensive of her approaching death. Roussell.
- . When asked, a day or two after, how she had felt, she said that at one time she was frightened for fear she had been poisoned; but that no one would catch her taking any more. Stow.

- . Feeling of impending misfortune, with the sensations in chest. 1072.
  - . \*During the intermissions of pain, she shudders and weeps bitterly. 612.
  - . *Great fear*, with a sensation as if the chest were screwed together. 1062; with a feeling as if the throat were swollen. 924.
10. Restless sensation emanating from the stomach. J. Fr. 980.
- . Recalls old grievances; 2d day. He was constantly thinking of persons who had offended him, with the determination to justify his own conduct. Wn. (\*?)
- Note.* \*Agrees with what was bodily manifested. C. Hg.
- . Unusually animated and talkative. Great flow of thought and inclination to jest; for 4 hours.  $\frac{3}{300} + \frac{7}{300}$ . Vinal.
  - . I lay on a sofa, feeling rather languid, but talking cheerfully, conscious at the same time that I could very well exert myself both mentally and physically, if I liked, but that it was more pleasant to be idle. This condition lasted about half an hour, at the end of which I was quite well, and walked home with perfect comfort. Fd.
  - . He feels much exhausted; great inclination to sleep; incapable of study; *dull when thinking*, even when writing, his thoughts wander; 2d day. Cl. 380, 692.
15. \*Disinclined to speak; would scarcely answer. Campos.
- . Difficult recollection of phrenological terms, with which he is very familiar. Wn. In cereb. spin. meningitis, loss of memory. 669.
  - . Inclination to rub the forehead. 630.
  - . \*She attempted to spring from the window. 611.
  - . \*Frantic. Chaffee. 138.
20. Great mental agitation. Wood.
- . \*Recognized no one; repulsed her husband and children; raved, screamed, and wished to rush from the house; jumped out of bed, but fell because her knees gave way. 68, 138.

*Sensorium.* . The way home seemed three times as long as usual.  $\frac{1}{10}$ . M. Dvs.

- . \*She could not remember whether her house were on one or the other side of the street. 290.
- . As he returned home through the streets after the headache, everything seemed strange to him, not as familiar as usual; he was obliged to look about him every few moments, to convince himself of being in the right street. It seemed to him as if the houses were not in

- their right places, on the same route that he had passed over at least four times a day for years. M. Dvs.
25. Strange sensation in the chin; it feels as if it were being *elongated* to the knees; was obliged to put his hand to his chin repeatedly, to convince himself that it was not the case. *Had considerably jarred and injured his chin by a fall*, 20 years before. After 2 minutes. W. P. W. 140, \*670, 851, 852, 853, 873, 875, 841, 1320.
- . His body seemed to him to have gone completely to sleep, while his mind was awake; the latter resolves to take notice of crooked, jagged objects that appear before the closed eyes, and to put them down as symptoms the following morning; tries to discover if it still has power over the body; attempts to raise it, but in vain; it seems to shrivel, as it were, till it is completely asleep. H. E.
  - . When the effect (in head and arms) which she exactly described, ceased after five minutes, it seemed to her as if she awoke from a dream; she moved her arms like one awaking from a dream.  $\frac{1}{2}$  $\frac{1}{50}$ . C. Hg. 1223, 103.
  - . Sensation as if some of the fluid were being poured down my throat, and then succeeded a few moments of uncertainty as to where I was, during which there was a loud rushing noise in my ears, like steam passing out of a tea-kettle, and a feeling of constriction around the lower part of my neck as if my coat were buttoned too tightly; my forehead was wet with perspiration, and I yawned frequently. Fd.
  - . \*Head felt larger than usual. 208, 139, etc.
30. Lightness and buoyancy of the body, as from the inhalation of ether, followed immediately by a full, crowding, pressing sensation in the brain, accompanied by dizziness and whirling. Wood.
- . Such excessive determination to the occiput that it seems as if he would lose his reason. Glonoin water. Z.
  - . Headache so violent that he cannot even think and take an antidote. Johns.
  - . Confused feeling. Chaffee. 380, 399; with pains in the vertex.
  - . Cannot collect my thoughts. Chaffee. Confusion with cerebral symptoms. 669.
35. Immediate effect, confusion of ideas and loss of strength. Colby; with diminished power of tongue. 874.
- . Confusion of ideas so great he could not tell where he was. Wood.

- . Though still greatly confused, scarcely knowing where he was or what he was about, yet, when his attention was fixed by an effort of the will, remembered his patients perfectly, all their symptoms, and the medicines prescribed without once mistaking. Wood.
- . Throbbing, pulsation, and confusion of all the senses. *Sensation of balancing, requiring a constant effort to keep the head erect*, which inclined to drop as on going to sleep. Colby.
- . Could neither lie, sit, nor walk, but pitched about like one intoxicated, incapable of controlling the muscles of locomotion. Wood.
- 40. *Undulating sensation in head.* 284, 358-360, 413, 482.
  - . I learn from the physician, to whom I am indebted for this overdose (2 drops of the 1st dilution), that my head fell back, my jaw dropped, I was perfectly white, breathing stertorous, and no pulse at the wrist for the space of about two minutes. Fd. 1145.
  - . Symptoms of syncope obliged me to sit down; partial obscuration of the sight, with a degree of deafness and partial suspension of the action of the heart ensued. In the act of swooning, I was conscious of water being dashed over the brow by Dr. Dudgeon, which partially restored me. Gellar.
  - . Where the agony is expressed only by exclaiming "my head, my head!" 428.
  - . She became partially insensible, disliking very much to be roused; when fully sensible she felt headache. Fd.
- 45. Faint feeling,  $\frac{1}{100}$ . C. Hg., ext. from letter; obliging her to lie down. Sch. 1307.
  - . Stupor, weakness of body and mind. 394, 431.
  - . My intellects returned almost immediately, and I remember saying, "This has nothing to do with homœopathy, but with a very powerful poison." Fd.
  - . When attempting to read, in the standing position, darkness before the eyes, fainting, and nausea. Stow. 743.
  - . Since he took the medicine he has looked remarkably pale, and although not complaining of anything, had a fainting fit March 5th, in the evening, after returning from his drive (is a coachman), which threw him down senseless. Cutmore.
- 50. In about five minutes, after feeling giddy and sick with headache, she became insensible. Fd.
  - . Faintness with throbbing in the epigastrium. 975.
  - . Face-ache cured after violent aggravation (vertigo, twitch-

ing of the limbs, unconscious, followed by nausea.)  
823, 955.

- . \*Nausea, then unconsciousness, with convulsive action of facial muscles; face pale, breathing stertorous, feeble pulse. 825.
  - . Nausea after faintness. 55, 83, 954.
  - . A half unconscious state followed, with a most violent, beating headache, with a trembling of the whole body. Schlehardt.
55. In a minute he said he should faint; almost instantly his knees gave way, he fell senseless on the pavement. It was noon. He lay breathless a minute or more, drawing at long intervals a deep sigh; face pale; came to consciousness in two minutes; perspired some; excessively faint and sick at stomach, cold hands and feet, pulse feeble; *could not allow his head to be on a level with his body, but must have it elevated*, it felt full, could not see objects distinctly; dizzy. Face pale or at times a little flushed, at times a dark, livid hue, sickly. Motion aggravated or augmented the symptoms very much. *Bell.* did no apparent good. *Camphor* relieved some. At five o'clock still somewhat cold feet and hands. Previous to this, hot foot-baths relieved him much. Took him to Walnut Hills in a carriage. Vomited on the way twice, produced by the jostling of the carriage. Left him at five o'clock tolerably comfortable in bed. Any motion increased nausea and head symptoms very much. Pains in occiput, stitches. Frequent yawning after some hours. *Staring, wild look, protrusion of eyes from the first minute.* On the fourth day still ailing; took black coffee, which relieved immediately all suffering, and continued so. After twelve days still feeble and nervous, and sore mouth. Hardenstein.
- . \**Losing the senses, and sinking down unconscious, with congestion to the head in pregnant women.* 224, 225.
  - . \*Sinking down unconscious, with congestion, alternating to the head and heart. Ok.
  - . Head and face are puffed up, the blood is forced upward, convulsions, frequent attacks of unconsciousness, evacuation of urine in large quantities, containing much albumen. Lippe.
  - . \*Convulsions, especially left, with the fingers spread apart. 6 c., 12 c., 30 c. C. Hg.

60. Falling down, with loss of consciousness, congestion to the head or heart, face sometimes pale, sometimes red. Ok.
- . Falling down senseless, with convulsions and frothing at the mouth, after alternation of palpitation of the heart and congestion to the head Ok.
  - . After 22 minutes, convulsions. The fore-legs were firmly clasped on his breast, and the hind-legs were stretched straight out. The slightest touch or even blowing with the breath upon him was sufficient to induce a spasm. The tetanic spasms were of very short duration, almost instantaneous, and when the animal was left quiet recurred at regular intervals — eighteen in the minute. In about an hour and a half the frog was found flaccid, and nearly dead. When touched, however, slight spasms could still be induced. A frog. Harley.
  - . Another frog presented symptoms very similar to those already described. He frequently croaked, and occasionally made a sort of screaming noise. Harley.
  - . Healthy looking child had convulsions every few months; after drowsiness, convulsive state with clenching and jerking upwards of fists and legs; face red, eyes rolled outward and upward, then a soporific condition for several hours, followed by a convulsion. C. Wft.
65. In the true *cri encephalique*, resembling a screech or yell uttered in a state of unconsciousness. *Sulphur* often relieves promptly. C. Wft.
- . \*A lady æt. 25; since first menstruation, congestion to head, with loss of consciousness; face became deep red or purple color; hands clenched, thumbs thrown into the palms; froth before the mouth; attacks became more frequent and severe, so that instead of appearing only at times of menstruation, they had for several years occurred three or four times in twenty-four hours. Menstruation scanty, constant fear of attack; aggravation from mental or physical effort. After attack, palpitation violent, subsiding after an hour; constant sensation of tremulousness in cardiac region. Pulse quick, small, irregular; heart's impulse increased, action rapid, irregular, and tumultuous, blending of 1st and 2d sounds, so that they were indistinguishable; numbness in left extremities. *Glon.* 3d every 4 hours. After a few days, every 6 hours. Later, at longer intervals, for 6 mos. Meanwhile gradual improvement, no attack even at menstrual period. Ok.
  - . \*Convulsions after delivery. 1041.

- . \*Mrs. — æt. 35; has had children; at 15, congestion to the head; became worse under bleeding, leeching, cupping, etc. After 5 years' suffering, came under hom. treatment, which gradually relieved. But attacks returned, only temporarily helped by *Bell.*<sup>12</sup>, *Acon.*<sup>9</sup>. Attacks very violent; face purple; sinciput and vertex hot; blood-shot eyes; heavy brain; mania; knew no one; repulsed children and husband; screamed; temporal and carotid arteries beating violently; pulse 92. *Glon.* at 10.14 A. M. 9 min. very violent exacerbation of all symptoms. At 10.24 perfectly well. Has remained well since (about two yrs.). Coxe.
  - . \*Spasms in married female æt. 68, occurring regularly every 3 hours. Each attack begins suddenly with violent pain in epigastrium, upward in chest and down left arm, with uterine derangement. Fd.
- 
70. \*Epileptic attacks with the *Aura epileptica*. Partial relief from *Glon.* (3d ?) Warded off or modified force of attack in three cases. Ok.
- . \*Epileptiform attack in young lady æt. 20; congestion to head, loss of consciousness, jerking of limbs; no foam at mouth; dysmenorrhœa with scanty menstruation. Cured by *Glon.* 3d given at increasing intervals. Ok.
- 
- . \**Effects of sunstroke*: Violent pain in head; vertigo; pain in stomach; coated tongue; no appetite; feeling of great prostration. Fox.
  - . \*Sunstroke, with pale face, low and feeble pulse; partly comatose; eyes expressionless; slight muscular tremors; respiration labored; had been slightly delirious; pit of stomach the seat of distress. Relieved in *five minutes* by *Glon.* 2d. Fox.
  - . \*Sunstroke: throbbing pain, fever, yellowish redness of face, eye fixed, dim, glassy; pupils contracted; pulse small and rapid; disinclined to speak; commencing with nausea and frequent retching. Campos.
75. \**Exhaustion*, following violent congestion *after overheating*; pulse feeble, irregular, face pale, heart's action weak, nausea, pain in head. *Glon.* 2 c. relieved. A week after, a similar attack from same cause, but less headache, and more nausea. *Verat. vir.* relieved. De Gersdorff. 603-605.

- . \*Burning pain in cerebrum and violent chills. Vertigo in the morning; worse from light. He had been exposed to sun till sparks flashed before his eyes, and a sense of heaviness and enlargement of the head came over him. A. E. Small.
- . \*Sunstroke: loss of consciousness, sensation, and motions; countenance expressionless; pulse full, slow, and intermittent; respiration slow and labored; pupils dilated, with eyes turned up; jaws firmly clenched; limbs relaxed and motionless, occasional muscular tremors. Cured in 1 hour by *Glon.* 2d. Fox.

*Vertigo.* While turning to descend from his carriage in the afternoon, he was seized with sudden and violent vertigo, and would have fallen had he not supported himself by a tree. Gdr.

- . \*The same prover as above, in 1864 had a similar attack of vertigo, some time after a violent fall on the head. It already set in mornings when rising, when nothing afforded relief. *Glonoin*<sup>200</sup> helped him. Gdr. Comp. *Bellad.*

80. Vertigo. 30, 55, 40, 674.

- . Vertigo, with rocking of every object, and reeling of the body. Ph.
- . \*Vertigo, in sunstroke. 72.
- . Dizzy and faint before nausea. J. Fr.
- . Vertigo when he throws back his head, W. P. W. When he shakes his head. Ok.; when turning around. 1476.

85. Vertigo in the forehead. Fr.

- . Vertigo in the occiput, then pain in the vertex. 420.
- . \*Confusion and vertigo. Hirschel; after stooping. Vinal.
- . \*Vertigo with headache, Jeanes C and B. Vinal, Demme; 385, 394, 395, 419; so that she cannot rise. 3 c. Coxe.
- . When rising blindness, giddiness, and nausea. Stow. 395. With desire to drink cold water; aft. 20 min. J. Fr.

90. Vertigo, with dimness of vision. Wallace. Reil.

- . In five minutes vertigo, with weakness of sight, pains in forehead, with beating in temples. Schlehardt.
- . *Immediately* fainting sensation, obliged to lie down on the sofa. Mrs. M. 662.
- . Extreme giddiness and faintness; throbbing in the throat and temples. Reil. Black spots floating before his eyes, and so giddy that he was unable to stand; *worse on attempting to stoop*; unable to continue his work;

- aft. two hours better by driving. Cutmore. 385, 736, 737.
- . A kind of vertigo when going into the open air; reeling gait as after a sea voyage. Waage.
95. Reeling and stumbling, as when landing after rowing in a boat. Was obliged to lie down. Drops asleep; when awaked drips with perspiration, on a cool day. Sch.
- . No increase of headache, but violent vertigo, with transient dimness of vision.  $\frac{1}{100}$ . Reil; no throbbing. J. Fr.
  - . Vertigo, face red, eyes weeping, pupils unchanged for three quarters of an hour; after several minutes.
- Dulness of the Head** (see *Forehead*, *Temples*, etc.)
- . Pressure and dulness throughout the head.  $\frac{1}{20}$ . Eichorn.
  - . General dulness of the head, a greater pressing, tensive pain alternating in the temple, in the occiput, and in the ears. Eichorn.
100. Dulness in left frontal region as well as both sides, and heat in the face.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . Dulness of the head, and then throbbing in the temples. W. K.
  - . A kind of transient bewilderment, followed by a kind of blindness.  $\frac{1}{1000}$ . C. Hg. Ext. from a letter.
  - . Dull sensation in the head, as after intoxication by beer. S.
  - . Dulness of the front of the head, which ceases in the open air. Eichorn.
- Heaviness.** 105. Heavy feeling in the head.  $\frac{1}{150}$ . E. Smith.  $\frac{1}{250}$ . Lippe.
- . During headache, a drowsy, stupid feeling, as if the head were too heavy. Hauk.
  - . Heavy feeling in his head, can hardly hold up his head. Hupfeld.
  - . The headache extends through the whole head, with a sensation of heaviness; after 4 minutes.  $\frac{1}{80}$ . Jeanes.
  - . Heaviness in the head. Neidhard; especially in the forehead. S.
110. Dull, heavy pain over the eyes; heaviness over the eyes, toward the temples. E. P.
- . Like a weight from the middle of the head to the ears. M. L.
- Dull Pain.** . *Very small quantities taken on the tongue produce a headache of several hours' duration; this effect was experienced by several persons in my laboratory, and I have felt it myself, several times.* A. Sobrero.

- . Dull heaviness in the head without throbbing or acceleration of the pulse, with constant warm perspiration on the forehead, skin otherwise cool.  $\frac{1}{125} + \frac{1}{150}$ . Sch.
- . After 19 hours, still a dull headache.  $\frac{1}{300} + \frac{1}{300}$ . Vinal; aft. 2 hours. S.
- 115. Dull pain in the forehead, increased by shaking. Small.
- . Dull pain across the forehead, with throbbing in the temples. J. Fr.
- . Dull pain in the forehead over the eyes. Hupfeld.
- . The effect ended with a dull headache, which ceased during sleep. J. Fr.
- . Dull feeling of pain in the forehead over the right superciliary ridge, aft. 23 minutes; ceases after three minutes.  $\frac{1}{50}$ . Rhees.
- 120. Headache, painful dulness in the left upper fore part of head. Shaking has no effect.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . Sensation in his head as if he had eaten too much. R.; Head feels as if hungry. 978.
- . Dull pain in the temples. K.
- . Dull sensation of pain across the forehead and in the temples; aft. 11 minutes.  $\frac{1}{125} + \frac{1}{60}$ . Rhees.
- . Dull headache over the whole top of the head, and especially in the occiput. G. F. Davis.
- 125. Dull, confusing pain in the vertex, and languor.  $\frac{1}{125} + \frac{1}{60}$ . Rhees.
- . Dull pain in the vertex in the region of the first fontanelle.  $\frac{1}{250}$ . Rhees.
- . Dull pain in the forehead and occiput, as after intoxication.  $\frac{1}{250} \frac{1}{160}$ . Lippe.
- . Dull pressive pain in head, especially in *occiput* and in the region of the ears; severe dull pressive pain in nape of the neck, as it were in the medulla oblongata. Pain much increased by moving the head or twisting the neck; neck feels stiff; fulness, dulness, and pressure in the whole head, with throbbing sensations. Koller.
- Aching and Pressure.** 130. Pressure in the head; aft. 2 minutes.  $\frac{1}{30}$ . 30; aft. 1 hour,  $\frac{1}{25}$ . H. E.
- . Only a little pressure in the head aft. 6 minutes, when the pulse was natural again.  $\frac{1}{30}$ . H. E.
- . Pressure in the head worse with every motion, and when shaking it; beginning in the open air, continuing in the room, and only disappears during a second walk after several hours.  $\frac{1}{25}$ . H. E.
- . Sensation as if the head were being pressed together by

- a band, with great fulness of the head and general warmth of the body.  $\frac{1}{2}$ . Sch., young man.
- . He described his headache as if the brain were pressed in towards the centre, from three different points, viz. both temples and the occiput. These symptoms lasted from morning till night. Wyld.
135. Heavy pressure in the head. K.; as from a great weight on the brain. J. Fr.; as if screwed up, in intermittent fever. 1384.
- . Attempted to lie down, but could not on account of increased pressure and throbbing in the brain, which were now so much increased, on attempting to assume a recumbent position, he was obliged to hold on to the head as if to prevent a rupture of the cranium. Wood.
  - . When rising, pain and pressure in the head so severe he could not stand; obliged to lie down again for a few minutes. Wood.
  - . \*Felt an indescribable pressure in the head, compelling him to suspend business, for some minutes only. Received a powder of *Glonoïn* 2<sup>c</sup>., which was dissolved in four table-spoonfuls of water. After the second spoonful his head became intensely painful, and after the third and fourth he became almost frantic. The pain lasted, intense, all night, which it had never done before. However, when the morning came and the sun rose, he was surprised that the pain did not increase; on the contrary, it decreased, and lost from this time all its severity. It gradually lessened and finally ceased altogether, and all through the hottest weather of the season his head has been entirely free from pain. Boyce.
- Note.* This headache returning some months after, *Glou.* had no effect, and it was relieved by *Nat. carb.* and, finally, *Bryon.*
- . \**"The brain was too large; had grown;"* wanted to burst from the forehead. 204.
140. \**The brain as if too heavy and too large for the skull,* with raving headache. 6 c. Coxe.
- . *Pressure, pain from within outwardly in both temples.* N. (Druggist); lasting 5, 6 min.; aft. 2, 3 min. Hauk.
  - . Very soon after taking the medicine a dull ache in the fore part of the head, and a few minutes later a pressing pain from within outward, in both temples. These pains increased to a violent degree. In the front of the head they seemed to be throbbing for several seconds. N. (Druggist.)

- . Sensation as of swelling up in the head, with violent throbbing, worse when stooping. Throbbing worse on the left side; the head feels heavy. E. Smith. 239.
- . Immediately, a sensation as if the head were too large. Neidhard. 74.
- . The brain feels as if it were smaller than the cavity of the skull. G. F. Davis.
- 145. Sensation *as if the skull were too small*. Little. 134, 136.
  - . After the third dose, tension in the forehead much increased, with pressure at roots of the nose.  $\frac{1}{2}$ ℥. Eichorn.
  - . Violent pressing headache on both temples, relieved by the open air, but felt again during the night in bed. Roth.
  - . Sensation of *pressure in the temples* which moved more towards the middle of the brain, causing a dull pain that moved in waves, at the same time a bursting upward, with a fine, piercing pain on the outer skull, over the left temple. Geist.
- 150. Pressive pain, with beating in the temples. Koller.
  - . Gradually increasing pressure from forehead towards the vertex, as if a liquid were being pressed upward from the root of the nose and forced at the back through the *sinus longitudinalis* with constantly increasing force. This pressure grows so severe that a general perspiration breaks out, with redness of face and great anxiety.  $\frac{1}{3}$ ℥. Z.
  - . Dull pressure from below upward in forehead and vertex; forenoon 2d day.  $\frac{1}{3}$ ℥. Z., Geist.
  - . Pressure in the forehead from below upward, in forehead so severe that he is obliged to support his head for five minutes; aft. 20 minutes. H. E.
  - . Bursting sensation upward from the middle. Geist.
- 155. In the forehead as if it would burst.  $\frac{1}{15}$ ℥ +  $\frac{1}{25}$ ℥. Lippe. Johns; holds his head. Jeanes. \* $\frac{1}{3}$ ℥, 6c., 12c. Coxe.
  - . Pain in the front part of the head, pressing ache in both temples, especially in the left one, as if pressed out, also towards both eyes; pain in the sacrum; better after returning home, after supper. Worse after going to bed; with nausea and thin stool. Geist.
  - . Pressure in the forehead; after 4 minutes. H. E.; after 1 minute.  $\frac{1}{3}$ ℥.
  - . Violent pressure in the forehead, especially in right occiput and towards the ears.  $\frac{1}{10}$ ℥. Eichorn, Hirschel.
- 160. Pressing headache over the eyes, and sensitive aching in the temples; when pressing the temples it grows misty before his eyes. Lasted all day. Sch. 386.

- . After 2 minutes, headache, pressing *from without inward*, directly upon the temples; at the same time congestion. Reil.
  - . Headache in vertex and temples as if they were pressed together. Reil; from without inward, 400.
  - . Pressure in the right temple, 453; the left temple; aft. 20 minutes.  $\frac{1}{30}$ . Z.
  - . Headache; pressure up in the vertex, as if there were not room enough, also some across the eyes; feels every pulsation in the head at the same time. Worse when moving, especially the head; better during rest; ceasing in the open air. Preparation. Z. 245.
165. Immediate pain in vertex and sides of head, as if pressed together. Pressure in forehead and eyes, causing winking. Drawing pain towards occiput. Pulse 100, 125, 140. Name missing. 381, 479.
- . Sensation of stiffness in the head and neck.  $\frac{1}{50}$ . Raue.
  - . A kind of swelling sensation in the head; it seems as if something were distending the brain in all directions.  $\frac{1}{50}$ . Lippe.
  - . Tension in the head and neck, extending up behind the ears, like a dull pressure, as if the blood were pressing; remains after 10 minutes.  $\frac{1}{50}$ . Raue; violent tension, 444, 665.
  - . Congestion in the occiput, like pressure, it seems as if he must lose his reason. Glonoin water. Z. 278, 432.
- Fulness.** 170. Fulness in the head.  $\frac{1}{125}$ . Rhees, K., P., Sch., a man; 184, 121, 921; aft. 1 minute, lasting 12 minutes. Rhl.; after 3 minutes,  $\frac{1}{50}$ . Rhl., R.; after 40 minutes,  $\frac{1}{50}$ . Rhees., C. G. S., also see *Pressure*.
- . In the course of a minute I felt, or fancied that I felt, some fulness in the head, but was not conscious of any other unusual sensation. Fuller.
  - . My pulse had risen to 96, and I felt increased fulness about the head, but without giddiness or confusion of thought. Fuller.
  - . Fulness in the head and throbbing without pain. J. Wh. 191; and painful throbbing  $\frac{1}{10}$ . Rhl., E. Smith,  $\frac{1}{125}$ . Rhees.
  - . Dulness of the head, as if full; likewise face hot and full.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.; R.
175. Head very full; pulse full and quick; face red. Z.
- . The fulness in the head lasted some time, and was followed by a slight headache. Harley.
  - . He described the sensation in his head *as if he were hanging with the head downwards*, and as if there was a

great rush of blood into the head in consequence; these symptoms went off in a very few minutes. Junod.

- . *Cracking sensation* in brain, obliging him to hold on to the head during every movement, to prevent an apparent threatened rupture of the cranium. Wood.
- . Fulness in the head with general heat. 303.
- 180. After an hour the head still feels full and congested. R. E. D.
  - . Sensation of fulness in the head, worse now and then, changing places.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - . \*She moaned, and complained that the brain was *forcing itself out in front*, that it was *too large and had grown*. After aggravation, relief 14 weeks. Finally cured. 204.
  - . The skull seemed to be too small, and it was as if the brain were attempting to burst the skull; violent action of the heart, and a distinct pulsation was felt all over the body. Süß Hahnemann. See *Large Vessels, Pulse*, etc.
  - . Fulness in the head, *so that he can feel the pulse in the head*, especially in the temples, so that he could count the beats.  $\frac{1}{10}$ . Rhl.
- 185. Puts her hands to her head, wants cords tied around it. 3c. Coxe.
  - . *Holds the head with both hands*.  $\frac{1}{30}$ . Jeanes. 208.
  - . Presses his hands to the sinciput. 208.
  - . On cessation of the headache, a rushing sensation like fulness remained behind in the temple; aft. 5 minutes.  $\frac{1}{50}$ . Rhees.
  - . Disagreeable sensation of fulness in the fore part of the head. Jackson. 261, 363, 366, 478.
- 190. Sensation of fulness in the forehead, right. Wn.
  - . Only a slight sensation of fulness in the temporal region, with throbbing; after 3 minutes; after 10 minutes, confined to the temples; after 15 minutes, quite light.  $\frac{1}{500} + \frac{1}{250}$ . E. Smith.
  - . In the evening, at a concert, he found that he had a headache, from which he never suffers. He feels a *fulness in the vertex* and throbbing in the temples; ceased during the walk home.  $\frac{1}{20}$ . M. Dvs.
  - . Pain and fulness in the vertex in the region of the first fontanelle.  $\frac{1}{50}$ . Rhees. 403.
  - . Sensation of throbbing, and fulness in the vertex. 269.
- 195. In five minutes she experienced *a sensation of fulness* in the vertex and forehead, and throughout the body, chest, and abdomen. Stow.

## FRAGMENTARY PROVINGS.

BY E. W. BERRIDGE, M.D.

*Nux Vomica*. — Mr. —, after taking *Nux*, D. M. (Bœricke) three times a day for 3 days, for a cough which it removed, had red pimples raised above skin, on face and forehead, smarting on washing in cold water.

*Nux Vomica*. — Mr. —, whenever he takes *Nux* 3 in morning, has dull aching and heaviness in right testis and spermatic cord, removed by camphor or brandy. When he takes it in the evening, it has not this effect.

*Drosera*. — Dr. E. B. Shulldham put 2 or 3 drops of the pure tincture in a jug of hot water and inhaled it in the evening. While inhaling, felt severe aching pains in and below both clavicles, over a small space in both lungs; also, a constrictive feeling in both lungs; the infraclavicular pain afterward extended round to scapulæ; also, a bruised feeling of larynx. These symptoms lasted 90 minutes after the inhalation, and then went away gradually without cough.

*Camphor*. — E. W. Berridge, M.D., inhaled crude camphor. Repeated short stitches at back, and towards left side of pharynx.

*Podophyllin*. — From 3 doses of  $\frac{1}{4}$  grain each, a prover had left eye sore and uncomfortable, especially at inner canthus; conjunctiva of left eyeball slightly red, especially at inner canthus.

*Acetic Acid*. — 1. Bright flush and heat on both cheeks, especially left, from drinking vinegar.

2. In another prover, bright red flush on both cheeks, and spots of perspiration on forehead, from drinking vinegar.

3. Another prover, after drinking vinegar, cold perspiration on forehead.

*Lycopodium*. — E. W. Berridge, M.D., took 2 or 3 globules of 5<sup>m</sup> (Jenichen) once or twice a day.

7th day (from commencement). — Amorous dream, with seminal emission twice last night; increased sexual desire. Three attacks of throbbing in right side of head in afternoon.

8th day. — Amorous dream last night.

9th day. — After sunset, when walking, repeated stinging in inner side of left thigh, about middle.

10th day. — When writing, uses wrong words; adds too many letters; misspells, omits words and letters; but is conscious of these mistakes.

11th day. — When writing, omits and adds letters. Tip of nose on left side red and swollen and painful to touch.

12th day. — Nose the same. *Last dose.*

13th day. — Nose better on left side, but the same symptoms have appeared on right.

15th day. — A pimple on left tip of nose is now a pustule, which I opened.

19th day. — For 4 days, peeling off of skin of left side of point of nose.

21st day. Shooting in right submaxillary region.

22d day. — Forgets names of persons.

27th day. — Left tip of nose again red, with a pustule on it (also, next day).

31st day. — Pustule dried up and scabbed over.

35th day. — Sadness when hearing distant music.

39th day. — Mistakes in writing; spells words wrong.

55th day. — The mistakes in writing have continued at times. To-day, a piece of music I once heard, came so vividly before the mind that I could almost hear it.

65th day. — When walking in open air, after sunset, transient feeling as if a string were drawn tightly around outer part of left thigh just above knee, with feeling of weakness of left leg.

*Australian Black Ant.* — Mr. — was bitten on wrist. In 4 hours, pink, flat, spreading swelling of bitten part with itching; the swelling increased so that it felt tender on bending wrist; then the swelling went up arm, bright red, like erysipelas, with itching; the swelling pitted on pressure, leaving a white indentation with a crimson areola; aching in wrist at this time. The swelling was relieved by warm bathing, and the itching by *Arnica*.

*Sepia.* — Sept. 26, Mr. — took 12 globules of C. M. (Fincke). In 12 hours it removed a stiffness of the limbs which had lasted for years. October 1, was suddenly struck with a severe sore pain in right side of head; it then gradually went round to left side, till at last the whole head became like a soft bladder, intensely hot, and covered with wheals, large oblong blotches, all over; the pain was so severe and head so sore that he dared not touch it; indeed, he could not lie on the softest pillow. It then went round to occiput, most painful; on night of Oct. 3, was nearly raving; could not sleep, moaning and tossing about, longing for death, loathing life, could have killed himself without compunction. The last severe attack was in the cerebellum; the organ of amateness seemed to swell out like two eggs, throbbing and intensely sore; the lumps felt quite soft and puffy, similar to the wheals on forehead. Mind clear, but soon fatigued. No appetite; loathing

of meat; constipated; rather frequent desire to urinate; amative feeling quite dormant; short, dry cough, which seemed to come out of stomach; chest a little sore; body very sore; afraid to speak or to be spoken to; great heat one day, right around lower ribs, with fever, but a moist sweat around body; hands hot but moist. Shooting pain for a short time as if a needle were driven into left cheek. One day, 3 sudden shoots down right thigh into toes, each time making him lift up the foot and shout. The hair of head was so sore and tender that he could not comb it. *Rhus* relieved.

*Bromine*. — Miss A. B. took 2 globules of C. M. (Fincke) about every 1 or 2 hours for 4 days.

*2d and 3d nights* (from commencement). — Awoke with nose very cold, subjectively and objectively.

*5th day*, 10 A. M. — Aching pain at inner border of left scapula up to neck on moving left arm or sitting leaning to left; on *7th day* it extended half-way down upper arm; worse on moving arm; *9th day*, nearly gone, but worse in evening.

*5th and 6th days*. — Not much appetite.

*7th day*. — Stiffness in front of left thigh on walking.

*Spongia*. — E. W. Berridge, M.D., took 20 globules of C. M. (Fincke) at 10 A. M.

*2d day*, 11.15 A. M. — Cold feeling on scalp of vertex.

*Civet Cat*. — Mr. — irritated a Civet Cat in the Zoölogical Gardens with his umbrella. Some of its perfume came on his umbrella, and thence on his clothes, and he suffered as follows: (1.) Feeling of disgust at everything. (2.) Shuddering. (3.) Difficulty of breathing, as if he could not get enough air into lungs. (4.) Sick feeling, vomited his food. (5.) Splitting headache behind eyes, with dim sight. (6.) Vertigo, as if he would fall backwards. (7.) Loss of appetite for a week.

I could not identify the species of Civet Cat, as there is more than one there.

*Quinine*. — Mr. —, whenever he takes Quinine allopathically, has pain in occiput, as if a string were tied there, with aching in occiput, feeling as if the head were drawn back, and light feeling in head.

## PSYCHOLOGY AND MENTAL DISEASES.

S WORCESTER, M.D., EDITOR.

## GENERAL PARALYSIS OF THE INSANE.

BY SAMUEL WORCESTER, M.D., BURLINGTON, VERMONT.

*(Concluded from the April Number.)*

A LARGE proportion of those suffering from general paralysis are, during some one or more of the stages of its progress, attacked by fits simulating epilepsy. Of these the late Dr. David Skae, superintendent of the Morningside Asylum, thus writes in an excellent monograph:—

“ These epileptiform or congestive attacks, to which general paralytics are liable, vary much in frequency and degree in different cases. In some they are very frequent, occurring every three or four weeks; in others they are very rare, occurring only once or twice in the whole course of the malady. In some cases they are very slight; the patient complains of pain in the head and confusion of ideas; his face becomes very red and congested; he looks stupid, and perhaps cries without any cause; and after a few hours in bed he recovers his usual composure. In other cases, with more or less congestion of the countenance and confusion of thought, there is a temporary loss of speech, lasting only a few minutes, or passing off after an hour's sleep. In the more completely developed attacks of this affection there is a total loss of consciousness, with convulsive twitchings of the muscles of the face and limbs, varying from one or two slight attacks to repeated and very violent convulsions, lasting for hours, and accompanied with great venous congestion of the scalp and face. These epileptiform attacks are very characteristic, and have been regarded by some writers as essential features, and diagnostic only of this disease.”

Dr. Harrington Tuke, and some others, deny that general paralysis ever runs its whole course without producing these epileptoid attacks, but my experience leads me to take exception to this statement. In cases under my care such attacks have, as a rule, been met with; but I have observed one or two cases from the beginning to the end without noticing the slightest evidence of them. In some patients death may result as a consequence of these attacks, but in hospital practice they readily yield, for the time, to the action of remedies. The fits are undoubtedly owing to the wasting of brain substance, and are, with some, the first evidence of the disease.

For diagnostic purposes it is important to distinguish between these epileptiform attacks, and the fits caused by true epilepsy complicated with paresis or even simple monomania. The distinguishing points are thus given by Dr. Tuke: "The tongue is seldom wounded in paralytic insanity; and the tendency to sleep, after an epileptic fit, is very different from the entire stupor which follows the fit of general paralysis. The convulsions in epilepsy are more universal, affecting the whole body."

Epileptic attacks may occur for years without seriously damaging the intellectual faculties, but in a patient who is affected with fits in combination with paralysis, each seizure, however slight, is generally followed by an exacerbation of the mental derangement, which, from the first, is out of proportion to the disorganization indicated by the fits alone. The difference in the mental symptoms is also well marked, and is thus clearly and graphically described by Delasiauve, in the *Journal of Mental Medicine*: "The epileptic paretic seldom exhibits the moral inconsistency and vague ambitious delirium, so frequently displayed by ordinary paretics; indeed, he does not let his faculties ramble; his judgment is slow and confused, his memory weak and obscure, the expression of his ideas dull and laborious, like the articulation of his speech; but, nevertheless, preserving throughout sufficient conception to accomplish the ordinary acts of his life, and being not insane, in the proper acceptation of this word. What prevails with him is, I repeat it, the inability to act; an intellectual confusion, rather than the incoherence or rambling of thought. No matter how deep the deterioration, the cases of general paresis, due to epilepsy, display always such an identical physiognomy that it is impossible to mistake them for those acknowledging some other source."

Although general paralysis, like other forms of insanity, seeks its victims in all ranks of society, we find that certain classes, and persons of certain ages, display a greater predisposition than others. According to Dr. Sankey, the liability occurs in the following order: 1. Males of the lower classes; 2. Males of the upper classes; 3. Females of the lower classes; 4. Females of the upper classes; and he also adds the significant remark, "This order of sequence may be also considered that of the subjugation of the animal passions in the different classes," and Calmeil tells us that males are attacked more frequently than females, in the proportion of fifty to fifteen. As a rule, the disease makes its appearance in persons of from thirty-five to fifty years of age, but there is one case recorded where the patient was a girl of seventeen.

It is the generally received opinion that sexual excess is the

great cause of general paralysis; and in speaking of excess it should be kept in mind that we are dealing with an unfixed and uncertain quantity, for what would be moderation in one, is excess in another. Intemperance or any other fast living may serve to induce the disease. Dr. Sankey, who had charge of the women's department of the great asylum at Hanwell, says that in going through the notes of his cases of paresis, it is remarkable how many of them had led irregular lives, and especially had been guilty of sexual impropriety of some sort.

As already observed, the disease always proves fatal; for although there are a few reported cures, they are not well authenticated.

The following letter from Dr. Henry R. Stiles will be of interest to the readers of the *Gazette*, as showing the progress made in the homœopathic treatment of the insane, in the State of New York:—

STATE HOMŒOPATHIC ASYLUM FOR THE INSANE,  
MIDDLETOWN, N. Y., July 28, 1874.

*My Dear Doctor:*— You ask for a brief statement of our present condition and prospects. We opened for the reception of patients on the 20th of March last; we have had since then, 30 patients, three of whom have been discharged as cured or improved, and one (acute mania) died, — leaving at present 26 cases.

We have but three wards (each ward being an entire floor), two of which are devoted to females, and one to males. At the beginning, we received only females, intending to use the new wing-buildings when completed, for males; and considered our three wards little enough for classification and treatment of female patients; but our judgment as medical officers was overruled by the Board of Trustees, and we were forced (under protest) to fit up one ward for males. On this one male ward, of course, we can adopt no classification whatever; while its being diverted to this use deprives us of an intermediate female ward which we greatly need. Still, we do as well as we can; and it is wonderful what can be accomplished under spur of necessity even in unfavorable circumstances.

In the May number of the *North American Journal of Homœopathy*, I see my friend, Dr. Leverett Bishop, of Sanquoit, N. Y., offers a forcible "Plea for Pure Homœopathic Therapeutics in the Clinics of the State Asylum at Middletown, N. Y." Neither Dr. Bishop nor any other homœopathist need worry on that point. We know that Homœopathy, in the treatment of mental disease, is on trial in this asylum, as it never has been before in this, or, perhaps, in any other country: so far as we are concerned, the experiment is to be made as fair and square as it possibly can be. We are pledged to "pure homœopathic therapeutics," as much by personal inclination, as by the peculiarity of our position before the medical world. Since we began we have not *bought, borrowed, nor used* a grain of chloral, bromide of

potassium, morphine, etc. etc. We won't have them in the house; their place is *more than supplied* by homœopathic remedies. Time and again have patients been brought to us, for whom the powerful anodynes of Allopathy have utterly failed to secure sleep, or even rest, and who have promptly found both under homœopathic medication, to the great surprise of our attendants, who, coming from allopathic asylums, confess that they never saw similar cases so quickly quieted. In fact, using all potencies, from tinctures to higher dilutions, a large majority of our best results are from the higher dilutions.

We are trying to bring all pleasant and home-like influences to bear upon our patients, — beautifying their halls and rooms (even in the violent ward) with pictures, books, papers, music, games, flowers, birds; with attractive table-service; and our dietary has been pronounced “a model” and “well-founded on good physiological laws,” by Dr. John Ordranax, our State Commissioner of Lunacy. Last, but not least, we try to bring a certain family influence to bear upon the patients, making them feel, in various ways, that we are all interested in them.

We are thus doing our work happily, and so far, successfully, although greatly embarrassed by financial troubles, arising from the inability of our State Comptroller to furnish the money appropriated to us by the last Legislature. This has not only tied our hands, but has compelled the suspension of work upon our wing-building, already two stories built, and has prevented the working of our farm to any advantage.

This new building, to which I refer, is one of four projected pavilions, is three stories high, 204 feet long, with two wings, one 76 feet and the other 100 feet deep; — and will give us, when completed, six divisions of classification for male patients, besides being, in many other respects, better adapted for asylum purposes than our present building. When I came here in June, 1873, only the walls and floor-beams of the present building existed: now it is in full occupation, and the large, new pavilion half built; a fine laundry and boiler-house in operation; a large area of ground immediately around the buildings thoroughly drained with pipe drains; a good commencement made towards grading and ornamentation of the grounds; the farm of 200 acres is beginning to emerge from the neglected condition into which twenty-five or thirty years of leasing had brought it; and the Homœopathic State Asylum is a fixed fact.

We are delighted to hear that the Old Bay State is following the example of the Excelsior State, in attempting to found a similar asylum. Pennsylvania and Indiana will probably succeed in getting their homœopathic asylums for the insane, within the next winter, having been battling for it bravely during the last one or two winters.

Yours very truly,

HENRY R. STILES, *Sup't.*

## DISEASES OF CHILDREN.

MERCY B. JACKSON, M.D., EDITOR.

## MENINGITIS, CAUSED BY A BLOW ON THE FOREHEAD.

BY THE EDITOR.

LIZZIE B., *æt.* 5 years, light complexion, gray eyes, light yellow hair, prominent forehead, highly nervous, and of quick intellect, while running in the dark, struck her forehead violently against the stair-baluster, leaving a discolored spot.

She suffered a short time from pain in the head, after which no more discomfort was felt, and the event was almost forgotten, until Jan. 30, the blow having been received on the 9th. On the 30th she was taken to Gloucester in the steam-cars. The day being intensely cold, she became thoroughly chilled "while waiting in the depot," and the cars were as hot as the waiting-room was cold.

On the way, she looked for a full hour from the window, her forehead resting against the frosted window-panes; on leaving the cars the cold was intense. Sunday, she appeared very well; on Monday, slight headache; Tuesday, the headache became more violent. There was severe constipation, and the pain in the head became agonizing, while defecating. The consequent exhaustion produced sleep of more than an hour, a thing unprecedented with her in the day-time.

Wednesday, the headache which had commenced the previous day, in the nape of the neck, and extended to the base and back of the head, now located itself over the left eye; exhaustion and sleep again followed a difficult evacuation, which had been procured by a little tincture of rhubarb.

"Thursday and Friday she seemed quite herself."

On Saturday, she returned home; complained of headache in the cars.

On Sunday, her eyes were so remarkably brilliant as to cause remark from all who saw her. That night a slight headache, and on Monday, Feb. 2, she told her sister that she could see *two* objects when looking at *one*.

In the afternoon she appeared very silly and childish, wholly unnatural to her, holding her head on one side, and occasionally crossing the left eye. All night she had headache over the right eye; for that, her mother gave her a little *Bell*. On Tuesday morning both eyes were turned inward, the right one slightly. The diplopia continuing on Wednesday, the child

also took *Bell.* (probably in a low potency), without apparent effect. On my first visit, Feb. 13, constipation was present; the intense nervous excitement which had existed had been followed by prostration.

*Friday, Feb. 13.* — Both eyes had turned inward four days, so much that the iris was partially obscured; the left one more; There was protrusion of the parietal bones, unusual prominence of the forehead, sharp, shooting pains into the brain, with a feeling as if the head would burst, causing her to press with both hands to hold it together.

The pains in the head increased in the afternoon, and continued during the early part of night, extorting shrieks at times. Her intellect was extremely clear at all times when I saw her, which was always in the forenoon; but during the night and on awaking she wandered and had slight delirium. There was tremor of the hands during the pain.

Gave *Bell.* 14<sup>c.</sup>, Fincke, a few pellets in half a tumblerful of soft water, one tea-spoonful every three hours till better, then at longer intervals. Thirty hours after taking this prescription the strabismus was less marked, although the right or left eye was somewhat turned, sometimes one, sometimes the other, not both at a time, until March 12. The prominence of the parietal bones gradually lessened until natural. The violence of the head pains rapidly disappeared, and little headache was complained of after one week. During the whole affection the head was cool much of the time, but during the severe pains very hot. The pulse did not rise at any time when I felt it above 110, was small and easily compressible. My first prescription was continued at gradually increasing intervals as the sufferings lessened.

On the 10th of March, the diplopia still continuing, notwithstanding all other signs of the disease had disappeared, I gave *Apis. mel.*<sup>200</sup>, and in forty-eight hours the double vision had disappeared, and no further medication seemed required.

The child has remained well up to the present time; though there is evident weakness of the brain, which shows signs of exhaustion after strong excitement, but her condition is improving.

Remarkable features in this case appear to be the length of time which elapsed, after the blow, before the appearance of serious symptoms, the little febrile action attending the attack, and the slight impairment of the general health which followed.

Is it probable that the vital forces, unaided, would have overcome the injury received from the blow, had not the child been exposed to the jar of the cars, the alternate cold and heat,

perhaps the local chill in the forehead by resting it against the window-pane, and the excitement and fatigue of the journey and visit? Or could the slow invasion of the attack be explained upon constitutional grounds?

Whatever may be the reason of the delay, this case should serve as a caution to us and to parents, not to allow fatigue, exposure, or excitement for a long period after severe falls or blows; and should not this period be more prolonged than has generally been thought essential?

#### CALCAREA IN RACHITIS.

R. K., a boy of 15 months, whose father died of cancer of the brain about three months after his birth, of light complexion, pale blue eyes, almost white hair, very dry and brittle. He had never used his feet; when placed upon them would sink down. His legs were bent outward, and his feet were very small, like those of a much younger child, the toes turned inward, and he refused to stand. He had been extremely wakeful from his birth, *never having slept more than an hour at a time*, and often only *ten or fifteen minutes*; yet when awake was not in pain, but would laugh and play if his nurse would play with him, but fret and cry if she would not. He seemed well in every other respect.

The need of incessant care wore out the strength and patience of those who attended him. At ten months old I had been consulted in regard to the sleeplessness, and had given him *Gels. 30*, a few powders, and the single prescription procured sleep, so that no complaint was made afterwards on that account.

I now directed my attention to the treatment of the whole condition. Gave *Calc. c. 30*, one powder on the tongue every third night, at first, and after two weeks every fifth night.

During my absence from town the friends of the family kindly interfered, and assured the mother that her boy would be a cripple for life if she relied on such simple means, and insisted upon her taking him to Dr. Brown, who ordered boots with iron frames to be worn, assuring her it was the only way to straighten his legs and enable him to walk. The boots were made, and worn twice, about an hour each time, but such pain was caused by the pressure that the mother's heart rebelled against the torture of her child. I saw him soon after, and assured her that medicine and care alone would do all that was needed. She then decided not to use the boots again. *Calc. c. 30* was continued.

Passing the house three months after, the little fellow knocked

on the window and summoned me to see him walk. His ankles seemed strong, his legs straight, and he would run briskly back and forth in the long parlor, calling my attention if I turned to speak to his mother, so proud was he of his acquirements.

This is but one of many cases of bow legs and weak ankles which I have cured by *Calc. c.* (or *Sil.*, as indicated by the totality of the symptoms); in which I am aware that my experience only resembles that of hundreds of physicians, who rely upon our *Materia Medica* and law of cure.

Have we not reason to rejoice in the labors of Hahnemann, blessing his memory who furnished us with such gentle and potent means of cure, and may we not, justly, glorify our own school of medicine, which abandons the tortures of the old, and cures quickly and permanently many diseases that were never cured, often scarcely palliated, before Hahnemann's time?

#### WHITE RUBBER NIPPLES POISONOUS.

The white rubber nipples, which are now so universally used, are composed of 33 per cent lead, and are poisonous to many children, probably to all, in a greater or less degree. The susceptibility to the poison seems often to depend on the proportionate amount of acid in the saliva, which, in some cases, dissolves more of the lead, and consequently poisons the child more.

It is now quite common for children of from two months to a year, who are nursed on a bottle, to have a sore mouth, somewhat different from the sore mouths which we formerly saw in such children. I never saw it before the white rubber nipples were used. The red is darker, bearing on the bluish tint, with some white flecks in it. This sore mouth is, I believe, the result of lead poisoning by the rubber nipple.

The black rubber is, I think, harmless, if used properly.

The bottles which were formerly used, with a nipple drawn over the neck, without a tube, or with a tube inside the bottle, but none out, were far preferable to the present fashion of a long tube from the bottle to the mouth-piece. They required to be held while feeding the child; this placed the child in a natural position, and what is of still more consequence, it took its food at once and finished its meal, the bottle being removed and cleansed.

In using the long tubes the child is laid down in its crib, the nipple placed in its mouth and suffered to remain there an indefinite period. It nurses a little, then stops, keeping the nipple in its mouth; forming a habit of taking a few swallows from time to time, which keeps up a continuous process of di-

gestion, quite as injurious to infants as to children of a larger growth, who are inevitably injured by such irregularities.

The nipple being retained in the mouth most of the time, for I often find the baby asleep with the nipple there, heats the mouth. The lead is separated from the rubber and swallowed, insidiously poisoning the child. These evils attend the use of the white rubber nipples even when the mother has the whole care of her infant; but how much greater is the evil when ignorant nurses have it? The temptation is great to use the tube, and lay the baby in its crib with the bottle, as it gives the attendant a little time to do many things while the child is pacified.

In cold weather the milk in the bottle soon becomes cold, producing another evil; the stomach is obliged to heat the food up to the proper point for digestion, while it is also making the effort of digestion.

I have perhaps said enough to attract attention to the subject, and if this is done, the evil will doubtless be recognized and abated.

Children's lives are sacrificed by this custom, while the cause of the disease of the mucus membrane in cholera infantum and marasmus is not even thought of.

NOTE. — A fine sponge cut to fit the mouth of the bottle, and rounded in the form of a nipple, is an excellent mouth-piece. N.

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## A LARGE DOSE OF CHLORAL HYDRATE.

### WITH RELIEF OF MENTAL SYMPTOMS.

IN a fit of insanity, Mrs. J. S., æt. 65, took about half an ounce of Chloral Hydrate in solution. She had taken several smaller doses of the solution within a few days for the following symptoms: sleepiness at night, with restless irritability; confusion in the head; melancholy; inclined to wander away and hide herself; avoided shrewdly the vigilance of her friends; would then return, unable to give any account of where she had been. Twelve hours after taking the choral, an emetic (*Zinci Sulph.*) was given, and vomiting ensued. Deep sleep lasted 36 hours, pulse normal, breathing easy, regular. On awaking, was calm, said she felt better, pain in the head relieved, but could not get up. Sensation and motion paralyzed in both legs.

The following day, a smooth, bright scarlet eruption appeared over the whole body (face, limbs, etc.). That on the face was erysipelatous, and the face was so much swollen that she

could not see. The eruption disappeared after four days, the paralysis after one week; since which (two years) she has been free from headaches and mental symptoms.

J. H. SHERMAN, M.D.,  
Boston.

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“SUGGESTION.”

THE *Boston Medical and Surgical Journal*, No. 19, p. 464, seems to fear that the proceeds of “Hospital Sunday” will not be equally divided in future, and fearing the *effrontery* of the *least deserving*, modestly suggests that the committee having charge of the distribution should request the Suffolk District branch of the Massachusetts Medical Society to appoint a *committee of conference, to lighten the labor of distribution, etc.*

In consideration of the circumstance that the Boston Homœopathic Medical Society had the honor of first proposing and introducing “Hospital Sunday” in this city, pleading distinctly for *all hospitals*, and not only for their own, would it not have been polite, suggestions being in order, also to have suggested that one half of the members of the proposed committee of conference be elected from the Massachusetts Homœopathic Medical Society? Z.

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AN INTERESTING MEMENTO.

THE Boston University School of Medicine has just received an interesting and valuable contribution to its museum, from Dr. J. C. Neilson, of Charlestown. It is a very perfect cast of the brain, made by Gall, that most devoted and able student of the brain and its functions, and was presented by him to Dr. Spurzheim, his most distinguished pupil and intimate friend. This cast was a favorite object with Spurzheim, who brought it with him to America, and frequently used it in his public and private lectures and demonstrations. It was the last object held in his hands, and, upon his death-bed, he presented it to his friend, Dr. Josiah F. Flagg, of Boston, to whom he was warmly attached. Dr. Flagg, at his death, gave it to Dr. Neilson.

# The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, AUGUST, 1874.

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## BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE appearance of the second annual announcement of this school is peculiarly suggestive. Less than three years ago a memorable attempt was made in this State to suppress medical opinion, or at least the free expression of it. But mark the result: In less than one year thereafter, on a single occasion,—the Homœopathic Hospital Fair,—the public contributed eighty thousand dollars, a larger sum than was ever given in a similar manner, save in defence of our country. Within another year the Boston University, an educational institution of the broadest scope, opened its medical department for the admission of a school which teaches homœopathy as the basis of the healing art. The third year has not yet passed, and we find that the Legislature has united the New England Female Medical College, the first in the world to give medical training to women, with this school, open to both sexes for thorough education in medicine. Thus established, it has adopted a curriculum and standard of requirements unsurpassed by any other medical school. It has a faculty which combines harmony, ability, and enthusiasm in an eminent degree. Unlike most medical schools, which have yearly sessions of but three, four, or at most five months, this school furnishes thirty-six weeks of instruction every year. In the first year ninety-three students from fifteen different States and countries have been in attendance, of whom the majority have entered for a three years' course. This we believe to be unexampled in the history of medical schools; and when we consider that Harvard, nearly a century old, has less than twice this number of pupils, these facts should make us pause, and acknowledge that what was intended as our curse has proved our greatest blessing.

But a work so well begun needs to be well continued. Last year the handsome building of the Female Medical College was enlarged by the erection of a fine amphitheatre, capable of seating three hundred scholars. This year a new lecture-room of similar capacity will be completed in season for the Winter Term; a museum, divided into four departments, will be opened; the chemical laboratory has been doubled

in size; a new physiological and microscopical laboratory has been established; and in addition we have the large and airy dissecting-room, the former lecture-room, the library, cloak and dressing rooms, the well-filled dispensary, and the hospital already being erected on adjacent ground. With all these advantages, this college presents an equipment of which we may well feel proud.

But there are wants which our friends should supply.

*First, Money.* Fifty thousand dollars are needed to pay off all the debts and completely fit the school for its greatest usefulness.

*Second,* Its museum should be stocked with those rare and instructive specimens which can be accumulated by continued effort, and to which every physician may contribute.

*Third,* The library should contain costly works of reference so invaluable to the student and physician, and in addition treatises upon every branch of medical science. Donations of this kind will be very acceptable.

*Fourth,* The clinics may be made still more interesting if every physician will — as many have already done — send to it important and unusual cases.

*Fifth,* Students. Every good student gives additional influence and strength to the school. Nowhere will they be better educated, and it becomes the special duty of our physicians to see that all those favoring our school are educated here, not only because they will be better taught, but because they here make pleasant fraternal relations which are cherished through life. Many of our physicians educated in allopathic colleges have had the cold shoulder, if not worse, from their former teachers and associates when they have adopted homœopathic opinions and practice.

*Sixth,* The foundation of the college, its growth and prosperity, indicates an inherent strength and vigor in Homœopathy which alike encourages its friends and astonishes its opponents. Its success benefits the whole profession, while its arduous labors necessarily fall on a few. How important, then, that they should have the kindly support of such as, without sacrifice on their part, are to receive these benefits. Professional jealousies are proverbial, but so far as this college is concerned it has been singularly free from them, and let us hope and strive, by every means in our power, to inaugurate, through this institution, the most friendly relations in the profession.

With efforts as thus indicated we shall ere long see our new school firmly established and taking the highest rank. Let each do his full duty.

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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## CHAMPLAIN VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by Samuel Worcester, M.D., Sec'y.*

THE regular quarterly meeting of this Society was held at the office of Dr. C. B. Currier, in Middlebury, August 4, at 10.30 A. M., and a goodly number of physicians was present.

The meeting was called to order by the President, Dr. Currier, and the records of the last meeting read and approved.

The report of Dr. Currier, as delegate to the meeting of the American Institute of Homœopathy lately held at Niagara Falls, was received.

Upon recommendation of the Board of Censors the following physicians were elected to membership: Drs. F. W. Halsey, of Port Henry, N. Y.; E. T. Crafts, of Middlebury; and G. R. Sanborn, of New Haven.

A letter was read from Dr. H. R. Stiles, Superintendent of the State Homœopathic Asylum for the Insane, at Middletown, N. Y. (See page 406).

Upon invitation of Dr. Currier the Society then adjourned to the Addison House to dinner.

At the afternoon session Dr. E. T. Crafts, of Middlebury, read an interesting and carefully prepared paper upon "Broncho-Pulmonary Catarrh," which was accepted with thanks by the Society, and a long discussion of the subject followed, and various cases of interest were brought forward by the gentlemen present.

The subject of a State Board of Health was brought up; and after due consideration, the following resolution, offered by Dr. Arthur, of Vergennes, was adopted as expressing the sentiment of the Society.

*Whereas*, The State Homœopathic Medical Society at its annual meeting at Montpelier, appointed a committee of five to petition the Legislature to establish a State Board of Health and Vital Statistics, therefore,

*Resolved*, That this Society is in favor of the establishment of such a Board, *provided* that in the appointment of its members the claims of the Homœopathic school of medicine shall receive due recognition.

Upon motion of Dr. Worcester, of Burlington, the following resolution was also passed.

*Resolved*, That this Society is in favor of the passage, by the State Legislature, at its coming session, of an Act similar to that passed by

the N. Y. Legislature, on May 11, 1874, entitled "An Act to regulate the Practice of Medicine and Surgery in the State of New York."

Dr. Waugh, of St. Albans, was continued as Essayist for the next meeting.

The Society then adjourned to meet at St. Albans, on Tuesday, November 3, at 10.30 A. M.

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### NEW YORK HOMŒOPATHIC SURGICAL HOSPITAL.

213 WEST 54th STREET.

*Surgeons*, Wm. Tod Helmuth, M.D., C. Th. Liebold, M.D., John H. Thompson, M.D.; *Resident Surgeon*, Edward Cranch, M.D.; *General Superintendent*, J. W. Dowling, M.D.

The wards of this institution are now open for the reception of patients. By resolution of the Board of Trustees, Homœopathic physicians sending patients to the private wards have the privilege of attending them in person.

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### HAHNEMANN MEDICAL COLLEGE

Has issued its twenty-seventh annual announcement. A quarter of a century has thus gone by since the foundation of this college. If time be any guarantee of ripeness, it may well be claimed for the oldest of Homœopathic Colleges.

Its efforts in the past, to supply a course of instruction at once profitable to the student and creditable to our profession, have been met by cordial appreciation and material support.

Whilst renewing the proposal of a 'Three Years' Graded Course, the obligatory requirements remain, as heretofore, in common with the oldest and most honored medical schools of our country. All improvements which seem practicable will, however, be introduced as fast as possible.

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## REVIEWS AND NOTICES OF BOOKS.

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

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### RECENT PUBLICATIONS.

*Dana*. — Manual of Geology, new ed., Ivison.

*Dudley*. — Alcohol: Its Combinations, Adulterations, and Physical Effects, Putnam.

*Hinton*. — Physiology for Practical Use, Appleton.

*Marvin*. — The Philosophy of Spiritualism and the Pathology and Treatment of Mediomania, Butts.

*Paine*. — New School Remedies, Claxton.

*Steele*. — Fourteen Weeks in Chemistry, rev ed., Barnes.

## FOREIGN PUBLICATIONS.

(For sale by Schoenhof & Moeller, 40 Winter Street, Boston.)

*Gallard.* — Leçons cliniques sur les Maladies des Femmes.

*Halton.* — Short Lectures on Sanitary Subjects.

*Lacombe.* — Étude sur les Accidents hépatiques de la Syphilis chez l'Adulte.

*Meillet.* — Des Déformations permanentes de la Main au point de Vue de la Séméiologie médicale.

*Ritti.* — Théorie physiologique de l' Hallucination.

*Violet.* — Étude pratique de la Syphilis infantile.

HOMŒOPATHIC MISSIONARY TRACTS. — 1. *Fallacies and Claims*, by Dr. Ruddock. 2. *Ministers and Medicine*, by Rev. T. Sims. 3. *Principles, Practice, and Progress of Homœopathy*, by Dr. Ruddock. 4. *Measles, its Complications and Fatality Prevented by Homœopathy*, Collected. 5. *Homœopathy Explained*, by Dr. J. Wilde.

THE STEPPING STONE TO HOMŒOPATHY. By E. H. Ruddock, M.D. Ninth edition. London Hom. Pub. Company. 16mo. pp. 650.

We have received the above tractates, constituting a series with the first of which our readers are probably familiar. They should have a large circulation; each will do good, as each has its sphere for a class of readers. As will be noticed, "The Stepping Stone" has reached a ninth edition, making *one hundred thousand* copies printed of Dr. Ruddock's deservedly popular work. We are sorry Dr. Ruddock "alternates," but his labors in England have been of the greatest service to our cause among the people. The small size of the work is another recommendation, the present being a pocket edition.

A CONSPECTUS OF THE MEDICAL SCIENCES. By Henry Hartshorne, M.D., etc. Philadelphia: H. C. Lea. 2d edition. 8vo. pp. 1024.

When tempted to severely criticise the principles of the old school, we have sometimes thought it would be well if we, as menders and patchers of tattered humanity, might never lay ourselves open to an application of the old German legend of "The Tailor in Heaven." In case any of us were children before we were doctors, we may have enjoyed this among the other delights of the household story-books. It seems that the tailor, viewing with disgust the evil conduct of certain parties in the world below him, indignantly threw down a golden footstool or two at the heads of the delinquents, whereupon he was severely reprimanded for his hasty temper as well as for his waste of the gold. "If," he was told, "you were to thus notice every folly and wrong committed by mortals, you would soon throw all our footstools, and even our paving-stones, at their heads, and have nothing after all to show for it. The Lord will see that they are justly dealt with." Should we not more frequently leave Him to punish our benighted opponents, and we pursue our own affairs where we are? Let us, therefore, not be extremely angry at the list of "emetics, stimulants, alteratives, etc.," but look with some complaisance at other portions of the work, and feel duly thankful that the people down below are doing all they can in other ways to fit themselves perhaps

ultimately for something better. In matters particularly of Chemistry, Physiology, Surgery, and Obstetrics, the compendium before us gives much valuable matter within a brief space, and will prove useful both to the student and the physician. New material has been incorporated with the subjects of Obstetrics and Diseases of Women, Chemistry, and the *Materia Medica*. Waiving the question, to how great a degree "cramming" is good for the student, we would still recommend the possession by physicians of convenient compends of medical experiments, errors, etc., like the above.

**PAPERS. CHIEFLY ANATOMICAL.** By Burt G. Wilder, M.D. Bulletin of the Cornell University, v. 1, No. 3. 8vo. pp. 308. Salem press, Salem, Mass.

Professor Wilder publishes in a single pamphlet several valuable and interesting papers, chiefly relating to Comparative Anatomy, in which science he has so distinguished himself. To the student of the structure of the brain,—with whatever interest attaches to the theories of phrenology—the first three articles upon cerebral formations and malformations are most instructive. The papers which follow contain contributions of value to the naturalist, the pathologist, the surgeon, and the general student. It is only necessary to announce the publication of these articles by Professor Wilder, to gain for them the attention of the reading public. The work is furnished with excellent illustrations, and printed in the establishment connected with the Peabody Academy of Science, whose care in the publication of scientific works deserves the highest commendation.

**ELECTRO-THERAPEUTICS.** By D. F. Lincoln, M.D. Philadelphia: H. C. Lea. 8vo. pp. 186.

Instead of the author's treatise, we are led to advise the purchase of one or more of the works which he very justly recommends in his List of Authorities. If others mislead by too greatly extending the range of application of the electric current to disease, none will certainly go further than Dr. Lincoln, who, like the vendor of a universal ointment, includes nearly every human ail within the curative sphere of his speciality, and relies, by way of explanation, upon what we may term Inclusive Theories, of motor nerve action, etc., which accommodate themselves to electro-therapeutics. Remembering our purpose, expressed above, to control all lavish censoriousness, to "cast no pearls," etc., we must not close our eyes to the cases benefited by electricity. The proportion, however, remaining unrelieved by its empirical use is very great. It is fair, therefore, to demand a just definition of the clinical powers of this, as of every medicinal agent. Clinical cases are electric flashes which strike somewhere; but the theories too much resemble "heat lightning" of the diffusive sort, which prevails on a summer evening along the whole horizon and *strikes nowhere*. A large portion of the work is devoted to the diagnosis of disease by observing the effect of the electric current in different

affections,— a method which appears, in most instances, to furnish very unsatisfactory results

A clearer style and a faultless grammatical construction would have enhanced the value of Dr. Lincoln's work. GEN. ED.

## ITEMS AND EXTRACTS.

FROM a review of "Hahnemann's Venereal Diseases," by Dr. Scott, in the *British Journal of Homœopathy*, we extract, wishing that we might lead in this, as in other matters, to a more frequent study of the master's writings, now too seldom referred to as the basis of our practice. In reference to Hahnemann's theory of venereal disease, Dr. Scott says, "It is surely worth while at least to pause and consider whether it may not be possible that the man who, in 1789, 'with something of prophetic strain,' preached amid the scorn of his contemporaries the doctrines universally received in 1873, may not in 1810 (the year of the publication of the *Organon*) have taught much which the future will confirm, and which it will one day be the acknowledged reproach of the present age to have condemned unheard. . . . While his doctrines and discoveries have been shamelessly plagiarized (compare Drs Ringer and Buckheim), his fame has been left unvindicated save by his professed disciples. . . . To begin with the preface (of the *Instruction respecting Venereal Diseases*), there is little to notice here beyond Hahnemann's literal acknowledgment of indebtedness wherever such was due, in which the vast extent of his reading became apparent." The writer then follows, step by step, the course of Hahnemann's treatise, in which process he calls attention to the many points which should be read and criticised by all.

CHARACTERISTICS OF ANIMAL ORGANISMS. — Scientists have long sought for some infallible distinctive feature by which the exact position of an organized body could be determined, and in this search various characters have been taken up and laid aside. Thus, *motion*, muscular or otherwise, was at one time thought to be peculiarly characteristic of animal life, but it is now well known that vegetable structures are the subject of spontaneous, though, of course, involuntary change of place, while the peculiar property of contractility is as strikingly developed in the sensitive plant (*Mimosa pudica*) as it is in the stoutest muscular tissue of the animal. Again, *the possession of a stomach* was also for a time considered peculiar to animal existence: but it is now generally believed by the most trustworthy botanists that the special structures of the pitcher plants (*Dischidia*, *Sarracenia*), or the Chinese pitcher plant (*Nepenthes destillatoria*), and Venus's fly-trap (*Dionœa muscipula*) subserve such purposes in retaining water and inorganic matters in solution for later use, that we cannot deny them the general offices of a stomach, while there are also low forms of animal life in which noth-

ing comparable to a stomach is differentiated. Thirdly, difference in *chemical composition* was also erroneously made a distinguishing feature between animals and plants.

One very striking characteristic has, however, been settled upon as much more constant than any of the foregoing, and this is the *kind of food* required by each kingdom. The plant requires *mineral substances* for its nutrition, while the animal requires *organic food*. From this it must not be inferred that animals consume only food of this kind, for it is well known that mineral substances enter largely into the composition of the food we eat; but it is also known that these inorganic substances alone are not capable of sustaining life, and that the apparent exceptions sometimes quoted of Indian tribes who subsist upon clay are only apparent, for there is a certain amount of organic matter contained in this substance. The plant, on the other hand, demands inorganic elements, which it reunites to form its own organic structures. It should be remembered also that it requires these mineral matters to be presented to it in the oxidized state.

Higher up in the scale, however, there are added to the animal, certain well-marked characteristics which pre-eminently distinguish it from the vegetable, seen in the possession of a *nervous system* and the *functions* resulting therefrom, — *sensation, voluntary motion, mental and moral manifestations*, the last being probably peculiar to man, endowing him with those attributes to which may be said to be due his “humanity.”

The following table from Youmans' new “Chemistry” furnishes the distinguishing features, the subject of the foregoing remarks: —

#### THE VEGETABLE.

1. Absorbs carbonic acid from the air.
2. Supplies oxygen to the atmosphere.
3. Decomposes carbonic acid, water, and ammoniacal salts.
4. Produces the organic principles of food.
5. Endows mineral matter with the properties of life.
6. Imparts to chemical atoms the property of combustibility.
7. Imparts to chemical atoms the power of nourishing the animal.
8. Converts simple into complex compounds.
9. Is an apparatus of deoxidation.
10. Is a mechanism of construction.
11. Absorbs heat and electricity.

#### THE ANIMAL.

1. Returns carbonic acid to the air.
2. Withdraws oxygen from the atmosphere.
3. Produces carbonic acid, water, and ammoniacal salts.
4. Consumes the organic principles of food.
5. Deprives organic matter of the properties of life.
6. Deprives chemical atoms of the property of combustibility.
7. Imparts to chemical atoms the power of nourishing the vegetable.

8. Converts complex into simple compounds.
  9. Is an apparatus of oxidation.
  10. Is a mechanism of reduction.
  11. Produces heat and electricity.
- *Dental Cosmos*.

OPIUM EATING IN ENGLAND. — Recent custom-house returns show that 250,000 pounds in weight, of opium, are annually imported into this country. It is computed that not more than one-third at most of the drug is used for medicinal purposes. — *Lancet*.

TRANSFUSION WITH LAMB'S BLOOD. — In one of the last sessions of the Medico-Physical Society, of Dresden, a report was given of sixteen cases of transfusion with lamb's blood. Six of them, related by Dr. Oehme, have been conducted at the City Hospital; the others in the private practice of several physicians, Drs. Stetzner, Hirschfeld, and Bischoff. In most of these cases the operation was made on account of tuberculosis pulmonum, in one case frequent hemorrhage of the stomach, in another there were indications of puerperal disease. The phthisical patients selected for transfusion were mostly those in whom the affection of the lungs was only in the first stage of development, while the general symptoms — anæmia, sleeplessness, and deficient appetite — were more prominent. The quantity of blood injected varied from sixty to one hundred and fifty grammes; the apparatus was constructed accurately as Gesellius uses it for this operation. The first symptoms that appeared after the injection of the lamb blood were very striking, sometimes even alarming. The temperature rose almost immediately to 40°, and frequently even to 41° and 42°. Intense dyspnoea, shivering, vomiting, and convulsions were observed in a great majority of the patients. All these symptoms, however, disappeared almost as suddenly as they had come forth, and the patients were able to walk back to their wards or homes. A remarkable symptom which ensued in nearly all cases, within the next day or two after the operation, was hæmaturia. This phenomenon has been explained by the admirers of transfusion as a consequence of destruction of human blood corpuscles; but it seems much more natural to suppose that the blood-corpuscles of the lamb were destroyed in the serum of the human blood, just as it has been proved by experiment that the blood-corpuscles of the dog are entirely dissolved in the serum of human blood.

The effect of the operation was almost nothing. Regarding the phthisical patients, neither sleep nor appetite nor any local symptom showed the slightest alteration; the weight of their bodies within the first five or six weeks after the injection of blood decreased in the same proportion as before; the same result was observed in all the other cases. One patient (puerperal disease) died two days after the operation, but the autopsy afforded no reason to believe that the fatal end was due to the therapeutic measure.

It seems, therefore, that the wonderful tales related by Gesellius are not quite trustworthy, and that if transfusion should be necessary

as *ultimum refugium*, nothing but human blood ought to be used for the purpose. — *Lancet*.

**TRANSFUSION WITH THE BLOOD OF DIFFERENT KINDS OF ANIMALS.** — Professor Landois was led to investigate the subject in consequence of the use which has lately been made of animals' blood in transfusion into the human subject; and his results are published in the *Centralblatt* for December, 1873, Nos. 56 and 57.

The experiments in which transfusion was performed between two different species of the *mammalia* gave two chief results: (a.) The serum of the blood — either fresh or defibrinated — of many mammals, dissolves the blood-corpuscles of other mammals, and of the former the dog's serum is most powerful and the rabbit's the least. (b.) Mammalian blood-cells vary much in their resisting power to the action of the serum of other animals, and here, again, the rabbit suffers most, and the dog and cat resist the longest; the dissolution is accelerated by warmth. Rabbits' blood injected into a dog, is destroyed in a few minutes. The dissolved constituents of the blood are disposed of, in two ways; they are partly excreted, principally by the urine, but in smaller and uncertain quantities by the bowels, uterus, bronchi, and into the serous cavities. The other part probably goes towards the nutrition of the receiver.

As to the value of transfusion as a remedy, either for loss of blood or for constitutional anæmic conditions, Dr. Landois believes that it may benefit the receiver in three ways; (1) by bringing nutritive material into his body; (2) by the oxygen which is derived from the dissolved blood-cells and in its serum; (3) by possibly, in certain circumstances, improving the mechanical conditions of the circulation. He does not think that there is much probability of the foreign blood-cells ever taking on themselves the physiological functions of those of their receiver, — at any rate where the two species stand a little way apart in the scale of nature; but he has no data on which to found a certain opinion with regard to very closely allied species.

Albumen and hæmoglobin are found in some cases in the urine as early as one hour and three-quarters, to two hours and a half after transfusion, and their excretion lasts twelve hours or more. In consequence of the partial destruction of the cells of the receiver's blood by the foreign serum in some animals (*e. g.* the rabbit), symptoms of great severity and danger may occur after the operation, such as immensely quickened respiration, dyspnœa, convulsions, and even death or asphyxia may follow it.

Death may occur, after copious transfusions, from the rapid massing together of the foreign (or the animal's own) blood-cells, which leads to extensive coagulations of fibrine in the vessels; and many kinds of blood exhibit the phenomenon that when mixed with other blood their corpuscles aggregate into masses, which may give rise to capillary embolisms in the lungs. The danger of transfusion into the blood of different animals, therefore, depends on the relation of the species employed.

As a sort of appendix to Dr. Landois' experiments, we should like

to record here some cases of actual transfusion of *lambs'* blood into the human subject, published by Dr. Hasse, of Nordhausen (*Tagesblatt der 46 Versammlung, Deutscher Naturforscher*, Wiesbaden; No. 7, 1873). Interesting in themselves, they derive additional interest from the light which Dr. Landois' researches throws on some of their phenomena, and they afford an indirect confirmation of his statements of a striking nature. The cases are twelve in number, and distributed as follows: Five were phthisis, two chlorosis, two cachexia after severe illness, one cachexia with caries of the vertebræ, one carcinoma ventriculi, and one placenta prævia with severe hemorrhage. This last case recovered rapidly, the two cases of general cachexia recovered gradually, and the chlorotic patients only very slowly; the patient with carcinoma was temporarily benefited; and the one with spinal disease improved in general health and had less suppuration. The results in the phthisical cases were wonderfully satisfactory (*enorm günstige*).

The reaction following the operation was very violent. There was marked dyspnœa, which even amounted nearly to apnœa, and necessitated interruption of the operation after sixty to ninety seconds. Half an hour after, there was a violent rigor, and the temperature rose to 40·9° C. (105·6° Fabr.), and then deep sleep followed, and on waking, there was a feeling of comfort experienced. The patients quickly gained several pounds in weight, and their muscular strength and mental energy rapidly improved. In a few cases there was a slight excretion of albumen and the coloring matter of the blood in the urine. Does not Dr. Landois give the key to the dyspnœa and to the condition of urine here described?—*London Med. Times*.

VAGINAL INJECTION.—M. Lorain has published, in the *Gazette des Hôpitaux* (December, 1873, No. 140), the case of a girl of sixteen, suffering from blennorrhagic vaginitis. The patient, when admitted, was ordered soothing remedies, and a few days afterwards (the precise time is not mentioned), a vaginal injection of a weak solution of nitrate of silver, one part of the salt to fifty of water. It has been computed that the syringe contained about two grains of nitrate of silver. The injection was administered slowly, the instrument not being pushed high up, and some of the fluid escaped from the vulva. The pain was immediately excessive, so much so that the patient rolled about the bed with agony. Ice was at once applied to the abdomen and the vagina, upon which a slight improvement took place. For the next four days she remained in a precarious condition, without getting worse, though a certain amount of stomatitis supervened. On the fifth day the patient died suddenly.

On a post-mortem examination, suppurative metritis was found; the Fallopian tubes were filled with pus, a portion of which had reached the peritoneum, where a diffuse inflammation was discovered.

M. Lorain cites several cases where death followed simple exploration and cauterization of the cervix; also a case of Jobert de Lamballe, in which the patient perished after the application to the neck of the uterus of the actual cautery.

He thinks the injection, in the case of his patient, had very little to do with the fatal results, and considers that the pain occasioned by the nitrate of silver injection had caused the passage of the pus from the tubes into the peritoneum. Hence he lays down the rule that women suffering from vaginitis and tenderness about the ovaries should be kept very quiet, and take sedative medicines. Thus the author seems to hold that the mucous membrane of the uterus had secreted pus *before* the injection, which opinion may not be the correct one. When the suddenness of the pain after the injection is recollected, one may be justified in looking upon the latter as having directly penetrated into the uterus, where subsequent suppurative metritis, with its consequences, was at once excited. As stomatitis was observed some days afterwards, it may be suspected that some mistake had occurred in the preparation of the supposed nitrate of silver solution, which possibly contained some mercurial salt — *Lancet*.

DR. KLEMM, of Leipsig, thinks he has discovered (to the astonishment of some) that *croup* can sometimes be treated without emetics, and gives advice concerning morphine, and how to introduce a brush and a mirror into the throats of the children.

THOMAS BANTING, whose self-cure of corpulence excited so much interest several years ago, has recently died, and left a legacy of £20 00 to be applied to the erection of a Convalescents Home at Worthing, to be called the Banting Memorial.

‘THEY DO THESE THINGS MUCH BETTER IN FRANCE.’ — Last May, at Châteaudun, three vendors of a quack medicine were condemned in the Criminal Court — one to three years’ imprisonment, two to two years’, and all three to pay a fine of five hundred francs each. They were convicted in ten instances, in which the total of their receipts had not reached the sum of seven hundred francs.

They were tried for *swindling*.

“This is noble!” said I, clapping my hands together. — *B. Med. and Surg. Journal*.

AMERICAN INSTITUTE OF HOMŒOPATHY. — Last month we gave a report of the British Homœopathic Congress, held in London; this month we record the thirty-first anniversary of the American Institute of Homœopathy. Our limited space forbids our giving either the address of the President, Dr. Youlin, or the papers which were read during Congress. But we are again struck with what we have before observed, — that the position of Homœopathy in the United States is very much superior to the position it occupies in this country. The American Institute numbers more than a thousand active members, besides many veterans who have been connected with it for upwards of twenty-five years. The sessions extended over four days, and were attended by about 400 delegates, many of them accompanied by their wives and daughters. “A larger and finer representation of professional men,” says the *Buffalo Courier*, “has rarely been seen in our

country." The financial position of the Institute is satisfactory, the receipts for the year amounting to \$3,166, with a balance in hand after expenses have been paid. The diversity of the subjects on which papers were read (some by ladies), and on which discussions took place, however, most excites our envy and should roll away all reproach of foes and all doubts of friends as to the adaptation of the law of similars to all disordered conditions of the human organism, and as to the capacity of its advocates and practitioners to deal with all matters anent thereto.

The wide range of these subjects shows that our friends across the Atlantic are not disposed to limit their researches within narrow bounds, or to maintain contracted views; neither are they disposed to hide their "light under a bushel," or to allow Homœopathy to lie under the stigma that it is something "done in a corner." — *Hom. World.*

**RABIES MEPHITICA.** — It is cruel to add aught to the odium already attached to the common skunk (*Mephitis mephitica*, Shaw; *M. chingu*, Tiedman), but, clearly, he is as dangerous as he is disagreeable. The facts now collated will show, it is thought, one of two things, — either that the hydrophobic virus is both generated and communicated by some of the *Mustelidæ*, as well as the *Felidæ* and *Canidæ*, or else that a new disease has been discovered, which generally resembles *Rabies canina*, while differing from it specifically.

An adventure while on a summer tour amid the Rocky Mountains first called my attention to the novel class of facts about to be presented. Our camp was invaded by a nocturnal prowler, which proved to be a large coal-black skunk. Anxious to secure his fine silky fur uninjured, I attempted to kill him with small shot and failed. He made characteristic retaliation, and then rushing at me with ferocity, he seized the muzzle of my gun between his teeth. Of course the penalty was instant death. An experienced hunter then startled us by saying that the bite of this animal is invariably fatal, and that when in apparent perfect health it is always rabid. Since returning to Kansas City, I have had extensive correspondence with hunters, taxidermists, surgeons, and others, by which means the particulars have been obtained of forty-one cases of *Rabies mephitica* occurring in Virginia, Michigan, Illinois, Kansas, Missouri, Colorado, and Texas. All were fatal except one.

Instead of burdening this article with a mass of circumstantial details, a few cases only [two of which we quote] will be given, best fitted to show the peculiarities of the malady, and those are preferred that are located on the almost uninhabited plains of Western Kansas, because there the mephitic weasels would be least liable to be inoculated with canine virus. A veteran hunter was bitten on the thumb by a skunk. Fourteen days afterwards singular sensations caused him to seek medical advice; but it was too late, and after convulsions lasting for ten hours he died. This case is reported by an eye-witness, Mr. E. S. Love, of Wyandotte, Kansas, who also gives several similar accounts.

Dr. J. H. Janeway, army surgeon at Fort Hayes, was called to see a young man living in a "dug out" a few miles from the fort. He had been bitten by a skunk seventeen days previous, in the little finger of the left hand. His face was flushed and he complained that his throat seemed to be turning into bone. On hearing the sound of water poured from a pail into a tin cup, he went into convulsions that followed each other with rapidity and violence for sixteen hours, terminating in death.

It is evidently the opinion of Dr. Janeway that the malady produced by mephitic virus is simply hydrophobia. Should he be correct, then all that is established by these facts would be this, viz. that henceforth the varieties of *Mephitis* must be classed with those animals that spontaneously generate poison in the glands of the mouth, and communicate it by salivary inoculation. From this as a starting-point, we might go further and see a solution of the whole mystery of hydrophobia in the theory that this dread malady primarily originates with the allied genera of *Mephitis putorius* and *mustela*, widely scattered over the earth, being from them transferred to *Felidæ* and *Canidæ*, and other families of animals.

And then if it could be proved, experimentally, that the characteristic mephitic secretions contained an antidote for the virus of the saliva, we should have the whole subject arranged very beautifully. Dr. M. M. Shearer, surgeon in the 6th U. S. Cavalry, notes in his case-book four cases in which persons have died from the bite of the skunk; and he also mentions additional instances reported to him by other observers. He thinks there is a marked difference between the symptoms of this malady and those of hydrophobia. He says, "I regard this virus as being as peculiar to the skunk as the venom of the rattlesnake is to that creature, and not an occasional outbreak of disease as the *æstus veneris* of the wolf or the *rabies canina*." Singular as this theory may seem, it is not wholly without support. It is remarkable that of all the cases thus far reported to me, there is but *one instance of recovery*. It is stated in *Watson's Physic* (Vol. I, p. 615) that of one hundred and fourteen bitten by rabid wolves only sixty-seven died; and of those bitten by rabid dogs the proportion is still less. But mephitic inoculation is a sure death. Then, again, it is to be observed that the only peculiarity noticeable in these biting skunks is the arrest of their effluvium. They approach stealthily, while their victims are asleep, and inflict the deadly wound upon some minor member, — the thumb, the little finger, the lobe of the ear, one of the alæ of the nose. How different from the fierce assault of a mad dog! how subtle and snake-like! It may be remarked also that dogs are generally as cautious and adroit in attacking these odious animals as they are in seizing venomous snakes. But we must remember, on the other hand, that thousands of skunks are killed annually, partly as pests and partly for the fur trade; and it is incredible that an animal, whose ordinary bite is as venomous as that of a rattlesnake, should so seldom resort to that mode of defence, if it be his. The resulting disease resembles hydrophobia more than it does the effect of ophidian venom. But here, as observed at the outset, the likeness is only generic, while specifically there are marked differences.

1. The period of incubation is alike in *R. mephitica* and *canina*, it is indefinite; but during the incubating period of *R. mephitica* no perceptible changes take place in the constitution as in hydrophobia. In every case where there was time for it, the wounds healed over smoothly and permanently, and in several instances not even a scar was visible. In no case was there the recrudescence of the wound always seen in hydrophobia; indeed, there were even so few premonitions of any kind that in most instances the attendant physicians themselves supposed the ailment to be simple and trivial, until the sudden and fearful convulsions came on, to baffle all their skill.

2. Characteristic pustules form, in hydrophobia, beneath the tongue and near the orifices of the submaxillary glands (see Aitkin, *Science and Practice of Medicine*, Vol I, p. 653). These were not reported in a single case of *R. mephitica*. Dr. Shearer looked for them carefully in all his cases, but did not find them.

3. The specific action of hydrophobic virus affects the eighth pair of cranial nerves and their branches, especially the œsophageal branch, the result being great difficulty in swallowing; and the motor nerve of the larynx, causing sighing, catching of the breath, and difficulty in expelling the frothy mucus accumulated in the throat. These invariable accompaniments of *R. canina* are usually wanting in *R. mephitica*.

Dr. Shearer's patients had no such trouble. A taxidermist, who had seen four dogs die from *R. mephitica*, in Michigan, says they did not seem to have any fear of water or other signs which he had supposed were characteristic of *R. canina*. Ordinary hydrophobia, again, is marked by constant hyperæsthesia of the skin, so that the slightest breath of air will precipitate convulsions. But in *R. mephitica* fanning the face affords relief, and even cloths dipped into water and laid on the forehead were soothing.

4. In hydrophobia the perceptions are intensified, so that the deaf are said to have their hearing restored; the pupils are strongly dilated, imparting to the eyes a wild, glaring expression; the spasms are tonic, *i. e.* steady and continuous; the pulse is feeble, and delirium is occasionally relieved by lucid intervals. But the symptoms are wholly different in *R. mephitica*; there is oscillation of the pupil, the spasms are clonic, *i. e.* marked by rapid, alternate contraction and relaxation of the muscles; small but wiry, radial pulse and rapid carotids; positive loss of perception and volition throughout, until delirium ends in persistent unconsciousness, simultaneously with cold perspiration and relaxation of the splinters.

5. The mode of death is by asthenia in both forms of *rabies*; but in *R. canina* the frightful struggles of nature to eliminate the poison are more prolonged than in *R. mephitica*, and in the latter they may, on occasion, be further abridged by the use of *morphine*, which has no narcotic effect upon the former even in the largest doses, and injected into the veins.

I have thus endeavored to describe, and also to explain, these strange and painful phenomena. I must leave the reader to form his own decision, only hoping that some one may be induced to follow

this pioneer work in a new path by further and more able investigations of his own. — *Am. Jour. Science and Arts.*

MAY, 1874.

PHANTOM TUMORS OF THE ABDOMEN. — There is often some little difficulty in diagnosing phantom tumors when they occur in the abdominal muscles. They are sometimes large, hard, and nearly fixed in place, size, and form; and they may be deceptively complicated with disorderly states of the intestines, or the aorta, or other abdominal or pelvic organs. But in any case, however difficult the diagnosis, the use of ether or chloroform will decide the matter at once. With complete insensibility, all signs of tumor vanish. — *Lancet.*

THE CONSULTATION. — The celebrated French physician, Marshal de Calvi, lately deceased, could not endure unnecessary talk. One day a sufferer came to him, and Calvi examined him carefully and gave him a recipe. The sick man eyed it for some time and commenced a long discussion in regard to one of the remedies; Calvi made no answer but begged the patient to wait a moment, and left the room. Immediately after a lady entered, walked up to the gentleman and said, "Doctor, I should like to consult you." — "But, madam," interrupted he. The lady, however, paid no attention to him, but detailed all her sufferings, which took considerable time. Just as she had finished, Calvi re-entered and said to his patient in the most natural manner in the world, "Well, doctor, what is your opinion of the disease, and what would you prescribe?" — "But I am not a physician." — "What! you are not a physician? I thought you were, judging from the way in which you spoke just now, and so I sent you a patient. But since this is not the case, I beg you to be kind enough to take the medicine prescribed, and leave the treatment of this lady to me." — *Fliegende Blätter.*

THOSE who are naturally disposed, through laziness or habit, to become uncleanly in their houses, cannot be compulsorily cured by law. We are quite convinced that if cleanliness among certain classes is to be ensured, only one course will be effectual, and that is, by avoiding the causes and receptacles of dirt, — in other words, the provision of ready means and facilities, or the adoption of self-cleansing contrivances and appliances in the construction of houses. Unless facilities are within immediate use, it is futile to expect the hard-toiled man and wife to keep their dwellings clean; the laborious part of the operation must be avoided. — *Sanitarian for September.*

CAUTION TO WATER DRINKERS. — While travelling recently, our attention was inconveniently called one morning to empty water tanks. But there were others, children especially, who on crawling out of the sleeping bunks were in want of water more than we were — to drink. It was not long, however, before the cars halted, and the tanks were filled from a road-side stream. Of this the thirsty drank. We ventured to suggest to the porter that possibly this water was not whole-

some. But the suggestion that "water as clear as that," was not clean, to him was absurd. The same suggestion to the conductor was equally incomprehensible. *It is just such water that collects and holds in solution the poison of typhoid fever, which summer travellers so often take home with them.*

Let it never be forgotten that very few rivers, small ones and rivulets especially, or wells, are safe sources of water supply, and that many are more dangerous and deadly than loaded fire-arms. The shallow wells of villages and some watering-places and other health resorts (!) are among the pests of the country. It is indeed shockingly disgusting in many country places to observe the uniformity with which the cesspool and well are made to stand side by side, as though each was necessary to the other; and to think of the foul, sewerage-reeking soil through which the water percolates to its fetid bed! The practice should not only engage the attention of every health officer in the land, but every person of ordinary intelligence. It is always practicable to provide cities and large towns with good water, but in small villages and country neighborhoods, where houses are few, money scarce, and intelligence scarcer, it is a matter of some difficulty, but it should nevertheless be overcome. Meanwhile, country sojourners and travellers, be wary! — *Dr. A. N. Bell, The Sanitarian for September.*

**COWS' MILK AS A SUBSTITUTE FOR BREAST MILK.** — Hennig explains the different ways in which cows' milk becomes changed so as to affect the child injuriously. In the institution over which he has charge, he has never been compelled to resort to any other substitute, the milk being supplied from a model-farm in the neighborhood of Leipzig. He attributes this entirely to the kind of food the cow receives, from which the milk for the infants is taken; this being, exclusively, hay, bran, chopped straw, and a little bruised grain. The milk of this cow showed, always, an alkaline reaction. A milk showing an amphoteric reaction comes from cows that are fed with substances not calculated to produce good milk. Such substances are: Rape-cakes, which contain an ethereal oil, and, in case it has become rancid, a fatty acid that passes into the milk. Beer-grounds are often given in large quantities as fodder; this does not give up alcohol to the milk, but diminishes the metamorphosis of tissue of the animal, and often makes it sick. Potatoes are not good for fodder, often causing diarrhœa, and when given in large quantities, moreover, in late spring, may cause solarim to be present in the milk. The author saw obstinate intertrigo and impetigo very frequently in children that received their nourishment from cows fed on the latter substance. Turnips are likewise improper food for cows. The principal food should consist of a soft, sweet, dry hay; also straw, rich in earthy matters and silicic acid, especially millet and clover-straw; in the winter, in addition, bean-groats.

The milk should be given to new-borns for the first eight days in the form of sweet whey, or in a dilution of one part milk and three parts water, with the addition of milk sugar, and when the bowels are constipated, with a little bicarbonate of soda. From the eighth day, a

mixture of one part milk and two parts water should be given. After six or eight weeks the milk should be mixed with equal parts of water, and the milk sugar omitted. When near the period of teething, the water should be but one third of the mixture, and gradually diminished until we have pure milk. The author has never seen any harm from giving breast milk and cows' milk at the same time. After the fifth month, a little meat broth should be given, but no addition of oatmeal or of cracker until after six teeth have appeared.

Such a milk as is furnished the author's institution is often absolutely impossible to obtain in large cities, and Nestle's infants' meal (consisting in large part of condensed milk), Liebig's food, etc., are recommended. — *Translat. in B. Med. and Sur. Journal.*

“PROGRESS IN MEDICINE” is the title of the President's Address at the annual meeting of the Southeastern Branch of the British Medical Association, by George F. Hodgson, M.R.C.S., of Brighton. From this address we wish to take a paragraph to show our younger men what progress has been made by the unselfish efforts of their predecessors, though they can never realize the courage and endurance that have been necessary to effect the change. — *Parsfui.*

MANY invalids come to Brighton to convalesce (sometimes to die). Among such as come under my notice, one every now and then turns up who has been mercurialized, and that for non-specific disease. It is against the perpetuation of such a mistake that I wish before this considerable assemblage of medical men to protest. Of course, in common with all the rest of you who have attained to middle life, I was trained by my teachers to consider mercurialism as indispensable in the treatment of all acute inflammations. The classical lectures of Dr. Watson forcibly impressed this upon us, and, in equally powerful and elegant language, Dr. Latham's clinical lectures made it a *sine qua non*; but these were about the last physicians of celebrity who so taught. About fifteen years back, Professor Bennett, of Edinburgh, and the late Dr. Todd, of London, both taught and published the uselessness and the banefulness of this treatment, in a manner that could not be refuted. Dr. Habershon and the late Dr. Tanner (a pupil of Todd's) followed with valuable publications in the same direction; and now, I suppose, all our leading physicians and surgeons are unanimous on the subject. Sir Thomas Watson himself has lived to acknowledge its soundness likewise. How is it, then, that some men still adhere to this old-fashioned and injurious practice? Four and twenty years ago, on account of a deep-seated affection of the eye, caused by over-use of books and microscope, I was treated by a famous oculist (Mr. Dalrymple) with a prolonged course of mercury, which seemed to render my eye worse instead of better, and certainly grievously impaired my general health. Consequently I became a ready disciple of Bennett and Todd, and ever since that time I have entirely abandoned the use of mercury in all inflammatory disorders (whatsoever organs might be affected), and, I may add, with an immensely more satisfactory result than previously. The cure of the disease has been surer and quicker, and the dreadful *anæmia* and

prolonged debility, consequent on a long mercurial course, have been avoided. So recently as in the penultimate number of the *British Medical Journal*, a gentleman gives a case of general paralysis in a man, consequent on an injury to the head, which he says he treated with mercury until the system was affected; on what grounds I cannot understand. — *Medical and Surgical Journal*.

FOR THE MAN WHOSE LABOR IS MENTAL the stress is on his brain and nervous system; and for him who is tired in the evening with a day of mental application, neither early to bed nor early to rise is wholesome. He needs letting down to the level of repose. The longer interval between the active use of the brain and the retirement to bed, the better his chance of sleep and refreshment. To him an hour after midnight is probably as good as two hours before it, and even then his sleep will not so completely restore him as it will his neighbor who is physically tired. His best sleep is in the early morning hours, when all the nervous excitement has passed away, and he is in absolute rest. — *Exchange*.

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## PERSONAL.

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C. B. KNERR, M.D., has recently returned from Europe, where he has spent the past eight months. Shortly after his return, Dr. Knerr's marriage took place in Philadelphia with Melita, daughter of Dr. C. Hering. We may announce in this connection the marriage of Walter E, son of Dr. Hering, with Miss Eckendorff, of Philadelphia, to be solemnized Sept. 8.

REMOVALS. — SOPHRONIA NICHOLS, M.D., to 115 Meridian St., East Boston, Mass.

B. R. HARMON, M.D., from Watertown, to Woburn, Mass.

GEO. H. WELLMAN, M.D., has taken Dr. David Packer's practice in Chelsea, at 130 Walnut St. (also at 19 Boylston Place, Boston). Dr. Wellman has recently been connected with Mass. Hom. Hospital. We are glad to notice Dr. Packer's hearty endorsement of Dr. Wellman's professional acquirements.

C. M. THOMAS, M.D., has been appointed Demonstrator of Surgery, in the Hahnemann Medical College, of Philadelphia.

J. ARTHUR BULLARD, M.D. to Wilkesbarre, Pa.


J. R. HUMES, M.D., has removed from Etna, Pa., to Hollidaysburg, Blair County, Pa.

WM. H. HOLCOMBE, M.D., of New Orleans, now President of the American Institute of Homœopathy, has removed to Cincinnati, where he will continue in medical practice, and lecture in the Pulte Medical College. This change is influenced by the state of Dr. Holcombe's health, which has become impaired by the extreme southern climate.

J. S. BELL, M.D., from Litchfield, Minn., to Cedar Falls, Iowa.

C. T. MITCHELL, M.D., from Leroy, N. Y., to Paris, Ont.

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

THE  
New England Medical Gazette.

No. 10.]

BOSTON, OCTOBER, 1874.

[VOL. IX.

GLONAIN OR NITRO-GLYCERINE.

[Continued.]

- . Constant sensation of fulness in the vertex, increasing all the time *as if something were pumped in*. C. Hg., N. N.
- . Pressive fulness in the occiput, more on outside; continues after several hours.  $\frac{1}{50}$ . C. Hg. 159, 432, 623.
- . Fulness in the occiput. K. 473.
- . In three minutes much fulness in the head, with a throbbing in both sides of the head, above and behind the temples, and accompanied by a pricking sensation on the left side of the tongue, near the tip. Belding. 281.
- Congestion.** 200. Fulness in the head, as if all the blood had mounted to the head; very disagreeable sensation, but without headache. J. R. S. \*206, 235, 236.
- . Congestion to the head, with headache, after 4 minutes. C. G. S. 484. \*Hyperaemia from excessive cold or heat. A. H. Z. (in Raue's Record, 1874.)
- . *Violent congestion to the head*, with headache after 2 minutes. J. R. S. 161.
- . \*Patient æt. 30; from childhood violent headaches. Pressive pain, pale face, *general prostration; or congestive headache*, sensation of fluttering in head, sensation of constriction in vessels of head, expansive pressure, or pressure from without inward, flushed face, drowsiness, venous congestions to abdomen. (First form of headache had been temporarily relieved by *Nux v.*, *Rhus*, *Phos.*; Second by *Acon.*, *Bry.*, *Clc.*, *Kali bich.*). *Glou.* 1 and 3, after aggravation, relieved congestive form, but headache first described continued. Hirschel.
- . \*Mrs. —, widow, æt. 40; subject to violent congestive headache, with eyes very painful and bloodshot; never

relieved under 24 hours; had taken cathartics; these attacks every twelve or fifteen days for many years. Found her lying on a bench holding head with both hands; face and head very hot; eyes much inflamed; vertigo preventing rising; urine high-colored, with a reddish sediment, and mucus of dirty, reddish-yellow tint. The headache and vertigo had commenced as usual, and had increased until it was unbearable; moaned much, and complained that *the brain was forcing itself out front*; that it was too large and had grown. *Glon.* 3; in 6 minutes evident aggravation. Rel. after 10 minutes. No attack for 14 weeks. Nov. 6, slight attack. Cured by *Glon.* 6. A. J. H.

205. \*Violent headache; face flushed and very hot, whole head extremely hot; eyes much inflamed and with a wild expression; trembling of knees and lower extremities; slight quiver in wrists and hands, only now and then perceptible. Pulse only 86, but full and tense. *Glon.* 9. In 9 minutes trifling exacerbation, scarcely perceptible; in 26 minutes well. Coxe.

. \* For a year had very often congestion to head, as if warm water were running upwards from the nape of the neck; turns very red in the face and then pale. *During this congestion very little headache, but a painless throbbing.* Frequent attacks during the day, worst in the morning when moving; conjunctiva injected, cannot see well; like a mist before the eyes. During the attacks has hot feet. Appetite irregular, sometimes too great and then too little; menstruation regular, stool somewhat inclined to be costive. After *Glonoin* the attacks grew weaker and less frequent, and finally ceased, but a headache appeared in the left temple and whole side of head, but most in the region of the temple, which *Spigelia* cured. Raue.

. \*Girl æt. 8. Bilious-nervous, high-tempered. Violent headache, with flushed face, eyes inflamed, pulse 104, full and tense. *Glon.* 9, with no relief. At end of an hour symptoms the same. Gave *Ac.* and *Bell.* Well in 6 hours. Three weeks after, had a similar attack, except pulse beating only 92, and not full. *Glon.* 12. Exacerbation in 7 min., well in 13 min. Coxe.

. \*Boy of 12 yrs; overheated and in copious perspiration. Seized two hours after with violent headache (never had had one previously), flushed face, hot head, pulse

- 106, full and strong. Temporal and carotid arteries beating very violently; eyes inflamed and slightly protruding; could not sit up; kept his hands constantly pressed upon his sinciput; head felt larger than usual; eyes as if something were pulling them from within outward. *Glon.* 12, 1 pellet. In 8 min., very slight exacerbation, in 17 min., quite well. Coxe. 246.
- . The face and anterior part of the head felt congested. The congested state of the head and neck went off in less than half an hour, but there remained occasional pain in the temples, and a feeling of lassitude for a considerable time. R. E. D.
210. \*Face purple; vertex hot, bloodshot eyes, knew no one. \*68.
- . Sudden rush of blood to the head. C. Hg., with vertigo. Koller.
  - . *As if the brain were attempting to burst the skull.*
  - . Suddenly, sensation as if *the whole head were crowded with blood.* Hirschel.
  - . Slight but continuous congestion till midnight. 286.
215. Congestion to the head, and throbbing of the temples. 246.
- . Sensation of fulness in the head with throbbing, mostly in the upper part of the forehead. E. Smith.
  - . Pain in the occiput, as from congestion.  $\frac{1}{200}$ . Lippe. 436.
  - . He feels that the fulness is caused by blood. M. L.
  - . As if the blood were mounting to the head. J. W.
220. Frequent *congestion to the head in an old woman*, causing a sensation of coldness every time. C. Hg.
- . *Brain fever.* Ph.
  - . In congestion with unconsciousness, it causes unusual evacuation of urine. 58.
  - . \*Flushes of heat and congestion to the head. Dunham.
- 
- \**Congestion to the head in pregnant women*, with pale face, loss of the senses, and falling down unconscious, cold sweat. Different potencies. C. Hg.
225. \*Fulness in the head, with redness of the face and eyes, with throbbing in the head, before, during, after, or instead of menstruation. \*1042. \*66.
- . Congestion to the head instead of the period. \*1043. \*1036, \*1038, \*1039.
  - . Congestion, headache, and fulness when the period appears. Lippe.
-

- . Congestive sensations in nape, throat, and head. 672.
- . Congestion of brain and lungs. After 50 min. nearly relieved; belched wind from the stomach; nausea almost entirely gone. Hupfeld.
- 230. Congestion to the head alternates with congestion to the heart. 61, \*66.
- . Congestion to the head and chest. S. and F., with nausea. 949.

**Throbbing.** Throbbing in the head. J. W. 128, 610, etc.; aft. 3 h.  $\frac{1}{1000}$ . C. Hg., Ext. from letter.

- . Almost immediately experienced the throbbing in temporal arteries, and tight feeling about throat. These soon subsided, but later in the evening I perceived that when I moved about, I felt *painless pulsation* all over the body, and the circulation was very easily quickened. R. E. D. 912, 922-924, 1309-1315.
- . Throbbing in head; worse on shaking head, immediately after 2d dose.  $4\frac{1}{2}$  hours after, on running upstairs, pulsations in brain, both heard and felt; at each pulsation, a sensation (not amounting to pain) in scalp, just above ears. A Turkish bath at  $180^{\circ}$  F. had no perceptible effect on the headache. 1°. Berridge. 164, 244-246, 521, 535, 623.
- 235. *Painless throbbing* in the head. 173, \*206, extending under the frontal bone to the temple.  $\frac{1}{1000}$ . C. Hg., Ext. from letter.
- . In 5 minutes, slight heat in the face; this was followed by a painless throbbing in the head, beneath the *os frontis*, and extending entirely across the temples. Hupfeld.
- . *Painful throbbing.* 173, etc.
- . \*A man had intense throbbing pain over whole head, flushed face. These symptoms were immediately relieved by *Glon.* Thayer.
- . Pulsation in the head (aft. 4 min.) for 2 min. H. E.; (aft. 3 min.) for 1 min.  $\frac{1}{50}$ . Rhl.
- 240. Throbbing, with a sensation of swelling in the head. 173. Throbbing, especially left side. 458.
- . Violent throbbing in the head, with a sensation of fulness,  $\frac{1}{250}$ . Little, no particular pain, aft. 2 min. 191; as if head were stuffed full of something. 362.

- 
- . Shocks in the brain, *synchronous with every pulsation of the arteries.* Wood. 164, 234.
  - . *Feels every pulsation* in the head while preparing the *Glonoin.* Z., Lembke; aft. 15 min.  $\frac{1}{50}$ . Rhl.

- . *Feels the strokes of the pulse* in the head, and heat. 305.
245. Throbbing in the head, so violent that the pulse could be counted by it. Pulse 110. Hupfeld. 164, 234.
- . After 10 to 20 min. a throbbing in the temples set in, and congestion to the head, which constantly increased until the arteries of the temple were visible, and perceptible to the touch, throbbing violently.  $\frac{1}{10}$ . M. Dvs.
  - . The head began to throb, and for an hour *all the arteries in the head became as distinct as though they had been dissected out*, and were on exhibition; the head was full of blood; motion increased the throbbing and pain; this condition lasted all day. Boyce.
- 
- . *Throbbing in the temples.*  $\frac{1}{150}$ . Sch., C. Hg., a woman, different poten., M. Dvs., E. P., M. Dvs., W. K., Hauk, G. F. Davis, S., H. E., Sch., Engall, C. Hg., and others. \*68, 116, 380, 381, 386, 389, 394, 398, 501, 1058, 1411; in right. 381.
  - . *Throbbing in the front of the head.*  $\frac{1}{200}$ . Druggist, C. Hg.,  $\frac{1}{50}$ . Lippe, Colby. Painful throbbing, especially in the forehead.  $\frac{1}{30}$ . Z., etc.; aft. 3 min.  $\frac{1}{60}$ . Rhees; aft. 6 min., for 2 min. H. E. Very soon, throbbing in the temples, and a throbbing headache across the forehead.  $\frac{1}{50}$ . C. Hg., N. N., Dunham; all the afternoon.  $\frac{1}{30}$ . Sch. 142.
250. Immediately, a violent throbbing in the head, especially in the temples; the pain is mostly in the front part of the head, and from temple to temple.  $\frac{1}{25}$ . C. Hg., a laborer.
- . Throbbing in both temples, and a pain that extended from one temple to another.  $\frac{1}{50}$ . C. Hg., a woman.
  - . Pulsation from temple to temple. Rr.; in the temples. G. F. Davis.
  - . Throbbing in the temples, and a dull pain across the forehead, mostly right. J. Fr.
  - . Soon after taking the medicine, a beating in both temples, and very peculiar headache in the middle of the forehead, as if warm water were trickling down inside.  $\frac{1}{100} + \frac{1}{250}$ . Sch.
255. Dull, throbbing pain in the forehead, the root of the nose, and the temples.  $\frac{1}{50}$ ,  $\frac{1}{25}$ . Rhees.
- . Violent throbbing pain in the temples, a worse pain than he had ever experienced. J. W.

- . Dulness of the head, within 2 min., afterwards pressure and throbbing in the temples. W. K.
  - . His face grew red, his temples throbbed, his pulse increased from 80 to 112, he felt a heaviness like a weight over his eyes, whence it extended to the temples; he began to yawn, and yawned every moment; felt sleepy; shaking the head made the head worse; (aft. 1 to 2 min.), lasting several hours, and ending with a dull, heavy pain over the eyes. E. P.
  - . Throbbing in the whole head, especially in the temples, and over the eyes, with excessive heat in the head. Worse when moving, better when sitting still and lying, also relieved by pressure upon it. Hauk. 551.
  - 260. Throbbing in the head, mostly in the forehead, increased by every motion of the head. M. R. 398, 535.
  - . At the expiration of four hours. fulness and throbbing of head continued unabated, together with dull headache, which appeared rather to increase till retiring for the night. Awoke on the following morning with the same fulness and throbbing, which occupied the whole fore part of the head, and appeared to be deep seated. Colby.
  - . Violent throbbing pain in the forehead, that extends downward to the nose, and contracts the eyelids. In healthy persons. Sch., Wn.
  - . Violent throbbing in the forehead, and strong pulsation; the sensation moves from temple to temple. Rr.
  - . In about half a minute, perceived a throbbing of the temporal arteries, soon accompanied by a rather severe throbbing pain in both temples; in a few seconds more the pulse was found increased from 60 to 100, and the heart throbbed most violently and rapidly. Brangwin.
  - 265. Throbbing in the right temple very soon. J. Fr., L; in the left one. Wn.
- 
- . Painful pulsation from the forehead to the vertex, aft. 2½ minutes. Preparat., and  $\frac{1}{30}$ . Z.
  - . Within three or five min. felt a beating, pressing, dull and hammering pain under the vertex; heat and redness of the face; sinking beating in the aorta, directly behind the umbilicus; dull beating in the left parietal region. All of the pains are aggravated by shaking the head, stooping, on first motion after rising, on walking, standing, and turning round. Stow.
  - . Throbbing and beating in the vertex.  $\frac{1}{50}$ . Rhees., Mrs. St.

- . Throbbing and fulness in the vertex after 2 min.  $\frac{1}{125}$ .  
Rhees. 192, 194, 400.
- 270. Pulsating headache in the vertex and in the temples. G.  
F. Davis.
  - . Paroxysms of beating and throbbing in vertex, temples,  
and occiput. 867.
  - . Sometimes painful pulsation in the vertex. Rhl., G. F.  
Davis, and painful twitching here and there in the  
head; forenoon of 2d day.  $\frac{1}{30}$ . Z.
  - . In about 2 min. I experienced a throbbing, hammering  
sensation on each side of the head, near the vertex, and  
across in the region of the coronal suture, aggravated  
by motion, and by looking up. Hawley.
  - . Throbbing and pain in the crown; it seems to rise from  
the base of the skull to the crown with every throb of  
the carotids; aft. 3 min.  $\frac{1}{300} + \frac{7}{300}$ . Vinal.
- 275. In one minute I began to perceive the throbbing in the  
temporal arteries, and the *sense of constriction about the  
neck*.  $\frac{1}{100}$ . R. E. D. \*670, \*926, 928.
  - . \*Throbbing pain from the occiput toward the eyes, worse  
on moving head; throbbing of the carotid arteries, both  
seen and felt; photophobia. *Glon.*<sup>200</sup>. Relief began  
within 1 hour. Berridge. 242-247.
  - . Violent, heavy beating in the head, from the back to the  
front, *as if it would crowd everything out at the forehead.*  
*Not as frequent as the pulse.* Druggist Johns. 474.
  - . Pressure and throbbing extends to the back of the neck.  
676. \*670-680.
  - . Throbbing in the vertex, and pain extending to the back  
of the neck. Mrs. St.
- 280. Fulness in the base of the brain, and violent throbbing of  
all the arteries of the head and back of the neck. Jack-  
son. 1126.
  - . The head felt throbbing and bursting, *especially above the  
ears* and at the temples, and I experienced a choking  
sensation, as if a ligature were tied round my neck,  
which kept the blood from returning from the head.  
R. E. D.
  - . In ten minutes, the same throbbing, with almost a twitch-  
ing in the integuments of the head, in the same place  
as before mentioned; worse *after* getting up, walk-  
ing across the room and sitting down again. Belding.  
324-326.
  - . Throbbing of brain from within outward. Fiske.
  - . Undulating pain from the front of the head, right, moving

to the left front, and then over the whole of the head.  
Nhd. 40, 358, 360, 413, 463, 482.

285. Pulsation in the neck, fulness in the head, throbbing in the temples, and slight nausea. Fd.
- . (After 1 hour) at 5 P.M., a slight throbbing headache commenced, and continued with intermissions for about 3 hours; occasional spells of nausea, with slight but continued congestion of brain till midnight. Hupfeld.
  - . Five hours after inhaling the vapors, at 11 o'clock at night, terrible throbbing headache, which lasted all night, until he drank coffee in the morning. C. Hg., a laborer.
  - . \**Throbbing in the head*, most violent throbbing, tearing pains, before, during, after or instead of menstruation. 6, 12, and 30c. C. Hg. \*1042.
  - . With throbbing of temples, oppression of chest. 1063, 1064, 1069. Rises from the chest. 483, 484, 492, 493.
290. \*A lady could not lie upon back or either side, because "the pillow would beat"; she could not remember whether her house were on one or the other side of the street. Much benefited by *Glon*. Krebs.
- . In a few minutes her pulse became very much accelerated, and she complained of throbbing and heaviness of the head, increased to severe pain on shaking the head. Dgn, B. With palpitation. 641, 1004, 1118.
  - . \*Throbbing headache, with vertigo and flushes of heat to the face and head; she felt as if sore inside of her head when she moved it. Pot. C. Vinal. 494.
  - . Aft. 20 min. the pulsation in the head changes to a slight, throbbing headache, the same during exercise in the open air.  $\frac{1}{50}$ . Raue.
  - . *Throbbing in the head* during motion. 550, 552, most when going up stairs; aft. 30 min.  $\frac{1}{200}$ . E. Smith. 555-558; *at every step on the stairs*. 561. Worse left. 458.
295. Next day, slight throbbing in the head, if he exerts himself or moves more than usual.  $\frac{1}{200}$ . E. Smith.
- . \*Pulsating headache, with sensation of soreness when moving the head, and drowsiness with vertigo after stooping. Jeanes pot. B. Vinal.
  - . Headache becomes throbbing when stooping. Preparat. Z. 545.
  - . Throbbing in both temporal regions; increased perceptibly by motion. Fiske.
  - . Throbbing in sunstroke. \*74.

**Coldness.** 300. He feels as if *ice-cold sweat must be on his forehead*, which, however, was not there. 643.

. He feels as if ice-water were being poured over his forehead, in neighborhood of eyebrows, for 2 min. Rr.

. Congestion to head causes sensation of coldness. 220.

As if a cold cloth were being spread over his brain every time after taking the medicine. C. Hg.

**Heat, Burning.** . Heat, with fulness in the head.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg., A. H. Z., M. L. 183, 484.

305. Heat in the head, with throbbing. Hauk. \*292.

. Flushes of heat in the head, and distinct feeling of the pulse in the head, aft. 2 min.; diminishes after 10 min. Raue. From chest to head. 482, 501, 1077.

. As if warm water were trickling down inside of the forehead. 254.

. Heat in head and face. \*788, 796, 802, with headache. D. Gray, 6c., 12c., 9c., Coxe, with raving headache. 329, with some sweat. 28, 379, 618.

. Great heat in the head, Coxe, with severe pains in the forehead, throbbing in the temples, increased by walking. Mrs. M. 352.

310. \*Front of the head and vertex excessively hot. 3c. Coxe. 380, 501.

. \*Burning pain in cerebrum. \*76.

. \*Burning pain in the middle of the head after a brain fever; pressure relieves it, every excitement causes it.  $\frac{1}{100}$ . Geist.

. After preparing it the first time, all day there was a stinging burning in small spots on head, and particularly on neck, less on the body; the spots having a fine, sharp, and burning itching, like that caused by the caterpillar's hairs. C. Hg. 651.

**Piercing, cutting, jerking, twitching, etc.** . Sudden piercing pains in the head.  $\frac{1}{160}$ . Sch. Darting pain in the head, when stooping next morning.  $\frac{1}{50}$ . Raue.

315. *Piercing pain from within outward* towards the middle of the forehead, more upward. W. K. 318.

. Stitch in the forehead, right, from laughing. H. E.

. Stitch in the right temple. Wn., B. M. H.

. Pain in both temples, worse left, even to piercing, after flushes of rising heat. Waage.

. A very sharp pain near middle line of the forehead, not very deep, more towards the outside, a tearing sensation as if something were being tugged at. *Glon. water*. Z. 314.

320. Headache of the nature of migraine, concentrating over

- the right eye, with dulness about the eyes and some heat. Little, 9 persons.
- . Cutting pain in both temples, it seems to have a tendency to move downward or towards the ears; aft. 8 min.  $\frac{1}{30}$ . Jeanes.
  - . Jerking in the head at every step on the stairs.  $\frac{1}{30}$ . Raue.
  - . \*An habitual hemicrania that attacked him on every occasion. As if the focus of the right eye were suddenly displaced; sees everything half light and half dark, with a sensation as if he must die. After half an hour, nausea, is obliged to sit down, dimness before the eyes like a cloud, followed by the most violent headache, left, with repeated vomiting, after which it grows better. Waage.
  - . Piercing pain in vertex. 410.
325. Darting, twitching pains in the right side of the root of the nose and right side of forehead aft.  $1\frac{1}{2}$  hr.  $\frac{1}{30}$ . Z. 777-782.
- . About 12 o'clock at noon of the 2d day, first twitching in the right side of the head and right orbit, then in the left side of the head and ringing in the left ear.  $\frac{1}{30}$ . Z.
  - . Painful twitching here and there in the head.  $\frac{1}{30}$ . Z.
  - . \*Drawing, tearing pain from the back of the neck to the vertex, where it becomes throbbing, more when moving or stooping, less when lying. Helped only once, then not again. 12c. Raue.
  - . Resembling twitching in the integuments of the head. 282.
330. \*Racking pain with raving, heat in the head, redness of face, red, protruding eyes, wiry pulse of 92. 3 c. Coxe.
- . Felt it *sting* him almost immediately in right temple, afterward in vertex. 650.
- Aching, bruised feeling, soreness.** . \*As if sore inside the head when moving it. 292.
- . Immediately headache in forehead and temples on both sides, neither throbbing nor piercing, a constant ache. Gd.
  - . Feeling of contusion in the organ of form, left, later on both sides; aft. 8 min. W. P. W.
335. Bruised pain in the organ of firmness, right, followed by pulsation in the same spot. Aft. 3 min. W. P. W.
- . Sensation of being bruised where the pain in the forehead had been. Wn.

- . Within the head as if crushed or bruised, especially in the forehead. Hupfeld.
  - . Sore feeling, as if the brain had been bruised at the vertex and in the region of the 1st fontanelle; it grows less and then increases when moving the head.  $\frac{1}{60}$ . Rhees. 193.
  - . Feeling of soreness and looseness in brain. Wallace.
  - 340. Sensation of soreness, and as if laced together in the head, with increasing pain if he shakes the head sideways. Wn.
  - . Headache and sensation of soreness in the head, which increases when rising suddenly or when shaking the head; noon of 2d day. Cl.
  - . Sore sensation in the head when shaking it, but no pain. J. Wh.
  - . Shaking the head causes a sensation as if the brain were sore. G. F. Davis.
  - . When shaking the head it seems as if the brain were hard, and loose and sore in the head. Wn.
  - 345. Sensation of soreness through the whole head; he is afraid to shake his head, it seems to him as if his head would drop to pieces.  $\frac{1}{300} + \frac{7}{300}$ . Vinal.
  - . \*Soreness aggravated by motion. Jeanes pot. B. Vinal.
  - . On the 2d day the brain felt sore, the jarring of the cars made it worse. Chaffee.
- Sensation of Motion.* . A strange sensation through the whole head after the headache diminishes; aft. 10 min.  $\frac{1}{30}$ . Jeanes.
- . A rushing sensation as of fulness in the temples. 198.
  - 350. A subdued sensation, as if something were moving in the nerves from the back of the neck upward to the head; aft. 30 seconds. Jeanes.
  - . He feels as if something were running through his temples. Hupfeld; as if warm water were trickling down inside the forehead.  $\frac{1}{100} + \frac{1}{250}$ . Sch.
  - . She felt worse when moving the head, which caused a sensation as if something were loose in the front of the head. Dgn.
  - . Medicine seemed to jump from one part of head to another. 651.
  - . The brain seems to move in the right frontal region. Z.
  - 355. As if something moved inside when shaking the head.  $\frac{1}{30}$ . Z.
  - . Wave-like upward motion in the head. 40, 413, 482.

- . When she shakes her head, it seems as if something moved inside and hit against the skull. Mrs. St.
  - . *Undulating, dull pain* in the middle of the brain. Geist.
  - . \*Headache in the vertex and crown, like waves rising and falling; excessive, so that she longs for death, with small, weak pulse; aft. *Kali bichrom.* 12c. C. Hg.
360. Undulating sensation, increased by every turn of the head. Colby.

### **Forehead.**

- . Painless throbbing in forehead. 235, 236, 458.
  - . She felt as if the forehead were stuffed full of something, with throbbing. Mrs. A. D.
  - . Afternoon and evening, violent throbbing, frontal and temporal headache; next morning her head was better, and the remainder of the globules seemed to produce no effect whatever. Patient usually very sensitive to the action of medicine. Dgn.
  - . Slight pain, left, in Gall's organ of wit; when pressing with the fingers the spot seemed sensitive; with continued pressing, however, the pain subsided.  $\frac{1}{30}$ . Jeanes. 451, 464.
  - . A slight pain in the region of "facetiousness"; likewise left.  $\frac{1}{30}$ . Jeanes.
365. Pressure and fulness in forehead and over the orbits. Chaffee.
- . Soreness and bruised feeling. 331, 332, 333-337.
  - . Headache in the forehead and fore part of the head. Eichorn.
  - . Fulness in the forehead all day. Small; violent. Esry, Jackson. 196.
  - . From right parietal protuberance forward, including whole anterior head. 478.
370. *Pain* in the head, hardly to be endured, especially in the forehead. Jackson.  $\frac{1}{2} \frac{1}{50}$ . Sch., a girl.
- . Headache, beginning in the glabella. 490.
  - . Throbbing over the eyes. 259, 686.
  - . Pain over the eyes, 683, 688, 726, 727, and in the forehead. Cl. 712, 713; aft. 20 minutes.  $\frac{1}{10}$ . M. Dvs., Hupfeld. From sides of head, W. G. Chaffee. Over right eye.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. 315.
  - . Pain in forehead if he looks long in same direction. 586.
375. Pressure straight across the eyes. From smelling. Z.
- . Motion of the brain in the fore part of the head. 354.
  - . Sensation as of cold sweat. 643.
  - . Like warm water trickling down inside forehead. 254.
  - . Heat over the forehead and some sweat. Lippe. 28.

380. Pains in the forehead and top of the head which might be *covered by the hand*; the pain is compressing, burning; heat, shooting and throbbing in the temples; burning in the malar bone and eyes; soreness and tenderness in the head lasting all day, with a constant gnawing in the occiput; confusion and unable to think or study all the day. Fischer. 34, 38, 338.
- . Single globule, 10th dec. about 5 P. M. At half past six, sudden dimness of sight, heat in eyes with feeling of tension; *crushing weight across forehead*; throbbing and sharp darting in right temple, then in both, and behind the ears. Relieved by tea three hours after, but returned with nausea, palpitation, spasms in region of heart, thirst, choking sensation in throat, and great depression, cold feet. Pulse rose and continued high 24 hours. Recurrence of pain etc. at intervals during 24 hours. (In a married woman, æt. 33, subject to irregular circulation and neuralgia ) Brit. J. Hom. vol. 18, p 39.
  - . Pain in the forehead, *worse when shaking the head*. 529, worse evenings, ceases after night sleep, returns after 48 hours. Lippe.

### **Temples.**

- . As if something were running through temples. 351.
  - . Pain through both temples.  $\frac{2}{50} + \frac{1}{160}$ . Lippe. Remains of previous pain; aft. 5. min. W. P. W.
- 385 . After  $\frac{1}{4}$  hour, she felt severe shooting pain through the temples, from right to left, attended with sensation of great weakness, and inability to walk or stand without giddiness. E. S.
- . Beating in both temples. 264, 478. In right, 265; in left, 265, followed by a pressure downward upon the eyes. Tafel.
  - . \*Temporal and carotid arteries beating violently. \*68.
  - . Ache in one temple,  $\frac{1}{50}$ . Rhees; in both, and when pressing them, haze before the eyes. Sch.
  - . Dull throbbing pain in temples. 255.
390. Stinging in right temple. 650; drawing. Eichorn.
- . *Pain in left temple*. 206, 318, 455, 457, 626, after *Glou.* had cured *painless* throbbing in head. 202.
  - . Pain extends from one temple to the other.  $\frac{1}{250}$ . C. Hg. a woman. 467.
  - . Pain in right temple, 755, when shaking the head; aft. 5 min. K. 527, 529.
  - . Headache became very severe, feeling as if the head would

burst; throbbing pains, especially through the temples; stupor, weakness of body and mind; languor and pain in limbs. 3d day P. M. Koller.

395. With the irregular pulse slight shooting pain in the head was perceived, at first in the right temple, and then also in the left one, the pain increasing to such intensity that a kind of giddiness appeared, accompanied with a sick feeling. Süss Hahn. 385.

- . \*Neuralgia, nervous temperament; sudden pain starting from decayed inferior molar tooth and concentrates in temple; head feels heavy but cannot lay it on a pillow. Nankivell. 834.
- . In both temples tearing stitches, from time to time extending towards the masseter muscles.  $\frac{1}{20}$ . Eichorn; in right temple. 316.
- . Pulse rose immediately, and he complained of intense throbbing headache in the temples, which lasted for some minutes, was very much aggravated by moving the head, and was removed by application of snow to the temples. J. J. D.

*Vertex.* . A slight pain, beginning and increasing on the vertex, then diminishing, and again increasing, during which the mind becomes confused. Fr. 33-38.

400. Felt nothing unusual for 1 minute, when he felt a sudden pressive pain in vertex; pressure from without inward in vertex, and simultaneous ebullitions of blood in head; pulse rose from 85 to 100 and 112. Gradually better; well in  $\frac{1}{2}$  hour. Reil.

- . No action noticed for 5 min.; dose repeated, causing immediate pain in vertex and forehead; pulse unchanged. Aft. 5 min. 1 drop clear, followed by increased pain in head, which disappeared in 10 min.; meanwhile the pulse became 100. Reil. 201, etc.

- . Worst in the vertex. Wn., 9c. Coxe; lasting all night.  $\frac{1}{10}$ . Lippe.

- . \*Sensation of weight, or painful fulness at vertex. Willans.
- . Fulness at vertex, constantly increasing, as if something were pumped in. 196. Head hot, as if full. 796.

405. Pain in vertex and sides of head, as if pressed together. 162.

- . He soon felt pain on both sides of the sinciput. Robertson.
- . Thumping and beating in the vertex. 267-275, 486.
- . Throbbing pain near vertex, 380, and across in region of coronal suture. 273.

- . Piercing pain in the crown. 9c. Coxe. Burning pain. 380.
- 410. Soreness just below (under) the vertex, aggravated by stooping or stepping; invariably better when quiet and lying down. Stow.
  - . Pain in vertex extends to back of neck. 676.
  - . Pain in the region of the left crown suture. Wn. Soreness near 1st fontanelle. 338.
  - . Violent, pressing pain in the temples, which went undulating and raging throughout the whole head, especially at last in the region of the sagittal suture. Streintz. \*359.
  - . Pain in "wonder," more to the right, later left. Wn.; in "well wishing." Wn.
- 415. Felt it *sting* him almost immediately in right temple, afterwards in vertex. 650.
  - . Pressure in vertex and occiput. Chaffee, Eichorn. From occiput to crown. 474.
  - . Headache mostly behind the ear and up in the forehead.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. 381.
  - . Pain in vertex, which increased, with vertigo after a second dose; no change in pulse. Another prover. Reil.
  - . Pain in vertex follows vertigo in the occiput; worse in the evening.  $\frac{1}{200}$ . Lippe.
- Internal.** 420. The pains are exactly in the median line of the head.  $\frac{1}{30}$ . Z.
  - . Fulness and throbbing occupied the whole fore part of the head, and seemed to be deep-seated. 261, 496.
  - . Disagreeable sensation, more violent at the base of the brain. Jackson.
  - . *Pain deep in the brain, shaking without influence.*  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - . Within the head, as if crushed or bruised. 337. Undulating pain deep within. 358.
- 425. Pulsations *in* the brain, both heard and felt; at each pulsation, a sensation (not amounting to pain) in the scalp, just above the ears. A temperature of about 180° F., in a Turkish bath, had no perceptible influence on the headache; after running up stairs, 8.15 P. M. B.
  - . Feeling of emptiness in the cranium; 2d day. Stow.
  - . Head felt enormously large. Wood; sensation of swelling. 240.
  - . \*In several cases where children scream with pain in head, and were old enough to complain, and where the agony is expressed only by exclaiming "My head! my head!" C. Wft. 50.

- Occiput.** . Dulness. *Glou. water* Z. 99. Vertigo,  $\frac{1}{200}$ . Lippe. 430.\*Great rigidity of the occipito-frontalis. Gellar.
- .\*During the day the prominent symptoms were a cataleptic state of the occipito-frontalis muscle, and a degree of obtuseness of the brain. Gellar.
  - . Pressure in occiput. Lembke. 159, with fulness. Wallace. 198.
  - . Pressure here and there, especially in occiput. 1118.
  - . Headache worse in the occiput. G. F. Davis, S., preparat. *Glou. Z. R. E. D.* \*476.
435. Pain in the occiput as if from congestion. 217.
- . Pain in the occiput, fulness, heat, and thumping.  $\frac{1}{50} + \frac{1}{50}$ . C. Hg.
  - . Stitches in occiput. 55.
  - . Twitching pains in the occiput. 326, 460.
  - . Constant gnawing in the occiput. 380.
440. Pain extending to the back of the neck.  $\frac{1}{250}$ . Ok., Eichorn. 670-678.
- .\*With symptoms of cerebro-spinal meningitis, intense pain in occipital and cervical regions. 669.
  - . Affects occiput and neck more than any other part. Z.
  - .\*Throbbing pain from occiput towards eyes. 276.
  - . Violent tensive pain in the occiput, 600, extends upward and downward and towards both ears; from time to time, also, slight tension above the right eye.  $\frac{1}{20}$ . Eichorn. 475.
445. Next day pains in the occiput, and slight pain in the forehead when moving the head. Fischer.
- . Pain in the lower occipital protuberance, mostly right, increased when turning the head.  $\frac{1}{300} + \frac{7}{300}$ . Vinal. 478.
  - . Pain in occiput is unchanged throughout the day; no relief from open air, wine, or coffee. After sleep next morning head quite clear.  $\frac{1}{20}$ . Eichorn.
- Right.** . Only on the right side. W. P. W., L. Worse right. J. Fr., Vinal, Wood., preparat. Z. 478, 190. Dull pain in the forehead. J. Fr. Stitch in the forehead. 315; in the temples. 316.
- . Intense pain in the right temple. Wallace. Stinging, 650.
450. Throbbing, 265, and sharp darting in right temple. 381.
- . Frontal pain in "Wit." Wn. Hemicrania over the eye. 319; in the root of the nose, and forehead. 324. Throbbing in the temple. L.; in "Wonder," 413. Occipital pain. 446, 460.
  - . Violent pressure in the right temple; sense of fulness in head and ears.  $\frac{1}{10}$ . Eichorn. 55, 758.

## HYGIENIC QUESTIONS. TOWN AND COUNTRY PRACTICE.

BY E. B. DE GERSDORFF, M.D.

SUMMER has passed, the autumn is upon us, and will, in its turn, give place to the severe winter season; with these revolutions a change in the character of the prevailing diseases will ensue, and the medical practitioner must alter his tactics in encountering the common enemies of the human race. Vegetation, which has by this time reached its highest development, begins hence to exhibit the processes of decay, to evolve less oxygen, but more carbonic acid; and thus the atmosphere must undergo a gradual but great change, and in consequence new hygienic questions will arise. In a community like ours, which moves from town to country and back with a facility formerly unknown, and unequalled in any other part of the world, the study of every hygienic condition and influence assumes great importance.

But are questions regarding these subjects asked often enough by the people; and if asked, are they rightly and honestly answered by the medical profession; and is professional advice, when given, often followed? We think not. On the contrary, we are repeatedly surprised at the recklessness with which otherwise prudent, practical, and temperate people annually endanger their own health and that of their families by sudden, ill-timed, and ill-directed migrations to the sea-shore and the mountains, "without rhyme or reason," but yet too often with the concurrence of the physician. It surely seems as if, in most cases, fashion, pleasure, misunderstood economy, or "shoddyism," — the vulgar desire to show off and spend newly-made riches, — are the ruling motives which direct such movements, while the sanitary question is set entirely aside.

On the other hand, nothing is truer than that a timely change of scene and air is often beneficial, and has always been advised by the highest authorities in the medical profession, for invalids in most chronic diseases; but never should this be done blindly. The removal of invalids, as well as of a family of children, from town to country, and the establishment of a new though temporary home, should always be made circumspectly, and be considered a question as important for the advice of the family physician as any case of the gravest malady could be. Examples of the evil consequences of ill-advised or wrongly-conducted changes and journeys for health are very numerous, and we need only call up as witnesses our professional brethren in the country, whose practice is often largely increased in the summer-time by the wilful ignorance of our citizens.

Let us look around us. Here is a fashionable summer resort which was formerly nothing but a swampy fishing-village on the eastern coast: the swamps are still there, but everywhere, on the rocky ledges, covered with spongy clay soil, cottages have been built. The bathing there, as at most points along our high and rocky shore, is often injurious on account of the extreme coldness of the water. The exposure to rain and fog from north and east is extreme. Owing to the great rush of people, accommodations are exceedingly scanty and close, and both provisions and cooking often below mediocrity. The water of the wells is mostly hard and impure. The attractions, however, are good railroad and telegraphic connections for the business men in the neighborhood of the sea, and good roads along the shore. Guests congregate in multitudes, — a heedless, pleasure-seeking crowd.

What has the doctor to say against pleasure, fun, and recreation? Nothing, of course; but the consequence here is that there is no better place for the business of the physician than this fashionable and jolly summer resort, — illustrating which, the medical men are there congregated in great numbers during the hot season; diarrhoea, dysentery, enteritis, lung fevers, and catarrhs of all kinds, etc. etc., claim many victims who would have been safe and sound at home.

Here is another village, situated high, on a wooded hill, each cottage surrounded by as many trees as can be planted on the lot; the soil, a spongy clay over a hard pan of granite ledges; consequently, there is constant moisture and surface water. It is a romantic spot, very good for trees and grass perhaps, also for cattle. But beauty sometimes costs dearly! Malaria abounds; diphtheria, dysentery, typhoid and intermittent fevers, rheumatism, and catarrh are very frequent, especially attacking those who, because in delicate health, and longing for a change from their dry and warm homes in the city, rush to the country as early as possible.

We will not attempt further descriptions of similar places, fearing that land owners in these villages might recognize their abused domains, when we might draw down an unbearable storm of anger upon our devoted heads. Everybody seems to have not only a laudable and natural patriotism for the land of his birth, but also a love and adherence to his own soil, house, and atmosphere; bad as these may be, he does not like to be told of it. We recall a case of sickness, the cause of which was justly considered by the attending physician to be bad drainage, which was at once taken out of his hands on his somewhat rough and personal remark, "You smell bad here." We will not refer at

length to such cases of mismanagement and neglect in the housekeeping and the cleanliness of temporarily overcrowded country hotels and boarding-houses which often lead to severe cases of sickness, and also to sudden, almost comical stampedes of the frightened health-seekers from one place to another

Our main object is to draw the attention to the fact that malaria and the zymotic diseases arising from it are proportionately more frequent in the country than in our well-drained, paved, and watered cities, and that the metropolitan citizen, therefore, — I speak of the man of means, for the poor do not and can not expose themselves to these dangers, — when venturing out into the country, must select his summer residence with discretion, and be armed with hygienic advice for prevention. It is not enough that these health-pilgrims look out for comfortable quarters and good food, — which they will, however, never find so good as at home, — but they must know how to encounter, or, better, how to avoid, the effect of bad well-water, of *decayed vegetation*, and the occasional severity of out-door life, without which country life is hardly genuine. Moreover, decaying vegetation must be considered far more productive of miasma or malaria than the decay of animal matter. The decaying plant gives life to other organisms, changing into fungi, proto-organisms, infusoria, animalculæ, and every other microscopically small germ with its name of a day, which reach their further noxious development as zymotic diseases in man with such fatal effect; while animal matter under decay, when life is extinct, having reached the end of its career, as it were, in the circulation of matter on earth, falls back, under chemical laws, into anorganic parts, gases or ashes, which contain no germs of disease; and these become, after a long lapse of time, first again plants, before they can regenerate into or even influence animal matter. If specific and infective diseases ever are found to have arisen from decay of animal matter, it is only when it was already zymotically diseased animal matter which was decayed, such as cholera excrements or the bodies of victims of typhus or gangrene.

Wherever there is a decay of vegetable or animal matter going on, — and it often occurs that both are mixed in the same locality, — we find that there are three products arising from it: —

I. Certain anorganic or elementary gases, such as carbonic acid, sulphuretted hydrogen, etc., poisonous in themselves, or irrespirable when existing in too large percentage in the atmosphere, bringing death by asphyxia, but not productive of epidemic or infectious diseases.

II. Bad-smelling, mephitic, volatile, organic gases or ethereal oils, containing all more or less ammonia, which in itself acts as a check against infection.

III. A world of infusoria, or proto-organisms, or germs, and these, under the influence of electricity and moist air (being good conductors), produce, sooner or later, zymotic diseases. This process can be observed as well during long droughts, which dry up the swamps, ponds, and stagnant waters, or after long rains, when regions, generally dry, are for a while submerged under shallow and evaporating water. This influence is certainly felt more in the country than in the city, and is as sure to happen somewhere every year, as is the yearly but less hurtful crop of mosquitoes. Vegetable decay is clearly more injurious, that is, more productive of epidemics and endemics, or the breeding of infusoria or animalculæ, than mere animal decay. The wide-spreading diseases, fever and ague, yellow fever, cholera, diphtheria, rheumatism, are all ascribed to vegetable decay, or to so called telluric influences. The miasmata causing these diseases have no smell or shape to the naked eye. On the other hand, it is by no means clear that bad-smelling gases in the atmosphere are productive of other disease than a passing nausea; in many instances it has been proved that battle-fields covered with fetid and unburied corpses of men and horses, overfilled graveyards, rendering or slaughtering houses, flayers' pits, decaying fish, etc., have, against the expectation of the aroused neighborhood, produced no diseases whatever, at least as long as there was a trace of offensive odor about; hence the failure to prove the bad smell coming from one of our suburbs injurious to health. One might as well try to prove the music of the organ-grinders directly poisonous. Both, however, certainly are nuisances.

We could easily substantiate by many notes and cases in our own reading and practice, what we have suggested in these lines, but the conclusions are so obvious that we will intrude no longer. The season is already so far advanced that we can only hope our observations may prove serviceable in future seasons.

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DOES THIS BURST A BUBBLE? An English gentleman, partner in a large establishment for manufacturing rubber goods, mentions as a recent addition forming already a leading branch of the business of his company, the manufacture of *Rubber Hands*, chiefly for exportation to this country, to be used at *Seances* (perhaps *only* in uninspired exceptions). The hands are inflatable like the balloons, etc., for sale at our street corners.

## CLINICAL MEDICINE.

## PERIODICAL COLIC FROM GALL-STONE AND OTHER CAUSES, CURED BY CHINA.

BY DAVID THAYER, M.D.

MRS. L., of Lowell, Mass., had been a great sufferer for many years, from gall-stone colic, so named by her physicians. She had never found any relief, except in the use of opiates, which had somewhat mitigated the pain, but had in no degree relieved the frequency or the severity of the attacks, which usually recurred at intervals of two or three weeks.

The attacks were always sudden, lasting sometimes several days, and were characterized by the severest pains, not only in the region of the gall-bladder, but radiating to all parts of the abdomen and extending to the back beneath the right scapula. The tormina were accompanied with severe bilious vomiting, rigors, cold perspiration, and great prostration of strength. The face and eyes were sunken and jaundiced; she had singultus and other symptoms which usually attend the severer cases of the disease.

On one occasion, when she was suffering a very painful attack, and vomiting much yellow bile, the little daughter of Mrs. S., a neighbor, entered the room, and seeing the yellow bile vomited, said, "*Mamma used to have such sickness, but she is cured now.*"

The little girl's knowledge went no further than that it was a Boston doctor who had attended her mother; but Mrs. L. learned, after due inquiry, that "Dr. Thayer, of Boston, gave her some *little sugar pills*, and she has never had the disease since." Mrs. S. had suffered acutely for many years, from gall-stone colic, but the "*little sugar pills*" had cured her entirely and radically.

Mrs. L. came to see me. Her account of her symptoms led me to regard her as suffering from gall-stone colic. I gave her the usual two-dram vial of pellets of *China* 6, with my *stereotyped* directions to take: 6 pills twice a day, till 10 doses are taken; then 6 pills once a day, till 10 doses are taken; then 6 pills every other day, till 10 doses are taken; then 6 pills every third day, till 10 doses are taken, etc. etc., till at length the dose is taken only once a month. I detail my directions thus bluntly and minutely, because if treatment so

curiously successful, as this has been in every case resembling gall-stone colic, can be justly said to depend, in a measure, upon the gradual lengthening of the interval of the dose, I shall be pardoned for an explicit statement.

My treatment of Mrs. L. was commenced August, 1871. Neither patient has had any return of the colic since taking the China.

Mr. F., of Lowell, another victim of this distressing complaint, and for several years under the treatment of various physicians without any permanent improvement, was given the same remedy with similar success.

The same result followed in use of China in the cases of Mr. N., of Lowell, and Mrs. E., of the neighboring village of Townsend, both sufferers from colic caused by the passage of gall-stones for years; both remain seemingly cured of their periodical attack.

Mrs. P., of Lowell, had been treated by several physicians for periodical colic, which they said was caused by gall-stones. After suffering years of agony, with no promise of permanent relief, I gave her the remedy which, *ut semper*, cured.

It was in December, 1854, that I discovered the efficacy of China as a remedy for *periodical colic*, from biliary calculi or other causes, and from that time to this — a period of twenty years, nearly — I have not failed in a single instance to cure, permanently and radically, every patient with gall-stone colic who has taken the remedy as above directed. This is the more remarkable as these patients have resided in all parts of the country, from the Atlantic to the Pacific States, and are thus subject to various climatic influences.

With regard, then, to colic caused by the passage of gall-stones, as well as those attacks simulating it in periodicity; from the numerous letters of thanks and congratulation which I have received from distant States of the Union confirming the specificity of China in this form of periodical colic, and in other gall-stone affections, together with the entire success which has attended my own practice, as well as that of many of my colleagues in New England, through this period of time, I think I am justified in pronouncing *China* the *specific remedy* for these periodical colics.

I would not, however, be understood to say that I always rely wholly on China during the extreme agonies of the colic, when I sometimes give anæsthetics or opiates to relieve, or in some measure mitigate, the sufferings of the patient during the painful passage of the calculus, yet I am satisfied that the specific effect of China, which appears to cause contraction in the

gall-bladder, and the consequent expulsion of a portion, at least, of its contents, may be experienced within a few minutes, even in one minute, after a single dose.

Another fact must be borne in mind,— that, after beginning the radical (homœopathic) treatment, in cases where a number of calculi remain in the gall-bladder, several attacks of colic are liable to take place within a short time till all the calculi are discharged. A number of these attacks may occur. This is in consequence of the action of the China, which, acting thus curatively, may be said to force the calculi into the duct sooner than they would find their way there if the China had not been taken. But when the calculi are all discharged, no more will form while the system is under the influence of China;\* or if they do form, they are discharged before acquiring sufficient magnitude to give pain in their egress.

What are the indications for China in this disease?

My answer is, All the symptoms which arise from obstructions in the gall-bladder; the colic; the periodicity of its recurrence, though the periods of its return are often very unequal and irregular; also the yellowness of the skin and of the conjunctiva; the constipated state of the bowels; the scybalated character of the dark, greenish stools, the scybala varying in size from that of the largest nutmeg to that of sheep-dung, and even smaller than the smallest peas.

Can this colic be distinguished from others?

I have gained confidence in the following means of diagnosis: I require my patient to lie flat on the back, with the legs extended. I then request him to tell me if I hurt him, while I make equal pressure with the end of the finger on all parts of the abdomen, avoiding the exact *locus* of the gall-bladder till my last pressure, when, if it is a case of gall-stone colic, he will cry out, "Oh! you hurt me, Doctor."

While this experiment will generally satisfy me whether I have a case of biliary obstruction, yet I do not pronounce it a case of gall-stone till I am confirmed in the opinion by the corroborative indications above given.

In many of the cases of periodical colic, yecept bilious, gall-stone, etc., no calculi, properly so called, are found in the excrement, search for them as diligently as one may; the reason of which may be found in the above-mentioned small, hard, roundish, and greenish-black scybala which are passed with the dejection after the subsidence of the colic. Under the action

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\* Speaking of the effect of remedies on *renal* calculi, Jahr says (*40 Years Practice*, p. 168), they are frequently increased at first, when the final action of an appropriate remedy causes the disappearance of the concretions.

of an aperient (three or four ounces of olive-oil, even more if required), the discharge of large quantities of these greenish-black *ovales* may be facilitated, greatly to the relief of the sufferings of the patient.

Just now, while writing the above, I received a very interesting account of a case of cure of gall-stone colic in a woman, from a physician in San Francisco, California. He gives all the credit to China.

Another letter, received some time ago from a physician in Healdsburg, California, who was himself a victim of this disease for several years, tells me that the China which I sent him has cured him, he hopes and thinks, permanently.

As for the cases of periodical colic where no gall-stones have ever been detected in the excrement, I have treated numerous cases in which China has proved completely curative.

I would add that jaundice is a symptom which does not always appear in the beginning of the attack of colic, and in some cases not at all. But these, like the rest, are cured radically by China.

Many more cases confirming the universality of China as a remedy and prophylactic in biliary calculi might be presented.

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*To the Editor of the New England Medical Gazette:*

*Dear Sir,*—The urgent need of complete and reliable directories of the homœopathic physicians of each State induced the Ohio State Society at its last meeting to appoint a committee to compile a directory of this State. To accomplish this satisfactorily, it will be necessary that every homœopathist of Ohio exert himself and send the committee his own address, the name of his *Alma Mater*, date of graduation, and when and by whom Homœopathy was first established in his county. Any other information will be thankfully received.

J. PETTET,

*Chairman.*

CLEVELAND, O., Sept. 22, 1874.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, OCTOBER, 1874.

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A GRATIFYING RECORD. We are especially pleased to notice the steady and constant progress and growth of the HOMŒOPATHIC MUTUAL LIFE INS. Co., of New York City. Although this year has been one of unusual business dulness and depression, we are informed that the business of the Company has each month shown a gain over the corresponding month of last year. Under its present intelligent, enterprising, and economical management, the large success of the Company cannot be a subject of doubt.

The members of our profession can do themselves no better service than by aiding the Company in its good work; for no instrumentality is doing more for the advancement and popularization of our system of medicine than the HOMŒOPATHIC MUTUAL.

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THE CLASS for the coming session of Boston University School of Medicine promises a large numerical increase over the past year. The list of names already entered considerably exceeds in number that of the previous year, and its members hail from numerous States and countries. Prof. E. B. de Gersdorff delivers the opening address, October seventh.

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REQUIRED IN CITIES, *open spaces with green leaves to absorb carbonic acid.* If we have a mind to call the above a "chemico-physiological" *diagram* of the New England feeling for our revered Common, we may observe further with regard to encroachments, that when the popular love of recreation and respect for an ancient landmark are ignored by the authorities, considerations of health appear, and may fairly use the medical journals for mouth-pieces. Our prompt contemporary, the *Boston Medical and Surgical Journal*, contains a timely remonstrance against the avarice, usurpation, and short-sighted policy which marks the proposals to mar our pleasant place, The Common, whose pleasantness depends not so much upon its size or relative beauty compared with other parks, as upon its situation in the city's midst, and a history dear, we may fairly say, to the whole country. To dilate upon the evil of a course not yet certain to be fulfilled might appear need-

less, were it not far easier to mar than to make the works of nature. Besides, clearly a pocket is a hungry thing, and the pocket-hunger is readiest to exchange birthright for pottage. If we say more, we hazard even more triteness of expression. In conclusion, however, we may very fairly imagine, in regard to the proposed "line of parks," that the first in line is quite likely incessantly to give way to the "improvement line"; and yet the poor and the children in a city are presumed to be justly dealt with when they know that there are open places somewhere in this and another world.

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CAVE MEPHITEM! Very naturally, the article which we quoted, in our last number, from the *American Journal of Sciences and Arts*,\* has provoked discussion among the farmers who are supposed to know somewhat about skunks. A practical farmer of our summer's acquaintance throws as bad an odor as his experience and hearsay permit upon our quotation of September, — Rabies Mephitica. He is satisfied that the venom, so called, of the skunk, is harmless in the Eastern States, however truthful may be the statement of Dr. Janeway, and others observing its effects in the West. To say nothing of the constant combats between dogs and skunks, with which every village boy is familiar, where the dogs are covered with wounds without dangerous results, we are assured by our friend that he has known several men occasionally bitten *sans peur*, though perhaps not *sans reproche*, when contending with the molesters of the hen-roost.

These assertions are easily enough reconciled with those of Drs. Janeway and Shearer, if we suppose a difference in the constituents of the anal secretion of these animals East and West; it would thus be a question whether some species are poisonous, while others are not. The observations of the Pacific Railroad Survey (1857) indicate the varieties *M. varians*, *occidentalis*, and *mesomelas* to belong especially to the Western country, while *M. mephitica* (*chinga*, Tiedemann; also *americana*) is found both East and West. In case the secretion of the animals is proved to be universally poisonous in the West, the difference could depend upon the food or other local circumstances affecting the constituents of the secretion, *e. g.* it is well known that the centipede and scorpion of the Isthmus of Panama, both of which are there most dangerously venomous, are so far affected when removed to certain distant countries, that their stings are then comparatively harmless, though the creatures remain large and vigorous. The change is thought to depend on the altered ingredients of their food.

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\* See N. E. Gazette, Sept. 1874, p. 426.

## CORRESPONDENCE.

MR. EDITOR :

Apropos to Ventilation, there exists, not far from New England, a pleasant superstition concerning *rats*.

Good housewives whose apartments are infested by rats are wont to cut an extra hole in the wall, and there place a letter in which it is suggested to the rats to depart. Further, the housewives are confident that these measures cannot fail to rid their premises of the vermin.

Suppose we cut a hole in a wall, *is it a ventilator?* I was led to ask this, on being ushered into a small, damp, sunless compartment in which were human beings who worked sewing and cutting furs. To speak definitely, the room was low, and may have measured fifteen by twenty feet. It was healthy, for herein was a "ventilator" to which my conductor complacently called my attention; for he had purchased a theory from the ventilator-seller, and seemed aggrieved at my remark with regard to humanity. My visit was made with the object of discovering, if possible, the cause of the immediate return of irritation of the throat and chest in a patient who worked in this room, whenever he resumed his occupation. A few moments of breathing in the little room were enough to disgust my own senses with the peculiar foulness of its air, while the aspect of its occupants, several of whom assured me that their health had been vigorous before coming here to work, was worn and sickly, to an extreme degree. That such should be the appearance of these work-people — an appearance taken in at a glance — in a small room thus filled with fine dust of arsenic, strychnine, and other poisonous agents used in preserving the furs, the fine hairs from the skins, and the exhalations of its living occupants, is of no difficult explanation. Do not know that there is another room as stifled as the above, in this or any other establishment dealing in furs; but *that* was the room *I* visited when the air was pure outside. Meanwhile, we remember that some other trades are quite as cruel.

C. F. N.

## REVIEWS AND NOTICES OF BOOKS.

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

## RECENT PUBLICATIONS.

*Bouley*. — Hydrophobia. Harpers.

*Buhl*. — Inflammation of Lung and Tuberculosis. Putnams.

*Clay*. — Obstetric Surgery; Emergencies. L. and B.

*Flint*. — Medical Essays. Lee.

*Flint*. — Physiology of Man. (In 5 vols. Vol. 5.) (With a General Index to the 5 vols.) Special Senses; Generation. Appleton.

- Hammond.* — Diseases of the Nervous System. With Notes, by T. M. B. Cross, M.D. Appleton.
- Mowbray.* — Tri-Nitro-Glycerin. Van Nostrand.
- Pavy.* — Food and Dietetics. Lee.
- Raue.* — Annual Record of Homœopathic Literature for 1874. B. and Tafel.
- Swain.* — Surgical Emergencies attendant on Parturition and Poisoning. L. and B.
- Thomas.* — Diseases of Women. Lee.
- Throwgood.* — Student's Guide to Mat. Medica. L. & B.
- Woodworth.* — Nomenclature of Diseases. Prepared for the use of the Med. Officers of U. S. Marine Hosp. Service. Gov. Print Off.

## FOREIGN PUBLICATIONS.

(For Sale by Schoenhof & Moeller, 40 Winter Street, Boston.)

- Amann.* — Zur Mechanischen Behandlung der Versionen und Flexionen des Uterus.
- Andouard.* — Nouveaux Eléments de Pharmacie.
- Becker.* — Atlas der pathologischen Topographie des Auges.
- Biermann.* — Hochgebirge und Lungenschwindsucht. Ein Beitrag zur Climatotherapie.
- Bouley.* — Pathologie comparée. De l'Ostéomalacie chez l'Homme et les Animaux domestiques.
- Bourrel.* — Traité complet de la Rage chez le Chien et le Chat.
- Brehmer.* — Zur Aetiologie und Therapie der chronischen Lungenschwindsucht. Antwort auf die zwei Antithesen v. Mayer.
- Brigham.* — Remarks on the Influence of Mental Cultivation and Mental Excitement upon Health.
- Brücke.* — Vorlesungen über Physiologie. I. Bd. Physiologie des Kreislaufes, der Ernährung, der Absonderung, der Respiration und der Bewegungserscheinungen.
- Buzzard.* — Clinical Aspects of Syphilitic Nervous Affections.
- Chapoy.* — De la Paralysie du Nerf radical.
- Chargé.* — Traitement homœopathique des Maladies des Organes de la Respiration.
- Durand-Fardel.* — Les Eaux minérales et les Maladies chroniques.
- Fonsagrives.* — Hygiène et Assainissement des Villes.
- Hermann.* — Lehrbuch der experimentellen Toxicologie.
- Hinton.* — The Questions of Aural Surgery.
- Magnus.* — Die Sehnerven-Blutungen.
- Mohr.* — Chemische Toxicologie.
- Moos.* — Beiträge zur normalen und pathologischen Anatomie und zur Physiologie der Eustachischen Röhre.
- Péon.* — De la Mélancolie avec Délire.
- Scheuer.* — Un Chapitre de Chirurgie conservative.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL announces its consolidation with the *Investigator*. Certainly these united forces concentrating in our most readable contemporary, the *Investigator*, must go on "conquering and to conquer." We wish the union success.

SURGICAL DISEASES CURABLE WITHOUT CUTTING. PART FIRST. By Richard Epps, M.D. London: James Epps.

The first of a series of pamphlets for general distribution enlightens the public with regard to the means at the disposal of physicians which enable them to treat various surgical diseases without cutting.

The operation of lithotrity is advocated in place of lithotomy. The author need only consult our literature to inform himself of cures by medicinal agents, homœopathically given. In other affections, Dr. Epps relates interesting cases of cures without the ordinary surgical interference: — Nasal Polypus: \**Teuc. M.*; Fracture of Cranium, *Symphytum*; Gangrene, *Arsen. terjod*, *Arsen. Acid*, *Bell. Secale*.

Part second of the series — *Abscess and Prevention of Fistula* — is in press, and will shortly be published.

TRANSACTIONS OF THE BRITISH HOMŒOPATHIC CONGRESS HELD JUNE 4, 1874.

We have received a copy of the above, and also, in a separate pamphlet, Dr. Dudgeon's address as President of the convention, — *The Influence of Homœopathy upon General Medicine since the Death of Hahnemann*. The address is an interesting exhibit of the present condition of medical practice, especially in England; and also especially in the ranks of Allopathy, not only where the allopath yields in part, but where he directly appropriates, *in toto*, both drugs and principles from the followers of Hahnemann. The *Transactions* contain beside articles of interest: *On the Action of Nitric-Acid in Certain Forms of Cough*, by D. Dyce Brown, M.A., M.D.; *On the Action, Selection, and Administration of Drugs*, by R. D. Hale, M.D.; *On Malignant Growths*, by Edward T. Blake, M.D.; *On the Action of Aloes*, by W. B. A. Scott, M.D.; *Homœopathy in Malarious Fevers*, by Mandedrar Sircar, M.D. In our report of the Congress, extracts were given from several of the above.

SURGICAL EMERGENCIES, WITH EMERGENCIES ATTENDANT ON PARTURITION, AND THE TREATMENT OF POISONING. By S. Swain, F.R.C.S., etc. Pp. 189, 12mo.

HANDBOOK OF OBSTETRIC SURGERY; SHORT RULES OF PRACTICE IN EVERY EMERGENCY. By Charles Clay, M.D., etc. From 3d Engl. Ed. Pp. 328, 12mo. American editions, Philadelphia: Lindsay & Blakiston.

We are indebted to James Campbell & Son, Boston, for receipt of the above. Compends of the most reliable treatment in these important emergencies are valuable, and the present works are clear and comprehensive; the latter especially contains even many essential details of obstetric treatment in all the recognized contingencies of parturition. We notice under Poisoning, an excellent illustration representing the root of the *Aconitum Napellus*, vs. that of common horse-radish (*Nasturtium armoracia*), for which it is liable to be mistaken.

As the books multiply, and give their arguments for their opposing theories, particularly in matters of obstetric practice, they appear capable of solving an important query, *i. e.* Are six reasons for one theory really the same as a half dozen for another?

\* See N. E. Med. Gaz., v. 8, p. 49. For successful treatment of wens, see p. 50, same Art.

A TREATISE ON FOOD AND DIETETICS. By F. W. Pavy, M.D., etc. Am ed. Pp. 574, 8vo. Philadelphia: H. C. Lea.

A companion to the author's work on digestion, this volume would be a valuable member of any library, and for several reasons: Its statements are founded upon the researches of responsible authorities, not least among them being the author himself. Entering a field where much that is considered established by experiment to-day may be disproven by other experiment to-morrow, the present work may still be deemed almost an exhaustive summary, for the use of students and physicians, of what is "scientifically known of Food and Dietetics."

If specialists require greater detail, as, for instance, upon the Diet for Training, they will find in this treatise titles of more extensive ones, while, in following the author as he touches lightly but with authority upon each especial subject, their *one idea* may be modified as they compare the many opposing authorities which he quotes.

An interesting style and arrangement of the topics of the work will render it acceptable to the general reader.

In the first chapter the subject is introduced by applying the theory of "The Conservation of Energy" so far as it bears upon the transmutation of the forces contained in food, by the process of assimilation and consequent nutrition. Following *The Origin of Food* through the action of chemical forces, the sun's heat, etc., a large space is given to the classification and physiological uses of the *Elements of Food*. To do justice to this portion of the work, it must be read, and we pass in our review to what is finally, most practical, — the discussion of Alimentary Substances. The chapter on *Animal Foods sometimes but not ordinarily eaten*, is very readable. "The information, gathered from various sources, is placed together in a systematic form. It shows that an almost endless variety of animals are eaten in different parts of the globe. In case of some, their consumption is sufficiently extensive to give them an important position as articles of food; others, however, are no more than curiosities in dietetics." The author's statements under *Cannibalism* are somewhat startling: "Statements are given to the effect that there is something attractive in the taste of human flesh to those who have been addicted to eat it. Lindsay relates of a man and his wife and family, who were all burned in Scotland for the crime of eating children they had stolen, that one of their daughters, when going to the place of execution, cried out, 'Wherefore chide ye with me as if I had committed an unworthy act. Trow me, if ye had experience of eating men's flesh, ye wold think it so delicious that ye wold never forbear it again.'

"There is reason to believe that the practice of eating human flesh has not at all times been confined to the lowest savages; but it is difficult to obtain much satisfactory information respecting it. There is little doubt that our ancestors, the ancient inhabitants of Britain, were guilty of eating human flesh; and St. Jerome specially charges the Attacotti, a people of ancient Scotland, with preferring the shepherd to his flock.

"There have been numerous instances of cannibalism among people suffering from starvation in sieges and from shipwreck, and the evi-

dence is tolerably strong that some men belonging to civilized races, living in wild places, have occasionally decoyed persons to their dens and eaten them. In the present day the Polynesian Islands are the chief home of such cannibalism as still exists in the world. The Tannese distribute human flesh in little bits far and near among their friends as delicate morsels. Cannibal connoisseurs, it is asserted, prefer a black man to a white one, as the latter, they say, tastes salt.

“The flesh of monkeys is said to be palatable. Cats are eaten in preference to sheep on the island of Lava. Their flesh is highly esteemed by the Chinese, and is thus praised by Sheppard during the siege of Paris. A young one well cooked, is better than the hare or rabbit. It tastes somewhat like the American gray squirrel, but is even tenderer and sweeter. Other animals consumed by men for food are named, as follows: cats, the lion, the lynx, wolf, *skunk*, otter, dog (in many countries and ages), bear, hedgehog, kangaroo (soup made from the tail is superior to ox-tail soup), opossum, bandicoot, seal, walrus, whale, porpoise, sea-cow, the Indian dugong, mice and rats, porcupine, agouti, squirrel, buffalo, camel (camel’s humps are sold in a preserved state in London), musk-ox (which has no musky taste as would be supposed), the horse, donkey, and ass (ass’s flesh forms the basis of the renowned sausages of Bologna), peccary, elephant (tough, but eaten by Dr. Livingstone, and Parisians in 1871), rhinoceros, tapir, hippotamus, earth-hog (Cape of Good Hope), armadillo, sloth, entrails of animals (Dr. Livingstone writes it is curious that these are the first parts that animals select, and that they are the first choice of our men), carrion (the Zulus are so fond of *carrion* or decomposed flesh with worms in it, that, according to a letter from Bishop Colenso in the *Times*, they use in speaking of it their word *ubomi*, a synonyme of their highest notion of happiness), cuckoo, parrot, ostrich, crane, bustard, albatros, cormorant, gull, pea-fowl, penguin, swan (esteemed by the ancients, and still a delicacy in Europe and Australia), birds-nests (which are known to consist chiefly of a mucous from the birds’ mouths), lizards, basalisk, snake (thought to occasion leprosy, but used to make a nutritious soup for invalids), crocodile, toad, axolotl, mud-eel, shark (especially the fins), spiders, beetles, *bluffs sulcata*, grasshopper, locust, ant (and larvæ), bee, moth, fly, caterpillar, grub, cuttle-fish, snail (highly esteemed in Switzerland where snails are fattened, pickled, etc.), sea cucumber.

Humboldt speaks of the habit of earth-eating, as follows: A tribe of negroes who lived chiefly upon an unctuous clay which they found in their district (pp. 143–4). This appears to have consisted of a red, earthy matter (hydrous silicate of alumina) called *bole*. It is also eaten by the Japanese after being made into thin cakes called *tanaampo*, which are exposed for sale, and bought by the women to give themselves slenderness of form. Ehrenberg found that this earth consisted for the most part of the remains of microscopic animals and plants which had been deposited from fresh water.

“It has been found that some of the clay eaten by many of the inhabitants of the Torrid Zone is mere dirt, and has no alimentary value. The Agmara Indians eat a whitish clay, which is rather gritty, and

has been shown by careful analysis to be destitute of any organic matter which might afford nutriment. So widely spread is the depraved appetite for dirt-eating, or *geophagie*, that it is alleged to be one of the chief endemic disorders of all tropical America. The victims of the practice never appear to be able to free themselves from the habit. A negro addicted to this propensity is considered to be irrevocably lost for any useful purpose, and seldom lives long. It is impossible to keep the victim from obtaining the injurious substance. Children who commence the practice early frequently decline and die in two or three years, and dropsy usually appears to be the prominent cause of dissolution. In other cases they may live to middle age, but sooner or later dysentery supervenes, and proves fatal. Dr. Galt speaks of having himself seen a Mestize soldier sinking from dysentery with a lump of clay stuffed in his sunken cheeks half an hour before his death."

With regard to articles of food in common use, among many other valuable hints, we read as follows: "As is the case with veal as compared with beef, lamb is less easy of digestion than mutton, while the dyspeptic, in whom a nice balance may exist between the digestive power possessed and that required, usually finds that mutton taxes the stomach less than beef." The hind legs of frogs are recommended as being in many cases digestible when the stomach refuses all other animal food. Speaking of idiosyncrasies which find certain aliments indigestible and even poisonous, the author mentions an individual on whom mutton acted as a poison. Milk even may effect the human system poisonously. We have ourselves known of an instance in which the smallest quantity of milk would not only produce nausea, but even dropped upon the surface of the body would, on the tender portions, immediately cause a vesicular eruption, with violent itching and stinging. "Sweet breads *must be plainly cooked* in order to render them digestible for invalids."

The statistics of the average quality of the meats consumed, are calculated either to deter the reader from its use, or to render him somewhat indifferent as to putrefaction, parasites, etc. "unpleasant as it may sound, the Board of Commissioners appointed to examine slaughter-houses in the neighborhood of London, arrived at the conclusion that as much as one fifth of the common meat of the country was then derived from animals killed in a state of disease. It is difficult to obtain complete and precise data on such a point; but whether the estimate be correct or not, it may be taken as showing that a large amount of diseased meat was consumed by the public. This, however, included all diseases, and it is positively known that some need not be regarded as depriving the meat of wholesomeness as food.

"Animals killed in the early stage of the simple inflammatory affections may be safely eaten; and also, of course, those killed by, or as the result of some accidental injury. But what is the evidence for and against the deleteriousness of meat when a contagious poison has existed in the system?

"On the one hand, it is stated as an authentic fact that, during the

prevalence of the cattle plague or *rinderpest* in England in 1865, large quantities of the meat of animals killed in all stages of the disease were eaten without being followed by any ill effect. The same absence of ill effect is also stated to have been observed after the consumption of meat derived from animals affected with anthrax and epidemic pleuro-pneumonia, and other virulent contagious diseases.

It cannot be said that even putrid meat is poisonous to all, although it may prove so to many. The effect of habit would appear to confer some sort of immunity, judging from the accounts that are given of the state in which meat is eaten in some countries. "The American Indians," says Wilkes, "all prefer their meat putrid, and frequently keep it until it smells so strong as to be disgusting. Parts of the salmon they bury underground for two or three months to putrify; and the more it is decayed the greater delicacy they consider it." Simmonds also states, with reference to the food of the Greenlanders, that "the head and fins of the seal are preserved under the grass in summer, and in winter the whole seal is frequently buried in the snow. The flesh half frozen, half putrid, in which state the Greenlanders term it mikiak, is eaten with the keenest appetite. Rotten fish, we are also told, is used by the Burmese, Siamese, and Chinese, as a sort of condiment without bad effect. Cooking doubtless neutralizes, to some extent, the effect of decomposition; and the secretion of the stomach (gastric juice), with the strongly antiseptic properties it possesses, will tend to prevent any further advance of ordinary decomposition as soon as the food reaches the stomach. *Notwithstanding* these salutary influences, however, experience shows that the resisting power enjoyed by those accustomed to our mode of life is not sufficient to allow meat tainted with decomposition to be consumed without incurring a risk of more or less gastro-intestinal derangement, if nothing more, being set up.

"Among vegetable aliments, *quinoa* (*Chenopodium quinoa*) is described as a grain resembling rice, and containing a large proportion of nitrogenous and fatty matter. It is grown in Chili and Peru at an elevation where barley and rye fail to ripen, where it forms the chief food of the country. Owing to the disease which affects the potato especially in England, the author alludes to the possibility of the loss of that staple article as an article of daily food.

"The group of dietetic articles of which tea, coffee, and cocoa form the chief representatives, are only of comparatively modern introduction into Europe, although now so extensively consumed amongst us.

"It is certainly a remarkable circumstance that the articles of this group should have independently come into use in different parts of the globe purely upon their own merits; that they should also be derived from plants widely separated in their botanical affinities, and from different structures of the plant, and yet that they should be found to possess the same dietetic properties, and, moreover, should be discovered, long subsequently to their introduction, to contain the same active chemical principle. In 1820, *caffein* was discovered in coffee by Runge, and in 1827, *thein* in tea, by Oudry; and in 1838, these two principles were found by Jobst and Mulder to be identical;

in 1840, the same substance was recognized by Martius in Guarana — an article used in some parts of South America in the same way we use tea and coffee; and in 1843 it was found by Stenrouse also to exist in Paraguay tea,—a kind of tea obtained from the leaves of quite a different plant from that which yields the Chinese tea. *Theobromin*, the peculiar principle belonging to cocoa, is certainly not strictly identical with, but, on the other hand, is very closely allied to caffenin and thein. Now that caffenin and thein, and what were originally called guaranin, and paraquanin have been shown to be identical, it would prove a source of convenience if some suitable generic name were invented and employed by chemists to represent them.”

When we are led to advise our patients to abandon the use of coffee, etc., from their effects as antidotes to our remedies, we may consult this chapter for substitutes, more or less satisfactory, in place of the accustomed beverage.

The author's conclusions are summarized under two heads, in Practical Dietetics, viz. (1.) *the proper quantity*. (2.) *the proper quality* of food for the maintenance of health; and these conditions are further regulated by race, climate, and temporary circumstances of the individual. A chapter devoted to an account of the ordinary diet of the inhabitants of different countries is interesting.

The author insists that while, for a time, no animal possesses so great power of accommodation in this respect, as man, a regular and sufficient quantity of food must still be taken, and in proper proportion from the animal and vegetable world. “As nitrogenous principles preponderate in animal food, and the carbonaceous or non-nitrogenous in vegetable, we see that the teachings of science harmonize with the instinctive propensity which inclines man so universally to the employment of a mixed diet.”

Alcohol is regarded as possessing nutritive qualities, but useful only exceptionally as a matter of diet.

The diet of infants, proper times of eating, etc., are considered later.

Tables of diet in Diabetes, Gout, Corpulency, etc., will, it is hoped, be less needful to ourselves, if we treat our patients successfully with medicinal agents; but may we not fairly conclude that Hahnemann, who practically forestalls this treatise in his careful rules for the proper nourishment of his patients, discouraging excess in stimulation, etc., has but a co-worker and elaborator in the laborious author of this work? — GEN. ED.

## ITEMS AND EXTRACTS.

THE PROS AND CONS OF ALCOHOLIC STIMULATION.—We extract from several vigorous articles which have lately appeared on this subject: *The Effects of Alcohol upon the Nervous System*: —

No one can deny that alcoholic liquors, when imbibed in excessive amount, are not only injurious to the individual who takes them, but

are also in the highest degree pernicious to society. We can even go further, and admit that there are certain alcoholic compounds — such as the distilled liquors, whiskey, brandy, rum, etc. — which when taken habitually, even in moderation, by healthy and well-fed persons, exert a more or less injurious effect, varying according to the quantity imbibed and the constitution and temperament of the individual. It is also undoubtedly true that even fermented liquors — wine, porter, ale, etc. — when used in excess, lead to results in many cases which are decidedly abnormal in character. And it is not to be questioned that the habits and mode of life of a great many persons are such that not only is no stimulant of an alcoholic character required, but any such stimulant, even when taken in very small quantity, acts in a manner prejudicial to the well-being of the organism.

But it is illogical to argue from the excessive use of spirituous liquors by all persons, to the moderate use by some persons, and I shall endeavor to point out in what the difference consists; for that alcoholic liquors are not only beneficial to, but are absolutely required by certain classes of individuals, is not, I think, a matter for doubt.

Pure alcohol is a violent poison. In the dose of less than one ounce I have seen it cause death in a medium-sized dog; and many cases are on record of fatal effects being immediately produced in the human subject after comparatively small quantities had been swallowed. When diluted, its effects are not so rapidly manifested. When taken in amounts less than are sufficient to induce any marked effect upon the circulatory and nervous systems, there is, nevertheless, an influence which is felt by the individual, and which is mildly excitatory of the physical and intellectual faculties.

But there are other results which follow the use of alcoholic liquors, which are not obvious to ordinary examination, and which, except in a general way, are not perceived by the subject himself. We know that a certain amount of tissue is decomposed with every functional action of the organ to which it belongs.

Now it is often desirable to diminish this destruction of tissue without at the same time lessening the force which would otherwise be derived from its full continuance; or it may be necessary to obtain a great amount of force from an individual in a limited period. In alcohol we have an agent which, when judiciously used, enables us to accomplish both these ends.

Let us suppose that a plowman, laboring twelve hours a day, upon a diet consisting of ten ounces of meat and sixteen of bread, finds that he loses weight at the rate of one ounce a day. Now, in order to preserve his health, and perhaps even his life, he must either take more food or he must lessen the waste of his tissues. Meat and bread are both expensive, and he finds it difficult to obtain them; or, what is not at all improbable, the quantity that he eats is as much as he has any appetite for or can digest. The alternative that presents itself to him is to work less. If he is his own master this would be a very excellent way of getting rid of the difficulty. He would shorten the period of his labor to ten hours, and then, instead of losing weight, he would hold his own, or perhaps gain an ounce a day. But it may

happen that this alternative is not open to him. He must work twelve hours a day. In this condition of affairs he takes a mug of porter or a glass of wine, or what would be worse, a dram of whiskey, after his mid-day meal. He finds that he is pleasantly exhilarated, his vigor is increased, and he labors on to the close of his task contentedly, and when it is concluded is more cheerful and less fatigued than he has been before when his day's work was ended. On weighing himself he has lost but half an ounce. He repeats his experiment the next day; like results follow, and when he weighs himself he finds that he has lost nothing. The inference, therefore, is, that the beverage he has imbibed has retarded the destruction of his tissues and has itself aided in supplying the material for the development of the force he has exercised in his labor.

It may be supposed that this is altogether a fancy picture, based upon assumption only, like too many others which encumber science. Let us see, therefore, what evidence we have to support the view that alcohol retards the destruction of the tissues and supplies material for the generation of force.

One of the products of tissue metamorphosis is carbonic acid. Many years ago Dr. Prout ascertained that after the use of alcohol, the amount of carbonic acid excreted by the lungs was considerably reduced. Within the last few years, other investigators have arrived at similar conclusions, and have extended their inquiries to the other secretions of the system.

Desirous of ascertaining the facts for myself, as long ago as the year 1856, I instituted a series of experiments calculated to determine the real value of alcohol as an aliment or a substitute for aliment. Perceiving the difficulties attendant on such investigations when conducted on other persons, I performed these experiments on myself. They consisted of three series.

1st. The influence of alcohol when the food was just sufficient for the wants of the organism.

2d. When it was not sufficient.

3d. When it was more than sufficient.

During the first series, when the food was of such a character and quantity as to maintain the weight of the body at its normal standard, I found that the weight of my body had increased, but my general health was somewhat disturbed; my pulse was increased to an average of 90 per minute, and was fuller and stronger than usual, and there was an indisposition to exertion of any kind. There was also headache, and a sensation of increased heat of the skin. Later experiments, however, show that alcohol does not actually increase the heat of the body; so that the sensation of heat present after its use is one of those abnormal manifestations of nerve action met with in several other conditions of the system.

The *quasi*-morbid results which followed are just such as would have ensued upon the use of an excessive quantity of food, or the omission of physical exercise when the body has become habituated to its use. If I had increased the amount of exercise taken, there is no doubt there would not have been the undue excitement of the circulatory and nervous systems that was manifested.

The truth of these propositions is demonstrated by the second series of investigations, during which the food ingested was such, as I had previously ascertained, involved an average decrease in the weight of the body of .28 of a pound daily. Under the use of the alcohol not only was this loss overcome, but there was an average increase of .03 of a pound daily. The effects upon the excretions were similar to those which ensued in the course of the experiments of the first series.

But, unlike the first series, no abnormal results were produced in the general working of the organism. Digestion was well performed, the mind was clear and active, and there was no excitement of the circulatory or nervous apparatus. In fact, all the organs of the body appeared to act with energy and efficiency. It is in similar cases, therefore, that the proper use of alcohol is to be commended, that is, when the quantity of food is not such as to admit of the due performance of such physical or mental labor as may be necessary.

In the third set of experiments, in which more food was taken than was necessary, the ill effects of the alcohol were well marked. Headache was constantly present, the sleep was disturbed, the pulse was increased in frequency and force, and there was a general feeling of *malaise*.

After such results are we not justified in regarding alcohol as food? If it is not food, what is it? We have seen that it takes the place of food, and that the weight of the body increases under its use. Any substance which produces the effects which we have seen attend on the use of alcohol is essentially food, even though it is not demonstrable, at present, that it undergoes conversion into tissue.

Alcohol retards the destruction of the tissues. By this destruction force is generated, muscles contract, thoughts are developed, organs secrete and excrete. Food supplies the material for new tissue. Now as alcohol stops the full tide of this decay, it is very evident that it must furnish the force which is developed under its use.

With these imperfect remarks relative to the general influence of alcohol upon the body, I proceed to the consideration of the effects upon the nervous system.

Dr. Hammond here details experiments with alcohol administered to animals, after studying which he observes that we are now prepared for the long list of diseases and disorders of the nervous system produced by the excessive use of alcohol.

#### OF THE BRAIN.

Cerebral congestion.

Cerebral hemorrhage, with its consequences, — apoplexy and paralysis.

Meningeal hemorrhage.

Cerebral thrombosis.

Softening of the brain.

Aphasia.

Acute cerebral meningitis.

Chronic cerebral meningitis.

Abscess of the brain.

Multiple cerebral sclerosis, one of those diseases of which tremor is a characteristic symptom.

Every variety of insanity, including general paralysis.

#### OF THE SPINAL CORD.

Spinal congestion.

Antero-lateral spinal sclerosis.

Posterior spinal sclerosis (locomotor ataxia).

#### CEREBRAL SPINAL DISEASES.

Epilepsy.

Chorea.

Multiple cerebro-spinal sclerosis, — another one of those affections characterized by tremor.

Athetosis, a remarkable disease, which I was the first to describe, and which is now well recognized both in this country and in Europe. The case on which my description was based was one in which the patient was in the habit of drinking sixty glasses of gin daily.

#### OF THE NERVES.

Anæsthesia.

Paralysis agitans.

Neuralgia, in all situations.

Neuritis.

Neuro-sclerosis.

. . . . .

Doubtless you have observed that my remarks relative to the evil consequences of alcoholic potations have been based upon the excessive use. It would be only fair for you to ask me, What constitutes excess? To some persons, tea and coffee, and tobacco, and mustard, and butter are poisonous. Every person must, to a great extent, be a law unto himself in the matter of his food; no one can *à priori* tell him what and how much are good for him. A single glass of wine may be excess for some individuals, while to others it fills a *rôle* which nothing else can fill. That alcohol, even in large quantities, is beneficial to some persons, is a point in regard to which I have no doubt.

With reference to the moderate use of alcoholic liquors, it must be remembered that we are not living in a state of nature. We are all more or less overworked; we all have anxieties and sorrows and misfortunes, which gradually in some cases, suddenly in others, wear away our minds and our bodies. We have honors to achieve, learning to acquire, and, perhaps, wealth to obtain. Honors and learning and wealth are rarely got honestly without hard work, and hard work exhausts all the tissues of the body, especially that of the nervous system. Now when a man finds that the wear and tear of his mind and body are lessened by a glass or two of wine at his dinner, why should he not take them? The answer may be, because he sets a bad

example to his neighbor. But he does not. His example is a good one, for he uses in moderation and decorum one of those things which experience has taught him are beneficial to him. And why should he shorten his life for the purpose of affording an example to a man who probably would not heed it, and who, if he did, is of less value than himself to society? The inborn craving for stimulants and sedatives is one which no human power can subdue. It is one which all civilized societies possess. Among the earliest acts of any people on emerging from savagism is the manufacturing of an intoxicating compound of some kind; and one of the first things a colony establishes is a grog-shop. It was, as Dr. Chambers remarks, "an awful outburst of nature," when, out of 500,000 men who took the pledge in the United States, 350,000, according to the "Band of Hope Review," broke it. And he very pertinently asks, "Have the same proportion ever broken vows of chastity or any other solemn obligation?"—*W. A. Hammond, M.D., in The Psychological and Medico-Legal Journal.*

**PHYSIOLOGY OF INTEMPERANCE.**—In the accomplishment of any great reform there seems to be a necessity for zeal that will not be confined to exact proof. We overlook any error in consideration of the good which is sought.

It is often reiterated by lecturers on temperance, that there is no nutrition in alcohol—that it furnishes neither alimentation nor heat to the body; which statements are professedly based upon chemical tests; but they are hardly sustainable without considerable modifications. Alcohol does for a short time accelerate the blood circulation, and during that time produces increased vigor; but then follows a relapse—a *devitalizing* process that diminishes animal heat and vigor of body and mind. That it is not assimilated is true so far as this, that it is largely carried off by the kidneys, exhaled by the lungs, and exuded from the skin; and it is likely that other fluids of the body pass off to some extent with it. Saliva and the gastric juices appear to be dried up in like manner as by fever.

Again there are medicinal uses of alcohol which are not wholly to be overlooked—as when administered in prostration after the crisis of fever.

This action upon the body in a *morbid* state furnishes, however, no evidence of a like salutary influence on *health*—in fact the most efficacious remedies in the treatment of disease would be most hurtful to us in a healthful condition. This is the theory of *Homœopathy*, and seems to be founded upon a sound principle of pathology. It will not, however, do to deny that what is of use in extreme cases may be in some degree in lighter ailments. What is to be guarded against is becoming subject to a desire for the stimulant when no longer needed; and there certainly is ground of concern that in medical practice whiskey and other intoxicating stimulants are so often prescribed. In consumption and chronic nervous ailments it is not unfrequently done, and the cases are not few of habitual inebriation caused thereby.

According to chemical analysis the constituents of alcohol are car-

bon, hydrogen, and oxygen. *Starch* is composed of the same elements, only in different proportion; so also animal and vegetable *oils*. These substances (*i. e.* starch and the oils) are what is called *calorifacient*. Yet it has been shown that starch alone will not long support animal life; and it may be inferred that *pure oil* would be equally deficient — probably the intermixture of animal fibre is essential, as, in the Arctic regions, the flesh of the walrus or seal.

Passing, however, from theories, it is incontrovertible that there is a natural combination of substances in the proportion fitted for alimentation. Flesh and bread of wheat have each all that is necessary, but let one of the elements be separated, as starch from flour, or oil from flesh, and it will not alone suffice. So alcohol, though derived from substances that in their natural state were nutritious, as *grapes*, *barley*, and the like, loses in the process some original element, or is constituted in a different proportion unsuited to nutrition. The true method of dealing with the subject is by *observation of effects* rather than *deduction from any chemical theory*, of the physical constitution of the world.

An argument of chief importance is derived from the *morbid craving* induced by intoxicating drinks. Nothing is more common than to hear moderate drinkers say they can give up the habit whenever they choose. Let such an one try it and he will find that what he thought was merely voluntary is a *power like that of the many-armed sea monster that fixes a fatal grasp while yet the victim is at a distance and unconscious of the presence of his enemy*.

Plato rebuked a man for playing at dice, who answered that he was playing only for a *trifle*. But, said Plato, is the *habit* a trifle?

Again there is a deception in advanced life, — a feeling of security in the formation of a new habit. It is not likely (thinks the respectable elderly man) that at my time of life I should fall into excess when I have always heretofore been regular. *Yet nothing is more likely than if indulgence be yielded to at all it will under this false security become excessive*; and the instances are not unfrequent of men who were in early youth exemplary, giving themselves up to unlawful gratifications in later years. Balzac has sharply depicted a proclivity to sensual pleasure between the ages of fifty and sixty, when is often seen an infatuation wholly beyond control. This theory applies not merely to the passion of love — whatever may be a man's propensity is apt at that age to break through restraint.

Exceptional cases there are in which the habit is a long time continued without utterly breaking down vigor of mind. The aberration will be sometimes seen, but even in these cases, unless sudden death intervenes, a crisis must inevitably come when reform or imbecility is the alternative.

Conspicuous in the class of victims nobly endowed was Attorney-General Talcot, of New York, one of the most gifted lawyers this country has produced, who died from excess in the very prime of life; and, if the veil could be lifted which, by a natural feeling of humanity, is drawn over the last scene of *great genius ruined*, the lesson from his tragic end would be more impressive than any ever taught

by tragedy enacted on the stage. Gen. Root and Silas Wright, eminent political leaders (of the same State), reformed in middle life — but too late. The former lingered out the residue of his life in inert misanthropy; the other, shorn of his intellectual force, at least of elasticity, died, not long after his reform, in voluntary seclusion.

Of the living, or those recently deceased, it is more invidious to speak; but who is not familiar with the charge (at first doubted, but at last undenied) against a leading statesman and conspicuous cabinet officer of two successive presidents. It was a curious but painful matter of observation to mark what should be the ending of his career, which at one time threatened the dishonor of his country.

I remember well that at the commencement of the administration of President Lincoln, it was much complained by those having occasion to see Secretary Seward upon matters of pressing importance, that he was often incapacitated by his habits, especially in the evening. It was wonderful that with such a drawback he was able to keep up with unflagging assiduity his diplomatic correspondence. There is danger even of inviting the supposition that he actually derived vigor from an indulgence generally so destructive of mental power. That there was not a fatal denouement doubtless is largely attributable to the incessant care of him by his family. Still his case was an anomaly, and the solution belongs rather to the physiologist, if the data could be obtained, which probably are now lost. There was, however, no time during the great national crisis when there was not just occasion to apprehend some fearful result from the secretary's loss of prudence under the pressure of inebriety. Fortunately his indiscretions were mostly private and harmful chiefly to himself — much as his occasional predictions of the summary closing up of all our troubles in a judiciously brief period — and his speeches, when "swinging the circle" with President Johnson.

There is a tradition that Shakespeare died prematurely from the effect of convivial habits; this is not sufficiently proved — in fact we know little of his private life at any period, and more especially after his retirement from the stage.

Coleridge and De Quincey were life-long sufferers from the use of opium. The most remarkable thing in their history is that they should have retained their faculties so long under such a baleful influence. How many others there may have been who sank earlier under like habits before attaining such celebrity as to be commemorated for the immolation of their genius, we know not. It is reasonably certain that a few years more of life would have added Byron to the catalogue of wrecks caused by indulgence. Pope escaped from dissipation before his powers of mind were fatally impaired, but with shattered health of body. Swift continued the habit of too free use of wine against the remonstrance of friends (at least of Pope, who probably expressed the opinion of Arbuthnot and others), and it is a curious inquiry how much this had to do with the great perversion of his mind in later years, and final insanity.

Mr. Pitt was undoubtedly intemperate, but in an aristocratic style. Sheridan, who deserves a much higher estimate than that of a mere

rhetorician, as he has been commonly rated — who was in fact a man of great ability, while he was most affluently gifted with oratory and colloquial wit, became an inebriate.

There seems to be a tendency in political life to the sin of intemperance.

Our Federal and State Legislatures give testimony to this. The *present* is all — the *future* is uncared for. Douglass almost achieved success in his mad effort to gain the presidency, but obtained instead a drunkard's grave.

We know now unmistakably that Dickens, the great novelist of our own time, who enchanted the world by a power that like Shakespeare seemed as if inspired — certainly underrived from culture — died prematurely from inebriety at an age but little beyond that of the renowned dramatist.

We may follow this out in men of great intellectual power in other pursuits. An ardent devotion to science is exhaustive. There is no alternative but entire abstinence or habitual and in the end excessive indulgence. Great philosophers have usually been abstemious.

During violent exertions of genius in poetry, music, and the like, there must be a sense of great *exaltation* — call it *effort* or *inspiration*. But afterwards there is a collapse — a sense of feebleness — which is unendurable. A stimulant will rouse energy. Who will be so rigid as to say there is not some excuse for resorting to such artificial aid? That it is exhaustive and will in the end be fatal to the natural powers of the mind, is well enough known by those who judge by statistics; — but no amount of proof will convince one who is in a *syncope* and can get *present* relief, even if it be in a mode prohibited by hygienic science.

Poets and other imaginative writers have been prone to physical stimulants. These cannot be said strictly to have been overtaken — that is to say not by *continuous* labor — their phase has rather been that of *irregular activity* alternated by *apathetic depression*.

Lastly, there is a class who are led into intemperance by mere conviviality.

The lowest of all the causes of intemperance is a mere animal propensity, a desire of mere sensuous exhilaration, the stirring up of emotional activity in an organism which is by nature gross and inert.

Can it be justly argued from such examples that genius derives any of its inspiration from this self-consuming process, or that in any sense this artificial stimulation of forced effort is a refocalization of mental vigor. This would be unwarranted. On the contrary, the law of nature is that all human excellence is by normal development from a germinal element. The grand conception of the intellect and the splendor of poetic imagery and diction must come from the mysterious, perhaps heaven-born power of the soul in the exercise of its natural functions. No promethean fire can be brought down in aid of this congenital endowment.

From this source has been derived all that is left to us by human genius. It is only when the natural power has been overtaken that the auxiliary has been thought needful; but, whatever has been then

produced, is only by an enforced effort of nature, wasteful of its inherent vigor.

The most interesting subject of inquiry is in respect to the formation of the habit. Reformation after the habit is established is unusual. The chief good to be accomplished by admonition is to deter the rising generation from exposure to the temptations which have been fatal to so many in the past.

We conclude with the following aphorisms, which are of general application — perhaps *hygienic* rather than *moral* — but calculated to secure as well efficiency of mind as body — *mens sana in corpore sana*.

1st. Let every man use the powers which God has given him strictly in accordance with their natural scope, and be content with that measure of active efficiency and influence appertaining to these powers in their proper healthful development. To aspire beyond this is to attempt rashly a scheme of life not designed for him, and which if pursued, will be abortive, and likely to end in misery and vice.

2d. Avoid all resorts to artificial aid for the purpose of obtaining a *temporary* vigor, either of mind or body. Anything beyond the natural supply of force by the aliment of healthful food, only reacts and is followed by depression. Especially is this true of alcoholic exhilaration. For any serious and continuous labor it is as unfit as the running of a horse up hill in order to get greater impetus — a forced effort resulting in a more speedy exhaustion.

Since this article was written, Dr. Hammond, in an address before the New York Neurological Society (May 4, 1874), has propounded a theory that alcohol *diminishes the destruction of tissue without at the same time lessening the force which would be derived from its continuance*. The latter part of the proposition seems irreconcilable with the antecedent. His own explanation does not relieve the apparent discrepancy.

By the destruction of tissue (he says) force is generated, muscles contract, thoughts are developed, organs secrete and excrete. Food supplies the material for new tissue. Now, as alcohol stops the full tide of this decay, it is very evident that it must furnish the force which is developed under its use.

Again, he says “that alcohol enters the food and permeates all the tissue is satisfactorily proven.” The conclusion of Lallemand and others that alcohol is wholly excreted from the system unaltered he doubts — that if it be sound the action of the alcohol would be limited to the nervous system — but he thinks it now probable that it furnishes the force by entering into combination with the first products of tissue decay whereby they are again assimilated without being again excreted.

It is quite obvious that here is something incongruous, viz. the recombination and utilization of effete matter which has performed its office and in natural course should be excreted.

An intelligent correspondent of the *Tribune* challenges the proof that any portion of the alcohol is assimilated, and asserts that if true, it is susceptible of proof. A derivative of alcohol (*aldehyde*) would as surely be found if the alcohol was consumed in the body as

ashes when coal is consumed in the grate. But nothing of the kind has yet been discovered. — *A. H. Dana, in The Sanitarian.*

**SPIRIT RATIONS IN THE ARMY.** Dr. Parkes, Professor of Military Hygiene in the Army Medical School, has recently reported on the issue of a spirit ration to the troops during their march to Comassie; and, from the evidence he received from commissioned and non-commissioned officers, he was able to arrive at some important conclusions respecting the dietetic value of spirits in a hot climate. It was desirable to learn, *inter alia*, how far total abstinence was preferable to a temperate use of alcohol. But the number of teetotallers in the force was not so large as to warrant any very definite conclusion. This much Dr. Parkes affirms. "It may be safely concluded that the teetotallers were not more unhealthy than the regiment at large; it is almost certain that they were more healthy; and even allowing for the error of possible range of the total sick of the teetotallers per 100, the advantage is largely on their side." It is added, "The reason of this is tolerably clear; the remarkable health enjoyed by the teetotallers in India, their good physique, and care of themselves, prove that they benefited on the Coast by their good conduct and superior health. Their advantage was not so much abstinence at the time from the  $2\frac{1}{2}$  ounces of rum their comrades had, as in the condition they had brought themselves into by long continued good conduct. To say the least, the want of the spirit ration did no harm to these men on the Coast." The independent evidence of Surgeon-Major Wiles, is also in favor of the teetotallers, as he thought "the spirit ration increased the susceptibility to the malarious poison, and the affection of the bowels."

"There is, however, some testimony to the restorative benefit to be derived from a moderate ration." "The reviving effect of the rum when given at the end of the day was strongly spoken to by several of the men, and is corroborated by Dr. Kinsey. The evidence is the more valuable as some of the men were unaccustomed to spirits, and had no prejudice in their favor." "All, however, are in accord on these points, viz. that the amount of the ration (half a gill, or  $2\frac{1}{2}$  fluid ounces, in twenty-four hours) was sufficient; that it was given at the proper time, viz. after the day's work, and with or after the evening meal; and in the proper form, viz. diluted and mixed with lime-juice and sugar, or put into tea."

But Dr. Parkes further remarks: The reviving effect produced by alcohol after great fatigue, and the power thus temporarily obtained of continuing the exertion if necessary, is a valuable quality well illustrated by some of the evidence. But this gain is only for a time, and is followed by increased exhaustion; for, to use a common phrase, alcohol is a stimulant merely, and not a renovator, in the sense of applying material to exhausted tissues. This can only be done by food and rest; and as in the Ashantee campaign, the men had food before or with, and rest after, the rum ration, and as the quantity of rum was within the limits of moderation, reviving effect was felt without the subsequent depression. But no use" — and we

draw particular attention to what, it appears to us, was a serious omission, — “no use appears to have been made in the Ashantee campaign of one of the most valuable foods for periods of great exertion which modern science has given us. I refer to the meat extracts, which also remove the sense of fatigue, but do so in part, at least, by supplying directly to the tired muscles the materials they want, viz. the special potash salts, and probably animal extractive matters, which have a reviving influence on the exhaustive nerves. They more than replace alcohol, or, if thought desirable, they can be used with it, and in this case will probably be found to lessen the increased depression which ensues when the effect of alcohol passes off.” — *Hom. World.*

**INTEMPERANCE IS ANY KIND OF EXCESS.** The term is generally restricted to the use of stimulant articles (tea, coffee, opium, tobacco, and alcoholic drinks). It is my belief that all these *may* be used in a temperate manner, and without sensible injury; that there is a radical distinction between their *stimulant* and their *narcotic* doses; but that their effects may be determined by the time and manner of using them, and by individual peculiarities. Never *chew* tobacco; smoke the milder kinds, and in long clay pipes, which should be changed often. Use *pure* wine, and only at or soon after meals. Avoid *distilled liquors*; take no liquor upon an empty stomach. I advise no person to begin the use of any stimulant until of age, or able to judge of his necessities and his liabilities to intemperance. — *Lectures on Physiology, Prof. Wilder, Cornell University.*

**TREATMENT OF INEBRIATES.** The public treatment of the inebriate, in both plan and spirit, is radically wrong. The cruelty to the insane of a century ago is repeated in the poor outcast drunkard of to-day. All of our cities and larger villages have police courts, three fourths of the business of which is to administer fines and punishments to poor diseased inebriates, who are broken down mentally and physically. The idea of true reformation never reaches this system; it is a prosecution of men who are not criminals, but sick patients needing medical and moral treatment. — *From Dr. Crothers' Address before Albany Co. Med. Society, Mar. 25, 1874.*

**TEMPERANCE IN MASSACHUSETTS.** *Messrs. Editors,* — The reproach of intolerance has so often been cast at our sturdy New England ancestors, that we have almost come to look upon them as personifications of that unamiable quality. Such denunciations, however, will not always bear the test of investigation, and I wish now — during the temporary lull in the discussion of prohibitory and license laws — to call attention to the moderate, sensible, and eminently wise spirit evinced by our grandfathers and fathers in their efforts to limit the pernicious effects of intemperance.

My first evidence shall be taken from the statutes of the State of Massachusetts, the same volumes whose pages are now bedizened by the vain glories of a futile and irrational prohibitory law.

“ An Act to Encourage the Manufacture and consumption of strong Beer, Ale, and other Malt Liquors.

“ *Whereas* the manufacture of Strong Beer, Ale and other malt liquors will promote the purposes of husbandry and commerce by encouraging the growth of such materials as are peculiarly congenial to our soil and climate, and by producing a valuable article of exportation; and whereas, the wholesome qualities of malt liquors greatly recommend them to general use, as an important means of preserving the health of the citizens of the Commonwealth, and of preventing the pernicious effects of spirituous liquors: —

“ Be it therefore enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, that all Brew-houses wherein shall be made and produced for sale annually a quantity of Strong Beer, or Ale,” etc., shall be, and they hereby are exempted from all taxes and duties of every kind for the term of five years next after the passing of the Act.

“ [This Act passed June 22, 1789.] ”

This act expired by limitation, and no new effort appears to have been made in the following years to control, by legislative enactment, the baleful effects of over-indulgence in spirituous liquors. From this fact it might be hastily inferred that our ancestors were disappointed at the result of their legislation. This assumption is, however, untenable, for the leading philanthropists of the same generation, who voted for this law, banded themselves together twenty odd years later, into a “ Society for the Suppression of Intemperance,” which, in the second article of its constitution, pledged itself to the very same persuasive measure contained in the above law. The article ran as follows: . . . Is it not practicable for laboring people and those who employ laborers to substitute for daily use good and wholesome drinks in the place of pernicious liquors, and for all classes of people to refrain from the practice now so general, of offering ardent spirits to all who come into their houses !”

Even the divines of the day did not hesitate to advocate the same lenient but feasible course. The Rev. Andrew Nichols, of Danvers, puts the case so forcibly, in an address to this Society, that I will borrow an argument from him: “ Notwithstanding my opinion of the use of strong drinks generally, I am now about to recommend the more extensive cultivation of fruits from which, by the addition of sugar, excellent wines may be fabricated, as the most certain means of lessening the prevalence of intemperance. We have to deal with mankind as they are, not as they should be. The taste and appetites of the present generation are already so far vitiated that to expect them to use nothing but the most salutary beverage, cold water, would be altogether chimerical. . . . Therefore the divine may preach, the moralist reason, and the physician lecture as to the destructive effects of ardent spirits, and still the multitude will continue to quaff the liquid poison until they are furnished with something more innocent, which is equally agreeable to the taste and gratifying to the appetite.”

A note appended to the address, gives directions for making domes-

tic wines from currants, gooseberries, elderberries, etc., which wines, it must be borne in mind, are not "syrups," but contain quite as much alcohol as the lighter imported wines of France or the Rhine. One of the most vigorous protests against the folly of the hour, emanated from our great war-governor, Andrew, and was made the subject of so eloquent a tribute by the Rev. J. P. Thompson, of New York, that, at the risk of being tedious, I will introduce his remarks:—

"And I am bold to say here, though perfectly aware that in saying it, I shall make myself liable to misconstruction and misinterpretation in certain quarters, I am bold to say, that of late years no argument of statesmanship has been submitted in the hearing of the people of these United States more sound, more true, more certain to commend itself in the long run to the intelligence and conscience of the American people, than the very argument which I hold in my hand—the last great plea of Gov. Andrew, for which he suffered no little verbal abuse; his argument in the Representatives' Hall in Boston, against the 'Errors of Prohibition,' an argument as sound in the interest of morality as in the interest of legislation; an argument of wonderful grasp of facts, an admirable marshalling of fact and opinion from learned sources touching the question at issue; an argument founded upon deep, broad principles of the very highest morality, proceeding from a thoroughly conscientious soul, and imbued with the spirit of religion. And, though I have been of this way of thinking for very many years, an argument which has brought new conviction to my mind upon these points—that we cannot absolve ourselves from the great duty that the Creator has imposed upon us, of maintaining our virtue and morality in a personal contest of will against the temptations of the world; that we cannot absolve ourselves from that, and take refuge under a statutory morality, enforced, enjoined by the voice of the majority. An argument showing that it is not the function of a government to regulate all domestic and private life, nor the function of a republic to assume to be a Theocracy, and then to enact, as in the name of God, laws which He did not see fit to enact under the Mosaic Theocracy. We who have lived to see an aggressive, domineering enactment imposed upon the people by the voice of a fanatic majority, and, not only its utter failure to accomplish the aims in view, but also the open violation of all laws which it has bred in our community, are ready to recognize the impolicy of interfering with the personal rights of the individual. There is not one of us, however, but is fully alive to the misery and degradation springing from drunkenness; and we would, one and all, co-operate in any attempt to lessen these evils, which was adapted to beings who are still subject to the wants, passions, and weaknesses of humanity.—*R. Chadwick, M.D., B. Med. and Surg. Journal.*

CEDRON.—In fevers characterized by a periodicity almost clock-like in its regularity.—*American Observer, August.*

"SUCK poisoned wounds, unless your mouth is sore; enlarge the wound, or, better, cut out the part without delay; hold the wounded part as near as can be borne to a hot coal, or end of a cigar."—*Wilder. (Hg.)*

THE more we progress in our knowledge of the mode of action of remedies, the more we find that *à priori* notions, grounded on the chemical properties of the substances which we try as remedies, are very rarely verified. — *B. Sequard*.

COMPLAINTS AGGRAVATED BY PHYSICAL EFFORT. A lively correspondent puzzles us as follows: "I should like to give your Journal a topic for discussion upon which I have thought deeply of late. It is this: Why does hard work always create an epidemic among servant girls? The return of numerous families to the city seems to have drawn down all the evils to which flesh is heir, upon the serving tribe; second girls are thrown into feverish conditions, and cooks have weak backs and 'quare feelins in me arhms, mum!' to an extent quite alarming. Would it be a true homœopathic cure to substitute such by other girls *like* the first?"

HERE is a scrap that the *London Athenæum* clips from a newspaper of 1736, telling how at the University of Bologna, that year, Mlle. Loure Bussy, aged twenty-two, disputed with the old professor of anatomy, in Latin, the physiologic question "whether the bones of the human body had their accretion by the means of certain juices." The lady spoke with great eloquence for an hour and a half, we are told; also that she graduated from that venerable university, three or four years before, the cardinal legate, the archbishop, and that famous old diplomat, Cardinal de Polignac, being present, and the latter making her a present of a gold snuff-box. — *Globe*.

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## PERSONAL.

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IN GERMANY, Drs. Fischer in Brünn, Dr. Regenheadt in Freden, and Dr. Emil Kreussler in Leipsic, have recently deceased.

OBITUARY. — J. MOUREMANS. — The *Revue Homœopathique Belge* contains an obituary notice of J. Mouremans, who died, August 19, in Brussels, of organic heart disease, at the age of seventy-one years. The *Revue* remarks that in his death Homœopathy sustains an almost irreparable loss. Dr. Mouremans was an active writer and practitioner up to the time of his death. He founded, in conjunction with others, the Dispensaire Hahnemann, at Brussels, and in conjunction, dispensaries in Bruges and other towns; took an active part in the conduct of the Journals of the Homœopathic school, latterly the *Revue Homœopathique Belge*, at the same time conducting a large practice.

E. H. RUDDOCK, M.D., — Dr. Ruddock is spending a few weeks in America. He is at present in the West, having made a short stay in Boston, Providence, etc.

T. B. BRAUN, M.D., has returned from Europe to his practice in Milwaukee.

REMOVALS. — C. R. BRISTOL, M.D., from Wilton Centre, to Wateska, Ill.

W. FULTON, M.D., from Centerville to Mahomet, Ill.

J. H. KITZMILLER, M.D., from Pana to Taylorsville, Ill.

C. D. FAIRBANKS, M.D., from Chicago to Eaglewood, Ill.

W. T. KNAPP, M.D., from Centerville, Mich., to Fort Wayne, Ind.

THE  
New England Medical Gazette.

No. 11.]

BOSTON, NOVEMBER, 1874.

[VOL. IX.]

GLONONIN OR NITRO-GLYCERINE.

[Continued.]

- . Tension in the right temple, with occasional prickling in the right eye.  $\frac{1}{30}$ . Eichorn.
- . Her headache ceased in the left side and went to the right, excessively aggravated without diminishing afterwards. C. Hg.
- Left.** 455. Pain, coming and going, in left parietal region. Chaffee. Slight pain in organ of "wit," 363, in facetiousness. 364.
- . Above the temple externally, a fine, piercing pain. 626.
- . Pressure in the temple worse. Geist.
- . Left, Wn., \*206, 391, 458, throbbing worse.  $\frac{1}{150}$ . E. Smith; throbbing in forehead. Wn., Chaffee, 265, 391. Throbbing in the temple. 386. P.; in the malar bone and temples, twitching pains. 829; the headache began in the malar bone.  $\frac{1}{50}$ . Rhees; pressure in the temples.  $\frac{1}{30}$ . Z.; twitching pains.  $\frac{1}{30}$ . Z.
- . Pain in the left half of the head, worse in the crown. Wn.
- 460. In the occiput. Wn. 451, twitching pains, 326; sore pain. 334, 412.
- Right and Left.** Both temples. 191, \*203, 215, 236, 246, 248, 259, 264, 270, 271, 275, 318, 321, 333, 351, 384, 389.
- . Pain both sides of sinciput. 406.
- . Pain over the right eye, and at the same time over the supraorbital ridges across from *right to left*; aft. 6 min. W. P. W. 284, 319, 683.
- . From right to left temple. 385, 395.
- 465. Pain in "wit," *first right and then left*. Wn.,  $\frac{1}{30}$ . Z. 364.

- . First left, Jeanes.,  $\frac{1}{50}$ . Rhees, then, also, right. 334.  
Up in the forehead *left*, then right.  $\frac{1}{500}$ . C. Hg.
  - . Right side in front, left side behind. Preparat. Z. 529.
  - . In right temple, then in both, and behind the ears. C. Hg. 417, 754, 755.
  - . \*Hemicrania cured in five cases, relieved in one, by Dr. v. Lichtenfels.  $\frac{1}{30}$ . Eichorn.
470. Hemicrania in a young man accustomed to excessive use of wine. Relieved by Dr. Frölich with *Glon.*<sup>30</sup>, on each recurrence of headache. Eichorn. 590.
- Back and Front.** Aching in the occiput and afterwards in the forehead. Wn. 445.
- . After fulness in the occiput, a pain that extends to the forehead and grows more violent. K.
  - . *From the back, to the front*, and from below, upward. 490. Brink, *Glon.* water. Z. See **Fulness, Congestion**, etc.
  - . Pain in the occiput, aft. 2 min., that extended towards the crown. This pain increases when shaking the head sideways and only a little when shaking it backward or forward. Lasted about 5 min. Samuel J. 534.
475. Forenoon of 2d day, pain in the occiput, gradually extending forward and upward.  $\frac{1}{30}$ . Z. 444, 446.
- . \*Headache beginning in the occiput and spreading from there over the whole head.  $\frac{1}{300}$ . Z. 444, 446.
  - . \*Throbbing pain *from occiput towards eyes*. 276.
  - . On attempting to read, there recurred fulness of the head from the right parietal protuberance forwards, including the whole of the parts anterior. This increased to actual pain, beating in temporal arteries. Engall.
- 
- . Pressive tensive pains, changing from temples to occiput and ears. Fell asleep late, waking frequently with the same pains; nearly well next morning.  $\frac{1}{10}$ . Eichorn. 444.
480. *From the front backward*, S., 676, and from below upward. 490.
- Below and Above.** Headache rising *from below upward*. H. E., Preparat. Z., Little, Reil, Khl., 149-154, 164, 168, \*328, 350, 471-477, \*478.
- . I immediately felt a glow of heat, which determined itself to the head, and which also rapidly increased in intensity, particularly in the anterior region; the temporal arteries became very full, and in about five minutes after taking

the dose of Glonoin, the pulse had increased to 100; evident congestio cerebri was now experienced, with irregular contractions of the heart, etc. Gellar. 304-308, 499-501.

- . Colleagues affected in a similar manner aft. 2 to 3 min. Both felt as if something rose from occiput and forehead to the vertex. Battman and Lembke. 350, 1097.
  - . He suddenly feels it running up into the head; aft. 1 min. 5 sec. E. P.
485. Pressing in the vertex. 149-154, 164, 168, 416.
- . Throbbing upward in vertex. 266, 273, 274.
  - . First, pain in the occiput, then in the vertex. 2 provers, Lippe. 471-476, \*479.
  - . Pain came from behind, rising from the back of the neck to the occiput and then spreads upward. Glon. water. Z., Jeanes. 672.
  - . Headache very soon, which began in the back of the neck, and spread from there over the whole head. Brink.
490. Began in the glabella, and spread upward and backward, first, worse in front, right, then behind, left, at last worst quite in the occiput. The throbbing extends *from below upward, and from the front, backward.* Preparat. Z.
- . Headache *beginning at the root of the nose.* 325, 777, 778.
  - . Pain in the forehead, then in the vertex, and soon in the whole head, so that he jumps up, 2 min. after taking the medicine, and runs about.  $\frac{1}{30}$ . Jeanes.
  - . Very soon, headache to the left of the temple, extending inwardly to the nose. After 4 min. nothing remained but a dull feeling in the head. O.
  - . At first the headache was in front, then extended over the vertex, and the entire head behind; after 5 min. decidedly more in the occiput. S.
495. It began in the left malar bone, rose from there, and extended over the entire front of the crown for  $\frac{1}{2}$  hour. Little. 450.
- . Extends from the forehead to the *midst* of the brain. Geist.
  - . A fulness begins *in the chest, and rises to the head*, throbbing in the head, and a sensation as if the skull were too small. In 5 persons, Little. 1054, 1063, 1075, 1077.
  - . It began in the left breast, suddenly darting up into the

head, throbbing, *as if something were moving in waves* to the head; worse with every motion of the head and with every change of position. At the same time, excessive pressing pain in both eyeballs. *Preparat. Z.* 40, 358-360, 413, 544.

- . *Flushes of heat rising* from the chest to the head, then throbbing in the head.  $\frac{1}{250} + \frac{1}{125}$ . *Rhees.* 306, 799, 1077.
- 500. Heat rising towards the head. 306, 482, 1077.
  - . Heat rising towards the head almost immediately; pain over the frontal bone, pressure with heat; throbbing in the temples, much aggravated by standing or walking in the open air. *Fischer.*
  - . From above downward. *Brink.* \*262, 321, 676.
  - . With the headache, pains at times down side of neck. *Nankivell.*
- Times of the day.*** Next morning, weariness, as after a night's debauch. *Reil.* 1290, 1296, 1300, etc.
- 505. Pain in the forehead next morning when waking. *Cl., Stow.*
  - . Headache the following day from morning till 2 o'clock. *Cl.;* till evening.  $\frac{1}{300}$ . *Z.*
  - . *Mornings and forenoons*, without renewed influences or cause, a steady increase of the headache; the same one afternoon when it had once set in.  $\frac{1}{100}$ . *Z.*
  - . *Mornings*, stitches in the head when stooping. 545, 546, 547.
  - . I slept soundly from one o'clock till six, when I was called up, having a slight amount of general headache, but not such as I should have regarded but for the recollection of last night's adventure. *Fd.*
- 510. The headache ceases over night, 535; during sleep. *J. Fr.*
  - . Grew worse till noon, after which she slept till evening. *Hirschel.*
  - . Slight headache all the afternoon.  $\frac{1}{100}$ . *C. G. S.*
  - . Headache continues from 3 o'clock till evening, and all night.  $\frac{1}{50}$ . *Raue.*
  - . *Evenings*, while walking home, pressure in the eye. 725.
- 515. Headache from taking the medicine, from afternoon till 10 o'clock in the evening. *Hauk.*
  - . The headache continued all the afternoon and evening. *Esry.* 363.
  - . The headache returns again (after recovery) and continues all the evening and all night. *Cl.*

- . Better towards evening. Streintz.
  - . Evenings, continual headache. Esry. Worse evenings. 382, pain in the vertex. 419; pain in the forehead. 382.
- Worse when shaking the head.* 520. *Shaking the head increases the headache.* Preparat. Z.,  $\frac{1}{30}$ . Z., C. Hg., Cl., H. E. 234, 267, 291, 340, 342, 346, 382, 393.
- . He has no headache, but cannot bear shaking the head. E. P., J. Fr.
  - . No headache except when shaking the head, later, aft. 15 min. Cle.,  $\frac{1}{30}$ . Z.; continues the following day. S. B.
  - . The headache is much aggravated by shaking the head. After about fifteen minutes, it was felt no more behind the ears except when the head is shaken, and then it is felt disagreeably in the temples. R. E. D.
  - . The slightest shaking of the head influenced the general headache; actual shaking would have increased it to a violent headache. M. Dvs.
525. Headache increased by every motion, *especially when shaking the head*, better during gentle exercise, especially in the open air.  $\frac{1}{300}$ . Z.
- . Shaking increases the sore sensation in the head. 340-345.
  - . The headache grows decidedly worse in the temples when he shakes his head; aft. 4 min.  $\frac{1}{30}$ . Jeanes.
  - . The headache is very violent, especially when shaking.
  - . In the front of the head right, in the occiput left; aft. 7 min.  $\frac{1}{30}$ . Z. 393.
530. On shaking the head he felt great pain in the spot where he habitually suffered from headache (a small spot in r. occiput). Junod.
- . When sitting down, thumping fulness in the occiput; not worse when shaking the head, but *after shaking it*.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - . Painful dulness of the head, *not increased by violent shaking*, but by *light shaking*.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - . Shaking increases headache, pain in the back of the neck, and throbbing. In two provings, Mrs. St.
  - . During headache continuing with equal violence, he again remarked that every motion of the head *from side to side* increased the pain, but the motion *backward and forward* did not; aft. 5 min.  $\frac{1}{30}$ . Jeanes. 474.
535. The throbbing headache after motion, especially after shaking the head, does not diminish even after a walk, it only ceases during the night.  $\frac{1}{30}$ . Z.

- . Dizzy when shaking the head. 84.
- . As if something moved inside, when shaking the head. 355, 357.

**When moving the head.** Headache worse from *every motion of the head*. Preparat. Z., Smelling. Z., Cutmore. 260, 267, 332, 346, 445, 535, 667, 978.

- . When moving the head, soreness in head. 2 cases, Vinal. 292, 346, 347, 526.
- 540. Worse when *turning the head*. 360, 446, 474.
- . Motion increased the throbbing and pain. 296, 535.
- . Worse from motion sideways, little pain when bending backward or forward. 474, 534.
- . When throwing back the head he had no pain; aft. 14 min.  $\frac{1}{500} + 2\frac{1}{50}$ . E. Smith.
- . Caused a sensation as if something were loose in the front of the head. 352.

**When stooping.** 545. The headache was worst when stooping. 314, 410, and became throbbing.  $\frac{1}{150}$ . E. Smith, M. L. 297, 328.

- . Headache worse when he leans forward. Wn.
- . When stooping, violent stitches in the head the following morning.  $\frac{1}{50}$ . Raue.
- . Constant inclination to *bend the head backwards*. In 2 provings, Mrs. St.; to throw it back. M. R.
- . Worse when rising, relieved lying down, later. 137.

**During motions of the body.** 550. Worse from motion. 294, 328, 867.

- . As long as I remained quietly sitting, headache was very mild, but as soon as I attempted to walk, I felt, with each step, an intense throbbing headache in both the temples, which obliged me to press as much as possible on the temporal arteries. Süß Hahn.
- . When moving, the throbbing is worse. 293-295, 298.
- . Headache at every motion. H. E.
- . \*Rapid motion, headache. Fuller. 692.
- 555. On going quickly up-stairs, the headache became insupportable. Süß Hahn.
- . When going up-stairs rapidly, he feels a jerk in his head at every step; the following day.  $\frac{1}{50}$ . Raue.
- . Headache worse when going up-stairs. 294.
- . On running up-stairs, pulsations in brain. 234.
- . Worse *after* getting up, walking across the room, and sitting down again. 282.
- 560. Stepping increased headache. Koller. 410.
- . His chronic throbbing headache, increased by every mo-

- tion, was excessively aggravated after X, especially when going up-stairs; it seemed at every step as if his forehead would burst, so that he was obliged to support himself against the balusters. C. Hg.
- . Motion, especially walking, increased symptoms of head and abdomen. Koller,  $\frac{1}{200}$ . Mrs. St.
  - \*Worse in the morning when moving. 206.
  - . Jarring in cars increased the headache. 347.
565. Worse on first motion, after rising, walking, and turning around. 267, 736.
- . Ceases when going to walk.  $\frac{1}{20}$ , from smelling. Z., M. Dvs., H. E.
  - . Vertigo, with the headache, preventing rising. \*88, 89, 93.
  - . Headache at every motion, when rising; head full and heavy; shaking it is without effect.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - . Rising up makes beating in forehead worse. Chaffee. 282.
570. When rising suddenly, 341; from every change of position. Preparat. Z. Better during repose. From smelling. Z. 259.
- . Was obliged to sit down during headache. J. Fr.; abated while sitting still.  $\frac{1}{500}$ , etc. C. Hg. 259.
  - . Lying down lessens it. 259. \*Could not sit upright during headache. 12c. Coxe.
  - . Gets up and moves about. 492. Worse lying down. 136.
- Other Conditions.** *Glonoin water.*—Headache appeared less quickly after Glonoin water, was neither as violent nor as throbbing. Occupied whole head, worst occiput; increased p. m., not relieved by Coffee. Z. 1427.
575. When drinking Glonoin immediate headache, but when inhaled, headache comes much later. C. Hg.
- . Pressing upon it relieves. Jeanes, 3 cases. 259. Combining relieves. C. Hg.
  - . Pressure aggravates.  $\frac{1}{10}$ . Rhl., 363, 604, 625, 665.
  - . Pressure at first aggravates, then relieves. 363.
  - \*Headache causing patient to press head forcibly with the hands, and pound the head against a wall; violent shootings in head, face red, jerkings through body. *Glon.*<sup>2</sup> relieved. Battman.
580. Pressure on both the temporal arteries lessened the violent throbbing pain. Süs. Hahn.
- \*Holds head with both hands, 204, \*577; pressing sinciput. \*208.
  - . Better after sleep. 382, 447. Better when quiet. 410.
  - . Sitting with head in hands, 522, and elbows on knees. Hupfeld. 662.

- . \*Worse from light. 76. Using eyes. 692. Looking up. 273.
- 585. Symptoms after sleep. 504-509. Felt again at night. Roth.
- . Pain in the forehead if he looks long in the same direction. Wn.
- . Worse when writing, reading, and smoking.  $\frac{1}{250} + \frac{1}{160}$ . Lippe. Smoking alleviated. Fischer.
- . (Headache not increased when blowing the nose.)  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. Sneezing aggravates. 784.

*If several glasses of wine have been taken before the Glonoin, the headache continues several days; neither Nux, Bell., Aconite, nor Coffee relieve. Lippe. 470.*

- 590. Drinking coffee lessened it, but only after several hours (strong tea lessened effect of watery sol. Glon. better than coffee. C. Hg.). Z.
- . 2d day at 1 P. M., return of headache after drinking coffee. Koller. Did not cease after chewing kernels, but after drinking coffee. In one unused to coffee. After repeated smelling of Glon. Z. 574.
- . Headache usually worse after dinner. Preparat. Z.
- . Headache increases after passage of urine; 2d day.
- . Worse from laughing. 315.
- 595. Could not sit up. \*208, 662, 664; better when lying down. 328, 410, 664.
- . *Worse when lying down.* 492. The head seemed on the point of bursting. 136. Jumps up, and runs about. 492. \*The pillow would beat if she lay on her back or either side. 290. Better with head raised. 55.
- . The headache is not much increased when holding the breath after a long inhalation but *after expelling it*. When after exhaling the breath he waits before inhaling, the headache is decidedly worse. No aggravation when inhaling or exhaling.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . *Better in the open air.*  $\frac{1}{300}$ . Z., \*C. Hg., Eichorn, and others. While driving, frontal pain. Geist.
- 600. Relief in the open air, but tensive pain in occiput returns from time to time.  $\frac{1}{20}$ . Eichorn. Pressure returned in open air. Geist.
- . No relief from coffee, wine, or open air. 447.
- . Worse in the open air. Streintz. 94.
- . \*After overheating, *with copious sweat*, headache. \*208.
- . The rays of the sun on his head were not to be borne, and *his head would not allow the hat to touch it*. The pressure or weight of the hat could not be borne for a moment. Boyce. 579, 582, 625, 665.
- . \*Violent headache after romping, overheating, sweat and

- taking cold. 12°. Coxe. Effects of excessive cold or heat. 201.
605. \*Headache on damp, rainy days, after taking cold, much sitting, and mental exertion.  $\frac{1}{3,000}$ . Z.
- . Great pain on intellectual application. Engall. 380, 693.
  - . During the climacteric. 1039.
  - . Headache, daily increasing in severity. Fd.
  - . Cold bathing does not lessen the headache. C. Hg. (391).
610. Cold water now poured upon the top of the head produced spasms, which ended in vomiting, after which (seven o'clock) became comparatively easy for a few minutes; very soon, however, pressure and throbbing in the brain returned, and continued to increase till a second vomiting; followed, as before, by a considerable relief for a few moments, after which the pressure and throbbing again returned, followed by a third vomiting. A cup of warm tea, now taken, seemed to afford decided relief; relief, however, but of short duration. Took *Camphor* at three o'clock, and *Belladonna* at five o'clock, but without any relief. After this, slow recovery after several days. Wood. 52-69.
- . Returning every 3 h. 381; every 12 or 15 h. 204. Worse after every dose. Afterwards headache remained cured. 138.
- Concomitants.** \*Dr. v. Menz relieved entirely by three doses,  $\frac{1}{30}$ , for ten days, headache of a chlorotic patient, where the pain was so intense that she attempted to spring from the window. Eichorn.
- . \*Pain most intense from 5 to 10 minutes, during which she shudders and weeps bitterly; during intermissions throbbing in temples; while pain is raging, sight impaired. Nankivell.
  - . Pain in the frontal region very violent, with a sensation as if the eyeballs were being pressed forward and out, and protruded. *Sat. sol.* Jackson. 714, 718.
  - . The *eyeballs protrude* during headache, red capillaries in the eye, as if injected. *Sat. sol.* Jackson. 701, 702, 714-716.
615. \**Heat in the face* with headache. 308; hot head. 791. Hot body.  $\frac{1}{50}$ . Rhl. Redness of face. \*Coxe.
- . Fulness as if swelling in her throat. Roussell.
  - . On taking five or six drops of the solution, the head symptoms came on sooner and were accompanied by a *gnawing sensation in the masseter muscles*. Demme. 833-837.

- . Copious sweat after the headache, abated aft. 8 min.  $\frac{1}{200}$ .  
C. G. S. Warm sweat on forehead during headache.  
Sch.
- . The headache extended over the shoulders and down  
under the arms.  $\frac{1}{250}$ . C. Hg., a woman.
- 620. Headache and accelerated pulse. In 5 persons, Little  
and others.
- . As soon as the pulse became normal the usual head  
symptoms also subsided.  $\frac{1}{500}$ . Smith.
- . When the pulse suddenly fell to 80, 4 minutes after  
the second dose, the headache increased.  $\frac{1}{50} + \frac{1}{500}$ . Rr.
- External Head.** Sensation of numbness in the scalp. G.  
F. Davis. Sensation not amounting to pain in scalp.  
234. Dulness externally.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . Sensation of soreness about the head. Gdr.
- 625. During headache in the forehead and fore part of the  
head he was obliged to take off his hat in the open air,  
it was too heavy for him. Sch. 579-582, 604.
- . Fine, piercing pain externally on the skull, over the left  
temple. Smelling of oil. Geist; in middle of fore-  
head. 518.
- . Resembling twitching in the integuments of the head.  
282, 324-326.
- . As if something moved inside and hit against the skull.  
337.
- . Constant inclination to rub the forehead; he had a crawl-  
ing sensation there. Sch.
- 630. Sensitive on the forehead, when pressing it with his fin-  
ger. 363.
- . Warm sweat on the forehead during headache. 28, 618,  
379.
- . Sensation as of cold sweat on the forehead. 643.
- . Pain in several wens, of the size of a nut, on the scalp,  
as if pressed together by a ring, or as if a thimble were  
being firmly pressed upon them.  $\frac{1}{250}$ . C. Hg, a  
woman.
- . Shedding of the hair a fortnight after smelling of the  
medicine, in a pregnant woman.  $\frac{1}{100}$ . Geist.
- Headache with Nausea.** 635. Felt *deadly sick with the  
headache*, like sea-sickness. Dgn. \*941, 942.
- . Headache with nausea. Vinal, H. E., Z., Lippe prover.  
\*75, 156, 286, 381, 395, 964, etc.; with vomiting.  
\*323, \*637. *Headache and nausea* continued three  
days, gradually diminishing. E. S.
- . Headache forepart of head with nausea. Gdr., 285, 381,  
1411; in left side, with vomiting. \*323.

- . Congestion to head with nausea. \*231, 285, 949-952.
- . Vertigo with nausea. Roussell. 48, 50, 53, 55, 75, 83, 89, 395, \*941, 942, 954, 955.
- 640. Headache and nausea with diarrhœa. E. S. 1015, 1017.
  - . Another prover, after one drop, was affected with great increase of the rapidity of the heart's action, violent throbbing in the head, followed by faintness and sickness, terminating in retching, but not coming to actual emesis. Dgn.
  - . Fulness and pressure with heat; if increasing much, nausea is caused, and he can perceive that the nausea originates in the head. N. N.
  - . Anxiety in præcordia; nausea; sensation as if cold sweat must be on forehead and sides of head, which, however, was not there. Reil. 301-303.
  - . Headache all day with constant nausea, so that he took *Nux vom.*<sup>200</sup> in the evening, after which he improved.  $\frac{1}{250} + \frac{1}{260}$ . Lippe. 1411.
- 645. Some headache the next day, with slight nausea and a sensation of soreness in the head. Gdr.
  - . Violent headache after nausea, then repeated violent vomiting of yellow mucus.  $\frac{1}{250}$ . Sch., young woman.
  - . Headache after eructation.  $\frac{1}{50}$ . Z.
- Duration.** The pains soon passed away without further inconvenience. Mrs. M., Reil. 177.
  - . The pulse rose from 80 to 140 in a couple of minutes, but he did not feel anything particular in his head. A. D.
- 650. After cure of headache next day by *Glonoïn*, complained of weakness in knees and wrists. Felt the medicine going into every portion of brain, and it seemed to *jump* from one part to another. Felt it *sting* him almost immediately in right temple, and afterwards in vertex. Insisted he could feel the effects of the medicine *in one minute*, and never ceased feeling it until he was well. Coxe.
  - . Congestion went off aft.  $1\frac{1}{2}$  hours, but other symptoms remained. 1409.
  - . The pressing and crowding ceases aft.  $3\frac{1}{2}$  min. Z.; throbbing aft. 5 min.  $\frac{1}{50}$ . Rr.; better aft. 7 min.  $\frac{1}{500}$ . Smith; less violent, the throbbing not so distinct aft. 8 min.  $\frac{1}{300} + \frac{7}{300}$ . Vinal; abating aft. 8 min.  $\frac{1}{100}$ . J. R. S.; not violent aft. 30 min.  $\frac{1}{200}$ . C. G. S.; throbbing and fulness gone aft. 8 min.  $\frac{1}{200}$ . Smith; aft. 10 min. Reil; aft. 14 min. the dull pain on the vertex had ceased.  $\frac{1}{125}$ . Rhees; all headache ceased aft. 20 min.  $\frac{1}{50}$ . Rhl.; aft. 26 min. 119.

- . Headache (pressure) most intense aft. 10 min. Wood.
- . The pain in the forehead becomes more violent aft. 30 min.  $\frac{1}{200} + \frac{1}{100}$ . Esry.
- 655. The headache began aft. 20 min. and increased for 6 hours.  $\frac{1}{250} + \frac{1}{160}$ . Lippe.
- . Headache lasted several hours; 3 hours. 286.  $\frac{1}{100} + \frac{1}{250}$ . J. R. S., Sch., a girl; 6 hours.  $\frac{1}{125}$ . C. Hg., a laborer;  $7\frac{1}{2}$  hours.  $\frac{1}{200}$ . Mrs. St.; 17 hours. Cle.; 14 hours.  $\frac{1}{250}$ . P.; symptoms continued all day. 134, 261, 368, 447.
- . After wine taken before *Glon.*, symptoms continue several days. 1411.
- . The headache returned aft. 1 min. G. F. Davis; aft. 10 to 20 min., lasted about 30 min.  $\frac{1}{10}$ . M. Dvs.; headache returned directly after a renewed dose.  $\frac{1}{60}$ . Rhees; Returned after 48 hours. 382.
- . Same the following morning and it continued all day. 261.
- 660. Headache continued all night. 287.
- . Lessening and increasing of the headache without cause.  $\frac{1}{60} + \frac{1}{200}$ . Rhees, Raue, Fr., and others.

**Nape of the Neck and Positions of Head.** Was obliged to sit down on account of a feeling of faintness; held his head in his hands, and rested his elbows on his knees.  $\frac{1}{1000}$ . C. Hg., Ext. from letter. 42, 583.

- . Is obliged to rest his head. H. E.
- . The muscles of the neck seemed to weary so from constant headache that at last he could hardly hold up his neck. Preparat. Z.
- 665. Sensation of stiffness or tension about the *head and neck as if they had been laced in*; the clothing seems too tight, was obliged to ease his coat and necktie; aft. 2 min.; better aft.  $11\frac{1}{2}$  min.  $\frac{1}{50}$ . Raue. 577, 604.
- . When throwing back his head, he felt a pain like *cramp in the back of his neck*, to the left, in the region of the 6th and 7th cervical vertebræ; aft. 3 min.  $\frac{1}{500} + \frac{1}{250}$ . Smith.
- . Dull pain up in the back of the neck when moving the head; aft. 15 min.  $\frac{1}{60}$ . Rhees.
- . Head fell back. 38.
- . \*Symptoms of cerebro-spinal meningitis, with confusion and loss of memory; in one case temporary blindness; intense pain in cervical and occipital regions, and in the eyes; tingling pulsation in fingers; irregular pulse; tightening around the neck. *Glon.* curative in several cases. J. H. Smith.

- 670.\*Miss —, æt. 38, stout and fair, was violently jarred by being thrown from carriage seven years ago. Some months after the accident, a sensitiveness of the upper part of back and neck came on, painful to touch, or from lying upon it, with swelling, heat; sharp, cutting pains into the occiput, and from across the shoulder-blades to the anterior part of chest. When lying down she had frequent attacks of constriction around the neck, as if it were gripped by a hand. Wine aggravated the symptoms very much. A great many remedies had been given with very little benefit. Douches to the back, of alternately hot and cold water, relieved her somewhat for a short time. Studying *Glonoïn*, I came upon symptom 1320 (25): "*Pains or other sensations in previously injured or jarred parts.*" Prompt relief by *Glonoïn*<sup>6</sup>. W. P. Wft. 25,885.
- . Indescribable sensation up in the back of the neck, verging on pain. G. F. Davis.
  - . Sensation of fulness as of congestion to the back of the neck, throat, and head. 12°. S.
  - . Throbbing extends to the back of the neck.  $\frac{1}{30}$ . Z.
  - . During night, pain in nape of neck, lasting until next day, when headache followed (aching all over), with giddiness; better after drinking tea. Tafel.
675. Stiffness and pain, left, in the back of the neck. Wn.
- . Pain in the vertex extending to the back of the neck.  $\frac{1}{200}$ . Mrs. St.
  - . Affects occiput and neck more than any other part. 442.
  - . As if a ligature were tied around the neck, which kept the blood from returning from the head. 281.
  - . Pulsation in neck. 278. See *Large Vessels*.
680. Constriction around lower part of neck. 28, 670, 912, 914, 923, 926, 927, \*928.
- . In small spots on the head, and particularly on neck, burning, stinging, and itching like sensation caused by caterpillar's hairs. 313.
- About the Eyes.* Blue rings under the eyes. 693, 707. Lower lids swelled. 706. Sunken. 707. Redder. 708.
- . Dulness about the eyes.  $\frac{1}{250}$ . Little. 707, 710-712.
  - . Pain as if sore on the supraorbital ridge. Wn. 565.
685. *Heat about the eyes.* \*204, 380, 703, 720, 729, 730, 793.
- . *Pressing downward* towards the eyes. Geist. 258, 386. Pressure straight across the eyes. 375.
  - . *Beating* over the orbits. Chaffee. 259, 372. Throbbing contracting the eyelids. \*262, 710.

- . Pain behind left eye and left ear, but not lasting.  $\frac{1}{20}$ . Eichorn.
- 690. From time to time, slight tension above right eye. 444.  
Pain over right eye. 320, 462.
- . Passes from right to left. 462.
- .\*Pain under left eye. 844.
- .\*Dull headache in forehead over the eyes; increased by use of the eyes and mental effort; becomes a throbbing pain after rapid motion, felt both front and back of head; action of heart very easily excited. Cured (?) in 6 mos., 3d, 2d, and 1st dil. Dr. Black, in Brit. J. Hom., vol. xiii, 381, 552-559, 607, 1118.

### **Eyes.**

- . The eyes have a lifeless appearance; the provers wink a good deal and look strangely about, blue rings appear under the eyes of many of them. Sch. 73-77, 707.
  - 695. Eyes dim and tearful. 1118.
  - . \*Pupil dilated. 702, 1035; with upturned eyes in sunstroke. \*77.
  - . Pupil contracted in sunstroke. Campos.
  - . Fixed look.  $\frac{1}{250} + \frac{1}{100}$ . Sch.
  - . \*Eyes rolled outward and upward. 64.
  - 700. Red injected eyes during headache. \*68, 709; *reddened with wild expression during headache.* \*205.
  - . Staring, wild look, protrusion of eyes. 55, \*205, \*208, \*330.
  - . Eyes injected, seemed to protrude, pupils somewhat enlarged. *Sat. sol.* Jackson.
  - . Lachrymation. 97, 1311; with hot eyes. Fischer.
  - . \*Eyes very painful, bloodshot. 204.
  - 705. \*Face flushed, eyes inflamed. 207.
  - . The lower lids puffed and swelled; aft. 1 or 2 min. J. Fr. 693.
  - . In nearly all who take it the lower eyelids have a dead, dirty look, as if the lower lid were sunken; the eyes are unsteady, wander unsteadily about. Sch. 693.
  - . The lower lids redder. 787.
  - . Redness of the left eye, as if injected, during headache. *Preparat. Z.* 765.
- 
- 710. 7 P. M. the headache of the morning increased, removed to the eyes, followed by drowsiness and heaviness of the lids. Streintz. 685.
  - . The eyes contracted early in the evening, as if by sleep, cannot keep them open. 6, 12, or 30c. Lippe.
  - . Drawing in forehead extends to the eyes and root of the nose. Eichorn. 776.

- . Pressure in forehead and eyes, causing winking. Reil.
  - . Excessive pressing pain in both eyeballs. 498, 613.
  - 715. \*Said her eyes were falling out. 3<sup>c</sup>. Coxe.
  - . \*Eyes as if some one were pulling them from within outward. 208, 613.
  - . Eyes feel sore on being moved. Chaffee, Fiske.
  - . Aching in the eyeballs. Wn.
  - . Sensation as if water were running out of the eyes. Tafel. 703.
  - 720. Eyes felt warm while the temperature of the body was unchanged. Streintz.
  - . Quivering of the eyes, could no longer see straight, could not keep his eyes still. Waage.
  - . Sensation of heaviness in the lids mornings, with difficult awakening. S. B. 685, 707, 710.
- 
- . Pressure in the right orbit. Z.
  - 725. Pressure deep in the right eye at 7 o'clock, P. M., while walking home; for 2 min. H. E.
  - . Pressure extends from the forehead to right margo superciliares. Eichorn. 373.
  - . Stitches in the right orbit; aft. 6 min.  $\frac{1}{30}$ . Z. Stitch after 70 min. H. E.
  - . Prickling in right eye. 453. Piercing. 753.
  - . Heat in right exterior canthus of the eye. Wn.
  - 730. Short stitches with heat in the left eyeball. Wn. 765.
  - . Twitching pains in the left orbit. 1079. Redness left eye. 772.
- Sight.** Flashes of lightning almost constantly before the eyes, so that he could not see. Jackson.
- . Sparks before the eyes. Jackson, Hirschel.
  - . \*As if the focus of the right eye were suddenly displaced; sees everything half light and half dark. 322.
  - 735. Visionary objects passed before the eyes. Wood.
  - . He thinks he sees *with every beat of the pulse* the blood globules passing in the eyes. C. Hg.
  - . \**Black spots* before the eyes during headache, especially when turning quickly.  $\frac{1}{30}$ . Z.
  - . Sensation of whirling, of confused vision, of *objects dancing before the eyes*. Hirschel, Stow.
  - . Misty before the eyes. Whitey. 48, \*206, \*323, when pressing the temples. 388.
  - 740. Sudden dimness of sight, with heat in eyes and feeling of tension. 381.
  - . Dimness of vision with vertigo. Wallace, Schlehardt, Hirschel. 90, 91, 1304.

- . \*Conjunctiva injected; cannot see well, like a mist before the eyes. 206.
- . Her eyes grew dim, and soon the power of vision was entirely gone, so that she could not see those who stood before her, with a feeling of faintness which obliged her to lie down; lasted 15 min.  $\frac{1}{250}$ . Sch. 693.
- . Blindness; he could no longer distinguish any object.  $\frac{1}{1000}$ . C. Hg, Ext. from letter.
- 745. Weak eyes in the afternoon, could not read without glasses (aft. about 4 hours), the letters became too small, and blended. Smelling of oil. Geist.
- . \*Photophobia. 276.
- . *Sight and hearing both affected*; indistinct. Colby.
- . Partial deafness followed by partial blindness (uncertainty or indistinctness of vision). Hupfeld.
- About the Ears.** Fulness about the ears.  $\frac{1}{50}$ . Lippe.
- 750. Especially *above the ears*, throbbing. 281. \*From occiput toward the ears. 444.
- . Tensive sensation in the head, just over the frontal sinus, and across the nose; also, a feeling of fulness *above and in front of the ears*. Junod. 777.
- . In right temple, then in both, and *behind the ears*. 381, 417.
- . Piercing pain from the region of the right ear towards the right eye; aft. 20 min.  $\frac{1}{30}$ . Jeanes.
- . A tensive pain behind the right ear, which had been felt occasionally for several days, became stronger.  $\frac{1}{30}$ . Eichorn.
- 755. Pressing tensive pain behind the right ear; worse during, but especially after pressure; pressive pain in the right ear as if swollen; tension in the right temple. (Some days before taking *Glon.*, pain had been felt behind right ear.)  $\frac{1}{20}$ . Eichorn.
- Ears.** Ears redder. 787.
- . Pains under the mastoid process. 830, 834.
- . Fulness in the ears. K., head. 452, and nostrils.  $\frac{1}{250} + \frac{1}{100}$ . Esry.
- . It darts to his ears; it feels as if stopped up in the inner ear.  $\frac{1}{50}$ . Raue.
- 760. Fulness worse left.  $\frac{1}{250} + \frac{1}{100}$ . Esry.
- . Throbbing pain, piercing from within outward, in the right ear. Jeanes' Potency C. C. Hg. 381.
- . Stitch in the right ear; aft. 30 min. H. E.
- . Dull stitches in the right ear.  $\frac{1}{20}$ . Eichorn.
- . Dull stitch alternating in right or left ear.  $\frac{1}{10}$ . Eichorn.

## OPHTHALMOLOGY, AND DISEASES OF THE EYE.

BY HENRY C. ANGELL, M.D.

## THE INFLUENCE OF OPTICAL DEFECTS IN THE PRODUCTION OF DISEASE.

IN treating diseases of the eye, the attention of the practitioner is constantly drawn towards *optical defects*, and the prominence they are gradually assuming as a cause, or one of the principal causes, of this class of diseases. It is but a few years, indeed, since defective sight, as a factor in the production of disease, has been recognized at all. Doubtless, to many practitioners it has, even now, an unfamiliar sound when imperfect sight is mentioned as a cause rather than an effect of disease. Yet this is more frequently the correct view than is generally supposed. There is, in fact, hardly an ophthalmic affection that one is called upon to treat, except that of absolute or nearly absolute blindness, which does not demand, first of all, a thorough investigation of the optical condition of the eye. In vain are all our remedies in that commonest of eye-troubles, asthenopia, against the redness, the smarting, burning, aching, the headaches and the general depression, unless we first determine and then neutralize the optical defect by proper lenses. The advice to "rest the eyes," so freely and so easily given is, even when followed, of little avail. If, haply, it relieves for a time, the affection returns when the eyes are again brought into service.

But other forms of disease than asthenopia, and many not so written down in the text-books, are sometimes directly dependent on faulty refraction of the eye. Herpetic or phlyctenular conjunctivitis is often one, chronic blepharitis another. So-called scrofulous ophthalmia, tumors of the eyelids, blepharospasm, strabismus, nictitation, and general affections, such as headache and nervous depression, are further instances of disease often caused and long concealed under an abnormal refraction of the eye. Numerous cases could be cited as proof, if space permitted. I recall one of blepharitis in a woman of thirty-five, that had for years withstood both time and treatment. It was found to be dependent on astigmatism, and yielded easily and quickly to the use of proper cylindrical glasses. A vendor of spectacles suffering similarly, with the additional symptom of headache increased from the use of the eyes, and who found no glasses to help him, came to me a short time since. An investigation of the optical status of his eyes revealed, first, a myopia, left, of  $\frac{1}{2}$ , right, of  $\frac{1}{8}$ . Second, he had in addition a

myopia of  $\frac{1}{12}$  in the vertical meridian of each eye, that is, a myopia astigmatism of  $\frac{1}{12}$ . Of course, the ordinary spectacles were inadequate for this defect. A combination of concave spherical and cylindrical glasses for distant, and the proper concave cylindrical spectacles for near vision, gave him the desired relief.

A lady under treatment inquired, in a deprecatory way, if I thought it possible that her son, a lad of seventeen, who had always had "redness of the lids," could be cured. He had formerly received a good deal of treatment without benefit. I expressed an opinion that in such cases, nine out of ten, when chronic, were due to optical defect, usually a hypermetropia, and we might conclude her son to have, probably, defective sight. This she could not credit, but later, on examination, a hypermetropia of  $\frac{1}{40}$  was found, and corrected to the satisfaction of both. He had a wide power of accommodation, and this had helped to veil the defective sight.

The tendency of myopia or near sight to produce choroiditis, amblyopia, and when of a high grade, loss of sight, is well known. My object is to draw the attention of physicians to the importance of investigating the condition of the refractive power of the eye in nearly all cases of eye disease; to ask them to bear in mind that inflammation and redness of the eyelids, as well as of the eyes, may come from a constant straining of the accommodative apparatus of the eye in vision, even if the patient be entirely unconscious of any uncommon exertion.

#### BLEPHAROSPASM.

Spasm of the Orbicularis is most frequently met with in the scrofulous ophthalmia of children, due in these cases to ciliary nervous irritation. In chronic cases it often coexists in iritis, hyperæsthesia of the retina, and in supraorbital neuralgias. But back of all these, the cause will often be an optical defect. In the three cases of severe chronic blepharospasm which have come under my treatment, two were due primarily to optical defect. The first case, that of a woman of sixty, Mrs. H., is noticed in my work on Diseases of the Eye, page 272, as follows: "I have a case, now under treatment, of a year and a half standing; it is caused by hyperæmia and hyperæsthesia of the retina. The patient has been under treatment three months; is now much improved, and will, I think, eventually be cured. I began with the administration of *Nux vomica* rather than *Cactus*, *Gelsemium*, *Macrotin*, or *Spigelia*, remedies which I had often found useful in similar irritations of the nervous

structure of the eye, chiefly on account of some general nervous debility, a slight frontal headache, and lack of appetite. The *Nux vomica* was followed by *Gelsemium*, internally and externally (ten drops of the tincture to half a cup of water, for bathing the lids), and this has proved even more useful than the *Nux*, remarkably relieving the photophobia. The patient is now so much better that I am certain that these two remedies will cure the case." This prediction proved correct.

Mrs. C., æt. 32, light-complexioned, suffering some from irritation of the spine and nervous debility. The spasm of the orbicularis was frequent and severe, occurring often in the street as well as in the house, on any attempt to use her eyes; she had been under the care of various physicians for eight months. I first saw her March 1, 1870. I found an optical defect as follows: right eye, myopia  $\frac{1}{48}$ , left eye, hypermetropia  $\frac{1}{40}$ , and prescribed proper glasses to neutralize these defects. She received *Gelsemium* externally and internally, and *Nux vomica*. March 23, repeated the prescription; she was better. May 14, improvement still continues, but is not so rapid as desired. *Macrotin* and *Stillingin*. June 4, there has been no improvement; *Nux vomica*.

Aug. 3, *Nux vomica*. The spine is very sensitive from overwork at sewing. Aug. 31, *Gelsemium*, considerable photophobia. *Belladonna* was also given in alternation.

Oct. 22. The patient is better; *Gelsemium*, *Bell*.

Nov. 23. By letter, same prescription.

Dec. 31. Spine troublesome. *Nux vomica*.

Feb. 25. By letter, *Nux*, *Gelsemium*.

Apr. 1. The eyes are well.

Both these cases were severe and of long standing, and it is unlikely that either could have been cured without the attention to the optical defect, the neutralization of this being the removal of the chief cause of the disease.

Mrs. M., æt. 51, came under my care Sept. 8 of the present year, and is still under treatment. Here again I find an optical defect to be the probable cause of the spasmodic action, and my chief reliance for a remedy must be the scientific adaptation of glasses and their use under proper supervision. She has hypermetropia  $\frac{1}{30}$  and also presbyopia. The glasses that she has been wearing are not calculated to give her comfortable vision, and have perhaps tended to injure rather than improve the condition of her eyes. I prescribe convex glasses nine inch focus for reading, and of thirty-six inch focus for distance. Her general health, she affirms, is perfect. Internally I give *Gelsemium* chiefly for the symptom, sluggish accommodation.

She requires a perceptible time after fixing her eyes on an object before really seeing it. This is not due, I think, to retinal asthenopia, but to lack of prompt accommodation of the eyes. Sept. 30. The patient reports herself somewhat better. She wishes a pair of glasses to enable her to do her housework in. Neither those for near or distant vision she finds suitable. This confirms my impression of her sluggish power of accommodation. I prescribe a third pair of glasses of sixteen inch focus and continue the *Gelseminum*.

### CASES SIMULATING GLAUCOMA.

Mrs. C. L. was sent me from Bradford, Mass. The patient was of middle age, and in tolerably good general health. The pupil of the left eye is sluggish, dull in color, of irregular shape, and the subconjunctival vessels of the eyeball were somewhat injected, forming a zone around the edge of the cornea. An attack of acute inflammation, of which she had had several at short intervals, is just passing off. This was on Aug. 16, 1872, and the sight was better than for three days before. Vision of left eye was  $\frac{8}{20}$ , right eye normal. During these acute attacks there was pain in and around the eye, redness of the conjunctiva, and dimness of vision, which gradually improved as the attack passed away. Here was an almost complete picture of glaucoma; but one important symptom lacking, and that was *increased tension of the eyeball*. But I remembered Von Graefe to have said that in cases of simple glaucoma the tension might be so slightly increased as to escape the attention of very experienced observers. There is a slight physiological difference in the tension of the eyes of different individuals. The ophthalmoscope was of no avail, as the fundus was obscured from cloudiness of the aqueous humour. The case was difficult to diagnose, but I could by no means be satisfied with the name given it the week previous by an oculist of this city, viz. opacity of the lens. There *was* opacity, but it seemed to be due to a deposition of pigment upon the anterior capsule, from the uveal lining of the iris. After dilating the pupil widely I could distinctly see that these pigment patches were the cause of the opacity. I prescribed an atropin collyrium of four grains to the ounce of water for the double purpose of keeping up the dilatation of the pupil and quieting the ciliary neuralgia. Internally *Arsen.* was prescribed, indicated by effusion into the aqueous humour, chiefly.

Sept. 3, left eye is better. Less signs of inflammation; iris

dilated; adhesions broken up; sight  $\frac{9}{14}$ , a great gain. But the right eye was now inflamed, and sight reduced from 1 to  $\frac{1}{12}$ . Both pupils were round, and the media of both eyes sufficiently clear to permit of satisfactory ophthalmoscopic examination. No disease of the fundus was found. The case was one of iritis simulating glaucoma, the effusion from the iris being serous and of pigment, rather than of plastic stuff. Contin. Med.

Sept. 20. Both eyes are well, sight restored, pupils entirely round, and the color of the irides normal.

Case II. Mrs. M., brought me by Dr. C. G. Brooks, of this city, who kindly furnishes the following history:—

“Patient’s age is 35; she was confined in July, 1872; had a good recovery, but for the next two months was wearied by constant watching, first suffering from a felon herself, and afterwards losing her babe from cholera infantum. A fortnight after the death of the child she was suddenly seized with an acute pain in her right eye. The pain lasted for hours, and then her sight began to fail. I saw her one week after the attack, and gave *Colocynth* and *merc. biniod.* The medicine produced no effect beyond a slight relief of the pain.”

I first saw the patient 18th of October, with Dr. Brooks, and we thought first that it was probably a case of glaucoma. Like the case related above, most of the prominent symptoms of glaucoma were present, except marked tension of the eyeball. In this case, however, the media being clear, we could avail ourselves of the ophthalmoscope, and this decided the diagnosis. It was a case of optic neuritis with effusion. In the right eye vision was nearly lost, the optic disk was whitish-blue in color, no vessels were to be seen on its surface, and there was a patch of white effusion above and towards the macula lutea. Tension of the eye was rather increased than diminished, but probably nearly normal; the ciliary region was sensitive to the touch; the conjunctiva slightly injected. I prescribed *Zincum metallicum.*

Nov. 1. The right eye is better, one retinal vessel is to be seen on the surface of the disk, indicating diminution of the swelling and effusion. But the left eye is now painful, showing under the ophthalmoscope a reddened and swollen optic disk, with slight obscurity of both nerve and retina; sight almost null; continued the *Zinc*, with *valerianate of Zinc* for the neuralgia.

Dr. Brooks writes: “The *Zinc* was continued for four weeks, and she steadily improved under its use. At the end of two months she was not troubled by the pain, and the sight was almost perfect; the only trouble she has now is in the evening

when the light is somewhat dim, and when anxious about anything the pain sometimes returns for a short time, and the eyes feel as when first attacked."

I saw her again Jan. 22, 1873. Her sight then was for the left eye  $\frac{8}{10}$ , right eye  $\frac{10}{20}$ . There were no signs of the disease on the left side, but in the fundus of the right eye I could still see traces of the effusion above the optic disk, and towards the macula lutea. It is very rare in my experience to find severe pain and external inflammation in disease of the optic nerve. I remember the case of a married elderly lady of this city, who consulted me Dec. 29, 1869, and who had symptoms similar to the above in the left eye; vision was reduced to  $\frac{1}{100}$ . I found an optic neuritis pretty far advanced. I gave *Zincum*, and two months afterwards the pain had nearly ceased; but there was no improvement in sight.

#### INDIRECT CONNECTION OF THE VESSELS OF THE OPTIC NERVE WITH THE BRAIN.

It appears that the theory of direct connection of the optic nerve with the vessels of the brain, as set forth by Galezowski, in 1865, is disproved by recent anatomical researches. It is now known that the optic disk and the neighboring retina, with the lamina cribrosa, are supplied with blood by branches both from the central vessels and the ciliary vessels. The latter are supplied partly from the arterial circle around the nerve in the sclerotic coat, and partly from the choroid. The color of the optic disk, therefore, as seen with the ophthalmoscope, is due to the capillary meshwork from both these sets of vessels. The optic nerve, from the optic foramen to the eye, receives along its entire course branches from the blood-vessels in its vicinity. These vessels form a continuous network in the sheaths of the nerve, and from the inner sheath branches extend into the interior of the nerve. It is, therefore, evident that this distribution of vessels can afford but a very indirect communication between those seen with the ophthalmoscope and the blood-vessels of the brain and its meninges. While, therefore, the condition of the optic disk may, in many instances, present a correct picture of the cerebral circulation, it can by no means be relied on always to do this. Galezowski derived the vessels which supplied the nerve and disk directly from the brain and arachnoid, in which case the vascularity of the disk would exactly represent the vascularity of the brain, and this view has been adopted by many writers since.

### MUSCLES OF THE IRIS.

There is still an opportunity for any one of us to distinguish himself by proving or disproving the existence of a dilator muscle of the iris. The weight of evidence is probably in favor of the existence of such muscle, although this evidence is not so conclusive as to produce unanimity of views among anatomists on the subject. It is argued also that there is no need of a dilator, and equally argued by others that a dilator is absolutely necessary to explain the movements of the iris.

### STRUCTURE OF THE LAMINA CRIBROSA.

The lamina cribrosa has usually been considered as made up of scleral tissue through the interstices of which the nerve fibres pass to the retina. It is now demonstrated that the scleral tissue passes into the nerve-sheaths and that the tissue of the lamina is derived wholly from the perineureum of the nerve and the adventitia of the blood-vessels.

### DECUSSATION OF THE OPTIC NERVE FIBRES.

The theory of the semi-decussation of the optic nerves in the chiasma, which for many years has been accepted without question, and through which we have been enabled to explain so satisfactorily many of the changes occurring in the field of vision during disease of the optic nerve and retina, must probably now be abandoned. It has been determined with considerable certainty by independent observers, that all the fibres of the optic nerve cross at the chiasma. This total crossing is represented to have been observed in fishes, amphibia, birds, mammals, as well as in man. It is very difficult to harmonize the defects of the field of vision in disease, with the theory of total crossing of the fibres, but we shall probably soon have more light on the subject.

### THE PERCEPTION OF COLORS IN THE FIELD OF VISION.

As regards the perception of colors, it has been determined that within certain boundaries around a fixed point, the color is distinctly seen, but beyond these boundaries it is not correctly recognized. For instance, the perception of green is confined to a small space around a central fixed point, that of red covers a larger space, yellow still larger, and blue the largest of all. Outside the legitimate limits given, green appears yellow, red appears yellow, purple and violet are seen as blue; yellow and blue alone retain their color as far in the

periphery as they can be seen. It is supposed, therefore, that blue and yellow are the chief color sensations, and that greater energy of the retina is required in order to see greens and reds. This theory accounts for the progressive color-blindness noticed in atrophy of the optic nerve, in which disease, as the retinal energy is gradually lost, the perception of green is lost first, then red, the other colors following, yellow and blue being retained longest.

#### TRANSPLANTATION OF THE CONJUNCTIVA FROM THE RABBIT TO MAN.

There have been in England two successful cases of transplantation of a flap of conjunctiva from the rabbit to man. The first was the case of a workman who had lost the entire conjunctiva of the lower lid and the part corresponding in the globe of the eye by a burn. The patient and rabbit were chloroformed, adhesion between the lid and the globe dissected away, and the conjunctiva from the eye of the rabbit was fixed upon the raw surface by sutures. The inflammation following was not severe. On the fourth day the new conjunctiva was everywhere adherent. At the end of eight days the man returned home. The second case was very similar and equally successful.

#### OPTIC NEURITIS IN EPILEPSY.

Dr. Huhlings Jackson gives, in a recent number of the *Ophthalmic Hospital Reports*, some interesting facts in relation to optic neuritis in epileptiform convulsions. Optic neuritis with convulsion beginning in one hand or one side of the face points to disease in the neighborhood of the corpus striatum. Optic neuritis points also to the general nature of the disease. When it exists the fit does not, in all probability, depend on tumor or any adventitious product, but if there is double optic neuritis, the disease is probably a tumor. He also points out the necessity of routine ophthalmoscopic examination of the eyes in epilepsy, because acute neuritis may exist without disturbance of sight, the patient being able to read the smallest type. He quotes cases in which the discovery of optic neuritis settled the diagnosis, that is, the cause of the convulsions, the other symptoms alone being insufficient. As regards deafness of nervous origin, the author thinks it never due to a tumor of the cerebrum or of the cerebellum, except in those instances where the tumor is so placed as to press on the auditory nerve itself. Wells agrees with Jackson as to the

necessity of routine ophthalmoscopic examination in epilepsy, regardless of the state of vision, and relates two cases in which the patients could read No. 1 Jaeger text type and yet had well-defined optic neuritis. Mauthner gives an instance of an optic neuritis where the patient retained the usual acuteness of vision up to the time of his death. But these cases are, of course, exceptional. In the only case of this disease coexisting with epilepsy, that has come under my care, defective sight had been remarked for eight months only, although the epilepsy was of several years' standing. I had an opportunity of examining the eyes of this patient several times. He was a man of sixty-five, and I remember that I was astonished, from the appearance of the fundus of his eyes, that he had retained as much sight as I found. Vision left, was  $\frac{1}{3}$ , right,  $\frac{1}{10}$ . There was disorganization of the choroid and retina, with displacement of pigment, effusions, blood extravasations, diminished size of the arteries, bluish-white and atrophied appearance of the disk. In short, I could scarcely conceive of such a retina as capable of receiving impressions, or of such an optic nerve as capable of transmitting impressions to the brain. Doubtless, I should have been still more surprised if I had had an opportunity of an examination eight months earlier, before the sight was impaired. He died from epilepsy a few months after I saw him last.

#### SOME RECENT WORKS ON OPHTHALMOLOGY.

A new edition of *Schweigger's Hand Book* has been issued. Prof. Schweigger is the successor of von Graefe at Berlin, and his book reminds one continually of the teachings of his illustrious master. It is, to our mind, the best work published on diseases of the eye, of its size, and ought to find a translator in order to make it accessible to our students. The book has that rare characteristic which, I think, belongs chiefly to the Graefe school of ophthalmology, of being, at the same time, both conservative and progressive. A short paragraph on the employment of strychnine may serve to illustrate this quality. I translate from page 560:—

“It is finally to be mentioned, that in recent times the injection of strychnine has been recommended for all possible forms of weak sight. I have, it is true, seen an improvement in a number of cases from this treatment, even as I have seen improvement in similar cases from every other kind of treatment, or from no treatment at all; but the negative results are so overbalancing (über-wiegend) that I have not been able to convince myself of the effect of strychnine on the optic nerve.

The improvement in acuteness of vision asserted by Nagel as the result of strychnine injection I have never seen."

A new edition of Tetzler's *Compendium of Diseases of the Eye* is lately published. This work is similar in its scope to the above. It is on the whole, perhaps, clearer in its arrangement and simpler, but less satisfactory to those acquainted with the subjects of which it treats. It comes from Vienna and is an exponent of the Arlt school of that city, the author being formerly an assistant in the Arlt clinic. Its clearness of style and admirable arrangement adapt it especially for beginners. We do not mean to represent the work as wanting in depth and thoroughness; but there is just the difference in originality and research between these two books that one notices between the two schools of which they are the outgrowth. The one school is brilliant, the other very excellent. It is noteworthy that neither of these works mentions Liebreich's operation for cataract.

The new edition of *Stellwag* is considerably rewritten and improved, although its leading features remain the same. As a work of reference for practitioners it fills a proper niche, but as a text-book for students it lacks the necessary requisites of clearness, conciseness, the sifting of the important from the unimportant, and an interesting style. The American editors have added an appendix explaining the method of direct examination with the ophthalmoscope, and have given in the body of the work an account of the Liebreich and Streatfeild operations for extraction of cataract.

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## CLINICAL MEDICINE.

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### ORGANIC HEART DISEASE; APIS MELIFICA.

BY J. O. MOORE, M.D., HAVERHILL, MASS.

JANUARY 21, 1874, I saw P. R., of Madison, N. H. The history of the case here presented was obtained partly from the patient, but more in detail from his wife. The patient is 76 years old, of a nervous-bilious temperament, a farmer; had always worked hard, and up to sixty years of age his health had been good, except occasional slight attacks of faintness, with some sickness at the stomach and a little palpitation of the heart, all of which would pass off in a few minutes.

Sixteen years ago, after laboring very hard, awoke in the night finding himself under the bed; was in great distress, had

violent palpitation of the heart, also nausea and vomiting. After a while succeeded in arousing his wife, who slept in an adjoining room; a death-like faintness came over him, at the same time the body was in a profuse perspiration, "so the sweat ran off like rain." The pulse weak, skin blue and cold. Brisk friction, with hot fomentations to the surface, in a short time restored the circulation to its normal condition. In about a week was able to return to work. Eight months after this, a similar attack occurred, under like circumstances.

Six years ago was violently seized while sitting by the table reading, and fell to the floor. Had at this time severe nausea and vomiting; palpitation of the heart so forcible as to shake the whole body. Was relieved in a few days, "but continued to have attacks of palpitation.

"Two years since had another spell, which seemed to be a duplicate of the others, but I was not as fortunate in recovering; was sick all summer, and from that time until the present have been poorly and not able to work. Worse when walking upstairs or up a hill. Have had many attacks of palpitation, which seemed as if my heart would beat a hole in my chest. Appetite has always been good. Have never used tobacco nor spirituous liquors. A few days ago, after walking on the damp ground, took a severe cold. Since this have not been able to *lie down* on account of difficulty of breathing, feel as if I should smother; *when falling asleep* have violent starting and jumping; have a death-like faintness, but no acute pain; have considerable of a cough; no expectoration. Have to *sit* all the time, and the only way I can rest is to lean my head forward on a chair." The patient appears much agitated, impatient, apprehensive; cannot bear to be left alone; thinks he shall die.

Physical signs. Systolic sound of the heart, not well defined, tumultuous sound; diastolic sound of pulmonary artery increased. Heart's impulse heard over a much larger space than usual. Percussion disclosed the dull sound of the heart extending abnormally to the right side. Every contraction of the heart shook the whole body. The distress occurred in paroxysms, which lasted half an hour or more, and generally took place in the morning, pulse unsteady, irregular, intermitting every third or fourth beat. The radial pulse not at all synchronous with the heart's systole; the skin was dry with a general anæmic appearance. Diagnosed, — insufficiency of the mitral valves, disease of the sutural valves, with eccentric hypertrophy of the heart.

I prescribed *Ars.*<sup>30</sup>, *Apis Mel.*<sup>3</sup>, in water, alternately every hour. At my next visit, finding no improvement, I substituted

*Cactus grand*<sup>3</sup>. for *Ars.*, alternating it with *Apis*. As no relief of importance was afforded by this prescription, other remedies generally employed in diseases of the heart were given in high and low dilutions, but all were equally unsuccessful in affording relief, till finally I had the dissatisfaction of seeing my patient had gone gradually from bad to worse, and I had confronting me the whole train of unfortunate circumstances or sequences which occur as a natural result of lesions of the heart. Dropsy of the limbs gradually supervened; the urine became more scanty; indications of a decided hyperamic condition of the liver, lungs, and kidneys of course were present; there were nausea and vomiting of bile, and a constipated state of the bowels. After *Merc. dulc.*, the swelling of the legs became so great that they found a natural outlet, both discharging freely. The catheter was used every day, but still could obtain only about four ounces of thick, turbid urine in twenty-four hours.

I now prepared *Apis* tincture, two drachms in six ounces of water; a dessert spoonful every hour. At my next visit found the patient had been able to lie down and passed water without assistance. Four ounces more of water were added, and dose continued. At my next visit I was gratified that the swelling was disappearing from the bowels and limbs, and that he had passed about twelve ounces of water; was informed by the nurse he had repeated inclination to have a discharge from the bowels; there was considerable soreness of the throat and fauces and almost constant tenseness. Continued the treatment by still reducing *Apis* as before, given once in two hours. This kind of reduction or dilution was kept up for a week, and then the patient was put upon the two hundredth potency once a day, and *China*<sup>3</sup>, three times a day. He rapidly convalesced, so that on Fast Day he returned to his home in New Hampshire, a distance of about one hundred and fifty miles.

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## AMERICAN INSTITUTE OF HOMŒOPATHY.

### BUREAU OF MATERIA MEDICA.

At the recent session of the Institute the BUREAU OF MATERIA MEDICA selected, as the subject for study during the current year, and for report and discussion at the next session, the very important topic which was proposed but not discussed by the Bureau last year, viz. —

## "PRIMARY AND SECONDARY SYMPTOMS OF DRUGS."

The Chairman of the Bureau earnestly requests, and will be most happy to receive, communications from members of the profession conveying their views, together with observations and experiences supposed to elucidate any portion of this subject. To show its importance and magnitude, it is enough to state that some members of the profession deny that there is any good ground for dividing the symptoms of drugs into primary and secondary symptoms; while among those who admit such a division and use these terms, there is a great diversity of opinion as to *what constitutes a primary and a secondary symptom*; as to the relation which these symptoms respectively bear to the physiological condition of the organism; and as to the *mode of distinguishing* primary and secondary symptoms. The first division of the subject, therefore, comprehends *the defining and distinguishing* of primary and secondary symptoms.

But, granted that we have a definite idea of these classes of symptoms, and can *recognize and distinguish* them, — what practical use may we make of this knowledge?

The highest authority in our school, at one time, pronounced *primary* symptoms of drugs to be the *only ones* on which the selection of the remedy should be based. Others have seemed disposed to say the same of *secondary* symptoms. The majority of practitioners have, perhaps, very misty and ill-defined notions on the whole matter.

The second division of the subject, then, is, What is the value of primary and secondary symptoms of drugs, and of the distinction between them, *as guides in the selection of remedies in practice?*

And a third division involves the question of the importance of the distinction between primary and secondary symptoms of drugs as affecting **THE SIZE AND REPETITION OF DOSES IN PRACTICE**. Some physicians have maintained that the solution of the "vexed dose-question" is closely connected with the distinction between these classes of symptoms.

It is to be hoped that every member of the profession who has thought definitely or made observations in connection with this subject, as above unfolded, will communicate his views *and data* to the Chairman of the Bureau, that the Report may be as complete as possible.

The Bureau have selected *SEPIA* as the drug to be proved during the current year, and they hope to be able to present to the Institute a re-proving of this important remedy, which may

at last equal in thoroughness and value the famous re-provings of the Austrian physicians.

All provers and provers' societies throughout this country are earnestly invited to adopt this drug as the subject of their experiments during the present year, and to communicate the results to the Bureau of Mat. Med. of the Institute.

The classes in several of our colleges, Male and Female (it is *hoped* in *all* the colleges), as well as the members of several societies, will prove *SEPIA* under the supervision of members of the Bureau. The provers will be strictly cross-examined respecting their reports; and the symptoms, and the pathological conditions which they present, will be severely scrutinized by the Professors of Physiology, Chemistry, Gynecology, etc., wherever the skill of these experts may be available to test the accuracy or more exactly define the statements of a prover. Thus it is hoped the investigations of the provers may, to a good degree at least, be subjected to the tests which the science of to-day affords and requires. A similar method should be pursued by every provers' society.

The Chairman of the Bureau will be glad to receive reports as early as May 1, 1875, that they may be properly incorporated in the Report of the Bureau, in which due credit will be given to every society and every individual prover.

CARROLL DUNHAM, M.D.,

*Chairman.*

IRVINGTON-ON-HUDSON, WESTCHESTER Co., N. Y., Sept. 1874.

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TRANSACTIONS OF AMERICAN INSTITUTE, 1870.—The edition for 1870, for several years supposably exhausted, is now available for the completion of files of the Institute Transactions. Dr. Kellogg informs us that a box has lately been found in Chicago, containing a large number of the above, from which he will supply physicians. Address 231 Broadway, New York.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, NOVEMBER, 1874.

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### BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE winter course of lectures was opened October seventh, with an introductory address by Prof. E. B. de Gersdorff.\* Following Prof. de Gersdorff, Rev. Dr. Warren, President of the University, congratulated the class on the success of the past year and their brilliant prospects. Many who came here as strangers, are cared for and watched with interest by those who have themselves been strangers, and whose future assistance may aid them to success. The experience of the school in the co-education of the sexes has been highly satisfactory, the favorable influence here exercised having done much towards solving the important issue of to-day. The President remarked that the Trustees of the University feel a special pride in the vigor and prosperity of this department, and will do all in their power to strengthen and aid it. Some general statements with regard to the Medical College were made by Prof. I. T. Talbot, the Dean.

Numerically, the class starts fairly, one hundred and fifteen students having already entered their names with the commencement of the session, which number will, doubtless, be augmented within the coming month.

Commenting upon the condition of the medical school, the *Boston Journal* (Oct. 8) says: "The foundation of this school and its wonderful success may be attributed to the attempt of the Massachusetts Medical Society to stamp out Homœopathy, but which has done for it in three years what three decades of quiet could not have accomplished."

The semi-annual meeting of the Massachusetts State Homœopathic Medical Society was the occasion of the opening and dedication of the new and beautiful lecture-hall just completed within the college building. This hall is forty by forty-four feet, and twenty-three feet in height; it will seat three hundred students, and all its appointments are as complete as possible. The curved form of the ceiling gives peculiarly fine acoustic qualities to the room, agreeable to the

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\*The address will be published with our next issue.

speaker as well as the audience. This, with the amphitheatre of similar seating capacity, and two smaller lecture-rooms, affords abundant room for the various lectures. The chemical laboratories have been enlarged and refitted. As mentioned in our August issue, the microscopical laboratory has been much enlarged, and ten new microscopes of the best quality have been ordered from Paris. These, with the fine instruments already belonging to the College, will equip this department in the best manner. Other changes and improvements are contemplated, which, if completed, will ere long make this Medical College second to none.

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HAHNEMANN MEDICAL COLLEGE ON THE HOMŒOPATHIC HOSPITAL. — Our friends in Philadelphia appear to have no difficulty in defending themselves from malicious attacks, — as may be seen in the following extracts from the *Sunday Press and Mirror*.

“ PHILADELPHIA, September 4, 1874.

“ *To the Editor of the Sunday Press:*

“ SIR, — In your issue of the *Sunday Press* dated August 23, 1874, there appeared an article headed ‘Death’s Highway,’ which we consider as libellous in statement and scandalous in character.

“ Its statements were so glaringly false that we at first thought they needed no refutation; but as numerous persons, not knowing intimately the character of the Homœopathic Hospital and the gentlemen who control its management, have asked the pertinent question, Why are not these charges answered? we feel it to be a duty now to do so.

“ As members of the Faculty of the Hahnemann Medical College, of Philadelphia, we are interested in the welfare of the Hospital, which is organized under the charter of the College, but managed by a distinct Board of Trustees. We therefore assume the duty seemingly imposed on us.”

From the testimony of competent witnesses it is evident that the whole attack on the Hospital was inspired by partisan malice. Among the voluntary witnesses are two of the hospital patients, who indignantly protest against the statements concerning abuses in the Hospital.

Dr. Bullard, the house-surgeon, is thus defended by Dr. Thomas against a ridiculous charge: —

“ Our amiable late house-surgeon is ferociously dealt with by your reporter in the following extract:

“ ‘ On the post-mortem dissection the coroner’s surgeon discovered a bullet-hole in the skull, which had been *plastered up with lime*, and the bullet was found imbedded in her brain. The physician who thus endeavored to cheat the law (and the coroner out of his fees) should have been then sent to keep company with Yetter in Moyamensing, yet the Homœopathic Hospital still invites victims to its walls.’

“How does our house-surgeon, Dr. Bullard, answer this charge? He says that ‘after death, at the request of her parents — the wound having a repulsive look — I did fill it with plaster, and pasted a piece of silk over it. I also filled in the orbit and drew the lids together, thus making a much more presentable corpse.’ So much for the attempt to show that at the Homœopathic Hospital the surgeons stuff wounds and bullet-holes with lime as a means of treatment.”

We quote, finally, Dr. Thomas’s appreciative notice of Mayor Stokley’s conduct *vs.* the brutal falsehoods of his subordinates, the police, and the “Profession.”

“THE MAYOR’S MORAL COURAGE.

“Mayor Stokley had the moral courage to appoint a homœopathic physician as surgeon to the police district in which our Hospital is situated. This was an unheard-of innovation upon the hereditary rights of the allopaths, and they naturally have resented it, and have thus sought to find some means by which to bring Homœopathy into disrepute. Whether he will have the courage to stand by his orders after this statement is read by him, remains to be seen.

“His police are evidently not favorable to Homœopathy and would not submit a day to its treatment; but, we are happy to know that there are many in this community who are, at least, as highly-cultured and intelligent as our police force, who are willing to place themselves and children under its benign curative influences.

“We submit this statement, Mr. Editor, and confidently trust that your sense of justice will impel you to publish it, and also a retraction of the statements published under the head of ‘Death’s Highway.’

“By order of the Faculty of the Hahnemann Medical College of Philadelphia.

“A. R. THOMAS, M.D., DEAN.”

## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

\*\*\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

## SURGICAL CLINIC.

BOSTON UNIVERSITY SCHOOL OF MEDICINE, H. M. JERNEGAN, M.D.,  
 PROF. CLINICAL SURGERY.

SINCE our last reports the following operations have been performed.

### REMOVAL OF THE MASTOID PROCESS OF THE TEMPORAL BONE.

M. C., aged 5 1-2 years, a slender, dark-complexioned girl, was the patient. Two years since, as a sequela of scarlatina, suppurative in-

flammation of the middle ear supervened, and eventually extended to the mastoid cells. Both ears were affected, but the mastoid cells suffered only in the left ear, which, at the time of her appearance at the clinic, presented the characteristics of necrosed bone, and could be seen protruding through an irregular opening in the integument, and bathed with an offensive sero-sanguineous discharge, escaping both from the opening and from the external auditory canal. A careful examination having demonstrated, beyond a doubt, that the protruding bone was detached, and only confined to its bed by the soft tissues, it was deemed advisable to remove it. Accordingly an incision was extended from the rupture in the integument in a direction upwards and forwards, curving around the external ear, and the flaps drawn back. The detached portion of bone was then readily removed with forceps. Two weeks later the child was returned much improved; another small detachment of bone was removed, and treatment recommended, under which she rapidly improved. Treatment consisted of the local application of *Acid Carbol. sol.* — 1st cent, and lint. Internally *Hepar* was administered. The above case is quite characteristic of certain suppurative inflammations of the middle ear, not involving the tympanum, showing how an outlet may be established externally through the mastoid cells, and yet hearing be preserved. Occasionally, in cases of this kind, thinning of the walls internally will take place, and meningitis be set up from too near approach of the inflammatory process in the mastoid cells. A consideration of these points should draw our attention to the necessity of early and deep incisions into the substance of the mastoid process, when there is evidence of inflammation extending through these cells from the middle ear, thereby arresting the progress of a suppurative inflammation that might otherwise prove either fatal or extremely disastrous to the patient.

#### FISTULA IN ANO.

The patient was a strong, robust, and very muscular man about 40 years of age, who had suffered some months since from an abscess which had formed in the cellular tissue of the ischio-rectal region. The abscess had been permitted to take its own course, and had ruptured spontaneously, discharging considerable pus, thereby affording relief. The opening never healed, however, and of late has been quite troublesome, discharging quite copiously mucus and pus, and being very irritable. Examination showed the external opening about three quarters of an inch from the anus in the right ischio-rectal region, the probe entering the bowel one and a half inches from the outlet. Chloroform having been administered, a steel director was introduced along the tract of the fistula, and the bridge of tissue separating it from the bowel drawn to the surface by forcing the point of the director down through the anus. It was then divided from without inwards, thus bringing to view everything that was to be cut, which is not the case with the old method of introducing the bistoury, and cutting from within outwards. The fistula and bowel were now packed with marine lint, and the patient placed in bed. The after-dressing consisted of balsam of Peru upon marine lint.

## LITHOTOMY.

A male child aged 2 yrs. and 10 mos. was brought from Stonington, Ct., to the hospital by his parents, in May. He had suffered from infancy with urinary troubles, voiding with the urine, at various periods, calculi, ranging in size from that of half a common pea to that of a cranberry bean. The passage of these calculi was attended with much intense pain, and the general health of the little sufferer was depressed in a marked degree. During the past nine months he has suffered greatly while urinating, the stream of water stopping suddenly or dribbling away slowly. So intense have become his sufferings of late while urinating, and so fearful was he of "that pain," as he named it, that the bladder was never entirely emptied of its contents, and many times it became much distended with decomposed urine, which was not voided for hours, and then perhaps only a very small portion. For days and nights he was carried about, having the thighs strongly flexed, or would rest upon his knees in bed, with his head and chest upon a pillow. Brought to us with such a history, stone was naturally suspected as being the cause of all these terrible sufferings. Accordingly, having placed the patient under the influence of chloroform, a small sound, well oiled, was introduced into the bladder, when stone was at once encountered, evidently of a large size, and hard. The instrument having been removed, flax-seed tea with nourishing broths were recommended in connection with warm baths, that the condition of the patient might be as favorable as possible for the performance of the operation of lithotomy, which was done upon the second day.

The patient, having been brought under the influence of an anæsthetic, was placed in the position for lithotomy, and the limbs being secured by assistants, an oiled catheter, to which was attached a short rubber tube, was introduced into the bladder, and through this by means of a syringe a small amount of warm water containing a few drops of *Tinct. Hydrastis* was injected, and the instrument removed. A grooved staff was next carried into the bladder, and brought into contact with the stone, when a decided click could be heard in nearly every part of the amphitheatre. The staff, together with the scrotum, was intrusted to an assistant, who retained them in their proper positions during the operation. The left index finger of the operator was now introduced into the rectum, while he proceeded with the incision for the left lateral operation. Having carried the incision through the superficial and deeper tissues, the membranous portion of the urethra was reached, and search was made for the groove in the staff.

Some little delay was occasioned at this point in dividing the urethra and prostate, owing to the difficulty in discovering the groove upon the necessarily small staff. The division having been made, the finger was passed through the opening, the stone reached, and the staff withdrawn. Upon careful examination it was found impossible to remove the stone through the opening, and the prostate was divided in a direction downward and outward upon the right side. This not

sufficing, an incision upward and outward upon the right side was made. The stone was now grasped by a pair of polypus forceps and brought to the opening, when it was still found impossible to remove it. It was now resolved to use the drill, and accordingly a portion of one side of the stone was drilled away with Hamilton's drill, when the forceps were applied and delivery completed. The bladder and the surrounding parts that were incised were thoroughly cleansed by injections of warm water and *Hydrastis*, a soft sponge secured to the perineal wound, the knees bound together, and the patient placed in bed with hot bottles at his feet. Brandy was sparingly administered and followed by beef-tea. The length of time occupied by the operation caused considerable depression, from which he rallied in a few hours. The fever was controlled by *Aconite*, the pain by *Suapnia* (a preparation of Opium free from the alkaloids, *Thebaine*, *Narcotine*, and *Papaverine*), and the urinary symptoms following closure of the external wound by *Belladonna* and *Cantharis*. The sponge applied to the perineal wound was rinsed every hour or two in warm water and re-applied. No catheter was introduced and no unfavorable symptoms were present after the first day. The fever attending the operation was very slight and the whole recovery rapid and satisfactory, the perineal wound healing the fifth or sixth day.

Four months after the operation the child was reported well and hearty. The calculus, denuded of phosphatic incrustation, weighed 347 grs. and measured in length  $1\frac{1}{2}$  inches, width  $1\frac{1}{4}$  inches, thickness  $\frac{3}{4}$  inch, circumference  $4\frac{1}{2}$  inches. The formation was that known as oxalate of lime, and for a stone of that formation was unusually large. Taking into consideration the age of the patient, the history, size of the calculus, and its peculiar formation, the case may well be considered remarkable, and the peculiarly happy recovery made, something to be hoped for, but seldom realized.

#### CYSTIC GROWTHS.

Several of these growths, the size of a pea, had existed for some months upon the mucous surface of the under lip of a man aged about 35 years. They were snipped away with scissors and the points touched with *Iodine* to promote granulation.

#### FIBROID TUMOR.

Miss P., aged about 30, presented herself at the clinic with a small tumor imbedded in the upper eyelid. Under chloroform, an incision was made over the growth, a tenaculum hooked through it so as to raise it from its bed, and it was removed by dissection. The lips of the wound were approximated with a silver suture and water dressings advised.

#### FIBRO-CARTILAGINOUS GROWTH.

Mrs. —, aged 35, slender, dark hair and eyes, some eight or nine years ago noticed a small, hard, movable spot, about the size of a pea, just beneath the external auditory canal, and midway between the ascending ramus of the jaw and the mastoid process. It had grown

very slowly until within six months, and is now about the size of a peach, but irregularly flattened and modulated, the greater portion of the tumor lying in front of the ramus of the jaw and on a line with the lower border of the lobe of the ear. The growth is movable upon the deeper tissues, but seems adherent to the integument. Under chloroform, an incision was made over the body and parallel to the ramus of the jaw, but it was found necessary to make quite extensive dissections in order to raise it clear from the surrounding parts. On removal the portion beneath the ear seemed to be cartilaginous, while the portion upon the ramus of the jaw was evidently fibrous. No arteries were severed, and after cleansing the cavity with warm water, silver wire was used to unite the edges of the wound, and a pad and *bandage* applied.

All the cases previously operated upon, and reported in the *Gazette*, have done well to date.

#### CORTICAL CATARACT.

*Reported by Dr. F. W. Payne, Surgeon.*

OPHTHALMOLOGICAL CLINIC.—Miss C., aet about fifty years. Cataract has existed for three years. Operated on by the lower flap section. The lids being held apart by Weiss's stop-speculum, and the eye steadied with the forceps, the knife was entered at the temporal side, about a quarter of a line within the edge of the cornea, and passed through the anterior chamber, emerging at a point equidistant within its edge, on a line corresponding with its transverse diameter, and the section carefully completed. Graefe's cystotome was now used to rupture the capsule, the curette introduced, and the lens lifted from its position. A little of the vitreous humour escaped; consequently, the eye was immediately bandaged without testing the power of vision.

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#### NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY: SEMI-ANNUAL MEETING.

DR. L. M. KENYON, of Buffalo, president, occupied the chair. The secretary, Dr. F. L. Vincent, was also present.

#### ADDRESS OF PRESIDENT KENYON.

President Kenyon alluded to the status of the county societies. Those of Central and Northern New York were especially complimented. The attempt to organize a State Board of Health in the interest of the allopathic school was referred to, and action urged to secure the drafting of a fair bill to be presented to the next Legislature. In all the sanitary movements of the day the homœopaths should take a leading position, as they were the equals in all respects of other practitioners. The law for the regulation of those who practise medicine and surgery was alluded to, and the members were

urged to carry out the laws in the county societies. The opening of the Homœopathic Insane Asylum was a theme for congratulation. The paper of Dr. Kenyon was full of practical suggestions, and was listened to with great interest by the Society.

The secretary presented a communication from Dr. Carroll Dunham, who is one of the State Committee of Arrangement for the World's Homœopathic Convention, to be held in Philadelphia in 1876. The report suggested the appointment of a committee to prepare the New York State Report:—

The report of the committee is expected to cover the following points:—

The history and statistics of the introduction, growth, and present representation of homœopathy in various prominent localities of the State.

The history and statistics of homœopathic medical schools, institutions, and corporations in the State of New York, including hospitals, asylums, colleges, dispensaries, libraries, examining boards, etc.

The history and statistics of homœopathic literature of all kinds in the State of New York.

The history and details of legislation and litigation in the State of New York affecting homœopathic practitioners, whether by the government or by corporations (such as medical societies, colleges, hospitals, commercial companies, etc.).

A clear exposition of the present legal status of practitioners of homœopathy in the State.

Dr. Watson, of Utica, explained the bill to organize a State Board of Health; it was drawn in a way to secure only allopathic representation, and would have so done had it not been killed. This was only a plan of the allopaths, throughout the Union, to establish not only State Boards of Health, but also County Boards, all of which should be tributary to a National Sanitary Bureau. They had succeeded in establishing such State Boards in Massachusetts, Michigan, and Maryland. The idea of these State Boards was to have all practitioners examined by them and none be allowed to practise who had not so passed. Dr. Watson suggested that the allopaths would introduce another bill, which would be similar to the one killed last winter. He thought it would be well for the homœopaths to draw up a bill for presentation to the Legislature similar to that of last winter, but which should make the State Board composed of two homœopaths and two allopaths. He read the draft of the bill that had been presented, with such changes as would secure fair representation. The importance of the measure was not overrated, and he urged immediate action; they must commence early if they would defeat an allopathic sanitary *régime* all over the United States. Dr. Watson introduced the following, which was seconded by Dr. Hawley:—

*Resolved*, That the Homœopathic Medical Society of the State of New York respectfully urge upon the Legislature of 1875 the passage of the subjoined act to create a State Board of Health, for the protection of life and health, and to prevent the spread of disease in the State of New York.

Upon this resolution a spirited discussion was held in the afternoon, resulting in its adoption.

BUREAU OF MATERIA MEDICA.

The Report of the Bureau of Materia Medica was composed of two papers, — the first on Poisoning by Henbane, prepared by Dr. Covert, of Geneva; the second by Dr. Kenyon, of Buffalo.

Dr. Fiske made a statement in regard to the value of *Physostigma* or *Calibar bean*, which had been used by Dr. Kenyon. Dr. Helmuth also gave an instance where lock-jaw had been cured by the same medicine when all others had failed.

The Bureaus of Ophthalmology and Clinical Medicine presented carefully prepared papers.

Dr. Vincent reported the following, which was unanimously carried: —

*Resolved*, That the members of the State Homœopathic Society present, who have listened with gratification to the report of Dr. Stiles upon the management of the State Homœopathic Medical Asylum at Middletown, heartily approve the management adopted by him, and hereby express our willingness to extend to him our earnest and cordial support.

Dr. Vincent read a very interesting paper upon Laryngoscopy, by Dr. Whitney of Brooklyn.

Dr. Fiske read an article upon Surgery, in which he spoke with pleasure of the fact that we now have many skilful homœopathic surgeons, and no longer is the homœopathic practitioner obliged to call in an allopathic surgeon in consultation, to be snubbed by him and perhaps be dismissed directly from the case.

Dr. Helmuth regarded favorably the use of the Esmarck constrictor in capital operations. He gave a case of popliteal aneurism that was cured by digital pressure.

Dr. Fiske gave a similar case, in which he was successful in saving the life of his patient.

Dr. Fiske gave a case of hydrocele cured by a seton of coarse silk, using remedies internally which were indicated. He also gave an important case of irreducible inguinal hernia; he tried *taxis* thoroughly without success, and waited as long as he thought was safe, then operated. In cutting down to the tumor, a large amount of omentum rolled out with a small knuckle of intestine. The intestine was returned, and as the omentum was diseased, a double ligature was passed through the centre and tied on each side, sloughing off a large portion. The patient made a good recovery. He then read a paper upon Perineal Rupture during Parturition, in which healing of the ruptured parts was produced by first intention.

EVENING SESSION.

An article on Animal Magnetism, by Dr. Fleming, was ordered published instead of being read.

Papers on Tetanus and Imponderabilia followed the same course as the above.

A paper on Intercostal Neuralgia, was read by Dr. Vincent; the disease was cured by *Arsenicum*.

Other cases were read.

The sessions lasted throughout the day and evening, and were highly interesting.

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#### ONONDAGA COUNTY MEDICAL SOCIETY, NEW YORK.

THE meeting of the Society was quite fully attended, and in many of its points was very interesting.

Two cases of dislocated astragalus were reported, in which reduction was impossible, but, the bone being removed, the patients are doing nicely.

Very proper action was taken by the Society, in refusing to allow the exhibition of a truss, which had been patented, and very widely and glaringly advertised by one of its members, and the exhibition of which at this time was only for the purpose of further advertisement.

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#### CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE

PRESENTS us its twenty-fifth annual announcement. It is evidently striving to do good work and true work, and to raise the standard of medical scholarship. It offers six prizes for the best examinations and papers relating to the different subjects taught. In the list of its five hundred and fifty graduates, we notice many names "not unknown to fame." The session began Sept. 30, 1874.

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#### NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN.

THE twelfth regular winter session commenced October 13, and will continue twenty-eight weeks.

When the question of the professional education of women was first agitated, the medical colleges of the country were closed against them, and, with a few exceptions, so remain. It, therefore, became necessary to establish a medical college having also hospital advantages.

All this has been accomplished, and not only this. The College has been thoroughly equipped with every material and apparatus requisite for medical instruction. The most costly plates have been purchased abroad, and extensive collections of instruments and plastic models have been made for the use of the College. The requirements of every department have been fully provided for. Its matriculants for 1873-4, were twenty-one.

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#### PULTE MEDICAL COLLEGE.

THE winter Session of this College opened September 23d, 1874, and the faculty present such inducements as cannot easily be ignored by the student. The matriculants for 1873-74 were forty-nine. The Registrar is our friend, Dr. J. D. Buck, 305 Race Street, Cincinnati.

## REVIEWS AND NOTICES OF BOOKS.

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

## RECENT PUBLICATIONS.

- Clarke.* — The Building of a Brain. Osgood.  
*Flint.* — Medical Essays. H. C. Lea.  
*Hartshorne.* — Essentials of Practical Medicine. H. C. Lea.  
*Hering.* — The Twelve Tissue Remedies of Schüssler. 2d Ed. B. & Tafel.  
*Holcombe.* — How I became a Homœopath. What is Homœopathy? B. & Tafel.  
*Hooker.* — New Physiology. Sheldon.  
*Jacobi.* — Infant Diet. Putnams.  
*Leadam.* — Diseases of Women Homœopathically Treated. 2d Ed. B. & Tafel.  
*Minor.* — Erysipelas and Child-Bed Fever. Clarke.

## FOREIGN PUBLICATIONS.

(For sale by Schoenhof & Moeller, 40 Winter Street, Boston.)

- Bernard.* — Leçons sur les Propriétés physiologiques et les Altérations pathologiques des Liquides de l'Organisme.  
*Cauchois.* — Pathogénie des Hémorrhagies traumatiques secondaires.  
*Nouveau Dictionnaire de Médecine et de Chirurgie pratiques*, illustré de figures, intercalées dans le texte, rédigé par Bernutz, Bœckel, Buignet, Cusco, Denucé, Desnos, Nélaton, Ph., Ricord, A., Tardieu, Trousseau, etc.  
*Gietl.* — Die Ergebnisse meiner Beobachtungen über die Cholera.  
*Hitzig.* — Untersuchungen über das Gehirn.  
*Lagrange.* — Contribution à l'Étude de la Sclérodémie avec Arthropathies et Atrophie osseuse.  
*Roller.* — Psychiatrische Zeitfragen aus dem Gebiete der Irrenfürsorge.  
*Shapter.* — Notes and Observations on Diseases of the Heart, and of the Lungs in Connection therewith.  
*Schule.* — Sectionsergebnisse bei Geisteskranken nebst Krankheitsgeschichten und Epikrisen.  
*Thierfelder.* — Atlas der pathologischen Histologie. 3 Lfg. Pathologische Histologie der Leber, des Pankreas und der Speicheldrüsen.  
*Wundt.* — Grundzüge der physiologischen Psychologie.  
*Wernicke.* — Der aphasische Symptomencomplex.

For the early receipt of late publications we are indebted to Otis Clapp & Son, Noyes, Holmes & Co., James Campbell, and A. Williams & Co.

With regard to this courtesy on the part of the last named firm, it is but just to observe that we have not for some time acknowledged our obligations.

ANNUAL RECORD OF HOMŒOPATHIC LITERATURE. 1874. Edited by C. H. Raue, M.D. Pp. 376. 8vo. New York and Philadelphia. Boericke & Tafel.

“A fifth crop of select fruit” from the homœopathic vine, — sour grapes to allopaths.

The profession owes much to Dr. Raue, but if there be any recent

service of his more obvious, repeated, and popular, it is the one here rendered. The Annual Record is received with sincere satisfaction by every practitioner who aims to acquire all he can in behalf of the sick. As far as our time has allowed a comparison with the journals epitomized, we are led to conclude that Dr. Raue's collection fulfils the requirements of a good compendium, — the utmost possible justice and completeness, a place for everything, and everything in its place in the indices.

THE TWELVE TISSUE REMEDIES OF DR. SCHÜSSLER, RECOMMENDED FOR INVESTIGATION BY C. HERING. Second Edition, much enlarged by Schüssler's and other additions. New York and Philadelphia: Boericke & Tafel.

Schüssler's pamphlet of Special Indications, together with his additional remarks in A. H. Z., Dr. Plate's confirmations, additions or confirmations by Dr. C. M. Conant, Dr. E. M. Farrington, Dr. W. P. Wesselhœft, as well as provings and remarks by the editor, are used in this second edition; and Dr. J. B. Bell's proving of *Clc. fluor.* are used. These additions will add much to the interest of the profession in the "Tissue Remedies," whatever be the theory of their action. It is desirable to include these among the drugs to be proven by medical classes of the coming season. The repertory is enlarged in accordance with accessions. We wish it were possible to bestow praise upon the proof-reading of Dr. Hering's pamphlet.

INFANT DIET. By A. Jacobi, M.D. Revised, enlarged, and adapted to popular use by Mary Putnam Jacobi, M.D. Pp. 119. 12mo. New York: G. P. Putnam's Sons.

This little book is intended for popular use, announcing in the preface, "Of all the questions that might be asked in relation to the child, we only propose to answer one back, namely, What shall it eat?"

Apparently, however, a chief object of the writer is to tell the mother what may be the intricate and doubtful pathology of her baby's crying, in order that she may first be sure to give it *whiskey and water*, and then send for a doctor. The work panders to the desire of a class of would-be-thought-intelligent people, who have a special craving for information upon medical subjects, bringing discomfort or even danger to their friends and themselves therewith. A mollifying passage concludes the book, — "Give no laudanum, no paregoric, no soothing-syrup, no teas."

The author's remarks upon the occasional evils of nursing, instead of which the bottle must sometimes be substituted, are interesting and practical. "Many a mother raises at her own breast sickly, bloated, rachitical children, until finally one is born which she is quite unable to nurse; then for the first time appears in the family a noisy, ruddy, muscular baby." We cannot assent to the whole argument which follows on this score, but it is worthy the attention of our readers.

A clear and interesting explanation is given, illustrating the sim-

plicity of the ingress and egress of food through the infant's intestinal canal: —

“The peculiarities by which the stomach of the human infant differs from that of the adult, either correspond to an inferior stage of animal development, or are exaggerations of those by which the stomach of the carnivorous animals differs from that of the herbivoræ. We have said that its situation was more oblique, — it is, indeed, nearly vertical, — and as the large (cardiac) end is very much less developed, the entire organ is narrower than in the adult, and therefore offers a slighter deviation from the straight vertical tube that constitutes the primitive type of digestive canal. Its shape, therefore, resembles that of the dog.

“The facility with which a baby vomits is another point of resemblance to the latter class of animals, and of difference from the herbivoræ, who vomit with much greater difficulty, or even not at all. ‘The stomach of the dog,’ observed Schiff, ‘does not enter into the long discussions with indigestible food to which the human stomach is habituated, but rejects it promptly and completely, and, once relieved, returns to its functions again without delay or *malaise*. It is the same with babies, in whom vomiting is so frequent that it is often regarded by mothers and nurses as a sign of health. Its facility has been explained by the vertical position of the stomach, and the small development of its cardiac extremity, so that the cavity continues in nearly a straight line with the œsophagus. (Schultz.) Only when the accumulation of food is excessive is the anterior wall of the stomach distended, and then the lower border rises and presses against the abdominal walls. From the small size of the cardia in babies, this point of distension is much sooner reached, the long narrow stomach rolls upwards, and, compressing the abdominal muscles, is in turn compressed by them. At the same time the stomach is pressed by the large liver against the diaphragm, so that the latter has less space into which to descend when the lungs expand during inspiration. If, therefore, the baby takes a longer breath than usual, and the diaphragm is pushed down a little farther, it also compresses the stomach, which thus is squeezed on nearly all sides. (Alley.) At the beginning of digestion, the pyloric orifice is closed. It only opens gradually, and in proportion to the amount of food that has become thoroughly prepared for entrance to the intestine. Since this proportion is always smaller with babies than with adults fed upon solid food, the pylorus habitually opens with more difficulty, or, rather, it has not yet become habituated to open with ease. The cardiac orifice, however, is opened by muscular fibres, which from birth are ready to respond to irritation. The whole force of the pressure, therefore, to which the stomach is submitted, bears in the direction of the least resistance, upon this orifice, and the milk is squeezed out of the stomach into the œsophagus, its exit being facilitated, as already said, by the nearly straight line in which this canal continues with its own cavity.

“From this disposition, the baby's stomach, like that of the dog, is able to avoid ‘long discussions’ with food indigestible either from

quality or quantity, and to relieve itself promptly, where indecision would be most disastrous."

A valuable reminder of a precaution to be used in the administration of nourishment by injection is found on page 95:—

"When, therefore, on account of the inability to swallow, or of incessant vomiting, the attempt is made to feed a patient by the rectum, it is necessary not only to dissolve the articles of food, but to effect in them the apparently trifling, but really all-important, transformations that ordinarily take place in the stomach. Thus, sugar and starch must be converted into glucose; meat, or the caseine of milk must be changed to peptone, by means of an infusion of calves'-stomach; fat, which, as we shall show, is digested in the small intestine by means of the bile, the pancreatic and intestinal juice, must be emulsified by the same fluids artificially procured. These precautions are hardly ever taken; if there were, nourishment by the rectum would be more often successful—often, indeed, a means of saving life at a most critical emergency."

THE PHYSICIAN'S VISITING LIST FOR 1875. (Twenty-fourth year of its publication.) Philadelphia: Lindsay & Blakiston.

To those physicians who do not use Penny's Metallic Note-books, which are better than the above, the Visiting List will be found convenient.

Marshall Hall's Ready Method in Asphyxia, Antidotes for Poison, and the Table for Calculating the Period of Utero-gestation, are convenient remedies.

THE LABORATORY is conducted by Prof. J. F. Babcock, and is a "monthly journal of the progress of chemistry, pharmacy, medicine, recreative science, and the useful arts." An editorial article upon the responsibility of druggists' apprentices with regard to breakages, reports of pharmaceutical societies, and quotations from other publications, constitute the present issue, the second number of the *Laboratory*.

ARCHIVES OF DERMATOLOGY: A QUARTERLY JOURNAL OF SKIN AND VENEREAL DISEASES. Edited by L. Duncan Bulkley, A.M., M.D. Vol. I, No. I. New York: G. P. Putnam's Sons.

We have received the first number of this publication. Accurate descriptions of diseases of the skin may lead to a practical classification.

"Brevity, indeed, upon some occasions, is a real excellence."—Cicero, Brut. 13.50. We trust this motto will be considered in the treatment of mental diseases by the contributors to the *Archives*.

The contents of the present number are as follows:—

*Original Communications.*—Rötheln, or German Measles, J. Lewis Smith; Notes on Urethral Stricture, F. J. Bumstead; Elephantiasis Penis (with plate), Robert F. Weir; Hints about Tertiary Syphilis, Chas. R. Drysdale; Lichen Plants, R. W. Taylor; Varieties of Urticaria, Howard F. Damon.

*Society Transactions.* — *New York Dermatological Society.*

*Clinical Records.* — Hæmaturia Treated Locally, E. L. Keyes; Herpes Zoster Facialis, treated by Electricity, Dr. Bulkley; Chronic Eczema, treated by Central Galvanization, G. M. Beard; Syphilis of the Eye (cases), F. R. Sturgis.

*Extracts and Translations.* — Histology of the Tactile Corpuscles and Rete Malpighi, Langerhans.

*Digest of Literature.* — Anatomy, Physiology, and Pathology of the Skin, T. E. Satterthwaite; Inflammations, the Exanthemata, F. P. Foster; Inflammations, Geo. H. Fox; Hypertrophies, Atrophies, and Neoplasmata, Edward Wigglesworth, Jr.; Hemorrhages and Neuroses, A. Von Hærlingen; Parasitic Diseases, H. G. Piffard; General Syphilis, Therapeutics, etc., R. W. Taylor; Visceral and Nervous Syphilis, E. L. Keyes.

*Reviews and Bibliography.* — Gailleton, Elementary Treatise on Diseases of the Skin; Milton on Lupus Disease of the Skin; Vierteljahresschrift für Dermatologie und Syphilis.

*Correspondence and Miscellanies.* Editorial.

GEN. ED.

## ITEMS AND EXTRACTS.

HEKLA LAVA IN DESTRUCTIVE SYPHILITIC ULCERATION OF THE NOSE. — At a recent meeting of the Homœopathic Society of the county of New York, Dr T. H. Thompson, in presenting a case of the above disease, thus treated with success, says:—

My attention was called to this remedy by a remark made by Prof. Helmuth, in one of his lectures during the winter of 1872-3, the subject having been presented to the American Institute of Homœopathy in 1870, by Dr. Wm. H. Holcombe, of New Orleans, in a letter from Dr. John James Garth Wilkinson, of London, who says: "Its known pathological effects on the sheep in the vicinity of Hekla, are immense exostoses of the jaws. It also produces drying up of the milk in both sheep and cows.

"The finer ash, which fell upon the pastures in distant localities, was particularly deleterious, while the gross ash near the mountain was inert.

"In cows, post-mortem examination showed intestines filled with ashes, hardened to a mass, and stomach coated over with a pitch-black membrane, spotted with brown, and difficult to remove by washing.

"The jaw teeth were covered with a shining, metallic crust.

"Several young horses died from lumps on the jaw-bones so large as to cause dislocation.

"The sheep, when butchered, were found of a bluish hue internally, and the intestines were friable. In many cases worms from two to three inches long, with pale gray bodies, and brown heads, and a little thicker than a horsehair, were found in the bronchia.

In sheep the osseous and dental systems were much affected. The

head-bones, and especially the jaw-bones, swelled, and became so friable that when boiled they fell to pieces. The thigh, and particularly the skin-bones, swelled and bulged. The jaws were sometimes covered with large swellings, which spread, and were of loose texture, and darker in color than the bone. These could be separated from the bone without injuring it, but in some fatal cases a hole in the bone going down to the marrow was discovered under the swelling.

“These particulars are from a Danish account of the eruptions of Hekla, and their consequences to general nature,—to man, beast, and to vegetable.

“Hekla lava, according to Professor Morris, of University College, London, has for general constituents, silica, alumina, lime, and magnesia, with some oxide of iron. Sometimes it contains anorthite and other minerals.”

“Dr. Wilkinson also says: ‘In this pathogenesis we have undoubtedly symptoms pointing to diseases of teeth and bone,’ and states that he has ‘used it in toothache, and in swellings about the jaws with magical effect in some cases; also in gum abscess from decayed teeth, and with apparently good results in difficult teething.’

“Dr. Holcombe says, that ‘this is all that is known of the Hekla lava,’ and according to these suggestions, he also used it with marked beneficial result in neuralgic pains in the cavities from which teeth had been extracted; also in a case of injury to the inferior maxilla of a scrofulous girl, ten years of age, which produced an immense abscess, and afterwards great enlargement of the maxillary bone, the effect in the latter case being ‘truly magical.’”

In Dr. Thompson’s case, carbolic acid, 1 : 100, was used locally.—*N. Y. Journal of Homœopathy.*

**ÆSTHETIZATION DURING SLEEP.**—Deeming it expedient to operate for the evacuation of the pus formed in acute otitis media, chloroform was administered upon a four-by-six piece of surgeon’s lint, held as near the child’s mouth as possible, without coming in actual contact. Not the slightest effort was made by the child to avoid the inhalation of the anæsthetic, and in a few moments she was well under its influence, and was immediately carried into an adjoining room and placed upon a lounge, where the doctor very soon completed the operation.

The child being still anæsthetized, the wound was dressed, and before she had fully gained consciousness we both left the room, having first given proper instructions to the parents. On making my evening visit, I was informed that my patient was not yet aware that she had undergone a severe surgical operation, or that Dr. Curtis or myself had visited her on that day.

My second case occurred on the 15th inst., in the person of a little girl two and a half years old, named Drake, brought to me from Galena, Nevada, for the purpose of having a supernumerary toe removed from each of its feet. While waiting for the arrival of Dr. Nelson, who assisted me in the operation, the child fell asleep and was placed in the operating chair. As soon as the doctor arrived,

chloroform was administered in the manner already detailed in the former case, and with equal success, and the operation was soon completed without the occurrence of an unfavorable circumstance.

In the first case, the condition of the child probably favored the ready induction of anæsthesia, while in the second, age alone could have been supposed to have influenced the result. — *W. R. Cunness, in Pacific Med. and Sur. Journal.*

**THE PECULIAR PEOPLE.**—Without questioning the soundness of the judge's ruling as a matter of law, we would only say that the sooner the law is altered the better. There may be something, perhaps much, in the old saying, *Vis naturæ medicatrix*, as the allopathists allege against the homœopaths, and that in certain cases of illness patients will recover without the use of medicine, we do not for a moment deny; but it is a monstrous thing that at this time of day a parent laboring under religious fanaticism should not be held responsible for neglecting the ordinary means at hand towards the recovery of his children from sickness. If the case we are alluding to is to be taken as a precedent, and to overrule previous decisions, and no alteration were made in the law, it would be lawful for parents to actually starve their children to death, or commit other atrocities, on the grounds of conscientious views or scruples and the literal interpretation of some one or other passage in the Bible. As, for many centuries at least, we have no authentic case of a broken leg having set itself in consequence of intercessory prayer, or of a violent fever or inflammation subsiding on the application of oil, those who rely solely on these remedies should be held not only morally, but legally, responsible for the lives of those over whom they have control, if they neglect to call in the services of medical men, which even the poorest can command by application to the parochial authorities. The fanaticism of "peculiar" people should be kept within certain bounds by stringent law, especially when it is seen that they have no real faith in their own principles. In the present case it was proved in evidence that Thomas Hines provided brandy and arrowroot for his sick child and carefully watched it. If prayer and oil were really the only remedies necessary, there was no need of brandy and arrowroot. He would not have transgressed his own principles any the more by calling in medical assistance.—*Morning Advertiser.*

**WASHING OUT THE STOMACH.**—The *Boston Journal of Chemistry* records a most ingenious method, as follows:—

Dr. C. Ewald, of Berlin, describes a method of washing out the stomach, which, on account of its great simplicity, seems likely to make the topical treatment of diseases of the stomach, especially in cases of poisoning, much more common. "A piece of ordinary india-rubber tubing such as is used for gas-lamps, about six feet long, is used; one end is rounded with scissors, and, if necessary, two holes are cut at a short distance from the end. This tube possesses quite sufficient rigidity to be passed without difficulty into the stomach. To the outer end a funnel is fitted, into which can be poured either

water or a solution of soda, etc., according to circumstances. If the contents of the stomach are to be removed, the outer end of the tube must be sunk to the level of the pubes, or even lower; then the patient must make a short but forcible contraction of the abdominal walls. By this means the tube is filled to its highest point with the fluid contents of the stomach, and become a syphon, the liquid continuing to flow until there is no more, or till the tube is stopped up. This last seldom occurs, if the tube be of a moderate calibre. Should it, however, happen, or should the abdominal pressure be insufficient to fill the tube in the first instance, or the patient be insensible, or any similar difficulty arise, it can, in general, be readily overcome by fitting a common clyster-syringe to the end of the tube, one stroke of the piston of which is generally sufficient to remove the difficulty."

SARRACENIA PURPUREA IN SMALL-POX. — Dr. Mouremans, in the *Revue Hom. Belge*, gives fourteen cases of small-pox, and refers to others, which he has successfully treated with *Sarracenia*. In most of the cases cited, the eruption was confluent; in three the pustules were black; in two cases, hæmaturia; in others, hemorrhages from various parts; angina in three cases. The condition of nearly all these patients had been pronounced hopeless by their allopathic attendants. In nine of the reported cases *Sarracenia* alone was given (3d, 6th, 9th, 30th). The report would have been more satisfactory, had not Dr. Mouremans in a few instances employed other remedies in alternation with the above.

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## PERSONAL.

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OBITUARY. — I. L. BABCOCK, M.D., of Hallowell, Me., while on a fishing excursion, Aug. 13, was instantly killed by lightning. Dr. Babcock was graduated from New York Homœopathic Medical College in 1872, since which time he has been in practice at Hallowell, where he was much beloved and eminently successful in his profession.

REMOVALS. — JOHN J. SHAW, M.D., has removed from East Bridgewater to Plymouth.

HELEN T. UNDERWOOD, M.D., who succeeded to Dr. Mary J. S. Blake's practice in Chicago, suffered the loss of nearly all her personal property in the late fire. We are glad to record Dr. Underwood's re-establishment in practice at 809 Wabash Avenue, Chicago.

W. E. PAYNE, M.D. — Prof. Payne is necessarily absent at present from his duties at the Medical College, having sailed for Europe with his family, on the 13th inst., by the "Samaria." We regret to note that this journey is taken on account of impaired health, which was, however, improving at last accounts.

THE  
**New England Medical Gazette.**

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No. 12.]

BOSTON, DECEMBER, 1874.

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GLONONIN OR NITRO-GLYCERINE.

[Continued.]

765. Stitches in the ears alternately with pressure in forehead.  $\frac{1}{20}$ . Eichorn.  
**Hearing.** Heaviness, deafness, and sensation of being stopped up, in the ears.  $\frac{1}{50}$ . Lippe.  
.\*In hardness of hearing, after Glycerine had been used without effect, Glonoin helped, frequently repeated.  
 $\frac{1}{30}$ . Gdr.  
.\*Slight paralysis of auricular nerve. 9°. Coxe.  
. Sight and hearing both affected, indistinct. 42, 747.
770. Partial deafness, followed by indistinctness of vision. 748.
- 
- . Humming in the ears. Hirschel.  
. Rushing noise like escaping steam. 28.  
.  *ringing in the ears*, and audible pulse.  $\frac{1}{200}$ . C. G. S.  
. When the headache was very violent, a fine buzzing began in the left ear, and redness of the left eye as if injected. Preparat. Z.
775. Ringing in the left ear. 325.  
. Crackling in the left ear; aft. 3 or 4 min.  $\frac{1}{30}$ . Jeanes.  
**Nose.** Headache extending to the nose. Sch., \*Wn. 146, 151, 325, 493, 712, 751.  
. Dull pain in the root of the nose.  $\frac{1}{60}$ . Rhees.  
. Sensation of fulness in the nasal fossæ, more left. 758.
780. Twitching in the wings of the nose, and prickling twitching in the face. G. F. Davis.  
. Sensation as if both nostrils were stopped up at the root of the nose. P.  
. Twitching pains in the root of the nose, right. 325.  
. Later, pain over the nose and in the petrous portion of the temporal bone of the right side. Benson.

- . Sneezing without increase of headache, with running of the nose.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - 785. Late in the evening, sudden sneezing and fluent coryza.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - Countenance.** *Heat in the face.*  $\frac{1}{500} + \frac{1}{50}$ ,  $\frac{1}{1000}$ . C. Hg.  $\frac{1}{100}$ . Ok., etc.
  - . *Redness of the face.* M. L., and others.
  - . The face grows red, especially in the upper part of the cheeks, and still more in the lower eyelids, likewise the ears, but not the forehead. Cle.
  - . Face grew red during headache. \*203, \*208, \*238, 258, etc.
  - 790. Face flushed, and very hot. \*205, and others.
  - . Heat in the face during headache. 308, etc.
  - . Redness of the face, and fear, during headache.  $\frac{1}{30}$ . Z.
  - . \*Yellowish redness of the face during sunstroke. 74.
  - . Face hot, *especially about the eyes.*  $\frac{1}{150} + \frac{1}{130}$ . Wn. 685.
  - 795. Feeling of heat in the face, as if sitting by a hot stove. Hawley.
  - . Face and head, on top and in front, hot, and as if full.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. 1357.
  - . Face feels hot, full, and bloated. Wallace.
  - . Momentary sensation of *flying heat*, from the chest to the face and head, with throbbing in the vertex. Mrs. St. 499.
  - . *Flushes of heat* in the face, with vertigo in the forehead. Fr. 482, 1380.
  - 800. \*Flushes of heat to face and head. 292.
  - . Heat of the face, *with pallor* and sleepiness. 1337.
  - . Face hot during palpitation. H. E. 1117.
  - . Sensation of heat in right cheek.  $\frac{1}{20}$ . Eichorn.
  - . The face felt congested, though it was not altered in color. R. E. D. 801, 809, 812.
  - 805. \*Unconscious with face red. 64; with deep red or purple face. 66, 68.
  - . \*Convulsions after delivery, with red face. 1041.
  - . Face sweats. 1371-1375. Warm sweat on face and forehead. 1374.
  - . Immediately, great heat throughout the body, especially in the face, with copious hot sweat, lasting  $\frac{1}{4}$  hour Lembke. 648, 944.
- 
- . *Pale face.* Hupfeld, after sweating. J. Wh.
  - 810. *Paler face during heat.* 1337.
  - . Countenance pale and agitated, even after a long time. J. W. 49, 1305.

- . Pale face, with nausea and congestion to chest.  $\frac{1}{1000}$ .  
C. Hg., Ext. from letter.
- . \*Paleness of the face with congestion to the head, in pregnant women. 224.
- . \*Pale face in sunstroke. 73.
- 815. Face pale, or at times a little flushed; at times a livid hue. 55.
- . Face alternately flushed and pale. Stow. 55, 60.
- . Bluish pallor under the eyes; 3 min.  $\frac{1}{500} + \frac{1}{1000}$ . Sch., a man.
- . Blue rings under the eyes. Sch. 693, 1118.
- . \*Cold sweat during congestion to the head. 224. 220.
- 820. Itching burning on the left cheek.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . Itching on the face. G. F. Davis.
- . Since taking the medicine has a rash on her face after washing; this symptom she never had before. Rous-  
sell.
- . \*Faceache, cured after violent aggr. (vertigo, twitching of limbs, unconsciousness, followed by nausea). *Glon.* 1 drop Morson's Sol. Brady. 50-55, 64,\*71,\*77,\*825.
- . \*Periodical attack (facial?) neuralgia. *Glon.* 1 drop Morson's Sol. instead of *Morph.* rel. the paroxysms. Brady. 1493, 1495.
- 825.\*A lady, suffering from severe facial neuralgia, which was very little benefited by any treatment. Gave *Glon.* 2 minims and a half of Morton's solution (containing 5 per cent of pure *Glonoin*) in a teaspoonful of water. In two or three minutes she began to complain of sickness and faintness. These rapidly increased. There was, for a few moments, unconsciousness, accompanied by convulsive action of the muscles of the face, and stertorous breathing. The face became pale and the pulse alarmingly feeble. After swallowing some brandy and water, she vomited, and the unpleasant symptoms gradually subsided. The pain had vanished and never returned with any severity. Brady. \*823.
- . \*Mrs. —, æt. 35; tic-douloureux, left side of face. Rel. in hot, dry climate; "magic" cure by *Glonoin*<sup>3</sup>. Nankivell.

**Facial Bones, Jaw, and Region of the Ears.** Under the right eye, and in the bone, a strange whirling sensation; later, the same above the eye.  $\frac{1}{250}$ . Little, several persons.

- . Burning in the malar bone and eyes. 380.
- . Twitching pains in the left malar bone.  $\frac{1}{30}$ . Z. 325-329. 438, 495.

830. Pain below the left mastoid process when pressing upon it, 9 o'clock forenoon.  $\frac{1}{30}$ . Z.
- . Dull, tensive pain in region of right mastoid process. The painful point can be covered with the end of the finger; no effect from pressure, but worse after pressure.  $\frac{1}{10}$ . Eichorn.
  - . Pain in articulation of jaw.  $\frac{1}{30}$ . Jeanes, Raue, Fr. 838.
  - . Gnawing in the masseter muscles. 617.
  - . In self and others, *special action on masseter muscles, region of mastoid process, and head.*  $\frac{1}{10}$ . Eichorn.
835. Tight, contractive sensation down the jaws on either side in the masseter muscles, as if lock-jaw were coming on. Dgn.
- . Pain in the lower jaw, right, mostly in the articulation, or very near it. At the same time a sensation of stiffness in both sides of the lower jaw, 3 or 4 min.  $\frac{1}{30}$ . Jeanes.
  - . After ten drops the movements of the lower jaw were impeded from contraction of the temporal and masseter muscles, and slight twitchings were felt in the muscles of the lower extremities. Demme.
  - . An indefinable sensation in the articulation of the jaw, towards the upper jaw, also in the larynx. Fr.
  - . \*Jaws firmly clenched in sunstroke. 77.
- Teeth.** 840. *Throbbing pain* in all the teeth. Small.
- . Pulsating pain in all the teeth; in molars digging pain, continuous; in carious teeth, with sensation of elongation; gums swollen; temples, ear, parietal bones affected. A. H. Z. vol. 78, p. 63. 25.
  - . \*Pain in decayed teeth. Two cases cured. *Glon.* 1°. Fd.
  - . \*Severe pain from a decayed tooth several hours. Fd.
  - . \*Girl æt. 20; pain in decayed teeth, left side, [after falling asleep, pain felt only at night (awakes her); molar bone sore when touched; also pain under left eye and on side of neck. Rel. by *Glonoin*<sup>3</sup>. Nankivell.
845. The headache was accompanied by toothache, and drawing in all the teeth, right, as if after taking cold, alternating in the ear and lower jaw. Preparat. Z.
- . \*Stabbing pain in gums, right side passing to left (without ceasing in right), upward and downward. Aggrav. by hot application, relieved by cold application. Teeth decay after Mercury. Catamenia scanty. Following exposure to sun. Rel. by *Glonoin*<sup>3</sup>. Later *Sulph.*<sup>3</sup>. *Ars.*<sup>3</sup>, *China*<sup>3</sup>. Mo. Hom. Rev., Feb. 1863.

- . Slight toothache in the lower molars ; aft. 5 min.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . Same pain in the lower molars, worse right ; after 32 min. ; worse in the left molars ; aft. 47 min.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . \*Sudden pain from decayed inferior molar, concentrates in temple. 396.

**Lips.** 850. He soon observes a kind of burning *in various small places* on the lips.  $\frac{1}{10}$ . M. Dvs. 1326.

- . Numbness in the lower lip, with a *sensation as if it were considerably swollen*. Hupfeld. 25, 841, 864.
- . Itching of the lips, and, after rubbing them, a sensation as if they were swollen. G. F. Davis.
- . Sensation as if the lower lip were swollen or pendent, which, however, was not the case. Hupfeld. 25, 670, 873, 875.

**Mouth.** Mornings the mouth was filled with thick, offensive saliva ; during the day slimy saliva collected, which had to be ejected, as it was too disagreeable to swallow ; at the same time, the tongue seemed larger and was coated white ; slimy feeling in the mouth still perceptible the third day ; cannot yet swallow the saliva. Wn. 919, 920.

855.\*Convulsions with froth before the mouth. 66.

- . Sore mouth continuing twelfth day. 55.
  - . Mouth feels parched. 957.
  - . Pimples on the inner right cheek. S. B.
  - . Offensive breath.  $\frac{1}{300} + \frac{7}{300}$ . Vinal.
860. Medicine was intensely hot to the mouth and gullet, rendering it necessary for me to swallow a half a glass of water. Fuller.
- . Mouth dry and clammy, throat dry and painful during empty swallowing. Koller.
  - . The mucous membrane of the frog's mouth was somewhat inflamed. Harley.

**Tongue.** Tongue somewhat numb.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. 26, 851.

- . Tongue and mouth as if burnt. Jackson.
865. Was very sweet, and pungently hot to the tongue and throat, giving rise to a burning sensation, which lasted several minutes. Fuller. 883.
- . Sweet taste, *itching of the soft palate and throat*, and frequent need to spit ; the itching increased in severity, until it became unbearable, and spread over the whole surface of the throat. Streintz.

- . Almost immediately after taking the medicine, I felt a *pricking* on the tongue and in the fauces, with beating and throbbing in the vertex and through the temples, and slightly in the occiput. The latter sensations came in paroxysms, and were worse on movement. Benson.
  - . Pricking biting on the tongue, as severe as if he had bitten it sore.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. 876-878.
  - . Pricking on the tongue, a chilling, burning sensation.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - 870. Biting, sharp taste, and prickling on the tongue.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - . Prickling in the point of the tongue, left; lasting several seconds. N. (druggist).
  - . Stinging in the tongue, near the centre and tip. Stow.
- 
- . *Tongue feels swelled* and raw, with spasmodic twitchings. Jackson.
  - . Great difficulty in conversing, from diminished power of the tongue and confusion of ideas. Wood.
  - 875. Tongue feels as if enlarged, and is coated white. Wn. 25, 841, 880, 881.
  - . Tongue white and enlarged, with indentations of the front teeth; 3d day. 854.
- 
- . Biting, pricking, and burning on a small spot on the left side of the tongue, as if the spot were sore.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg. 864-872, 1326.
  - . Prickling in left side of tongue, near the tip. 199.
  - . Small red specks on the tongue; papillæ as if sore.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
  - 880. \*Tongue not furred, but as white as milk in typhoid. 875, 1383.
  - . \**Tongue milk-white, without coating*, with violent headache; want the head pressed or bound, in typhoids; cannot eat anything; are very weak and miserable. Fellger in several cases.
- Taste.** See 864-872, 876, 877, 932. The taste is sweet, sharp, aromatic. Sobrero.
- . Taste very sweet and at the same time burning and acid: Z. 865.
  - . Strong aromatic taste in mouth, burning in fauces, and tension in cardiac region; after a stronger dose all these symptoms increased. Schlechardt.
  - 885. At first I felt a kind of sweet and burning sensation, and soon after a sense of fulness in the head, and slight

tightness about the throat, without any nausea or faintness. After a minute or two these effects went off. Harley.

- . Scratching, piercing, cinnamon-like taste.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.
- . The taste after  $\frac{1}{10}$  drop of pure Glonoin was piercing, sharp, and aromatic, something like cinnamon. M. Dvs.
- . Remarkd a fatty taste, but at the same time an aromatic one, like cinnamon. W. P. W.
- . Sweet to the taste and warm, and imparted a flavor or odor somewhat resembling *chloric ether*. Fuller.
- 890. Taste slightly like ether and aromatic, it left a fatty taste in the mouth.  $\frac{1}{30}$ . Jeanes.
- . The taste seemed to him fatty. Samuel J.
- . Oily, disagreeable taste in the mouth; aft. 10 min.  $\frac{1}{300} + \frac{7}{300}$ . Vinal.
- . Taste sharp, disgusting, fatty.  $\frac{1}{30}$ . Z.
- . Taste sharp and very tenacious. Dr. S.
- 895. Sharp, scratchy taste in the pharynx. J. Wh.
- . Disgusting, scratchy taste. Hauk.
- . Taste in the mouth like pine-wood; aft. 20 min. Wn.
- . Taste like pine roots.  $\frac{1}{10}$ . Rhl. A distinct, sharp, bitter taste in the mouth aft.  $\frac{3}{100}$  of a drop. E. P., H. E. The same taste returns aft. 40 min. H. E.
- . Taste bitter,  $\frac{1}{250} + \frac{1}{160}$ . Lippe, with nausea. 946.
- 900. The saliva has a disagreeable taste. 854.
- Palate.** The hard palate somewhat sensitive; aft. 14 min.  $\frac{1}{200}$ . Smith.
- . Burning sensation in the hard palate; aft. 2 min.  $\frac{1}{200}$ . Smith.
- . Sensation of swelling and throbbing in the hard palate.  $\frac{1}{150}$ . Smith.
- . Swollen sensation in the fauces.  $\frac{1}{50}$ . Lippe. 914.
- 905. Contractive sensation in the soft palate.  $\frac{1}{250}$ . Rhees,  $\frac{1}{50}$ . Rhees.
- . Sensation as if the soft palate were drawn up.  $\frac{1}{60}$ . Rhees.
- . Great dryness of the soft palate; more towards the back, and downward; aft. 1 hour.  $\frac{1}{30}$ . Jeanes.
- Throat and Neck.** He constantly felt inclined to swallow.  $\frac{1}{50}$ . Lippe.
- . Slight roughness in the throat; aft. 14 min.  $\frac{1}{200}$ . Smith.
- 910. Awoke at two o'clock in the night with a sensation in the throat like tickling, and pain at the same time as if something sharp, like a rough feather, were being drawn

- up his throat ; it caused coughing ; ceased after drinking water. Had the same once before. H. E.
- . Throbbing in the arteries of the throat. 1129.
  - . Soreness in the throat.  $\frac{1}{250}$ . Little.
  - . During the night the dryness of the mouth and throat continued ; headache, feeling of choking at throat, and frequent inclination to swallow. Dgn.
  - . Frequent yawning ; feeling of fulness in throat. Engall.
915. Momentary sensation *as if the throat were swelling, and fear*, which caused her to feel of it constantly ; she thought others must also be able to feel it.  $\frac{1}{160}$ . Sch. 25, 616, 904.
- . Stitches in the left tonsil. Wn.
  - . Sharp tickling in the throat.  $\frac{1}{20}$ . M. Dvs. Sharp burning.  $\frac{1}{200} + \frac{1}{30}$ . Esry.
  - . Sensation of heat in the throat next day, and several days after.  $\frac{1}{50} + \frac{1}{160}$ . Lippe. Heat in pharynx. Wn.
  - . Tingling sensation in the throat, and increased saliva. Demme. 854.
920. Thick mucus in the throat.  $\frac{1}{50}$ . Lippe. 854.
- . "I laughed at my friend's credulity, and offered to take as much as he chose to give me. In about three minutes (after 2 drops of 1st dil.) a sensation of fulness in both sides of the neck ; to this succeeded nausea, and I said, 'I shall be sick.'" Fd. 913.
  - . Choking sensation in throat with palpitation. 353, 1090.
  - . Sensation of congestion, back of neck, throat, and head. 672.
  - . *Constriction* at top of larynx. Fiske. 333.
925. The fulness in the head and constriction in the throat were more marked than after the previous dose. In a minute or two my courage returned, and the pulse soon fell to 90. Harley.
- . Tightening around neck. 28, 233, 275, 885, 975, \*985.
  - . \*Constriction as if gripped by a hand. 670.
  - . Tensive pain extended deep into the sides of the neck, not increased by moving the neck.  $\frac{1}{20}$ . Eichorn.
  - . In small spots on the head, and particularly on the neck, burning, stinging, and itching, like sensation caused by caterpillars' hairs. 310.
930. Pains down side of neck, 503. Left in back of neck. 675.
- . In a few minutes sensation of warmth and tension in the neck, beating in the carotid arteries very sensible.

- Eructation.** Eructation. Wn.,  $\frac{1}{1000}$ . C. Hg., Ext., from letter, with taste of Glonoin; aft. 10 min. H. E.
- . Eructation before the headache. 647.
  - . Pain in the stomach ceases after eructation. 968.
935. Flatus from stomach. Engall.
- . One or two heavy, long, but easy eructations. Stow.
  - . Belching of wind from the stomach, Hupfeld, 229, with feeling of pressure at pit of stomach. Wallace.
- Nausea.** Nausea for an hour.  $\frac{1}{250} + \frac{1}{100}$ . Sch., a man.
- . Attack of nausea gradually increases until relieved by sweat breaking out; aft. 20 min.  $\frac{1}{1000}$ . C. Hg., Ext. from letter.
940. **Nausea.** Engall, Eichorn. 635, 646, 964, increased without vomiting. Süß Hahn. 953.
- . \*Seasickness. C. Hg. 639.
  - . In a minute or two, a faint, warm, sickening sensation was perceived in the chest and stomach, resembling the threatening of seasickness; also slight giddiness, especially on moving about. Brangwin. \*323, \*637.
  - . Sensation as if he must vomit, then violent headache, followed by forcible vomiting of yellow mucus, repeated several times, after which several thin stools. Better after brandy.  $\frac{1}{250} + \frac{1}{100}$ . Sch. 1012, 1016-1018.
  - . During the night felt very restless and unable to sleep, thirsty and hot, and inclined to vomit. E. S.
945. Kind of nausea and bitter taste; aft. 12 min. Whitey.
- . Nausea with pain in the stomach.  $\frac{1}{20}$ . Eichorn. 968; with headache. Gdr., Geist. 635-646, 963.
  - . \*Spasmodic vomiting occurring as a symptom of hydrocephalus. W. A. Read. Raue's Ann. Record, 1870, p. 13.
  - . Nausea, with congestion to the head and chest rapidly increasing, face pale.  $\frac{1}{1000}$ . C. Hg., Ext. from letter; with headache better in open air. Stow.
  - . Nausea accompanied by congestion of brain and lungs. Hupfeld. 641.
950. Attacks of nausea with congestion to the chest and head till midnight.  $\frac{1}{1000}$ . C. Hg., Ext. from letter. Reil.
- . \*Nausea and retching during sunstroke. 74, 75.
  - . During the next morning a slight spell of nausea commenced, gradually increasing until relieved by perspiration similar to that of the previous day. Hupfeld. 939.
  - . Nausea relieved in open air. Stow.

- . Faintness before nausea. 83.
  - 955. Sick, faint, death-like sinking at the epigastrium, with nausea, such as results from excessive dizziness induced by rapid whirling of the body. Colby. 35.
  - Desire.** Desire to drink cold water, with nausea and faintness. 89.
    - . That night I could scarcely sleep for excessive dryness and parched feeling in the mouth, with great thirst, which, there being no water in the bedroom, I was unable to quench. This symptom was still present when I rose in the morning. R. E. D.
    - . *Increases desire to smoke*, and the smoking regulates the bowels. Z.
    - . One who took a cold (coryza), and could not smoke, but as soon as he had taken *Glonoin* had a great desire to smoke. Z.
  - 960. Entire loss of appetite, though strong five minutes before taking the drug. Wood. 1306.
    - . \*Coated tongue, no appetite in sunstroke. 72.
    - . \*Appetite sometimes too great, sometimes too little. 206.
  - Stomach.** Nausea and *pain in the stomach*, 946, with rumbling in the intestines. Cle. 1082.
    - . Slight headache, and *dull heavy pain in the stomach*, with a decided feeling of sickness, though without any apprehension that it would amount to vomiting. Fd.
  - 965. \*Sunstroke. Pain in stomach; coated tongue; no appetite. 72.
    - . \*Respiration labored; pit of stomach the seat of distress in sunstroke. 73.
    - . \*Attack begins suddenly with violent pain in epigastrium. 69.
    - . A sharp quick stitch from the left shoulder to the cardiac (?) orifice; subsequently pain in the stomach and nausea, within 4 min.; ceases after eructation; aft. 45 min.  $\frac{1}{30}$ . Z.
    - . Cutting pains. 1012.
  - 970. A dull gnawing *in the pit of the stomach* and yawning.  $\frac{1}{20}$ . M. Dvs. 884.
    - . Sensation in the stomach as of great emptiness; aft. 3 min. Rr.
    - . Pain in the pit of the stomach, as if sore when touched, especially when stooping. Eating had no influence upon it. Sch.
- 
- . *Faint feeling* at pit of stomach, that is hard to describe. Chaffee.

- . Faint feeling in epigastrium, with sensation of incarcerated flatus. Fiske.
  - 975. The sinking at stomach comes in paroxysms. Chaffee.
    - . Violent throbbing in the epigastrium, accompanied with a sense of sinking or faintness. He was compelled to avoid all quick motion and keep away from all business excitement; quick walking put him out of breath, when he had to sit down. Boyce. Throbbing in epigastrium, by another prover. Boyce.
    - . Head and stomach feel as if I had been out in the hot sun, and without dinner. Taking a long breath does not relieve, and moving the head aggravates. Chaffee (head feels as if he had eaten too much, 121).
- 
- . Feeling of heat at pit of stomach. Wallace.
  - . Slight pain in the stomach, and sweat in the palms of the hands. Benson.
  - 980. Uneasiness in the stomach, and heat in the throat. Wn.
    - . Fulness, with palpitation. 1106.
  - Hypochondria.** Pain in the left hypochondrium, half-way between the pit of the stomach and side. Wn.
    - . Violent piercing pain in the left hypochondrium the following morning.  $\frac{1}{100}$ . J. R. S. Pain at a small spot in left hypochondrium. Engall.
    - . Blood seems to rise from the left hypochondrium. J. W. 256, 1076.
  - 985. After 2 hrs. I felt, while standing, an extremely violent shooting pain under the ribs in the right side (region of gall-bladder) that caused me to bend forward while it lasted, which was about half a min. R. E. D.
  - Abdomen.** Burning in the abdomen after 6 min. in an allopath! Small.
    - . Awoke very early the following day, with pain in the abdomen, followed at 6 in the morning by a copious evacuation of liquid fæces; similar stools till 10 o'clock in the evening. Wn.
    - . Pain in the abdomen, cutting under the navel, the following morning, lasting several days. H. E.
    - . Pain in the abdomen, the whole following, and the third day. H. E.
  - 990. Pinching in the abdomen, before and after stool, and rumbling, till falling asleep. H. E.
    - . Pinching around umbilicus. Engall.
    - . \*Venous congestion to abdomen. 203.
  - Flatulency.** Rumbling in the transverse colon. Wn.

- . During stool, after 10 in the evening, a rumbling and growling began, more in the lower abdomen, as in diarrhœa, grew worse in bed, still worse when lying on the left side, and lasted till going to sleep. H. E.
- 995. *Rumbling in the bowels* as of flatulence, with feeling as if diarrhœa were coming on; also prickings in the pudenda, and a feeling of dryness and parchedness in the mouth. Dgn.
- . Rumbling in the abdomen mornings, with diarrhœa.  $\frac{1}{300}$  +  $\frac{7}{300}$ . Vinal.
- . Rumbling in abdomen, *belching of wind*; loss of appetite. Koller.
- . Rumbling and bursting of flatus in middle and lower abdomen. Stow.
- . Flatus in the abdomen all the evening. Wn.
- 1000. Rumbling in the abdomen, with pain in the stomach. Cle.
- . The following morning, headache, and much general heat, and expulsion of fetid flatus (a most unusual symptom). Dgn.
- . A quantity of flatus from the rectum. Engall.
- . Offensive flatus, giving relief. Streintz.
- . Slight diarrhœa in the morning (aft. 14 hrs.) with much rumbling in the abdomen and passage of flatus (aft. 19 hrs.) 1 o'clock in the afternoon.  $\frac{1}{300}$  +  $\frac{7}{300}$ . Vinal.
- 1005. Frequent passage of flatus *during stools*, with a loud, sharp noise. Wn.
- Stool.** Pain in the abdomen before stool. Wn., H. E.
- . Copious evacuation of very soft fœces, 1 hour 30 min. after the second dose, and 3 hours after. Wn.
- . After luncheon, 2 p. m., a copious, loose motion. Later, while driving about, griping pain in the rectum, and urging. I succeeded in restraining this until 6 o'clock, when I was forced to return home, and my bowels were moved. The evacuation was loose but not copious. It seemed as if much more were to come, but that there was an obstruction high up in the rectum. Before the evacuation I felt sickish and faint. The urging was less felt while driving in the open air than in the warm room. After dinner I had another loose, scanty evacuation, after which all the symptoms went off. Sat. Sol. R. E. D.
- 1010. Diarrhœa, with rumbling in abdomen. 994, 995, 1004.
- . Diarrhœa in the morning, with sharp burning.  $\frac{1}{30}$ . Z; with rumbling. 996.

- . The urgency to stool could be very easily suppressed. Wn.
- . Sensation as if diarrhœa were coming on. 995.
- . Inclination to diarrhœa before proving had disappeared the next morning, but returned the third morning. Cle.
- . Sharp, cutting pains in the chest and stomach, with sickness, griping pains in the bowels, and an inclination for an action of the bowels, which lasted till the next morning, when the bowels were relieved. E. S.
- 1015. The following day he had diarrhœa, copious, loose, blackish, lumpy. Wyld.
- . Sudden urging to stool. Stool normal, full; followed by relief of the whole condition. Reil.
- . Several thin stools after vomiting and headache.  $\frac{1}{250}$ . Sch, a girl.
- . Thin stool and nausea, with headache.  $\frac{1}{100}$ . Geist.
- . 3d day, headache on rising in the morning, colic pains in hypogastric region, with painful diarrhœa; stools soft and copious, pain relieved after stool, but returned soon again, especially when moving about or sitting erect. Soreness on pressure on left iliac region; shuddering and heat in the anus. Koller.
- . After eating peaches in the evening, diarrhœa during the night.  $\frac{1}{100}$ . C. G. S.
- 1020. Diarrhœa, with sudden cessation of the menses. 1037.

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- . After 10 in the evening, an unaccustomed time, *a hard and unusual stool*, pinching in the abdomen before and after it till going to sleep. H. E.
  - . No motion in the bowels two days afterwards. Süss Hahn.
  - . \*Inclined to be costive. 206.
  - . No stool; something very unusual. Wn.
  - 1025. Constipation and hemorrhoids, which itched and pained. *After effect*, or accidental. Hauk.
  - . During evacuation, the anus seemed more contracted, closer than usual. Wn. (Hemorrhoids), Hauk.
- Urine. Considerably increased passage of light urine the following day, and continuing for a week, in one who had scant evacuations of urine for months.  $\frac{1}{250} + \frac{1}{160}$ . Lippe.
- . \*Highly colored urine, with red sediment, and some muddy, reddish-yellow slime. 204.

- . Urine high colored, causing a sensation of burning and heat in the urethra while passing it; 3d day. Koller.
1030. Much yellow and frothy urine, voided painlessly; 2d day. Stow.

- . Abundant urine, containing large quantities of albumen. 58.

**Sexual Organs.** Sensation in the genitals as after repeated coitus, without weakness.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.

- . Prickings in pudenda. 995.
  - . \*Headaches occurring after profuse uterine hemorrhage, cured 10 cases. Dr. Nicholls, Worcester, Mass.
1035. \*Menstrual period three days every six weeks, accompanied by lumbar pain. Pupils dilated; worse by night; some relief from hot fomentations. Complete relief for the time from Glonoin. Nankivell. \*66.
- . \*When, *instead of the period*, congestions to the head set in, that are worse in a warm room, better in the open air, when walking in the cold. Lippe. 1043.
  - . The catamenia ceased immediately, and the headache increased in violence towards evening, when severe diarrhoea came on. The catamenia did not resume their flow until the following morning on walking briskly. Dgn.
  - . The next day the catamenia, which had ceased six days, returned profusely, and lasted for the usual time. She had never experienced the same accident before; but I am by no means certain that it is attributable to the Glonoin, for three days previously she had taken a hot bath at a much too elevated temperature, which had caused her to feel faint and weak, yet she had never before been injuriously affected by warm baths at a high temperature. Dgn.
  - . \*Dr. Hughes thinks *Glonoin* a chief remedy for disturbances in the intercranial circulation at the time of the menopause, and for those resulting from menstrual suppression. Minton.
1040. \**During the climacteric*, flushes of heat daily in frequent attacks, with pressure in head, nausea, loss of senses, vertigo, swelling and sleep of feet. A. H. Z. Quoted in *Raue's Record*, 1871.
- . \*Convulsions after delivery; patient unconscious; face bright red; pulse extremely full, quick, hard. After 23 spasms unchecked by *Bell.*, *Morph. acet.*, *Glon.*<sup>2</sup> relieved spasms, but consciousness did not return for 3 days. Battman.

- . \*Before, during, or at the end of menstruation, or when it does not appear at all, *fulness in the head*, with or without redness of the face and eyes, especially with throbbing, sometimes with excessive tearing, throbbing pains. Jeanes' Potency C. C. Hg.
- . \*Instead of the period, congestions to the head in plethoric subjects. Ok. 1036.
- . \*Congestions in pregnant women. 224.

**Functions of the Chest.** Breathing accelerated. Wallace, 16 times per minute; respiration more rapid, and the pause after it longer.  $\frac{1}{500} + \frac{1}{50}$ . C. Hg.

1045. Respiration free, although the chest feels as if contracted. Jackson.

- . Superficial breathing; no inclination to deep respiration for half an hour.  $\frac{1}{200}$ . Lippe. 1055.
- . *Inclination to deep respiration.* 1057, 1059, 1078, 1331.
- . Frequent urgency to deep respiration.  $\frac{1}{250} + \frac{1}{160}$ . Lippe.
- . Deep, heavy respiration.  $\frac{1}{1000}$ . C. Hg., Ext. from letter.

1050. Breathing stertorous. 41. \*Laborious in sunstroke. 73, 77.

- . \*I had been suffering from slight bronchial irritation, with frequent expectoration of thick mucus; since I swallowed the Glonoin I have not had occasion to cough or expectorate. Fuller.
- . Congestion to brain and lungs. 229, 231.

**Sensations in the Chest.** Feeling of fulness through the chest. Wallace. 195.

- . Congestion to the chest and head; aft. 20 min.  $\frac{1}{1000}$ . C. Hg., Ext. from letter. 1046.

1055. Shortness of breath and oppression of the chest, with inclination to sigh.  $\frac{1}{250}$ . Mrs. St.

- . Oppression of the chest, causing deep and heavy respiration; aft. 5 min.  $\frac{1}{1000}$ . C. Hg., Ext. from letter. Hupfeld. 1078.
- . \*Oppressed breathing, caused by sense of weight in chest. Lippe. 1264.
- . Almost immediately his pulse rose, and he experienced throbbing in the temples, and oppression of the chest. Passed an uneasy night. Leadam. 497-499.
- . Sensation of *constriction and oppression of the chest*, with perceptible palpitation, compelling to draw the breath deep; aft. 2 min. Streintz.

1060. Contraction of the whole chest, as if chains were being

- placed around it, and tightened more and more. J. W. 924-927.
- . A feeling of tightness about the lower part of the chest. Wallace. As if the chest were being screwed together.  $\frac{1}{160}$ . Sch.
  - . Oppression of the chest *as if laced together*, and no headache, in one who formerly had heart disease.  $\frac{1}{250}$ . Little. 492, 493.
  - . Aft. throbbing headache, a compression of the chest as if he had worked too hard, as if a spasm constricted the chest; lasted 2 hours.  $\frac{1}{125}$ . C. Hg., a laborer. 289.
  - . Undefined sensation in region of the larynx, and in the articulation of the jaw, and below the larynx. Fr.
1065. Mucous membranes of the chest again become sensitive to the fumes of chlorine and nitric acid. Johns (druggist).
- . Cough from tickling in the throat. H. E.
  - . Prickling sensation in the epiglottis. K.
  - . Inclination to sigh.  $\frac{1}{250}$ . Mrs. St.; aft. several minutes. M. R.
  - . Difficulty of breathing lasted several minutes, then throbbing and pain in the head returned.  $\frac{1}{250}$ . Mrs. St.
1070. With decrease of headache, shortness of breath and oppression of the chest.  $\frac{1}{250}$ . Mrs. St.
- . Sinking feeling in head and chest, like that from working in a very hot room until nearly exhausted. Chaffee.
  - . Indescribable sensation in the chest, as if some misfortune were impending. Gdr. Uneasiness in the chest. Brink.
  - . Congestion with nausea. 811.
  - . \*Sensation of numbness, *upward in chest* and down left arm.  $\frac{1}{250}$ . Fd.
1075. In the chest, left; "incipient headache." Little.
- . From the left hypochondrium it rises through the chest the head. J. W. 984.
  - . Sensation of flying heat, *rising from the chest* to the face and head.  $\frac{1}{200}$ . 799, 306, 499.
- Pains in the chest.**
- . Pain in the chest like tension, and frequent *inclination to deep respiration*.  $\frac{1}{250} + \frac{1}{160}$ . Lippe. 1047-1049, 1059.
  - . Several very sharp stitches below the sternum, and frequent twitching pains in the orbit of the left eye, and in the occiput, left; aft. 50 min. <sup>30</sup>. Z.

## INTRODUCTORY ADDRESS.

BY PROF. E. B. DE GERSDORFF, M.D.

(Delivered Oct. 18, 1874, at the Opening of the Winter Course of Boston University School of Medicine.)

It has become my duty, and I deem it a privilege, to welcome you as a class back to these halls and to the continuation of your studies. It is a pleasant duty which I discharge with sincere satisfaction, extending at the same time a welcome to all the new-comers. The temporary change of place, air, and occupation, which you have enjoyed during your vacation, has, undoubtedly, benefited you mentally and bodily, and I trust that you are rested, refreshed, and now ready again, after this successful experience in hygiene, to turn your attention to the consideration of the diseased organism of man, its nature and treatment. The motto of the classic philosopher and poet Horace, "*Mens sana, in corpore sano,*" contains an especial meaning for the student of medicine, for it behooves the medical man, of all men in the community, to take care of his own health. It means not only that one may infer from the soundness of the bodily state of an individual that the mental condition is also perfect, but it also implies that if we keep our bodily functions in good order, we shall be enabled thereby to hold the brain, the seat of thought, in good repair and in readiness for work. I trust, therefore, during the coming Winter Term the best hygienic rules may be observed, for we have abundant reason for thankfulness that our accommodations here as regards space, heat, and ventilation have, during the vacation, been much improved. Not merely, however, within these walls, but beyond them, the student should be guided by the best sanitary rules; these should regulate the food he eats, the air he breathes, the clothes he wears, the work he performs, and the recreation he takes. Let me remind you of a few of these.

The food of a student — a youthful brain-worker — should be nourishing and especially digestible; not over-fattening, nor over-stimulating, good meat and fish taking the first rank as fulfilling both requisitions. The leguminosa, such as beans and peas, though nourishing, are of somewhat difficult digestion, while such vegetables as contain chiefly amyllum are digestible enough, but contain little nourishment.

As to the times of the meals, late and rich suppers are to be avoided, and the severest studies, the hardest brain-work should not be undertaken immediately after a full repast; therefore the breakfast of the student should be rather light. The din-

ner at about one o'clock should be the most substantial meal, because the brain-work is mostly confined to the forenoon.

The sleeping-place should be in a sufficiently large and well-ventilated room. The air in the lecture-rooms should be rather too cool than too hot; ventilation should be constantly looked after, especially when the warmth is imparted by heated iron. There should be daily exercise in the open air, which should not, however, be prolonged to the degree of drowsiness and fatigue, the daily walk to and from the college being, in many cases, sufficient. As to garments, woollen ones next the skin during winter season are to be recommended. The feet should be kept dry; while the extremities are warm, the head and throat should be cool. These rules and items may appear to some of you trivial and their mention uncalled for, but the fact that all classes of society are constantly sinning against them gives me an excuse for mentioning them here. Furthermore, moderation in all things, in work as well as in recreation, and in acquiring as well as in imparting, is the first rule to be given, which is, alas! but seldom followed. Although, from the standpoint of the physician, the so-called teetotalism may be regarded as an absurdity, yet the greatest moderation is to be recommended to the student, in the use of all stimulating and intoxicating beverages. Even the so-called soul-consolers and sedatives, coffee, tea, and tobacco, should be but sparingly used. Here moderation becomes a virtue, and temperance, especially, necessary to the young student; for, while of all ages, youth needs the fewest of artificial stimulants and in the least amount, the brain-workers, such as scholars and artists, have a natural longing for these brain-feeders, and must, therefore, be the more cautious in their indulgences. Occasional recreation, however, must be held by all to be beneficial in the life of a student, because the mind, after a change of impressions, turns the more readily again to the task of acquiring knowledge. Those recreations are to be preferred which help to cultivate the taste for one or another art; and among them music is, more than any other, able to refine and elevate manners, morals, and character. I would, therefore, lead your attention especially to recognize the pure enjoyment which you may derive from forming glee-clubs, and cultivating in your spare moments the art of music. Undoubtedly there are many of you who possess good voices; let them come forward, and, by furnishing music at any social gatherings which I trust may take place during the long winter term, procure for all much pleasure, and gain our hearty thanks. The psychological meaning of recreation is not inaction or rest, but a reviving, forming anew, and agitating afresh the sleeping

or lagging interests of the mind. This definition will undoubtedly explain what we find in the lives of so many deep thinkers and learned men, especially in Germany, — their pursuit of a favorite or pet pastime or hobby. Some have cultivated flowers, some have raised bees, birds, or silk-worms; again others have interested themselves in making collections of objects of natural history. I throw out these remarks as mere hints, and will only add that to ride similar hobbies even to excess, is not so deadening to the soul, or degrading to the character, as dissipation, or an absorbing pursuit of wealth. A most profitable pastime may be the acquisition, in a social, informal way, of one or other foreign language, especially German or French, for which many opportunities are afforded in this city.

So much for hygienic rules both in and outside the college; once more let me repeat my apology for offering them. The interest which I take in your welfare, and in the tasks which you are expected to perform in our college, must be my excuse. This interest goes further; it leads me to offer you my sympathy in a threefold way: first, as young men and women who have undertaken the severe and sacred task in life of becoming physicians; second, as students of medicine in our college; and, third, as future homœopaths; and it is in relation to these three capacities that I wish to continue my remarks to you. If it is always a highly important step in life to choose a profession, the reasons for or against the choice of a medical career ought certainly to be well weighed by every one before entering it. It is not only important for the individual, but also for the whole community, that he should not make a mistake in his choice. Happy are those who combine bodily and mental adaptation with the love and taste for the chosen work of a physician's life, for then it is a noble profession, and carries within itself its own and highest reward, under any circumstances; while failure or sorrow must be the lot of those who, by mere chance, or for some factitious reason, have been pushed into this career or occupation, especially if such acquire no love and develop no capacity for their profession. If you ask what are the indispensable qualifications for one who hopes to be successful, in the true sense of the word, as a physician, I will reply that I deem them to be, first, a self-reliant spirit, a gift of observation, and finally, the executive talent to draw valid conclusions from these for immediate action. In our profession our learning from books, and all the studies of the schools, are useless apart from our own observations and experiences practically conjoined with the treasures of memory. The observations are all founded on our five senses; therefore, from youth

up, the physician ought to apply himself to the culture of the senses ; for they can be trained and improved wonderfully. If you cannot do this, I would say, better turn to another trade. — “Learn or Leave,” — “*Disce aut Discede*” as it was formerly written on classical school walls. Every sense — smell, sight, hearing, taste, and touch — must be cultivated if you desire to learn the language of symptoms, by which language alone you will be able to enter into the mysteries of nature. If you master these, you are masters of disease, while the mere men of memory and books, or the abstract theorists, may enter upon intricate speculations, and compile books, but are apt to do more mischief by these than they can ever hope to atone for by their cures. In the medical profession, as in that equally practical one, the military, strategy and tactics must go hand in hand ; but the best conceived plans of the strategist will win no battle, if he has not the executive powers of a good tactician. Both professions have another trait in common, namely, that the best talkers in either may often be the worst workers, and *vice versa* ; thus the learned professor with all his fine explanatory theories may blunder at the sick-bed, and appear helpless where the unscientific but practical empiricist may cure ; for healing is a free art, and not a science.

Let me not, however, be misunderstood in this apparent praise of empiricism, nor be thought to depreciate the value of learning from books and in schools. On the contrary, this leads me to my second proposed point, namely, that of *the student's relation to the medical college*, which I cannot commence better than by quoting Hippocrates' first aphorism, “*Ars longa, vita brevis est,*” for indeed the amount of knowledge expected from, and needed by, the healing artist at the present day, in comparison with the observation and experience of one man's short lifetime, is proportionately so enormous that we must strive to appropriate the knowledge percolated, as it were, through the observations of thousands of years, by the millions of men preceding us ; and this is only gained from books and the teachings of colleges. The necessity of these is generally acknowledged by the communities and the governments of all countries, and thus faculties and examining boards have been instituted with the right to grant diplomas and create doctors. Thus it is that we find ourselves gathered here together, teachers and disciples, to begin this work of study again. It is from this necessity that the various medical schools and systems have arisen, followed one another, and passed away again as new experiences were gathered, new laws of nature discovered, new observations made, and new conclusions, rules, and methods derived from them ;

for this necessity of learning one from the other is closely related to the insufficiency of man's mind, so that as soon as a new school or theory has fought its way to acknowledgment to-day, it becomes dogmatic to-morrow, and will retard progress in its turn, and will try to suppress any innovation which introduces radical changes in theory until the irrepressible truth of the new school will bury again the old. The great safeguard in medicine, however, that which ensures its constant progress, is that it is an experimental science, and that the mental process which underlies all its speculations is always carried on by the inductive mode of thinking, and must, therefore, always advance with new knowledge of things and facts. Hence the constant unrest in the medical world, the apparent contradiction of the various schools, the *disagreement of the doctors* which is held up to us by the laymen as an opprobrium or subject for ridicule, but on which, in fact, rests our hope that we shall never rust in our errors.

But so long as the new theory, system, method, or whatever it may be called, which forms the basis of a certain school, has not been superseded, it has the right of authority over its disciples; and when I said before that the best qualification of the young physician, scientific or self-taught, is a self-reliant, independent gift of observation, I say now, that it is both the privilege and the duty of each student in a medical college to take in all the thus far acknowledged truths of our science as they are taught there; to learn, in fact, from any book or teacher as long as he can find instruction, and not mere dogmatism in them. It is particularly in the choice and order of the various branches of study that the student should be willing to follow an experienced leader. He should be guided by the college authorities in a methodical advance from and through the auxiliary and preliminary studies of botany, chemistry, anatomy, physiology, to those of pathology and materia medica, until he reaches the application of all in surgery and therapeutics during his clinical term. The mutual, friendly relation between students and teachers will be here of great importance; and I hope that all of you will agree with me that there should be sympathy between the two. The common consciousness of being engaged together in the same good work, that of promulgating our science by teaching and learning, should pervade us all. So long as the student sees in his teacher only a taskmaster, whose will and whim he has to follow until after examination time, and then to turn his back upon him, he is not as yet imbued with that scientific spirit inherent to the true *Civis academicus*, — an academic citizen, who feels his dignity, and,

therefore, does not, like a schoolboy, consider his teacher to be, as it were, his antagonist, but his friend. Such a sympathetic spirit is invaluable in any school, but especially in a medical school, which is founded on experimental and progressive science, in which it ought to be the task, the duty, and the ambition of the disciple to help the teacher in the daily work of practical experiments and observations, to unravel the still existing mysteries and puzzling questions which beset us on all sides. At the same time, a feeling of dignity in the student should prevent him from doing anything contrary to the rules of the college, or anything disrespectful to the body of teachers; for a man or a woman with proper self-esteem will avoid a rightly-deserved rebuke more than anything. The greater the confidence of the student in the good-will of the teacher, the more will the teacher be stimulated to do his best in imparting what he knows to others; therefore, accustom yourself to ask for information (after the lecture hour) on points which have remained dark to you; and especially do not let anything pass by you without satisfying yourself of its real meaning. We cannot expect from the medical student of the present time, who has such a multitude of branches and topics to learn and to explore, that he should be well versed in the classics of the dead languages, Greek and Latin. We must leave this to the preparatory education, which it is certainly desirable should be that of a college in good standing; but it is of great importance that he should be sufficiently familiar with these tongues to gain, without help from others, the etymology of the Greek and Latin words in medicine, for they are still acknowledged in the writings of all nations of European civilization, as the chief sources of the scientific nomenclature. Endeavor, therefore, constantly to complete your knowledge of them. As before implied, the acquisition of one or other of the foreign modern languages is equally profitable. Without this knowledge, the visiting of hospitals abroad, on the European Continent, will always remain an unsuccessful attempt at study.

While you will find connected with the college facilities for acquiring all these and other auxiliary and preliminary studies, there is one peculiar quality of our college, stimulating and elevating the character of every one in it, which is wanting, as yet, in nearly all our institutions of learning, — that is, the co-operation in the noble work of science by *both sexes*. And I, for one, am, so far as my short experience extends, satisfied that this co-operation — for such it is, rather than co-education — is working well; and I wish to give my testimony in its favor, and to enjoin upon you to make the method still more

successful; for, certainly, it must be psychologically true that by learning more fully to esteem the peculiar, and perhaps, in some respects, superior mental development in the other sex, each sex will be benefited, so that the peculiarity of our college shall become its strong point and excellence. But to do this, it is necessary that you should all be pervaded by one and the same scientific spirit, by a self-confident and happy *esprit du corps*; then you will make a strong propaganda in the right direction. For it must be the desire of the teachers, as well as of the students, to raise by degrees the standard of examination in the preparatory school to one worthy of the position which the future guardians and advisers in matters of public health should hope to attain. For the present we are unable to submit the new-comers to as rigid an examination as we could wish, because in other medical schools, in my own opinion, over-lax leniency in the requirements for admission is shown; and it has been thought by some that we should be guilty of a suicidal policy were we to enforce a high standard of examination. But we shall have to atone for it, as teachers, by a more rigid examination at graduation, and as students, by steady application; for it is certain that an uneducated physician, be he never so practical, will be unable to acquire practice among the better classes of society. It is, therefore, only with the desire to give credit where it belongs, that I wish here to state, that with the exception of a few collegians whom we have the gratification of numbering among our male students, the female students of this college have come by far better prepared by their preliminary education for their medical studies, and show therefore a better appreciation of their future career and position in life, as well as for their future profession, than the male students. This fact should act for the latter as a double stimulant to gain by close attention at lectures, and by study at home, whatever may have been lacking in the previous education, for fear of impeding the progress of the whole school. I say this, not in a fault-finding spirit, but wishing to arouse emulation in a good cause, and for your own benefit.

As regards the preparatory, practical, and experimental branches of medicine, especially chemistry, physiology, and pathological anatomy, you will find that this college allows ample scope and importance to them. The modern development of these sciences has been astonishing, and has upset many theories; but I wish particularly to impress upon your minds that we as homœopaths do not have to shun the new light which may be thrown upon the nature of disease and of medical treatment from that quarter; on the contrary, *we invite*

it, and watch it with hopeful interest, for "all the microscopical inquiries and pathological researches and speculations based upon them have taught nothing more than that health and disease are subject to the same laws; that they are manifestations of the same powers; and that, therefore, disease is that state of the body in which the normal, physiological laws manifest themselves under abnormal conditions." These are the very words of a great, modern authority in pathology. With very little difference in words was this expressed by Hahnemann, eighty years ago, when he maintained that disease was not a palpable, visible entity, but only the disharmony of the physiological or vital power, and when he expressed the eminently practical sentence: That the sum total of all symptoms is identical with the given pathological case.

Here I perceive that unawares I have reached my third point, as proposed. I have reached Homœopathy, and I now ask your attention to a few words upon your present and future relation to it. In scientific matters there should be no established creed, such as we find necessary in religious and metaphysical questions. Even the so-called laws of nature are never adequately expressed by the language of man, and are, therefore, liable to different interpretations in the course of time. Thus with *Homœopathy*: Hahnemann himself did not call it so at first, but a *method of cure*, — it would be well to hold to that expression, — a practical *method* or rule, not a theory. The only way, therefore, to be convinced of its superiority is to become acquainted with it by proving it through experiments. Therefore, when certain questions are asked by outsiders or by applicants for matriculation, what is the platform of this college? How far must a student abandon himself to the convictions of his teachers? As regards the method of cure, how readily will a student be enabled, beginning in this college, to pursue his studies finally in other colleges? How exclusive, or how broad and liberal is the general medical education here? We should answer in this way: Of course this must be called a homœopathic school of medicine, since the teachers in it are all, so far as I know, filled with an enthusiasm for Homœopathy which resembles that of persecuted reformers, to which enviable position the dogmatic intolerance of our allopathic colleagues has succeeded in raising us; we all strive, each in his own way, to interpret to himself and to you what is expressed in the motto, "*Similia Similibus Curantur*"; we wish you also to become convinced of the superiority of this method of internal treatment by drugs; but you will be brought to this belief, not by dogmatic teaching,

as it were, but by legitimate, experimental, and inductive methods of education in the preliminary and auxiliary sciences exactly as they are elsewhere taught in the best medical colleges of this country and of others. What is more, when you go hence to other schools or colleges, or to large hospitals where you will have further opportunities to see in a short time a greater variety of diseases than we can as yet offer you, you will have nothing new to learn as regards these preparatory studies, nor will you have to throw overboard, as obstructive ballast, anything you have learned here — no, you will find yourselves, by far, better grounded in the valuation of symptoms, objective and subjective, than your new fellow-students, and in the knowledge of a pathogenetic materia medica, of which other schools are as yet in blissful ignorance.

Surgical and external treatment you will find sufficiently regarded here without allowing to it the too large scope and importance which it receives from those whose resources for internal treatment are self-confessedly so very scanty and unreliable. Therefore, while you will find it to be our endeavor to cultivate sufficiently the whole domain of medical science, with the exception, perhaps, of the knowledge of prescribing those compounds whose existence is a remnant of barbarism in medicine, you can, when you leave here with a diploma, enter the practical field and go to the side of the sick-bed at once, and with a great deal more confidence and independence than the allopathic tyro whose mind is filled with a self-conceited knowledge of disease, and with the fallacy that it is necessary to make a correct diagnosis of a case before he can prescribe for it, which, when he finally accomplishes, he does it empirically, and without a law of cure or method. Of this, then, you may feel assured, that while you may find in other schools a larger field of study in the special history of disease, this college, like all of its kind, will give you from the beginning a practical direction in your profession of fighting disease in all its forms, through this comparatively new and eminently practical method.

But this is not the place nor the time to explain what Homœopathy is, and to make converts of you. As students you are not expected to have firm convictions; they must and will come after making provings with drugs on yourselves and others, and by experience at the sick-bed. To make provings with drugs, however, is an experiment; and to make experiments correctly, with a view to constitute thereby a law of cure, is a science as well as an art, and requires judgment and logic as well as natural powers of observation. These qualities are

not given to all alike, nor will all practitioners ever possess the sacred thirst for knowledge, the desire to go in search of the inherent connection between drugs and disease; but many will be satisfied with the patchwork of outward treatment and operative surgery, and will hunt after palliatives, anæsthetics, and immediate effects which win the admiration of the multitude, and fill their own pockets. Those, I am afraid, we shall not be able to keep in our ranks. But such as have once begun to see the superiority of this mode of treatment, and wish to pursue the right path in order to help in the great work of building up a new science and school, must labor with a certain enthusiasm; for Homœopathy, as I have said elsewhere, is an exacting and jealous mistress, who requires an undivided attention from her followers, and demands from them that preparatory studies and kindred sciences should, from the beginning, be pursued with a constant view to carry out in practice this method of cure. Indeed, the homœopathic student can never too early train himself to make experiments in proving as well as in curing, and he should be already a homœopath, at least in faith if not in conviction, when studying his chemistry, physiology, anatomy, botany, and surgery. From this it follows that he should have such teachers in these sciences as would not prejudice his mind against the theory of vital force, and of the homœopathic law of cure, but, on the contrary, should, from the beginning, let these auxiliary sciences go hand in hand with the most essential of all studies, — the homœopathic *materia medica*, as founded on the provings of drugs on the healthy organism.

I have, therefore, to enjoin upon you this duty, as disciples of a new and progressive school, to do your share of the work faithfully, in building up its structure, and you cannot do that better than by proving drugs under the guidance of your teachers in *materia medica*. I trust that our female students will especially help us to complete, by their co-operation, this work; they have a great field before them. The therapeutic Rule of Similitude will then reward you with its richest fruits of success, namely, *cures*; for this rule is above all most eminently practical; and the mainspring, the most active principle and source of power which this method of healing diseases possesses, is that connecting link between man and nature, between patient and remedy, that ever-working mental process of comparison between the series of phenomena — the pathological and the therapeutical. By this it ensures its intrinsic vitality as well as its outward success, and bestows upon its followers self-dependence and practical superiority over all who

do not follow its laws ; for the homœopathic physician, whether he studies diseases in order to find new symptoms, or whether he searches nature in order to find new remedies, has constantly that guiding idea of similarity in his mind for the purpose of curing ; and so completely does this idea penetrate all that he does and thinks, that it must greatly affect his studies of all auxiliary branches of the medical art.

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## CLINICAL REFLECTIONS.

BY AD : LIPPE, M.D.

### I.

A LADY sixty-four years of age, for a long time an invalid, who had been relieved of a chronic diarrhœa by a homœopathician in Belgium, who gave her highly potentized *Sulphur*, applied for assistance September 5, 1874. She complained of great debility, caused by excessive and frequent secretions of pale urine, and by profuse leucorrhœa ; the discharge came away in a gush, and when she sat for a long time, the clots would fall to the floor. She was scarcely ever able to rise from a seat, on account of very severe pain in the right groin ; she was obliged to bend and draw up the right leg with her hands, and after moving it to and fro by the hands, she could rise, when, having walked a few steps, the pain ceased.

One dose of *Lycopodium* 10<sup>m</sup> (Fincke) was given on the 5th of September. On the 12th she reported improvement ; the discharges were decreasing. September 15th the menstrual flow had for two days reappeared. Five years ago the same had happened ; she was then very ill ; was treated with "ice" applied continuously for days until the flow ceased. As she was now in other respects better, no new remedy was ordered, and the next day the flow had ceased. I have seen the patient once a week since, and the improvement has continued. Urinary secretions are now normal, there is no fluor albus, and the pain in the groin has disappeared ; she can rise from a seat without pain. Nov. 20. Reports herself well.

*Comments.* — The object in relating this case is to show the success which results from following the plain teachings of Hahnemann. There is nothing in it to elate the compilers of analytical, domestic physicians, or the key-note hunters. The student of materia medica will probably take up "Hahnemann's Chronic diseases" and find symptom 860 : "*Drawing in the groins, as if the menstruation would appear, IN AN AGED PERSON*" ; and it would be proper to add a note to this symptom,

viz. "Nine days after a dose of *Lycopod.* 10<sup>m</sup>, which acted curatively, the menstrual discharge appeared, in an aged person (sixty-four years old), and disappeared without further remedy." And it is in this manner, and in this *alone*, that our materia medica is DEVELOPED! And in this manner alone do we add to the knowledge of drug-action.

The choice of remedies was narrowed down to a very few. "Fluor albus coming away in gushes," has been marked under *Calc. c.*, *Lycopod.*, *Sabina*, and *Silicea*. The very profuse discharge of urine would call principally for *Lycopod.* and *Silicea*, but the aggravation of the pain in the groin "when rising from a seat," is only characteristic of *Lycopod.* The choice of the remedy was a very easy task, the totality of symptoms being under *Lycopod.*, but especially the last-named symptom, which was in no way necessarily connected with either of the profuse debilitating discharges, and, therefore, it was *the* characteristic symptom of the patient, and had also to be characteristic of the truly homœopathic and therefore curative remedy. The new, and to the patient quite alarming symptom, the return of the menstrual flow on the ninth day, could only be attributed to the curatively acting remedy, and surely did not call for another; and, had the action of *Lycopodium* been interrupted at that time, the improvement would not only have retrograded, but the case would have been sadly spoiled.

Hahnemann generously laid before the profession fundamental principles based on the laws of Nature, and also practical instructions for their adaptation for the cure of the sick. As homœopaths we have accepted them, and the case herein reported was treated in accordance with them. "But," some of the readers say, "the statement is not couched in scientific language." "Hahnemann's teachings were good enough in his days," will be said by the men who clamor for "advance," and long to put Homœopathy into a scientific livery, according to the progressive fashions in physiological discoveries, and the newest analytical researches in organic chemistry. To these opponents of the plain teachings of Hahnemann, we have a few words to say. Under the newly fashionable term of a more scientific Homœopathy, we understand an expression of a desire to modify and change Homœopathy as taught by the master. In our simplicity we understand, under the term "scientific medicine," the knowledge for healing the sick. And if the teachings of the master, adopted by us, procure this most desirable end, what more do we want? Now, in this reported case, the fault-finders with the teachings of the master

will ask, "Why no further ocular examination of the condition of the uterus was made? Why were the profuse discharges not analyzed in a scientific manner?" Why? All this had been repeatedly done before, by quite a number of scientific physicians of the physiological school, both here and abroad; and all the knowledge so obtained had no more assisted the physician in finding a curative remedy for the sick, than was at the command of physicians before or during Hahnemann's days. Will not these men of "progress backwards" define their progression by relating some cures under the light of new physiological discoveries and other revelations outside of Hahnemann's teachings? The profession desires "*illustrations*," "results."

## II.

On Sept. 10th, 1874 (the weather very hot), an infant male child two months old came under my care. He had been fat and plump, weight when born 13 pounds, and with the exception of a gastric disturbance with some brain symptoms when three weeks old, and for which he had received one dose of *Apis mel.*, he had been well. He has not slept all night, but cried; had a high fever; skin had been hot and was still hot when I saw him at 1 P. M. He had much thirst, especially for water; very frequent extremely excoriating stools the past 36 hours; discharges green, *as if spinach were sprinkled on the diaper*, and if the stools when passed first looked yellow they very soon became green. At intervals he cried, and became quiet again after belching up some wind. The urinary secretions were profuse, appetite wanting; the child was fed on milk and farinaceous food, as the mother, who is otherwise a robust, fully developed woman, has had no milk with this, her sixth child, and never had any with the five former children. I dissolved six pellets of *Argentum nitricum* C<sup>m</sup> (Fincke) in two ounces of water and gave the child three teaspoonfuls of this solution at intervals of two hours. The following night the child slept better, had no fever and no thirst, stools less green, less excoriating, no medicine; the diarrhœa continued for another day, but as the child again took the accustomed food and looked much better, no medicine was ordered. On the fourth day the diarrhœa had ceased and the child remained well.

The characteristic symptoms of the case were the kind of passages "like flakes of spinach," the relief of pain after belching up wind, *and* the symptoms we added to those observed and related, but evidently belonging to the case; the

stools are expelled forcibly and with much flatulency; were they otherwise expelled the appearance on the diapers would have been a different one. These three characteristic symptoms of the case: 1. Evacuation like spinach flakes. 2. Stools passed forcibly with much flatulency. 3. Relief of pain from belching up wind, had also to be characteristic of the remedy if a cure under the homœopathic treatment was to be accomplished. The evacuations in children looking like flakes of spinach are of frequent occurrence in this locality, and where is the remedy for this peculiar and generally dangerous diarrhœa to be found? There are a great many remedies that have caused and cured green stools; but these green stools are all of a different kind from the stools here described; and, from the appearance on the diapers, these flakes, spread over a large surface, must have been forcibly expelled by and with flatulency. On first sight *Sulphur* seemed to be similar, but the other usually characteristic symptoms of *Sulphur* were not present, and the green discharges (excoriating) of *Sulphur* are of green mucus. To our knowledge there is but one case reported in which these discharges looking like flakes of spinach has been cured, and then by means of *Argent. nitr.* This case is to be found in Vol. II of the "*Oesterreichische Zeitschrift*," p. 26. The schema to *Argent. nitr.* does not contain this symptom. All the gastric derangements caused by *Argent. nitr.* are generally accompanied and relieved by eructations. And a symptom 413 (*Oest. Zeitsch.* Vol. II, p. 94) corresponded with the second characteristic condition of the case; therefore the characteristic symptoms of the case being found to be also characteristic to *Argent. nitr.*, and guided by the Law of the Similars in the homœopathic treatment of the sick, *Argentum nitr.* was administered, and in this, as in many other cases, the improvement after the truly homœopathic remedy has been given, was very gradual, manifesting itself to the observer at once; but the probably most apparent symptoms did not fully disappear till after the third day, during which interval the dynamic remedy slowly but surely developed its curative powers, just as it will do if taken by a healthy person. (See also case IV.)

*Comments.*—The symptoms actually belonging to the pathogenesis of *Argentum nitricum*, "*Stools green and like flakes of Spinach*," is not to be found in any of the *professedly* complete compilations representing our materia medica. The schema of *Argent. nitr.* as published in the second volume of the "*Oesterreichische Zeitschrift*" omits it, and of course *Hempel* copied the omission. The first omission is probably owing to the aversion of compilers to admit symptoms not on record

among the provings, but a clinical experience; and it is very likely that the *Argentum nitr.* was administered by Hirsch in rather crude doses, both internally and by injection, because he "diagnosticated" ulceration of the bowels; but as his description of the case, and his rendition of the symptoms, as he found them, are very minute, he thereby, probably, accidentally gave us the characteristic symptoms of *Argent. nitr.* The cure he actually performed by means of *Argent. nitr.* very probably belongs to that class of clinical results which really should be termed "accidental"; and had he been satisfied to report merely the supposed nosological condition cured by that remedy; had he not given such a minute description of a generally fatal case of diarrhœa, dependent, as he thought, on "dentition," we would never have known this very characteristic symptom of *Argent. nitr.*, and it will lead the true "healer" to accept and utilize it, *provided* other symptoms also show *Argent. nitr.* to be homœopathic to the case; and among such additional characteristic symptoms, we venture to suggest, stands foremost the relief of gastric symptoms, or from pains in the abdomen (cessation of crying) after an eructation.

### III.

A boy three years old came under my care on the 20th of September, 1874; had always been under my care when sick. He had enjoyed good health all summer while out of town; on his return, was taken sick with diarrhœa, gradually growing worse. He had ten to fifteen evacuations in twenty-four hours; stools clay-colored, thin, with lumps in it, much straining; the last four evacuations contained streaks of blood; appetite much impaired; no thirst, no fever; there was nothing characteristic in the symptoms to indicate a remedy. On further examination the tongue showed *insular large patches*. These insular patches on the tongue have been observed under *Ginseng*, *Mancinella*, *Kali bichr.*, *Natr. mur.*, and *Taraxacum*. When five months old this boy had suffered from great constipation, stools too large in size, and it was very painful to expel the large shaped faeces. He had shown then the same insular large patches on the tongue, and was then relieved of the constipation and these patches by *Kali bichr.* The characteristic symptoms of the patient were again these same insular patches, and they again did indicate the same remedy. The boy received six pellets of *Kali bichr. C<sup>m</sup>* (Fincke) on his tongue at 4 P. M. Had a restless night, frequent evacuations, streaked with blood, till morning, when he passed no more blood. I saw him 11 A. M.

on the 21st September; he looked brighter, was more playful, had taken more food; tongue looked better; no medicine. Saw him on the 22d September *well*.

In looking over the pathogenesis of Kali bichr., as published in the Symptom-Code,\* and the Vienna Provings, no mention of that tongue with insular patches will be found. When a symptom appears after administering a carefully chosen remedy for the cure of the sick, formerly not known to belong to the remedy, and which *also disappears* as the sick improves under the dynamic action of the remedy, or, if a symptom not known to belong to the otherwise well indicated remedy, also disappears under its action, the probabilities are very strong that this new symptom, caused and removed by the dynamic curative action of the remedy truly and fairly belongs to it, and should be added to the pathogenesis of the remedy to test its correctness; and if the only reliable test, the clinical experiment, has confirmed such a symptom, it may be so marked and be incorporated into our materia medica. And in reporting cases of cures accurately and truthfully, confirming doubtful or solitary symptoms, or showing the confirmation of new symptoms only obtained through clinical observations, we convey new and valuable knowledge, and help to add new reliable data to our own materia medica. These insular large patches on the tongue, especially when accompanied by constipation, had frequently disappeared with the constipation under the action of Kali bichr., and the observation induced us to add this symptom to the pathogenesis of Kali bichr, which further experience has proved to be reliable.

#### IV.

A child aged two years, of feeble constitution, had been sick all summer with boils on his head and an occasional diarrhæa, and had been treated by ostensible homœopathy with alternate tinctures. I was requested by the family physician, who had been absent during this treatment, to see it on the 1st of September, 1874. The greatest complaint of the child was a very sore mouth, ulcers on the tongue; it was not able to take food; *Nitr. acid*, 50<sup>m</sup> (Fincke) was dissolved in water and given to her for twenty-four hours, once in two hours one teaspoonful. The mouth became better and the child again began to take food; but on the 8th of September I was requested to see her again as she was worse. Mouth differently sore, the ulcers had

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\* Of course the caricature of a pathogenesis of Kali bichr., by Dr. Drysdale, is not to be mentioned even.

disappeared, but the mouth was full of aphthæ, especially the tongue; she had lost flesh; diarrhœa had also set in, with fever at night and much crying which ceased as soon as she had belched up some wind. The stools looked as if *spinach* had been dashed over the diapers. Six pellets of *Argentum nitr.* C<sup>m</sup> (Fincke) were dissolved in half a tumblerful of water and was administered a teaspoonful every two hours for twenty-four hours. I saw the child again on the 10th of September. The stools were less frequent and had lost the former appearance; they were more consistent and yellow. The tongue had begun to clear off from the tip. She took some nourishment and looked better. No medicine. Saw her again on the 13th of September and found the improvement continuing. The attending physician told me on the 20th of September that she was quite well and had needed no other medicine.

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## REPERTORY TO OTORRHŒA.

BY O. M. DRAKE, M.D.

EDITOR GAZETTE: *Dear Sir*,—I take the liberty to send you the enclosed Repertory to Otorrhœa. While in your city I was asked what success I had had in cases of *Otorrhœa*; and when I replied "I had not very much trouble," my friends expressed surprise, and told me it had been different with them. Since commencing practice I should say I have had a dozen or more cases of this disease, and I have *cured* all but one, which is yet under treatment, — a horrible case of scrofulous ophthalmia and otorrhœa, of six or eight years' standing; ulcers of both cornea, etc.; when the eyes are better the ears are worse, and *vice versa* (do you know of any such similar?); but I must say in some of the cases it took me *many* months. In making this repertory I have made use of the following works, which are all I have at my command to work from: *Hahnemann's Works*; *Böninghausen's Taschenbuch*; *Hull's Jahr.*; *Lippe's M. M.*; *Characteristic M. M.*; *Guernsey's M. M.*; *Mure's M. M.*; *Stapf's M. M.*; *Hom. Record* (up to 1874); *Hahn. Monthly*; *N. A. J. of Homœo.*; *A. J. of M. M.*; *N. Y. J. of Homœo.*; *Hering's M. M.*; *Raue's and Hering's Dom. Physician*. I don't assume that it is complete; far from it, — only as complete as I could make it with what I had to work from. In many places I could have added more remedies for single symptoms (for instance, the pains), but not without going outside the original list of *otorrhœa* medicines *known by me*.

Yours truly,

OLIN M. DRAKE.

ELLSWORTH, ME., Oct. 28, 1874.

## OTORRHŒA.

- Discharge from the ear,—Æthusa, alumen, alumina, am-c, am-m, anac, ars, asa-f, aur, bell, borax, bovista, brom, bry, bufo, crot-hor, calc-c, calc-phos, camph, caps, carb-an, carb-veg, caust, cepa, cham, bry, cic, cist, colch, con, dulc, croc, mgs, cubeba, elaps, graph, hep, kali-b, kali-c, kreos, jod, lach, lyc, mag, men, merc-sol, merc-sub, merc-v, mosch, nat-m, nit-ac, nux, ophitox, petr, phos, psoric, puls, rhus-tox, sacch, selen, sep, sil, spig, sulph, tarant, tell, thuya, zinc.
- Blood (of), — Bel, bry, bufo, calc-c, cic-v, con, crot-hor, cubeba, elaps, graph, lach, lyc, merc-sol, merc-v, mosch, nit-ac, ophitox, pet, phos, puls, rhus, sep, sil, sulph, zinc.
- ——— from left, — Merc-sol,.
- ——— right, — Mosch,.
- ——— left, early in morning, — Merc-sol,.
- ——— accompanied by a report, like a cannon, — Mosch,.
- Brownish, — Anac, carbo-veg, tarant,.
- ———, thick, — Carbo-veg, tarant,.
- Cerumen, of liquid, — Am-m, con, jod, lach, lyc, nat-m, nit-ac, phos, kali-c, merc-sol, se-lm, sil, tarant, thuya.
- ———, of blood-red, — Conium.
- ———, of white, — Sepia.
- Excoriating, — Ars, calc-phos, carbo-an, lyc, spig, tell,.
- Fetid, — Ars, aurum, bovista, carbo-veg, caust, cistus-can, graph, hep, kali-b, kali-c, merc-sol, merc-sub, sulph, zinc.
- ———, like fish-pickle, — Tell,.
- ——— putrid meat, — Thuya.
- Mucus, — Alum, bel, bor, calc-c, carbo-v, graph, lyc, mag, merc-s, phos, puls, sulph, tarant,.
- Painless, — Bromine.
- Purulent, — Alumen, alumina, am-c, asa-f, aur, bell, borax, bovista, bufo, calc-c, caps, carbo-an, carbo-veg, caust, cepa, cham, cist-can, con, cubeba, graph, hep, kali-b, kali-c, lach, lyc, merc-sol, merc-sub, merc-v, nat-m, nit-ac, petr, phos, psoric, puls, rhus, sacch, sep, sil, sulph, zinc.

## Discharge — purulent.

- sanguineous, — Merc-sol, petr, rhus-tox.  
 —————, thin, — Bell, bovista, cham, kali-c, sep.,  
 —————, thick, — kali-b, puls.,  
 Stringy, — kali-bich.,  
 Watery, — Asa-f, carb-an, calc-c, carbo-veg, caust,  
                   cistus-can, elaps, coleh, kreos, magn, men,  
                   merc-sol, nat-m, nit-ac, phos, spig, tell.,  
 —————, bloody, — Caust.,  
 —————, flesh-colored, — Carbo-veg.,  
 —————, greenish-yellow, — Cistus-can, elaps, kali-  
                   c, tarant.,  
 —————, from a sound ear, — Calc-c.,  
 —————, coloring the linen greenish, — Elaps.,  
 Yellow, — Æthusa, caps, kali-b, kali-c, merc-sol,  
                   phos, puls.,  
 ————— thick, — Caps, kali-b.,  
 ————— thin, — Kali-c, phos, puls.,  
 from the left, — Borax, camph, elaps, merc-sol,  
                   petr, phos, puls, sil, sulph, tell, zinc.  
 ————— — right, — Æthusa, alumina, carbo-veg,  
                   merc-sol, mosch, puls, tarant, thuya.  
 Deafness (with), — Am-c, am-m, asa-f, borax,  
                   cubeba, lyc, phos, rhus-tox, tell.,  
 —————, ameliorated by pressing upon the ear, —  
                   Phos.,  
 Itching (with), — Am-c, am-m, anac, petr, sep,  
                   tell.,  
 —————, which does not pass off by scratching, —  
                   Am-m.,  
 Accompanied with, cracking in the ear, — Caust.,  
 ————— hissing in the ear, — Sil.,  
 ————— — — —, which sup-  
                   presses the hearing, — Sil.,  
 ————— noise in the ear, — Tarant.,  
 ————— Otagia, — Spig, tarant.,  
 ————— roaring in the ear, — Am-c,  
                   bel, borax, con, puls, sep.,  
 ————— stinging pain in the ear, —  
                   Camph, caust, puls.,  
 ————— straining pain in the ear, —  
                   Caust.,  
 ————— tearing pain in the ear, —  
                   Colch, merc-sol.,

- Discharge, accompanied with headache, — Borax, psoric,  
 — — — — — lancinating, — Borax.  
 — — — — — of the left side, —  
 — — — — — Zinc.  
 — — — — — of the right side, and  
 — — — — — face, — Merc-sol.,  
 — — — — — aggravated by lying  
 — — — — — on painful side, —  
 — — — — — Merc-sol.,  
 — — — — — humid eruption on the head, —  
 — — — — — Lyc.,  
 — — — — — inflammation and swelling of au-  
 — — — — — ricle, — Borax, sil, tell.,  
 — — — — — auricle, looking bluish-red and as  
 — — — — — though infiltrated with water,  
 — — — — — — Tell.,  
 — — — — — , preceded by, darting pain in the ear, — Phos.,  
 — — — — — — , tearing — — — — — , — Kali-c.,  
 — — — — — — , roaring in the ear, — Phos.,  
 — — — — — — , a snap — — — — — , — Tarant.,  
 — — — — — — , itching of the occiput, — Borax.  
 — — — — — Scrofulous, — Calc-c, caust, con, kali-c, merc-v.,  
 — — — — — Syphilitic, of origin, — Merc-sol.,  
 — — — — — from the abuse of, Mercury, — Asa-f, aurum, hep.,  
 — — — — — — — — — — , Sulphur, — Puls.,  
 — — — — — following Morbilli, — Colch, men, puls, sulph.,  
 — — — — — — — — — — Scarlatina, — Bell, hep, kali-b, lyc, men,  
 — — — — — — — — — — merc-sol, nit-ac.,  
 — — — — — — — — — — Variola, — Merc-sol.,  
 Ear, external meatus, wart-like excrescences in, — Bufo.,  
 — — — — — — — — — — fungus in, — Merc-sol.,  
 — — — — — — — — — — , a bag of pus, discharging when feeling  
 — — — — — — — — — — it, — Merc-sol.,  
 — — — — — — — — — — , swelling of, — Caust, cistus-can, nat-m,  
 — — — — — — — — — — tell, zinc.,  
 — — — — — — — — — — , — — — — — , with throbbing, — Tell.,  
 — — — — — — — — — — , tetter in, — Caust, cistus-can, merc-sol,  
 — — — — — — — — — — phos, sep.,  
 — — — — — — — — — — , ulcer in, — Camph.,  
 — — — — — — — — — — , polypus of, — Calc-c.,  
 — — — — — pavilion of the, ulcerating, suppurating and bleeding, —  
 — — — — — Bufo, cubeba.  
 Membrana tympani, perforated, — Caps.,  
 — — — — — — — — — — opens before any sign of pus appears, —  
 — — — — — — — — — — Kreos.,

- Tympanum, cavity of, filled with thick yellow pus, — Caps.,  
 Ossicula auris, caries of, — Aurum, calc-c, lyc, merc-v.,  
 Mastoid process, caries of, — Aurum, kreos, merc-v, nit-ac.,  
 — — — — — , abscess of, — Caps? hep.,  
 Discharge, suppression of, by a violent cold or wet feet, — Bell,  
 dulce, merc-sol.,  
 — — — — — — by a violent cold or wet feet, better  
 by remaining quiet, — Bell.,  
 — — — — — — by a violent cold or wet feet, better  
 by exercise, — Dulc.,  
 — — — — — — by a violent cold or wet feet, worse  
 by warmth of bed. — Merc-sol.,  
 — — — — — —, with hard and swollen glands of the  
 neck, — Bell, merc-sol, puls.,  
 — — — — — —, producing headache and fever, —  
 Bryonia.  
 — — — — — — swelling of the genitals,  
 — Nux-vom, puls.,
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#### AMERICAN INSTITUTE OF HOMŒOPATHY.

A MEETING of the Bureau of Clinical Medicine was held in the parlor of the International Hotel, June 10, 1874.

It was resolved to select Bright's Disease and Diabetes for consideration and discussion at the next meeting of the Institute. The following divisions were assigned:—

*Dr. Martin, Chairman.* Pathology and Diagnosis of Bright's Disease.

*Dr. Eggert.* Differential Diagnosis of Bright's Disease and Diabetes.

*Dr. Holcombe.* Therapeutics of Bright's Disease.

*Dr. Lilienthal.* Therapeutics of Diabetes.

*Dr. Watson.* Reflex Nervous symptoms of Bright's Disease.

*Dr. Beckwith.* Reflex Nervous symptoms of Diabetes.

*Dr. Ober.* Clinical Cases of Bright's Disease.

*Dr. Cooper.* Clinical Cases of Diabetes.

*Dr. Pettit.* Pathology and Diagnosis of Diabetes.

Members of the Institute are requested to furnish papers in relation to either disease or any communication or clinical cases pertaining thereto. In this manner a monograph of unusual importance will be presented to the profession.

## The New England Medical Gazette.

C. F. NICHOLS, M.D., GENERAL EDITOR.

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BOSTON, DECEMBER, 1874.

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THE HEALTHFUL DRESS. — In reading the reports of the Woman's Congress recently held at Chicago, for the receipt of which we are indebted to Dr. Blake, we notice with particular interest the attention bestowed by the Convention upon The Dress for Women. The report presented by the Boston Dress Committee urges the adoption of under-clothing which cannot interfere with free movement and development of the body. The improved under-garment exhibited by the committee answers admirably its objects of gaining uniform warmth and weight, with a design of equalizing the temperature of the body, and avoiding undue pressure upon the abdomen and chest; and, what is undeniably necessary, the æsthetic is no longer left out of notice in the modes of the external dress;—but, in fulfilling the requirements of simplicity and good taste (not ignored by the committee), why must the hermaphrodite title *Chemiloon* be applied to the simple new garment?

In this connection, we are glad to extract as follows from a circular of the Dress Committee, by which it will be seen that a suitable sale-room has been obtained; there physicians and all parties interested can examine the garments and have each explained.

*Announcement from the Dress Committee:—*

“It is apparent that the chief hinderance now existing to the adoption of the new garments is the difficulty of obtaining them. We had offered to send patterns of one of the most important, the chemiloon, and great numbers have been forwarded in response to requests. But many persons have not the skill or the time to construct an entirely novel garment, according to the brief directions it is possible to write; and they would be glad to procure it ready-made, at a lower price than it is now furnished by the two Boston firms, who have consented to keep it for sale in their departments of ladies' underwear.

“The Committee have, therefore, decided to take steps immediately for opening in Boston an accessible and attractive room, which shall serve both for a store and for a bureau of information on all matters connected with Dress-reform. They intend to provide it with an intelligent and earnest attendant; to put into it a specimen of every article of outer or under wear which they have examined and ap-

proved; to be ready to exhibit these to all who may come to see; to be ready to have them manufactured for all who may wish to buy; to furnish patterns, instructions, or any aid that may be sought; to make the room well known by judicious public advertising; and thus to render it a convenient centre and exchange for all dress-reformers, who may have ideas or inventions to contribute to the cause, or who may wish to take away our own.

“It is intended that the store, when established, shall be self-supporting; but only a profit to this end will be asked on the articles sold.

“The full suit of these garments, to be ultimately shown, will comprise the complete flannel undersuit imported, chemiloons of all varieties of make, in muslin, cambric, and flannel, basque underwaists, with lower garments properly attached. suspenders of all sorts, hoops, with other skirts affixed so as to avoid waist bindings, underskirts, balmorals, gabrielle dressess, and whatever else goes to the making-up of a well-dressed woman.

“Mrs. H. K. Crane may be found from twelve to five o'clock each day, at 25 Winter Street, Boston, prepared to answer inquiries, whether made personally or by letter; to exhibit such specimens of approved hygienic garments as can be made ready; to take orders for such garments, and to furnish patterns.

“All orders sent must give explicit directions as to style, material, size, and ornament, in order to prevent the delay resulting from explanatory correspondence. They should be addressed to Dress Committee, care of Mrs. H. K. Crane, 25 Winter Street, Boston, Mass.; and a stamp should be enclosed, if reply is called for. Articles ordered will be forwarded by express at the expense and risk of persons ordering them.

“A more definite announcement will be made as soon as the preliminary arrangements for opening the permanent Bureau are effected. Then we shall expect congratulations. Hitherto, it has been Dress-reform made possible; hereafter, it shall be, Dress-reform made easy. That, surely, will be a great gain.

“For the Committee,

“ABBA G. WOOLSON, *Chairman.*”

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TO OUR SUBSCRIBERS. — The finances of a medical publication are rarely in that state which calls for congratulations. The GAZETTE depends upon its subscribers to make its record an exception to the above rule, and our list of *paying* subscribers has been sufficiently augmented during the past year to encourage us in our efforts to make our publication, *according to its aim, indispensable to our confreeres.*

While other duties render it impossible to the present editor to prolong his charge beyond the single year for which it was assumed, he is justified in congratulating the readers of the GAZETTE upon the

announcements of its Prospectus for the Tenth Volume, which promises to subserve the best interests of Subscribers, College, and GAZETTE.

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GAZETTE FOR JANUARY, 1874. — We are requested to mention that copies of the GAZETTE for January, 1874, are needed for the completion of sets of the present volume, the edition for the above month having become exhausted. 25 cents per copy will be paid by the Publishers, Otis Clapp & Son, 3 Beacon Street.

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THE WESTERN ACADEMY OF HOMŒOPATHY. — This new organization promises to become an important ally to the American Institute of Homœopathy. It is extremely desirable that an especial bond of union should exist between our professional brethren residing in the widely-separated localities of the Great West, where there are more frequent mutations and new requirements than in the older portions of the country. A report of the convention held at St. Louis will be found on page 572.

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SHORT HAND. — Every physician should write short hand; and to all we would earnestly recommend the method called Tachygraphy, for the rapidity with which it can be written, its legibility, and scientific precision. A class has just been formed in the Boston Commercial School of Mr. A. D. Bill, 74 Tremont Street, under the leadership of Mr. D. P. Lindsley, the author of the method. All the reports of the Massachusetts Homœopathic Medical Society have been made by this method for several years. J.

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## SOCIETIES AND INSTITUTIONS.

E. U. JONES, M.D., EDITOR.

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\*.\* Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited, and may be sent directly to the Editor of this department, at Taunton, Mass.

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### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

*Reported by E. U. Jones, M.D., Secretary.*

THE Semi-annual Meeting was held in the new hall of the Boston University, School of Medicine, Oct. 14, and was called to order by the president, L. Macfarland, M.D.

## MORNING SESSION.

The reading of the records was followed by the address of the president. He congratulated the Society that the time was past when eulogies of Hahnemann or his great discovery were needed, and that "the generation of to-day is the recipient of all the research, efforts, trials, and contests of the indefinite heretofore"; recommended such thorough examination of the qualifications of candidates for membership that they might all be elected on a single ballot; referred caustically to the use of quack medicines and perfumes, showing the injury they do to health; criticised our homœopathic pharmacies as now conducted, — the uncertainty of their tinctures, the unscientific method of preparing their triturations, and the baleful influence which a reckless competition exerts; recommended the establishment of a school of pharmacy, in which medical chemistry, botany, and homœopathic pharmacy should be taught; spoke of the legislative enactment which now combined the Medical School of the Boston University with the N. E. Female Medical College, by which all the property of the college was vested in the school; stated that \$30,000 had been spent in enlarging and making more convenient its present edifice; referred to the fact that, one year ago, 93 matriculants entered their names upon its virgin roll, and that this year the class numbered 135; congratulated the veterans upon the advance that had been made; and closed with an earnest appeal for work in the present, and a beautiful prophecy for the future.

The address was referred to a committee composed of Drs. D. Thayer, O. S. Sanders, and J. H. Woodbury.

The Committee on College reported through its chairman Dr. Thayer. It recited the various steps that have been taken for the establishment of the college, the difficulties which have been met and overcome, and closed with a warm welcome to the meeting of to-day.

The treasurer, Dr. T. S. Scales, made the usual semi-annual report.

## PUBLICATION.

The committee reported through the secretary, Dr. E. U. Jones, that 400 pages of vol. III of the "Proceedings" have passed through the press, but that unavoidable circumstances had prevented the completion of the work in time for this meeting.

On motion of Dr. N. R. Morse, the proceedings of the last two meetings were ordered to be incorporated into the volume.

## ELECTION OF MEMBERS.

The Society then proceeded to the election of candidates, and the following named physicians, having been approved by the Board of Censors and recommended by the Executive Committee, were elected as members of the Society:—

E. P. CUMMINGS, M.D., Newburyport; ANDREW J. RUNNELLS, M.D., Stoughton; JAMES H. CARMICHAEL M.D., Worcester; C. L. KINGSBURY, M.D., Spencer; MARY G. BAKER, M.D., Worcester.

## MATERIA MEDICA.

Dr. J. H. Smith read a paper on Cuprum in Infantile Dysentery. He also referred to the peculiar Cantharis face.

The first time that he observed this effect of Cantharis was when called once to a child dying under the action of a Cantharis blister. It was so marked as to impress itself firmly in his memory. Last summer he was called to a case showing the same peculiar Cantharis face; he administered that remedy in the 200th potency, with immediate success.

Dr. Wm. B. Chamberlain related the following case, confirming the Cantharis symptoms referred to by Dr. Smith:—

In 1850, Dr. Alpheus Morrill had a case of diarrhœa, following confinement, which did not prove amenable to the remedies given. The patient was sinking; but on her casually mentioning one morning that she was also suffering from dysuria, with smarting, burning urine, he gave her *Cantharis* 3<sup>d</sup>. She was better the next morning, and made a rapid and good recovery. The next year Dr. Whittle, of Nashua, N. H., had a similar case. Dr. Morrill saw her in consultation, and as soon as he noticed the peculiar, pinched appearance of the countenance, he diagnosed dysuria and Cantharis. The patient acknowledged great urging to urinate, with burning afterwards. She gained rapidly.

Discharges, like scrapings of intestine, are characteristic of the Cantharis diarrhœa.

Dr. F. H. Underwood reported a very closely observed case of *Stramonium* poisoning.

Dr. David Thayer said that dryness of the mouth was a very marked symptom of poisoning by *Stramonium*. At one time he made a subcutaneous injection of Stramonium, and in a minute a great and severe dryness of the mouth ensued. This seemed to be a very prominent and constant symptom. Objects also appear smaller and more remote, and the speech has a quick, hurried character.

A valuable paper, entitled Notes on the Preparation of Remedies, was read by Dr. E. P. Colby.

Dr. C. Wesselhoeft had no written paper, but would make a few remarks on Graphites, in order to show its sphere of action in certain forms of amenorrhœa and eczema.

## CLINICAL.

The very full and interesting report of the Committee on Clinical Medicine was presented by Dr. O. S. Sanders, the chairman, who had arranged and epitomized the papers presented, as follows:—

Tumors of the lobes of both ears, after puncture. Cured by *Chromic acid* and *Calc. Fluor.* Dr. O. S. Sanders.

Fistulous opening over Poupert's Ligament, of two years' duration. Treatment, *Sulph.* 200 and 500, *Silicea* 500, injections of *Carbolic acid* and *Pinus Canadensis*. Dr. G. W. Gunter.

Neuralgia facialis, — *Spigelia*. Dr. E. F. Hinks.

Erysipelas capitis. *Dr. E. F. Hinks.*

Diarrhœa, — *Phosphorus.* *Dr. W. B. Chamberlain.*

Neuralgia abdominalis, — *Electricity.* *Dr. Wm. B. Chamberlain.*

Constipation and Colic, — *Electricity.* *Dr. W. B. Chamberlain.*

Pelvic distress, after confinement, — *Electricity.* *Dr. Wm. B. Chamberlain.*

Rheumatism; metastasis to bowels, — *Electricity.* *Dr. Wm. B. Chamberlain.*

Chronic Constipation and Dysmenorrhœa, — *Calc. carb.,* <sup>500.</sup> *Dr. Geo. Barrows.*

Chorea, — *Cimicifuga.* *Dr. D. B. Whittier.*

Reflex Sympathies simulating Mental Disease, — *Cimicifuga.* *Dr. D. B. Whittier.*

Operation for artificial anus. *Dr. J. K. Warren.*

Spina Bifida; Hydrocephalus; Spasms, — *Chloral.* *Dr. C. C. Slocumb.*

Cancer, — *Electricity.* Cured. *Dr. N. H. Barlow.*

Phthisis, two cases, — *Arsenicum* <sup>30 and 200.</sup> *Dr. Geo. T. Forbes.*

Cardialgia, — *Anacardium.* *Dr. Geo. R. Spooner.*

Case, — *Pulsatilla.* *Dr. Geo. R. Spooner.*

Dysmenorrhœa, — *Caulophyllum.* *Dr. Geo. R. Spooner.*

Gastrodynia during Gestation, — *Ant. crudum.* *Dr. J. K. Warren.*

Gastric irritation, — *Phosphorus.* *Dr. F. A. Capen.*

Intestinal Catarrh, — *Nux.* <sup>500.</sup> *Dr. A. Monroe.*

Cholérine, — *Verat. album* <sup>200.</sup> *Dr. A. Monroe.*

Characteristic Indications. *Dr. A. Monroe* and *Dr. F. A. Capen.*

Before the close, the following delegates were received and welcomed to a participation in the exercises and enjoyments of the meeting:—

*Dr. W. W. Rodman*, of New Haven, from the Conn. Hom. Med. Society.

*Dr. E. F. Hinks*, of Milford, N. H., from the N. H. Hom. Med. Society.

*Dr. F. Franklin Smith*, of New York, from the Hom. Med. Society, of the State of New York.

#### AFTERNOON SESSION.

Immediately succeeding the lunch, the members of the Society assembled in the amphitheatre and witnessed a surgical operation by Prof. Jernegan. After which the meeting was called to order in the lecture hall, — *C. A. Brooks, M.D.*, in the chair.

#### COLLEGE LIBRARY.

*Dr. D. G. Woodvine* earnestly urged all those having books which they could spare to donate them to the College Library for the use of the students. He distributed labels which could be pasted into books so given, on which the name of the donor could be written.

## SURGERY.

Dr. Talbot made noteworthy remarks, taking for his text a specimen of cancerous bladder, which he exhibited.

Dr. F. W. Payne read an interesting paper, with a view of showing the effects of medicines in ophthalmic cases, which are usually considered curable only by the knife.

Dr. H. M. Jernegan presented a paper on Chloroform in Surgery.

## OBSTETRICS.

A thoroughly prepared paper on Uræmic Convulsions was read by Dr. W. H. Lougee.

Dr. H. E. Spalding read an exhaustive paper on Placenta Previa.

Dr. J. H. Woodbury did not present his paper, for lack of time, but remarked that he had had several cases of Placenta Previa, in two of which he was able to turn the child; but both died. In another case he used the forceps, and with success.

There were several other very interesting papers waiting to be read, but on motion of Dr. O. S. Sanders, they were postponed to the Annual Meeting.

Dr. Sanders, from the Committee to whom was referred the President's Address, reported that the thanks of the Society be presented to Dr. Macfarland for his able and interesting address; and that the Secretary be ordered to notify him.

On motion of Dr. Sanders, it was voted that the Annual Meeting, in April, 1875, be continued for two days. Adjourned.

## WESTERN ACADEMY OF HOMŒOPATHY.

FERD. C. VALENTINE, GENERAL SECRETARY.

IN response to a call of the Conference Committee appointed at the last general session of the Kansas and Missouri Valley Medical Society, and in whose hands was placed the expediency of forming a Western Academy of Homœopathy, some thirty physicians met in the Homœopathic College, 1009 Locust Street, St. Louis, on Tuesday, Sept. 15th.

Dr. James Lillie, of Kansas City, called the meeting to order, after which, the temporary organization was effected by the selection of Dr. M. Mayer-Marix, Denver, Col., as chairman, and Dr. Ferd. C. Valentine, St. Louis, as secretary.

The meeting having been organized, the chairman, Dr. Mayer-Marix, stated the object of the meeting to be the organization of a society which should include all that portion of the Union west of the Mississippi, at the same time extending its benefits to such eastern physicians as chose to embrace them. The proposed society was in no wise antagonistic to the American Institute, but really a most useful and sympathetic auxiliary.

Dr. E. C. Franklin, of St. Louis, delivered the welcoming address, in which he says, with reference to the same point : —

“ In creating the proposed academy, it is desirable distinctly to remember that it is not by any means intended as, in the remotest degree, antagonistic to the American Institute of Homœopathy. Totally distinct from that organization in all matters relating both to government and boundaries, it can neither interfere with its scope, nor infringe upon its prerogative. The aim and intention of the one is national, while the other is purely divisional ; the former is acknowledged as the representative of Homœopathy in the United States, the latter seeks merely to embrace the union of a western medical brotherhood, and can never weaken the force, or lessen the influence of its prototype. What is intended, according to my view of the question is, to make the Western Academy the parent society of the West, subordinate in a measure it may be to the Institute, but with the right of sending its own delegates to attend the meetings, and participate in the discussion of the National Convention. In order the better to effect this, and elevate the standard of our proposed association, would it not be prudent in those cases where small sectional societies exist, to advise their abolition, and thus allow them to merge into the present organization. Preserve the State and County institutions if you will, but with the understanding that all others be incorporated with the divisional body, and their present distinctive character broken up.

“ One great benefit derivable from the contemplated academy will be that its meetings will be held altogether in western cities and towns, thereby saving all that trouble, time, and expense to which far off members of the American Institute are unavoidably subjected in attending its sessions in the populous cities of eastern districts. With respect to the influence which must be brought to bear upon the cause of Homœopathy, it is impossible to calculate its importance. From all sections of the western country delegates will be present to make known their past experience, compare notes, and decide a multitude of topics interesting and instructive to the profession at large. It becomes, therefore, the duty of every Homœopathic practitioner throughout the West, to enroll his name as a member of the academy, and by his personal influence and liberal support, endeavor to advance its best interests, regarding its existence not simply as a want to be supplied, but as the highest possible compliment which could be paid to the great doctrine enunciated by Hahnemann as based upon the fundamental law of ‘ *Similia similibus curantur*,’ and indicative likewise of the unprecedented progress and eminent results achieved by homœopathic science since its birth.

. . . . .

“ There is the important subject which will be brought before you for consideration, which must prove an invaluable adjunct to the organization contemplated, and eminently entitled to your serious attention. I allude to the publication of a medical journal. It is a lamentable fact that no such exponent of Homœopathy is to be found west of the Mississippi ; and it should be regarded as a reproach that

the rich, fertile State of Missouri, with its metropolitan city, should, in conjunction with the adjoining States, be so utterly devoid of medical literature. Too much cannot be urged in favor of the proposition, as the monthly issue of an ably edited periodical at a small annual rate, would prove of inestimable value to our profession. While on this subject, I can hardly avoid a passing allusion to the growing improvement which other cities have made in the circulation of homœopathic medical literature, as evidenced by the several serials, periodicals, and quarterly magazines which regularly appear at stated intervals, and which, to my mind, present a serious reflection on our total absence of enterprise in a similar direction.

“ You may form at present but a limited idea of what it may now be in your power to determine. But, as you value that social, professional intercourse, one with another, as you prize that expression of thought, that interchange of opinion, that wise spirit of counsel, that sacred bond of unity which should subsist between all associations tending to the progress of science, the amelioration of suffering, the cure of disease, and salvation from sudden or untimely dissolution, do not delay the inception of the project you are here to establish. Let the spirit of the immortal Hahnemann descend into this edifice to-day, and fill us with his zeal; let us do homage to his respected memory by following out the precepts he instilled, and above all, let us invoke the help of that Supreme Power who ordains all things for our good to aid us in our apportioned work.”

#### ELECTION OF OFFICERS.

In the afternoon, after adopting a Constitution and By-Laws, the Convention proceeded to the election of officers for the ensuing year, which resulted as follows:—

*President*, DR. M. MAYER-MARIX, Denver, Col.

*Vice-President*, DR. GEORGE H. BLAIR, Fairfield, Ia.

*General Secretary*, DR. FERD. C. VALENTINE, St. Louis, Mo.

*Provisional Secretary*, DR. C. W. J. HEMPSTEAD, Edwardsville, Ill.

*Treasurer*, DR. R. H. MCFARLAND, Henderson, Ky.

*Board of Censors*, DR. JAMES LILLIE, Kansas City, Mo.; DR. R. L. HILL, Dubuque, Ia.; DR. W. A. PARSONS, Atchison, Kan.; DR. W. C. RICHARDSON, St. Louis, Mo.; DR. A. E. REISS, St. Louis, Mo.

The Academy then adjourned until ten o'clock the next morning.

The proceedings of the second day consisted of a paper by Dr. James Lillie, on “ Small Doses ”; one by Dr. M. Mayer-Marix, on the Climatology of Colorado, and the proposed Sanitarium at Denver, and of the appointment of Delegates to the American Institute of Homœopathy, and of the several Bureaus. The Academy pledged its support to a new Medical Journal about to be established in St. Louis by Dr. E. C. Franklin.

The next annual meeting will be held at Davenport, Ia., on the second Tuesday of October, 1875.

## REVIEWS AND NOTICES OF BOOKS.

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

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### RECENT PUBLICATIONS.

- Apgar.* — Plant Analysis; adapted to Gray's Botanies, Ivison.  
*Cohen.* — Croup, in its relations to Tracheotomy, Lindsay & B.  
*Howe.* — The Breath, and the Diseases which give it a Fetid Odor, Appleton.  
*Scott.* — The Sewage System, Spon.

### FOREIGN PUBLICATIONS.

(For sale by Schoenhof & Moeller, 40 Winter Street, Boston.)

- Bardleben.* — Beiträge zur Anatomie der Wirbelsäule.  
*Burkart.* — Die Harncylinder mit besonderer Berücksichtigung ihrer diagnostischen Bedeutung.  
*Cohn.* — Vorarbeiten für eine Geographie der Augenkrankheiten.  
*Foster.* — Clinical Medicine: Lectures and Essays.  
*Frisch.* — Experimentelle Studien über die Verbreitung der Fäulnisorganismen in den Geweben und die durch Impfung der Cornea mit pilzhaltigen Flüssigkeiten hervorgerufenen Entzündungserscheinungen.  
*Genth.* — Atlas der pathologischen Anatomie.  
*Handbuch der speciellen Pathologie und Therapie*, bearbeitet von v. Bamberger, Biermer, Falck, Redigirt von Rdf. Virchow. I. Abth. 2. Lfg. 2. Aufl. Inhalt: Lehrbuch der Hautkrankheiten bearbeitet von Fd. Hebra und Mr. Kaposi.  
*A. und R. Kaltenbach.* — Die operative Gynackologie mit Einschluss der gynackologischen Untersuchungslehre.  
*Pagenstecher.* — des Augafels.  
*Pereira.* — Elements of Materia Medica and Therapeutics.  
*Pinard.* — Les Vices de conformation du bassin étudiés au point de vue de la forme et des diamètres antéro-postérieurs.  
*Vulpian.* — Leçons sur l'appareil vaso-moteur (physiologie et pathologie) faites à la faculté de médecine de Paris.  
*Wehenkel.* — Éléments d'anatomie et de physiologie pathologiques générales. Nosologie.  
*Weigert.* — Anatomische Beiträge zur Lehre von den Pocken.

The fuller reviews are postponed for the coming number.

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## ITEMS AND EXTRACTS.

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MYOSOTIS SYMPHITIFOLIA (FORGET-ME-NOT). — Dr. E. J. Ehrmann, to whom I communicated my experiences and gave some of the trituration, found the remedy equally effectual in many cases. I will, however, by no means insist that I have thereby permanently cured cases of *phthisis pituosa* of many years' standing; but I have very materially relieved them, and further experiments must teach us what we can expect from the remedy in such cases.

(1.) Neglected pneumonia (a young man *æt.* about 20). The patient had been without medical attendance until he was nearly dying from the copious expectoration, which was relieved within two days, with final relief of the whole condition by grain doses of the first centesimal trituration of *Myosotis*.

(2.) A boy, Wm. Downey, about 15 years old, whom I had cured of *typhus abdominalis* by the usual remedies (chiefly *Rhus* and *Bry.*), relapsed after going several days to school (probably in consequence of intemperate eating), and lingered nearly three weeks, getting weaker and poorer from day to day; a very troublesome cough, sometimes dry, sometimes with scanty expectoration, wasted his life away; profuse sweats day and night hastened his dissolution; the eyes and cheeks were sunken; nose pointed and whitish — a fair specimen of *facies hippocratica*, and for the indication of the last resort, *Carbo veg.*, which, however, proved utterly ineffectual, like all other previously applied remedies. The patient's mother and sisters were fully prepared for his death; and more for a hopeless experiment (since the expectoration was *not copious*) than with the real hope of success, I administered the tincture of *Myosotis*, five drops every two hours.

The following morning I was prepared to find him dead. But lo! what a wonderful change had taken place! With bright eyes and smiling face he welcomed me; the cough had nearly abandoned him, appetite had returned, so that I had no need to give a good prognosis; this had given itself. Within four or five days the profuse sweats gradually abandoned him, and within one week recovery was perfect. I hesitate no longer to recommend this valuable new acquisition to our professional brethren, for which purpose the present meeting of the Indiana Institute of Homœopathy offers the most appropriate opportunity. — M. FUNK, M. D., *American Observer*.

Dr. E. M. Hale thinks it (the specimen used by Dr. Funk) belongs to the *Myosotis* family, and that it is the *Arvensis*.

## PERSONAL.

J. H. GALLINGER, M.D. — We notice the name of our esteemed colleague as a participant in the festivities at a recent meeting of the Board of Trade at Concord. Dr. Gallinger, in response to the toast, "Our Doctors," addressed the assembly, indorsing his professional brethren; he spoke of the sober side of the life of a physician, and closed with Bulwer's estimate of the medical man.

G. N. BRIGHAM, M.D. — Dr. Brigham proposes to leave home during the coming year for a European tour. In his absence his son and colleague, H. C. Brigham, M.D., recently at Hyde Park, Mass., will continue practice at Montpelier, Vermont.

DIED — JAMES C. NEILSON, M.D., of Charlestown, Mass., Nov. 15, 1874, *æt.* 55 years, of acute meningitis. A fuller notice will be given in our next.

S. B. THAYER, M.D., at Battle Creek, Michigan, *æt.* 59. Dr. Thayer was well known as an active and skilful practitioner. He served as surgeon during about three years of the War of the Rebellion, and was influential in establishing a chair of homœopathy in the University of Michigan.

Dr. M. PEREZ died recently at Saragossa.

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