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THE

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A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

SURGERY, AND THE COLLATERAL SCIENCES.

EDITED BY

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VOLUME II.

"DIE MIEDE MACHT IST GROSS."

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VOLUME II.

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THE INFLUENCE OF CHIMAPHILA ON THE MAMMÆ.

BY PROFESSOR HALE, OF CHICAGO.

In the June number of the "Medical Investigator" for 1866, I called attention to the alleged powers of Chimaphila Umbellata in effecting alterations in the structure of the mammæ.

The first mention of this action of Chimaphila was by Dr. Paine,* of Philadelphia, who says, "If taken for a length of time by a female, the mammæ gradually become absorbed, and atrophy is the result; the mammæ are softened, and, as it were, flattened. In the male, it causes atrophy of the testicles.

This observation came under the notice of Dr. Hull, of Beloit, Wis., who had a case under his care of painful tumor of the mammæ in a young, unmarried woman. He concluded to test the power of Chimaphila in the case. The medicine was prescribed on the 1st of July (ten drops every four hours). On the 15th, the patient reported a diminution in size, not only of the tumor, but of both mammæ!

On the 13th of August, she again reported, by letter, that "I shall probably want no more medicine at present, as I think I am entirely relieved of my tumor. I can never express my gratitude for the relief I have experienced from the

* New-School Medicine, p. 32.

medicine. . . . *Both breasts are much reduced in size from the natural.*"

Dr. Hull reported another case illustrating the influence of this medicine on the glands generally. "A lady had enlarged lymphatic glands in the neck, of three years' duration. After a confinement, the glands increased rapidly in size.

"I prescribed the Chimaphila, in ten-drop doses, every three hours, with the effect of diminishing the gland quite perceptibly; and, to my surprise, it *arrested the flow of milk!* The Chimaphila was discontinued, and Veratrum viride given; and, in a few days, the flow of milk returned. The mammary glands were powerfully affected by the medicine; for they diminished in size, and have not yet resumed their previous fulness, and appear shrivelled."

We have heretofore known but few remedies that affect the mammary glands in this manner. Conium, Iodine, Iodide of Potassa, are said to have caused atrophy of the mammæ. To these medicines I think we can safely add the Chimaphila.

Dr. Paine is of the opinion, that the drug carries off the morbid material of enlarged glands by eliminating it through the kidneys. He asserts that he has used it successfully in numerous cases of enlarged lymphatics. Writing of its effects on the organism, he further says: —

"If one dram be given three or four times a day, the urine will be thickened. It does not act as a direct diuretic, but there is a marked increase in the solid constituents of the urine. . . . If continued for a longer period, there is a thinning of the constituency of the blood, producing œdema, leucothythemia," etc.

This action of Chimaphila on the urine, I have myself noticed. I have also observed, that, in attenuated doses, it removes this condition of the urine observed by Dr. Paine.*

These conclusions may, I think, be safely adopted: —

(1) That the Chimaphila, by its *primary* effect causes an *abnormal elimination of solid matters in the urine with atrophy of glandular structures*, and that it will cure this condition in

* New Remedies, 2d ed., p. 200.

attenuated doses; (2) That the *secondary* effect of the drug is a diminution of the solid constituents of the urine, with hypertrophy of glandular structures.

Whether we term this secondary or indirect or re-actionary effect, it matters little; the condition is evidently a *result* of over-stimulation of the eliminating function of the organism, at least so far as it relates to the action of the kidneys. If we find this last-named condition in a patient, and it has been preceded by the first-named condition, the Chimaphila would still be indicated, and be found curative in the lowest attenuations. This I have often verified in practice, as have many of my colleagues.

In addition to the cases recorded in my "New Remedies," the case given below, reported by Dr. Hull, is further corroboration of its action in removing abnormal deposits of solid matters from the urine.

"A gentleman applied for relief from a constant pain in the region of the kidneys: the urine was *scanty*, *dark-colored*, *fetid*, and very *thick*, depositing a *copious sediment*. He was also troubled with *obstinate constipation*. Several remedies were prescribed, with but little apparent benefit. Chimaphila was then ordered, two drops every two hours. The medicine was continued nearly three weeks. The constipation was relieved in *one* week. On the third week, the pain in the back and the abnormal condition of the urine had disappeared, and have not returned."

In my own practice, I have not observed the Chimaphila to have any notable effect on the mammæ.

In one case of scirrhous tumor of the mammæ, in a woman forty-five years old, whose breasts were quite large, its administration, for four weeks (ten drops every four hours), caused no perceptible alleviation of the pain, nor diminution of the tumor or the glands. The patient mentioned, however, that the medicine did not affect the appearance of the urine, but "kept the bowels looser than natural." This action may account for its failure to act on the glands. In another case, where it was prescribed for undue secretion of milk in a lying-in woman, it diminished the amount of milk, but did not otherwise affect the mammæ.

This interesting drug has not been systematically proven. It would be a good agent for scientific experiment; and it is to be hoped that some investigating mind in our school will make it the subject of an exhaustive study.

Note to Chimaphila. — Since the above was written, Dr. P. H. Hale, of Hudson, Michigan, has communicated to me the history of a case of *scirrhous tumor*, of the right breast, in a woman twenty-six years old. The tumor had existed nearly eighteen months: it was about an inch in diameter, hard but movable, the nipple drawn in; a good deal of sharp pain in the tumor and in the axillæ. The patient was in a cachectic condition; menses always scanty; is married, but has no children. She was troubled with a very disagreeable itching on the body, but no eruption. The mammary glands were large, healthy-looking, and of natural firmness.

Chimaphila was prescribed in doses of forty drops of the strong tincture three times a day. The medicine was continued three months, at the end of which time the condition of the patient was as follows: —

General health not much improved. *The tumor had disappeared; both breasts had decreased in size nearly two-thirds*, and were soft and pendulous. About the eighth week of the treatment, an eruption appeared on the skin, first in the groins, with swelling of the inguinal glands; then on the abdomen and breast, on the mammæ and in the axillæ. The eruption was peculiar; a bright red, papulæ; hard to the touch, about the size of a millet seed, with excessive burning and stinging. The swelling of the inguinal glands disappeared, but the eruption still remains. This eruption is accompanied by very fetid sweats of the axillæ and other parts of the body.

Thuja 3d was prescribed. She has been taking this medicine about a week, and is somewhat improving in her general health, and the eruption appears to be modified.

Remarks. — The action of Chimaphila in this case confirms the observations mentioned in the article first written. Dr. Hale informs me that he gave the drug for several reasons, which are worthy of mention. (1) The mother of the patient

had a tumor of the breast, pronounced scirrhous by several surgeons. On the advice of a "botanic" practitioner, she took, for a long time, *Alnus netra* and *Chimaphila*, in strong infusion, combined, with the result of dissipating the tumor, and bringing out an eruption similar to that induced in the daughter. This eruption was suppressed by some means, after which the tumor returned in the mamma in such an aggravated form that the gland was extirpated. After the operation, the use of Alnus and Chimaphila was resumed. The eruption again appeared, followed by a return of health. (2) The administration of the drug was for a double purpose; namely, to ascertain its *pathogenetic* action on the glandular system, and also its curative effects in case of tumors and other morbid growths. If the dilutions had been given, a cure might have been effected without medicinal aggravation.

THE SPECTROSCOPE, AND THE LAW SIMILIA SIMILIBUS CURANTUR.

BY J. H. PULTE, M.D., CINCINNATI, OHIO.

THROUGH the use of the spectroscope the field of our knowledge has been wonderfully enlarged. Kirchoff and Bunsen, to whom we owe these splendid achievements of scientific researches, have already found several new metals, whose existence heretofore was not even dreamed of. These two eminent chemists have thus opened a new era of chemical investigation; and the results already gained have been brilliant, and excite the greatest hopes for future achievements.

This new era does not ignore nor despise bodies apparently small, but rather endeavors to make the infinitesimal appear in massive quantity. The two first new metals, cæsium and rubidium were eliminated by Bunsen from the mineral waters of Durkheim, in which they existed in infinitesimally small quantities. He had examined the spectra of the alkalies contained in these waters, when his observation was arrested by

some bright lines which he had never seen in other alkalies. This was to him a sure indication of the presence of some new alkaliac metal, which had heretofore eluded, by its minute quantity, the investigations of the chemist. Thus a mere trace of a substance as yet unknown to him led Bunsen to the heroic labor of evaporating forty tons of the waters of Durkheim, to procure enough of this metal for examination. He called it cæsium, i.e., bluish-gray, because it is characterized in its spectrum by two fine violet hues. Rubidium, so called from the Latin rubidus, was the next new metal which Bunsen eliminated from the same mineral waters. Its spectrum is characterized by two bright-red rays at its least refrangible extremity. Thallium, another new metal, found by Crookers, has been thus called because its spectrum is characterized by a bright-green band. This latter metal closely resembles lead, but has different chemical properties.

While the spectral analysis has thus revealed to us, in the minutest particles, a world of new and wonderful existences, and has done for us, as regards the interior relations of things, that which the microscope has revealed to us as to their surfaces, we recognize in the spectroscope a co-worker destined to be eminently instrumental in discovering, not merely infinitesimal existences, but also in elucidating laws whose governing power might be identical throughout all the domains of nature.

And in this respect, I am happy to say, we shall not be disappointed. Already we possess data upon which to base a plausible hypothesis in such a form that its relationship to our own governing law, similia similibus, cannot but be recognized at once.

In order to present the subject more clearly, I have to refer at first to the phenomena which appear during the process of spectral analysis.

The decomposition of a white ray produces an image consisting of certain brilliantly colored rays, which are crossed, however, by *dark* lines: those in the solar spectrum are always found in the same places. In the spectra obtained from artificial sources of light, it is found that some exhibit the colored

rays shading one into the other, while others consist of a "series of luminous bands separated by dark spaces, and that these luminous bands are frequently found to coincide with the dark lines of the solar spectrum."

Without following the learned Bunsen in his train of hypothetical reasoning on this subject, I will allude here only to the important fact, which in this case became a new starting-point of further investigations; viz., that "the spectrum of an incandescent gas becomes *reversed* (that is, that the bright lines become changed into dark lines), when a source of light of sufficient intensity, giving a continuous spectrum, is placed behind the luminous gas."

Here was a fact, the explanation of which challenged the most learned physicists: Kirchoff and Bunsen continued, however, to follow up its practical bearing by actual experiment. Their reasoning resulted in the following conclusion: "*That the solar spectrum, with its dark lines, is nothing else than the reverse of the spectrum*, which the sun's atmosphere (photosphere) would *alone produce.*"

To prove this conclusion correct, the following experiment was made: —

The spectrum from incandescent soda appears in a bright-yellow color; if, between this soda flame and its spectrum, we impregnate the air with "some soda vapor, by volatilizing soda," then the "bright-yellow lines become at once a black line. This holds true for all the substances which have yet been examined. The colored *bright* lines are converted into *dark* lines, if the rays from the *colored flames* are made to permeate vapors of the *same* constitution as those which produced the *particular* spectrum under examination."

Here, then, we have the expression in full of a law *similia similibus*, based upon physical experiments which can be reproduced at pleasure, and which thus far have not failed to prove the law intact in all substances subjected to this experiment.

It is certainly remarkable, to say the least, that savans such as Hahnemann and Bunsen should arrive at the same law governing existences, travelling, as they did, such different

roads. If Hahnemann completed his formula by adding the word "*curantur*," he merely expressed by this the intention of the law in force; for the same reason, Bunsen might add to his formula the word "*annihilantur*," without destroying in the least the identity of his law with the one of Hahnemann. They are, in fact, the same law operating in potentialities when acting upon each other in different degrees of tension.

Various other very interesting experiments, especially by Kirchoff, were made to test the above law in its many relations to different substances, but nothing was found to invalidate its existence; but its explanation was based "upon the supposition that the sodium flame absorbs rays of the same degree of refrangibility as those it emits, while it is perfectly transparent for all other rays."

Here we have the result of observations alike remarkable in their origin (taking care of infinitesimals at first) as in their tendencies, coinciding with those already known and practically used in our own beloved science. And this latter, homœopathy, becomes more cherished, and its founder more exalted in our estimation, since his discovery of the law similia similibus was so far in advance, as to time, of that of Bunsen and Kirchoff. Still, nothing in the realm of thought comes too late; and, while the discovery of Bunsen gratifies our pride as homœopathists, it should do more than this, — it should stimulate our researches, in that direction, to greater energy.

In the following, I will venture to lay before you the probable uses we may make from the results obtained by the spectroscope.

The physicists have their own way of explaining these phenomena. They begin to say, that the rays of the sun, which is in a state of intense incandescence, pass through an atmosphere called photosphere, which is the combination of the gases of all the metals burned up in the sun, and then these rays meet with their analogues of lighted vapors, which render them opaque, and in this condition they reach the earth. If this were not so, the sun's rays would appear on earth in a series of brilliantly colored bands, as the result of the various metals

which are in an incandescent state in the sun. The dark line called D (Fraunhofer's D), which has been found to be the one corresponding to the sodium line, becomes luminous again, as soon as the solar spectrum is made to pass through sodium vapor. This shows, conclusively, that the dark line D was the product of soda combustion in the sun, and was annihilated by its passage through a vaporous atmosphere, mixed with soda vapor, which must be contained in the photosphere of the sun. The dark line D was made luminous again as soon as the corresponding soda flame was added to the solar spectrum, by making this pass through a colored soda flame. Another experiment will sustain the truth of this law very forcibly. "A glass tube, containing a small quantity of metallic sodium, was rendered vacuous, and then closed. On heating the tube, the sodium rose in vapor, filling a portion of the empty space. Viewed by ordinary white light, this sodium vapor appeared perfectly colorless; but, when seen by the yellow light of a soda flame, the vapor cast a deep shadow on a white screen, showing that it did not allow the yellow rays to pass through."

Now, we can make a useful application of this state of facts for the explanation of the modus operandi of our own law, similia similibus curantur. The physicist has it to do with potential matter in certain conditions and in certain states of contact; so have we: whether they be the result of organization or inorganic action does not alter the case.

The white light of the sun, not decomposed by the prism, is the combined result of the combustion of all metals and matter, contained in the nucleus of the sun and homogeneous in its space: it has only three functions, *light*, *heat*, and *actinism* (ray power expressive of the chemical principle of the sunbeam). This constitutes the normal or healthful condition of light. The neutral, or normal, tint of the sunbeam is white; only when decomposed by the prism, it appears in the well-known rainbow spectrum. In this condition it can be analyzed; and it is then found, that the above three functions of light, heat, and actinism reside in different rays, and are made inoperative by the interference of other rays.

Health exhibits a similar condition of the body: it is the state in which all the functions of the system are in a combined normal action, having only three distinct characteristics, — nerve power (light), vascular power (heat), and assimilation (actinism).

If this equilibrium of functions is disturbed by agencies from without, or changes from within, then comes disease, or the predominance or depression of one function as related to another.

The symptoms of disease are just as truly emanations of the central life force as are those of health; but they are either in excess of, or in want of, expression. In the former case they are silenced or cured by passing through an atmosphere charged with a similar potentiality; and, in the latter case, by having the want of it replaced by a similarly acting potentiality. In both cases, the law, similia similibus, is applicable and analogous to the law governing the phenomena of light. In this connection, I will call attention to the support which this view of the action of medicine gives to the alternation of remedies. It is perfectly justifiable, because they are alternations of so many similarly constituted factors, applicable for the same object. I would also mention here, that a classification of remedies as to the three great functions of the organism might be possible; if so, it might be found, that they would, perhaps, correspond to those the functions of which are already known in regard to light. The green color made by the oxide of copper interferes with the rays of heat, while it is perfectly transparent to light; the yellow color of the chloride of silver interferes with the actinic ray, while it also allows light to pass through; on the contrary, the deep-blue color of the oxide of cobalt does not obstruct the chemical ray, but resists the passage of the light itself.

Thus our materia medica might receive some help from these data as to the effect of substances in the different functions of the system.

Spectral analysis is yet in its infancy: we may hope to find by its aid, hereafter, a still closer affinity of the inorganic with the organic, and an identity of the laws governing both. Then

will come the time when the doctrine of potencies will find, perhaps, a quicker solution in the laws which govern the phenomena of light.

TWO CASES OF HEMORRHAGE.

BY E. P. SCALES, M.D., NEWTON, MASS.

W. B., age about twenty-five years, nervous-sanguine temperament, black hair and eyes, rather under the medium size.

Oct. 31. — Took *nitrous oxide gas*, and had six decayed teeth and roots extracted from the upper jaw (4 incisors, 1 bicuspid, 1 molar). There was considerable hemorrhage at the time, but it seemed to be arrested as usual. About four hours afterwards, I was sent for, and found that the bleeding had started an hour before, and there was profuse hemorrhage from part or all of the cavities, and that the mouth was rapidly filling with clotted blood. I applied, as I usually have done in similar cases, Erigeron philadelphicum topically by means of bits of cotton, which was only partially successful; but as the bleeding continued from the two right incisors, only moderated in quantity somewhat, I went, about 11, P.M., for the *perchloride* of iron. It could not be obtained at the druggists'; but I got, instead of it, "Munsel's Styptic" *persulphate* of iron. I tried that two or three hours, and seemed to be nearly successful, so that we slept nearly two hours. When the patient awoke, his mouth was full of clots, and he had probably swallowed considerable blood. On clearing the mouth, the bleeding started as fresh and vigorous as ever. I resorted again to "Munsel's Styptic;" but, after having tried it for half an hour with no apparent improvement, I obtained of a friend some chloride of iron, in solution, which I prepared with about ten parts of water to one of the chloride, and applied as before.

In half an hour, the hemorrhage entirely ceased. He had some pain and pressure in the gums, and very great soreness.

Nov. 4, P.M. — The hemorrhage started anew from the *other* side, which had been easily controlled before. I applied

the chloride of iron, and, in pressing a bit of cotton into the cavity, crowded the nerve so hard as to bring on a nervous convulsion. His father, who was present, said "he had fits when a boy." The hemorrhage was entirely stopped, and his nervous equilibrium soon restored. So much for a persistent hemorrhage arrested by the chloride of iron, when other means failed.

A case of hemorrhage arrested with Erigeron. — E. W., a married man, aged fifty; black hair and eyes; bilious temperament; strong constitution; "never sick." He has been employed on railroad trains twenty-one years. The patient had been annoyed by a painless discharge from the penis, with *slight* soreness, for *two or three months*, at first purulent, then thin and watery. It commenced with an erection during sleep, and a discharge which proved to be purulent.

May 10. — He awoke in the morning, and found blood bright and clear, which continued to be discharged at intervals through the day while about his business. At night, there was retention of urine.

I was called about 11, P.M. Passed a catheter into the bladder, and drew off a pint of blood and urine mixed. I injected water colored with Erigeron tincture, and stopped the dribbling of blood. In the morning, he "passed a quart of blood and urine, the last part clear urine." I injected Erigeron in water again; after that, his urine was clear until 9, A.M., on the 12th, commencing slowly, the discharge of blood becoming very copious. I used the same injection, and the patient has had no return of the hemorrhage since. No soreness nor pain from first to last.

PSEUDO-OZÆNA.

BY JAMES HEDENBERG, M.D., MEDFORD, MASS.

UNDER this title, Dr. Culbert, of Newburgh, N.Y., reported in the "United-States Journal of Homœopathy" for February, 1860, several cases, occurring in his practice, where foreign bodies had been inserted into the nostrils by children, and

remained long enough to excite a fetid discharge, which had in some of the cases been diagnosed as Ozæna, and treated by constitutional means. These cases had existed from "several weeks" to "twelve months:" and the substances extracted were "a mass of wool from a rose blanket; a roll of paper of the diameter of a pipe-stem, and three-quarters of an inch long; a putrid pumpkin seed; and a grain of wheat that had germinated in the nostril, having root and blade attached."

But one similar case has fallen under my observation. The patient, a puny child between four and five, had an exceedingly offensive purulent discharge of several months' duration; breathed with difficulty when the mouth was closed, and snored terribly at night.

The parents had previously consulted their family physician, who treated the case for some time, but without benefiting the child. The little one was placed in a strong light, and a careful examination of the nostril was made, which resulted in detecting a foreign substance, which was seized with small forceps, and readily removed. The substance removed was sent to Dr. J. C. White, of Boston, for examination. He reported that the microscope showed it to be woody tissue, and, judging from the peculiar yellow coloring matter, liquorice root.

The symptoms occasioned by its presence disappeared speedily, and the child's health improved without constitutional treatment.

The relief to the mother, who had expected to see portions of bone discharged, was almost as great as that experienced by the child.

The nasal douche, recently brought into use by Dr. Thudichum, as a palliative and curative means in many of the diseases of the nasal cavity, should be tried in cases such as this, if inspection fails to detect a foreign body; as, in addition to the comfort to the patient and his friends to be obtained by the proper use of deodorizers, permanganate of potash, &c., &c., the chance of dislodging the cause, whether it be hardened and decaying plugs of mucus or some substance introduced from without, should not be lost sight of.

In children, it is difficult to use the douche; and many times, notwithstanding the greatest care and encouragement on the part of the physician, so great is their fright, and so unconquerable the desire to swallow, that the attempt must be abandoned.

In adults, no such difficulty occurs; and we may look for the happiest results from its use.

The New-England Medical Gazette.

BOSTON, JANUARY 15, 1867.

Our readers are generally aware, we presume, of the discovery, made by Dr. Salisbury, of the cause of intermittent fever, the history of which was communicated to the profession in a paper published a year since in the "American Journal of Medical Sciences." This paper gave a detailed account of a series of most methodical and laborious experiments, the results of which it appeared to us fully entitled the author to the credit of having made one of the most brilliant and remarkable medical discoveries of the age. The experiments seemed conclusive; and we have seen no reason since for changing, or even modifying, our opinion of their importance. If Dr. Salisbury had simply demonstrated the facts that the *ague palmellæ* flourished in the fever districts; that the atmosphere of these neighborhoods was loaded with the cells of the plant; that the sputa of patients suffering from intermittents in these localities was filled with similar minute cells, and that the urine of such patients showed unmistakable traces of such cells and spores, — the discovery would have been of great scientific value; but there would have been room for doubts in regard to the warrantable deductions to be drawn from it.

The experimenter, however, did not stop at this point. He actually carried intermittent fever into a high and dry locality, where it had never previously existed, by merely transporting

a few plants of the ague palmellæ to the region, and exposing certain individuals to the night exhalations from them. The following is the account of this experiment, which, as a climax to the others, would seem to admit of no doubtful conclusions:

"With the view of obtaining still more positive evidence of the intimate relation between the cause of intermittent fever and the cryptogam developing upon drying humid soils, &c., I filled six tin boxes with the surface earth from a decidedly malarious drying prairie bog, which was covered completely with the palmellæ previously described. Cakes of the surface soil were cut out, the size and depth of the boxes, and fitted carefully in, without disturbing more than possible the surface vegetation. The covers were then placed on, and the boxes transported to a high, hilly district, some five miles distant from any malarious locality, and where a case of ague had never been known to occur. The locality was over three hundred feet above the stream levels; was dry, sandy, and rocky. I here placed the boxes of cryptogams on the sill of an open second-story window, opening into the sleeping apartment of two young men, removed the covers, and gave particular directions that the boxes should not be disturbed, and the window left open. On suspending a plate of glass over the boxes on the fourth day, during the night, the under surface of the plate, the following morning, was found covered with palmelloid spores, and numerous cells of the same kind adhered to a suspended plate in the room, which was moistened with a concentrated solution of chloride of calcium.

"On the twelfth day, one of the young men had a well-marked paroxysm of ague; and, on the fourteenth, the other was taken down with the disease. They both began to feel unnatural and dull about the sixth day. All three stages of the paroxysms were well marked. The type in both cases was tertian, and was readily controlled by the appropriate remedies.

"Four members of the family slept on the lower floor of the house, but none of them were affected.

"The experiment was repeated at another point, in the same neighborhood, where one young man and two boys were exposed in the same way as described in the previous case. In this instance, the two boys were taken down with the disease, one on the tenth and the other on the thirteenth day of the exposure; while the young man escaped."

We notice in a report of the proceedings of the Philadelphia Homœopathic Medical Society, published in the December number of the "Hahnemannian Monthly," that some of our friends there apparently doubt the importance of these investigations. Whether it be the facts which are doubted or the conclusions drawn from them, we are at a loss to determine. The report informs us merely that —

"Dr. WILLIAMSON then read an elaborately prepared and valuable paper on Intermittent Fevers, their cause, phenomena, and treatment.

"Dr. KOCH referred to the pretended discovery by Salisbury of the cause of malarial intermittents, in a cryptogamous growth.

"Dr. JACOB JEANES thought it was not well to run off into hypotheses in regard to the origin of diseases. It was better to look to the practical, whereby patients might be benefited. There has been a great number of theories advanced to account for these fevers, and each had in turn been controverted by the adherents of the others. It is useless to argue about the supposed origin of this or that disease. Facts upset all theories, and the laws of nature are the only facts; if these cannot be observed, hypotheses are of but little value. We should turn our attention to the practical treatment of diseases. He had had brilliant cures, and lamentable failures as well; and he desired to have as much practical information as possible. He thought the great object should be to get the proper similimum for our cases. He regarded the law of the similars as a great and good law, the best he knew of, and for that reason he followed it; but he was unwilling, as a philosopher, to regard it as the only law. The doctor then touched on the psoral theory; and argued that Hahnemann was therein in error, and that there are many causes of chronic diseases apart from psora, syphilis, or sycosis. He thought Hahnemann was a great generalizer, and that sometimes he discovered great and valuable truths while searching for something else."

An "elaborately prepared paper" by Dr. Williamson, upon any subject, could not be without value to the profession at large; and we trust that his essay will be printed in full. It will be interesting to hear what facts he can bring forward in support of his theory of the cause of intermittents. It would be interesting also to know why Dr. Koch spoke of Dr. Salisbury's discovery as a "pretended discovery." The

remarks attributed to Dr. Jeanes are in the main very sensible; although one might infer that the speaker regarded the attempt to find the cause and the attempt to find the cure for disease as antagonistic efforts; an inference which very likely would do injustice to the opinions of Dr. Jeanes on this point.

It is just this bearing of the discovery of the cause upon the rational treatment of intermittent fever which claims the attention of our school of medicine. We cannot ignore in practice the causes of disease, if we would. It is possible, to be sure, that there exist still some faithful physicians in our ranks, who rely in unbroken faith upon the internal administration of sulphur and carbo veg. in psora, and who "strictly forbid" all local application stronger than tepid water, lest it should be "driven in." So there exist persons somewhere, it is said, who vote regularly for Andrew Jackson for president. We bear no malice towards this now almost extinct species of individual; but we think it will be pretty generally conceded that they are not exactly of the kind upon which either science or art of any sort must depend for advancement.

Dr. Salisbury's theory of treatment as based on the cause of intermittents appears very rational. He says, —

"Since nature in the last stage of the paroxysm excites all the excretory organs of the body, and especially the perspiratory, urinary, and mucous surfaces generally; and as these excretions contain spores and plants of the ague palmellæ, — it is evident that the sweating stage is a curative process. If so, it points us to important medicinal means as aids in eradicating the poison. These are diuretics, diaphoretics, expectorants, and alteratives. While we should keep quinia constantly in the front rank, to impart tonicity to the ganglionic and cerebro-spinal systems and to the epithelial tissue, and to control in the body cryptogamic development, we should use diaphoretics, diuretics, and expectorants freely as eliminators. The nightly sweating of a patient laboring under this disease might be supposed to result in enervating the system. The reverse, however, is the case. Under active nightly diuresis and diaphoresis, in ague, the sallow countenance rapidly clears up; the dull eye becomes bright; the depression of spirits and torpor of mind and body disappear, and give place to the elastic step and tonicity of muscle. The result is, that, even when the system is exposed to constant

accessions, the paroxysms are not only avoided, but organic lesions, and the long train of unpleasant symptoms, are not allowed to get their hold upon the system; the ague poison being eliminated as fast as taken into the organism.

"In cases where the patient is removed from the exciting cause, the system is soon thoroughly cleansed; and no ague returns the following spring, unless there are new exposures.

"The power of the system to resist the paroxysms of ague varies greatly in different individuals, and even in the same individual at different periods. This power of resistance is directly proportioned to the tonicity of the system. Habits of bracing, active exercise, such as horseback riding, will often protect the system against attacks. This is noticed in a marked degree in the cavalry and infantry service of the army. In malarious localities, the former are seldom attacked, if on active duty, with intermittent fever; while the latter are extremely liable to suffer. This is the case when both branches of the service are occupying the same malarious district, and are equally exposed.

"*Quinia*, as a prophylactic, enables the system to resist the paroxysms. It braces up the system, and controls cryptogamic growth till nature can effect a cure by eliminating the malarious cause through the skin, mucous surfaces, and kidneys. Quinia, then, is not, strictly speaking, a curative or specific agent; but simply acts beneficially by controlling cryptogamic development, and imparting such tonicity to the organism as enables it to resist the paroxysms, till aided nature can cure the disease by eliminating the cause."

In speaking favorably of the theory of the above treatment, we do not expect, of course, to be understood as advocating the means in vogue in the school to which the author belongs as the proper ones to be resorted to in order to produce the desired ends. We have ample means at our disposal of producing the increased secretion of the skin and kidneys without incurring the risk of producing, at the same time, the debilitating effects which so often follow the administration of large doses of drugs. Our desire is simply to call the attention of our colleagues to the facts in relation to the newly discovered cause of malarial fevers, in order that our treatment of them may be more in accordance with their pathogeny, and consequently more successful. We look with

confidence to our Western practitioners as being more immediately interested in this type of fevers, and as having better opportunities for investigation to test for us the value of this discovery both as a preventive and as a cure of this form of disease. A.

The "Gazette" for 1867. — With this number commences the second volume of the "New-England Medical Gazette," which was established to meet a want long felt by homœopathic physicians of this section; viz., a medium through which to communicate to each other, and the profession at large, their various experiences, observations, and needs.

The promptness which these physicians have shown in subscribing for and in sustaining the "Gazette" has already insured its success; and the question now arises, How can it from year to year be made of increased value to the profession? With unusual liberality for a journal of this kind, the proprietors have offered to pay for any original matter prepared expressly for the "Gazette," and which contains any new discoveries or important investigations in medical science. By this means, it is presumed that many valuable papers will be elicited, and find a place in its pages.

In addition to this, it is hoped that the observations and thoughts of our best physicians will find free expression here; and all facts, events, and items of interest to the profession in New England, will be here recorded. To this end, we invite the aid of every physician of our school, whether in or out of New England; and with their hearty co-operation we promise them a journal which shall be of inestimable value.

As no pecuniary profits are contemplated by the proprietors of the "Gazette," — it being solely designed for the benefit of the profession, — its value will be enhanced in proportion to its means; and we therefore ask all our friends to aid in extending its circulation. Many laymen feel a deep interest in the success of homœopathy, and, if solicited, would gladly become subscribers; while an occasional copy sent by our friends to allopathic physicians might do much to advance our cause. T.

Presentation to Dr. Gregg. — On Wednesday evening, Jan. 2, a very pleasant re-union took place at the residence of Dr. Samuel Gregg, on the occasion of a presentation to him of a bust of himself, executed by Mr. Milmore of this city. The donors were a number of the colleagues of Dr. Gregg, residents of Boston and vicinity, who took this method of complimenting the most genial and kindly, as well as the most distinguished, homœopathic physician of Boston. The presentation was made by Dr. Thayer, chairman of the committee having the arrangements in charge. The occasion was memorably interesting, and the evening seemed to be thoroughly enjoyed by all. A.

Obituary. — Milton Berry, M.D., died at Andover, Mass., of typhoid fever, on Saturday, Dec. 15, 1866. He was born at Middleton, Mass., June 10, 1829, and graduated from Dartmouth Medical College in 1853. For several years he practised in Reading, from whence he removed to Andover, where he continued in active and extensive practice till his death. He was a member of the Mass. Hom. Med. Society, and was a constant attendant at its meetings. He was highly esteemed, and his loss will be deeply felt in the community in which he resided. T.

The New-York State Homœopathic Medical Society will hold their Annual Meeting at Albany, on Tuesday, Feb. 12, 1867, and will continue in session at least two days. Delegates from other societies are invited to be present; and undoubtedly many of our New-England societies will be represented there. Its meetings are always replete with interest. H. M. Paine, M.D., of Albany, is the General Secretary.

West. — We are happy to learn of the restoration to health, and return to practice, of Benj. H. West, M.D. He has labored long and earnestly in the ranks of homœopathy, and we trust his restored health will bring increased usefulness. His residence is No. 2, Union Park, Boston.

PROCEEDINGS OF THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

REPORTED BY THE SECRETARY, G. M. PEASE, M.D.

Dec. 10 and 24, 1866. — At the regular semi-monthly sessions of the Academy, held in December, Dr. J. B. Bailey, of Charlestown, and Dr. Charles D. Herbert, of Reading, were elected members. Dr. L. D. Packard, of South Boston, was chosen president for the ensuing term of two months.

The subject for discussion at both sessions was "Carbuncles, Boils, and Whitlows."

Dr. E. P. Scales, of Newton, uses a topical application of ars. 1, diluted in water, for carbuncles, and finds it beneficial. For boils, he uses the knife. In cases of whitlow, whether he sees them before or after suppuration has commenced, he applies nitric acid, and does not use the knife at all.

Dr. A. M. Cushing, of Lynn, cures boils by the internal use of iris. Carbuncles he never touches with the knife; but uses ars. internally and externally. When he sees a whitlow in its first stage, he gives sul. 3; and sometimes uses a poultice of baptisia root.

Dr. I. T. Talbot, of Boston, uses puls. and staph. with benefit for small boils and styes. Large boils can be arrested by a deep cutting

in the first stage. When carbuncles are not benefited by medicines, he makes free stellate incisions, starting outside the inflammation. With regard to whitlows, he thinks when pus has formed beneath the periosteum, the quicker it is let out the better. In the superficial felons, it makes little difference, as the pus will more readily reach the surface. In some cases of threatened whitlow, he has given sil. 30 with apparent benefit.

Dr. Samuel Gregg, of Boston, considers boils as tuberculous: the difference between boils and carbuncles is that in the latter there is a series of tubercles. In the earliest stage of boils, he cuts through the tubercle, and, with a brush, puts into the wound a little tinct. of cantharides. This will frequently arrest any further development of the boil. For carbuncles, he recommends the same treatment. Sometimes he has seen them disappear by a topical use of cantharides. The malignant pustule, though more virulent, is the same in character, and should be pricked open, and the tinct. cath. applied. To persons troubled with, and predisposed to, boils, he gives cro. internally. To whitlows, he applies a piece of rennet, wet in milk; and, if the inflammation extends to the hand, he covers it with the same. Sometimes he cuts them; especially if matter is fully formed, and they are painful. He has no faith in the use of sil. for whitlows.

Dr. T. S. Scales, of Woburn, has of late used tinct. puls., a few drops in water as hot as can be borne, and applies to the lids in styes. He gives sarrac. to prevent a return, and has had remarkable success in the use of sarrac. in malignant pustule. For poultices, he prefers hot water on sponge, or cloths covered with oil silk.

Dr. C. H. Farnsworth, of East Cambridge, has used a current of galvanism in felons, applying it for an hour at a time. He has used cold-water poultices in many cases with much relief.

Dr. H. L. H. Hoffendahl, of Boston, uses strong nitric acid as an application to boils and whitlows. It occasions no pain, but rather relief, when over the diseased portion; and the pain which is felt from its contact with healthy flesh is instantly relieved by immersing in cold water. Felons, when the matter is superficial, are opened slightly; and caustic potash, of the strength of one drop of the saturated solution to the ounce of lukewarm water, used as a wash every three or four hours. Hep. sul. 2 has been recommended as a wash. For boils he has used chlo. of cal., one ounce to a pint of water, as a topical application. He finds the use of rhigolene of great benefit in preventing the pain attending the opening of boils, &c.; the freezing seems to deaden the pain both during the operation and afterward, and the wound heals quite as rapidly as without its use. Has never seen any such results as those mentioned by Dr. Clarke, in his communication to the "Gazette."

Some desultory conversation then followed upon the relative merits of rhigolene and ether used for freezing; the opinion being that ether was of little use on account of the great length of time required to accomplish the chilling.

Dr. L. Pierce, of Charlestown, related the case of a man who was

constantly having what he termed "blood boils." He had had about a hundred. After taking merc. viv. 3, and arn. 3, he had no return of his troubles. The term "blood boils" applies to those which discharge little or no pus, but a considerable quantity of blood.

Another man, who had had sixty-five boils, was cured by the use of the same remedies. He does not cut carbuncles. Has applied yeast poultices with benefit in extensive carbuncles of the hand. Dr. Talbot thought a distinction should be made between carbuncles and those inflammations in the hand known as thecitis or thecal abcesses. He thinks, that, where pus is clearly formed, there is no better way to relieve than by opening, thereby preventing burrowing and extended inflammation.

Dr. H. P. Shattuck, of Boston, believes the quicker pus is evacuated the better. In carbuncles, he makes an incision, commencing in the sound flesh, outside the inflammation, and extending entirely through the diseased part. He then applies Fowler's solution, a few drops in water, and gives ars. internally.

Dr. L. D. Packard, of South Boston, in boils, paints the skin over with collodion, and gives phos. internally.

Dr. G. M. Pease, of Boston, in boils and hard whitlows always uses the knife; the earlier the better, even before any pus is visible. In some cases, he applies nitric acid to whitlows as soon as the pus, or most of it, is evacuated; thereby preventing unhealthy granulations, and stimulating the part to a more rapid expulsion of all remaining matter. In carbuncles, he sometimes makes circular incisions around the inflamed part, but more frequently makes stellate incisions. For styes, he uses puls. with benefit.

Dr. Cushing reported a case of a woman who had a discharge from an internal abscess, which was vomited in large quantities. He gave hypophosphite of lime with benefit; and the woman fully recovered.

MEETING OF THE CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

Augusta, Dec. 11, 1866.

Present, — Drs. Thompson, Pulsifer, Williams, Roberts, Barrows, Boynton, and Bell. Dr. Pulsifer in the chair.

A telegram was received from the president, Dr. W. E. Payne, announcing his inability to be present on account of illness.

Dr. W. L. Thompson was chosen treasurer.

The constitution was read and accepted. The following is a summary of the by-laws adopted: —

One providing that the auditing of accounts, drawing of moneys, and all similar business transactions, shall, as in similar organizations, form a part of the duty of the President; and one providing that copies of all reports read before the Association shall be deposited with the Secretary for preservation, but that the right of publication shall remain with the author.

Dr. Bell read a report upon potencies; giving the results of the treatment of twenty-six cases of acute diseases of the bowels, diarrhœa, dysentery, cholera morbus, and cholera infantum, with the 200th potency. The total average duration before treatment, six days; total average duration under treatment, two days and twenty hours.

Dr. Thompson thought one case reported (a severe choleroid cured with pod. 200) might have been caused by improper food, and recovery have resulted from expulsion of the same.

Dr. Bell said he had inquired particularly for that, but the patient was a very prudent and temperate eater.

Dr. Williams reported a case of painless choleroid quickly cured with ver. 200.

Dr. Pulsifer suggested that a comparison should be made not only between the effect of low and high potencies, but that a trial should be made with no medicine at all.

Dr. Boynton gave a case of chronic diarrhœa, of six years' standing, acquired in California. The patient found no relief except from opium pills, on which he lived, having no longer any hope of recovery. He came into the office one day for relief from an unusually severe colic, which prevented his standing erect. He was habitually obliged to go to stool early in the morning in great haste. He received sul. 200 in water for two days, followed by sac. lac.; and in three weeks was well, and has remained so to the present time, now five months.

Dr. Williams remarked that rumex had a symptom similar to sul., as to the early, irresistible morning stool; and that it had cured where sul. had failed.

Dr. Pulsifer gave a case of hard chancre, accompanied by a thick, whitish-yellow gonorrhœa, with phimosis, cured in four weeks by merc. cor. $\frac{1}{6}\frac{1}{2}$ four times daily for two weeks; then omitted one week, and given one week longer.

The question of pessaries being brought up, it seemed to be the unanimous opinion that they were generally worse than useless.

The following preamble and resolution were passed unanimously:

Whereas, In a recent work on abortion, by Professor E. M. Hale, of Chicago, there occurs the following language: "I hold that in no instance should the . . . *health* of the mother be sacrificed to save that (the life) of an impregnated ovum before the date of its viability." — p. 319.

Resolved, That the said language inculcates a direct violation of all moral law, of the sentiment of the whole medical profession, and of the statute law of all the States; and we hereby express our strongest disapproval of the same.

The President was requested to issue an early call to the homœopathic physicians of the State, to meet at Augusta, Tuesday, Jan. 15, 1867, for the purpose of organizing a State society.

Adjourned, to meet at the same time and place, when it is expected that a paper on alternations of remedies will be read by Dr. W. E. Payne, and one on diphtheria by Dr. R. R. Williams; and all physi-

cians present will be invited to take part in the discussions of the meeting. JAS. B. BELL, *Secretary.*

THE CHOLERA. — In his weekly return, the Registrar-General reports that the cholera may now be considered extinct in London. The total deaths in the recent epidemic have been 5,548; exclusive of 2,692 deaths from diarrhœa, due, in part, to the cholera element. In the year 1849, when the population of London was about two millions and a quarter, cholera slew 14,137 people of all ages; in 1854, not less than 10,738 out of two millions and a half; and in the present year, when the population exceeds three millions, the deaths have been 5,548, of which 3,909 occurred in the east London districts, and 1,639 in the rest of the metropolis. The deaths to every 10,000 of the population were 62, 43, and 18, in the three epidemics all over London. In the present epidemic, the west districts lost 4, the north districts 6, the south districts 8, the central districts 9; and it was only in the east districts, where the ravages recalled the violence of former epidemics, that 3,909 people — that is, 64 in every 10,000 of the unhappy inhabitants — perished.

Holland and Belgium have published down to a recent date, for which the Registrar-General is indebted to M. de Baumhauer and M. Heuschling; and the facts prove that the epidemic is as fatal as it ever was under unfavorable sanitary conditions. Thus, in 22 cities and towns of Belgium and Holland, containing less than half the population of London, or 1,460,808 people, the deaths from cholera alone in the present year were 20,643. So the deaths were 141 in 10,000; and, if the same proportion of inhabitants had perished in London, the deaths, instead of 5,000, would have exceeded 42,000. In Brussels, the deaths were in the proportion of 164, Utrecht 271, Amsterdam 42, in 10,000 inhabitants. By the bulletins published monthly by the Prefect of the Seine, it appears that the deaths from cholera in Paris were 6,653 in 1865, that is, in the proportion of 39 to 10,000 inhabitants; while, by the second outbreak in the present year, 1812 persons had died by the end of July, the date of the last return, when the epidemic was increasing rapidly.

In London, cholera has not only been less fatal than it was in previous epidemics, but its fatality has been reduced almost to insignificance, in several of the districts, by the mere force of hygienic science, before which the destroyer has retreated step by step; never, however, losing an opportunity of asserting its full power wherever negligence or ignorance presented an opening, either in England or in the cities of the Continent of Europe. Cholera obeys certain laws; and the knowledge of those laws renders its subjugation in Europe practicable, provided all the people, as well as the governments, will co-operate in the work.

BOOKS AND PAMPHLETS RECEIVED.

New Remedies. Dr. Hale. Part V. C. S. Halsey, Chicago.

Text-Book of Mat. Medica. Dr. Lippe. J. Tafel, Philadelphia. pp. 716.

Surgical Clinic of La Charité. James Campbell, Boston. (Noticed in December Number of the Gazette.)

The Science and Art of Surgery. E. C. Franklin, M.D. Part I.

Taylor's Med. Jurisprudence. Sixth Am. Edition. Henry C. Lee, Philadelphia.

Flint's Practice of Medicine. From James Campbell, 18, Tremont Street, Boston. (Noticed in August Number.) Henry C. Lee, Philadelphia.

The Marriage State. T. P. Wilson, M.D.

First Annual Report of the Poughkeepsie Medical and Surgical Dispensary.

Hahnemannian Monthly, The Medical Investigator, each for November and December; Am. Hom. Observer, November, December, and January; Western Hom. Observer for November and December; N. A. Journal of Homœopathy for November; Boston Med. and Sur. Journal, Nos. 15–23. Vol. lxxv.; Boston Journal of Chemistry and Pharmacy. Vol. i. No. 4; Catalogue of the University of Vermont and State Agricultural College.

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HOMŒOPATHIC CURES OF ANIMALS.

BY DR. C. WESSELHOEFT, OF DORCHESTER, MASS.

By way of variety, it is often of much practical value to turn our attention to sick animals and their homœopathic treatment. No physician, however high his place in society, or however exalted his professional position, should consider it beneath his dignity to study, and to endeavor to cure, the diseases of animals. There is a popular prejudice against the veterinary physician. He is regarded as one who is not expected to know as much as doctors devoting their skill entirely to their fellow-men. Physicians should know, if laymen do not, that a much deeper knowledge of natural sciences pertaining to the healing art is required in the treatment of animals, not merely because they are dumb, but also on account of their difference of structure and physiological functions, upon which are based their classification into genera and species.

Though we do not all possess the qualifications required, our knowledge of the principles of homœopathy not unfrequently affords us an opportunity of testing the powers of our art upon animals. In many respects, the medical treatment of dumb beasts is analogous to that of infants. We can only observe them, and ascertain the outward signs of their diseases by the aid of our special senses: by observing them carefully, we may, in most

cases, obtain a more or less definite idea of their derangements; a process far more difficult than when language comes to our assistance.

In the treatment of children and animals, we are aided much by the pathogenetic records of drugs as contained in the homœopathic materia medica, where we find that almost every drug possesses numerous peculiarities, having their simile in diseases. In order to discover the indications for a remedy, we often ply the patient in vain with questions; but by close attention we may gather from the manner, temperament, and actions, at least as often as from the patient's statements, an accurate idea of the diseased condition. Perhaps the following cases will illustrate the subject:—

Case I.—The subject was a powerful bay shaft-horse, weighing twelve hundred pounds, about ten years old. The animal had been worked extremely hard, enduring great fatigue, had been exposed to wet and cold for many hours day and night in the spring of the year. I found him in a pasture, standing motionless. His entire body and limbs were enormously swollen; huge fluctuating tumors had formed on both sides of his neck, chest, sides, belly, and legs, giving an undulating, unwieldy appearance to the surface of the body; his neck and legs were enlarged to more than double their natural size. Examination proved the swelling to be caused by an effusion beneath the cutis, probably owing to an inflammation of the cellular tissue: the swelling was so tense that fluctuation was very indistinct, at the same time preventing the animal from moving. He had been standing upon the same spot for more than a day, unable to bend his neck, so that his food and drink was raised to a level with his mouth; for the last twenty-four hours he had refused both: the surface was not very hot, however, and he seemed to suffer little or no pain when handled. Puncturing one of the largest swellings on the neck, a small quantity of serous flocculent fluid escaped: the rest was prevented from flowing out by a plug of cheesy purulent matter. Considering the exposure to wet and cold, as well as the fatigue, and regarding the nature of the disease as being of an erysipe-

latous character, I gave him Rhus 10th centes, in pellets, of which ten or more were given three times a day.

To my surprise, the swelling had lessened visibly in two days; the horse had moved from his position several paces, and could now lower his head sufficiently to drink water, and bran-gruel: at the end of a week, the swelling was nearly gone, and the horse began to graze; in less than a fortnight, he was able to work again.

Case II.—A bay mare of mine, twelve years old, of Morgan extraction and of great endurance, had always been well up to last spring. About the end of May, she fell into the barn cellar, owing to the breaking of the floor: she was rescued, apparently without having sustained an injury, and travelled as well as usual, until I was obliged to let her stand for several hours in the rain in the month of June; an exposure to which she had often been subjected, even in winter, without the slightest inconvenience. Soon afterwards, the mare began to limp with her right foreleg. Thinking it would pass off, I continued to use her cautiously for several weeks; but the lameness grew worse and worse, until it was impossible to exercise her any longer. Two weeks of rest in the stable did no good; the lameness continued. Medicine was not given, from some unaccountable neglect; at length, she was sent to pasture near by, where I could observe her daily. There she remained for two months, at the end of which the limp was no longer perceptible, and hence I ordered her to be brought home in the course of another week. And home she came accordingly, but in the most pitiful plight, limping on three legs, her left hind foot swollen immensely about the joint and excruciatingly tender, leading me to fear dislocation, if not fracture. The mare appeared to be doomed; but I resolved to wait and try to find some relief for her. Arnica lotion and cold-water compresses were applied. In three days, fluctuation became perceptible; an abscess had formed, which soon discharged freely; the pain vanished, and soon the animal could rest her weight on the foot, dispelling all fears of dislocation or fracture. In the course of a week, she walked with ease, and soon went into harness again. She had, however, scarcely been driven two or

three times, when the lameness of the right foreleg appeared again: a few days of rest would relieve it, but only to return after slight exercise.

The lameness, now of about three months' duration, appeared to be caused by a rheumatic affection of the right fore-shoulder, no trace of disease being visible about the leg: it was originally caused by exposure and hard work, following a sprain, probably in consequence of the descent into the barn cellar. It was most apparent on first starting, and after every rest; gradually disappearing during exercise, when the animal grew warm. If there is a remedy in the homœopathic materia medica corresponding to these symptoms, that remedy is Rhus tox.

According to my experience, Rhus is oftener indicated in rheumatic affections of horses than any other remedy, owing to the frequency of the symptoms for which it was given in this case. Horses affected by rheumatism are generally stiff, and evince pain on first moving after rest; the pain and stiffness in most cases diminishes, and often disappears entirely during exercise: add to this the circumstance that rheumatic affections of horses are generally brought on by muscular fatigue, and exposure to wet and cold, and we have the best indications for Rhus. This remedy appears to be less frequently applicable in the case of human beings; for their rheumatic affections are generally aggravated by exertion or continued motion, a decided indication for *Bryonia.*

In the case just described, Rhus was given in pellets of the tenth dilution twice a day, particularly after exercise, when the animal had cooled off in the stable. I used her every other day in alternation with another horse, as I had done for a month past; thus allowing a whole day for rest, which by itself had given no relief whatsoever.

The lameness now became daily less perceptible: in two weeks it had disappeared entirely; and the mare has been perfectly well ever since, now about four months, and able to endure fatigue and exposure as usual.

Case III.—I cannot close this sketch of the efficacy of homœopathic remedies in the diseases of animals, without calling to mind another incident of great interest. Some four-

teen years ago, while living as a student in the house of my uncle, the late Dr. W. Wesselhoeft, of Boston, we had a canary-bird, a fine singer, and a great pet of the family. One spring, we observed that his voice gradually began to fail, and soon he became silent, but without evincing other signs of disease. After the lapse of some days, the bird seemed to breathe with difficulty, but still hopped about his cage, taking food and drink. One morning, however, he sat on the floor of his cage, breathing hard, with his bill wide open. Listening attentively, we noticed the respiration to be accompanied by a hissing sound: the creature neither ate nor drank, and soon lay on his side.

Any one who has ever had any experience with birds will know, that, when these little creatures get so sick as to lie down, they are sure to die. But in this case a consultation was held. One decided upon Spongia, another upon Hepar; but finally the advice of the senior consulting physician, Dr. Wesselhoeft, prevailed, and resulted in the administration of two pellets of *Phosphorus* 30, dropped into the bird's bill with a drop of water, whereupon the animal was propped up with cotton in the corner of his cage, and left for the night. Our surprise next morning was great, on finding the bird sitting on the lower perch, in the act of eating with apparent relish. The dyspnœa still continued slightly for some days, but disappeared entirely in the course of time, and the bird recovered his voice so far as to chirp occasionally, though he never sang again: he lived for about two years longer, when his dyspnœa returned, which finally ended in death. An autopsy being made, the trachea and lungs were carefully examined, revealing a curious fact in the pathology of canary-birds. The entire trachea was filled with a tough yellowish-white membrane, apparently analogous to that formed in croup, closing the windpipe completely, and extending through the fine bronchi into the delicate lungs, which were perceptibly engorged. The membrane was so tough that it could be peeled off without breaking, though adhering firmly to the reddened lining membrane of the trachea.

ON THE SURGICAL TREATMENT OF ADHERENT MUCOUS SURFACES.

BY I. T. TALBOT, M.D., OF BOSTON.

It not unfrequently happens that mucous surfaces become quite firmly adherent when they have been kept in contact for any considerable length of time in an inflamed state. This often occurs in phymosis of long standing; and an attempt to separate this adhesion by the knife will be very apt to prove unsuccessful, even in the hands of a skilful surgeon. This may very easily be done, however, in a different manner, by simply tearing the mucous surfaces apart, without the use of the knife, and frequently without any loss of blood.

The following cases will illustrate this point: In August, 1864, a little girl was brought to my office, having a firm adhesion of the labia majora. This had existed for two or three years, and had been gradually increasing in extent, so that micturition was difficult and painful. An attempt had been made to separate the labia by the knife, but the bleeding was so profuse that the physician was obliged to desist from the operation. The parts had wholly healed at the time the patient came to me. On examination, I found an opening in the posterior portion of the vulva of sufficient size to admit a small catheter. This I passed freely forward between the labia, in the direction of the urethra. I then forcibly raised the end of the catheter, and felt the adherence giving way. I completed the operation by forcibly separating the labia by the fingers. This was accomplished with very little pain to the child, and with scarcely any hemorrhage.

In January, 1859, I operated on a case of phymosis. The patient was a young man, twenty-two years old, who had twice before been operated upon; but the wound had gradually and completely closed, so that for two or three years he had been obliged, from time to time, to make an opening with a darning-needle before urination. On making a free incision through the anterior portion of the prepuce, which I carried completely down to the corona, I found the inner surface of the prepuce

firmly attached to the glans. A slight attempt to dissect this showed me how difficult a matter it would be. I then passed a strong probe into the sulcus of the corona, which was filled with sebaceous matter. By forcibly pressing this probe between the prepuce and the glans, I quickly succeeded in separating this adherent surface without any loss of blood. I have since had two other cases similar to these, and I found this method of operating at once easy and satisfactory. These surfaces, once separated, may be kept from again adhering by means of lint. This same method of operating will often be found to apply to other adherent mucous surfaces.

CASE OF HEMIPLEGIA OF THE RIGHT SIDE.

BY E. P. SCALES, M D., OF NEWTON, MASS.

E. A. H., thirty years of age, unmarried, nervous temperament, tall, spare, and usually well, had been a school-teacher for ten years or more, and had suffered some for a year or two past from asthma. She had been at work for some weeks in a paper-box manufactory, the room in which she was employed being very warm.

Nov. 12, P.M. — While at work, she was taken with "a faint feeling and dizziness, and went into the dressing-room." About half an hour afterwards, she was found sitting leaning over a chair, speechless, and "seemed to have fainted." She says now that she was conscious all the time, though helpless. Restoratives were applied in vain, and she was carried home perfectly helpless. I was summoned, and found her pulse regular and full, skin and breathing natural; but there was no voluntary motion of any part of her, except that, when aroused, she would raise her eyelids for an instant, when they would close again almost immediately.

I afterwards found that her right side was completely paralyzed, so far as voluntary motion was concerned; the sensibility being but slightly diminished. Her speech was somewhat in-

distinct, and she answered only in monosyllables. She passed urine involuntarily, and swallowed even liquids with great difficulty. She slowly improved from day to day, and could control her speech better, making it more intelligible, and could swallow better when fed. Her involuntary urination ceased, and she began to flex and extend her right leg a little when strongly urged to do so. I had given her ars., phos., gels., nux cocc., and rhus, chiefly the latter three; and her sister had rubbed her arm and leg considerably. Though ten days had passed, she could not move her right shoulder and arm, and the right leg but very little. She could talk glibly, but her words and remarks were very inappropriate: so that, even in the shortest sentences, she made use of words that did not correspond at all to the idea she intended to convey; and, noticing it herself, she would frequently stop, quite chagrined. Hoping for a more rapid improvement, I began to use a magneto-electric machine, and found that it required a strong current to manifest itself on her right side. I continued the above remedies, and used the machine every day for a week, then once in two days for a fortnight; and after two weeks, on Dec. 5, I found the first voluntary motion of the right arm, which was very slight. From that time, she gradually improved, requiring a less strong current of electricity from day to day, all the other functions of the body having gradually become normal.

Dec. 20. — She can now walk a little with some assistance; can raise her right arm as high as the point of the shoulder, and flex the fingers of the right hand a very little; and, when not fatigued, she makes but few remarks at random, and uses words quite correctly. The muscles on the right side of her face are somewhat intractable yet. I found, on inquiry, that she "used to have numb turns years ago, but had not had any thing of the kind for some years." Her menstruation has always been difficult and painful. It appeared on the morning of the day she was attacked, Nov. 12. A day or two before the next return, I gave her xanthoxylum tincture (three drops in a tumbler half full of water, a teaspoonful once in four hours); and the menses appeared a little earlier than usual, were attended with no pain, and ceased in about four days. They had usually continued a week or more.

I am satisfied that magneto-electricity has been an important element in producing her convalescence.

I think there has been an unusual number of such cases this year, as well as of other diseases, indicating a low degree of vitality and diminution of nervous forces, such as neuralgia, rheumatism, carbuncles, whitlows, &c. Is not the battery, or some form of electricity, a valuable adjuvant in diseases affecting principally the nerves?

A CASE OF INTESTINAL OBSTRUCTION.

BY F. BRICK, M.D., KEENE, N.H.

NOVEMBER 5th, I was called to see Mrs. A ——, aged 64. I found her suffering from pain in the head and back, but more particularly from colic. The abdomen was slightly tympanitic, with no special tenderness on pressure. The tongue was slightly furred; pulse 90. The patient had, on the morning of the 4th November, a small diarrhœac stool. She has always been of a costive habit; and this tendency has proved, at times, very troublesome. I prescribed acon. and col. After two days, the tongue became clean, the pulse 80; but the colic, and pain in the back, still continued. A good deal of rolling in the intestines. No movement of the bowels since the 4th. I began to think there might be some serous obstruction present: still the stomach remained quiet, and symptoms did not appear alarming; urine normal. The patient continued in this condition, without any particular change, until the 15th. During that time, I gave her nux vom., plumb., bell., verat., podoph., lept., dios. vill., atropine, with acon. or gels. sem., as indicated; enemas also were freely used, of cold water, tepid suds, water with salt and mustard, &c., all without any favorable result.

On the 15th, stercoraceous vomiting occurred twice in twenty-four hours.

During the 16th, 17th, and 18th, there was occasional vomiting. At the same time, we used more vigorous measures to

obtain a passage through the bowels; castor-oil, also croton oil, were given.

As to the nature of the obstruction, it seemed impossible to decide what it was. I made a thorough examination of the abdominal walls, also per rectum, without favorable result. The patient said she never had a rupture, nor could I find any evidence of hernia.

19th.—Dr. G—— (Eclectic) was called in as counsel. He had the same doubt as to the real cause of obstruction, and recommended a cathartic preparation of his, with enemas of decoction of thoroughwort and caps., lob. inflata and hydrastin; and, if physic did not operate, to make further trial of dioscorea vill.

On the 20th, no better; stomach more irritable; nux vom. and bitartrate of potash.

On the 21st, Dr. J—— (Eclectic) was called in. He did not make any new suggestion, except that we relax the system by enemas of lob. inf. We did this, but no immediate effect beyond the relaxation was perceived.

On the 22d, Dr. G—— came again. We placed our main reliance upon nux vom. and china. I felt somewhat encouraged, as there had been a trace of fecal matter passed.

On the 23d, there were two or three feculent discharges, one quite large and semi-fluid. The stomach was more quiet; no vomiting; bowels felt easier; still some pain and borborygmus. Continued to feel encouraged until the 26th, when fecal vomiting again occurred. But one discharge since the 23d.

On the 29th, I sent for Dr. C. (Hom.), who thought it a very singular and obscure case. As there were signs of some fever, of a typhoid character, it was thought best to direct remedies more particularly towards that condition.

30th.—There was greater tenderness of bowels; they were moderately tympanitic; pulse more rapid. At night, the patient was evidently worse; no pain; pulse small, 120 to 130.

Dec. 1.—Patient sank rapidly, and died at 10, A.M.

I did not obtain consent of the family to make a *post-mortem* examination until the afternoon of Dec. 3d, when it was performed. Upon laying open the abdomen, my attention

was immediately directed to an unusual distention of the *cæcum*. Upon grasping it in my hand, I found that the contents would readily pass into the *ileum*, but would not pass through the *colon*. I closed the *ileum;* then, on making quite strong pressure upon the distended portion, the contents were suddenly forced forward through the *colon*, making a noise as though a membrane had been ruptured. I then laid the *cæcum* open. The contents were soft feculent matter, and air. About three inches from the *ileo-cæcal* valve, I found that the *colon* had been obstructed by a membrane thrown completely across the track. There was also a very small femoral hernia, which had probably existed for a long time; but there was no sign of strangulation at that point. The stomach was full of feculent matter.

The New-England Medical Gazette.

BOSTON, JANUARY 15, 1867.

Medical Societies. — There is no better evidence of the steady and permanent advancement of homœopathy in New England, than is to be found in the various organizations which have been established within a few years in this section. One of the best means of improving the profession is through the various medical societies; of these, there are at present no less than ten in New England. The oldest and largest of them, the Massachusetts Homœopathic Medical Society, organized in 1840, and incorporated by the Massachusetts Legislature in 1856, was never in a more flourishing condition than at the present time. Its meetings are held semi-annually, and there are generally present from seventy to eighty physicians.

In Connecticut, a society has been incorporated, which bids fair to rival its older sister in efforts for the good of the medical profession.

The State Societies of New Hampshire and Vermont are active and prosperous.

Maine, as will be seen by a report in this number of the Gazette, is already moving for a permanent State Society, while we have already

given our readers a report from the Central Homœopathic Medical Association of Maine.

The two societies in Rhode Island, formerly so useful, we are sorry not to have heard from lately.

Of county or local societies, there are three in Massachusetts, — the Boston Academy of Homœopathic Medicine, which has held its regular fortnightly meetings since 1858, and the societies recently established in Bristol and Worcester counties.

The advantages of these societies to the profession are manifold. The papers which are presented benefit not only those who listen to them, but still more the writers who therein carefully elaborate their thoughts and experiences. The discussions elicited awaken new thoughts and brighten up the intellect of the sluggish practitioner. Of the good results of these associations in a social point of view, we need not speak, as every person who has attended these meetings must himself have experienced them. But there is one thing in which these societies should be especially useful, and that is in elevating still higher the moral standard of the profession. Let these meetings and all the social intercourse of physicians be pervaded by a dignified and high-toned morality, which shall command the respect of the profession and the world. Let all these societies adopt "Codes of Ethics," not, as has been charged against them, that they may become protecting "Guilds" to the members, but that, through these, the strong, noble-minded men of the profession shall allow their influence to be exerted for good, — the weak strengthened, and the bad restrained.

Let this organization of medical societies go on then, until one is formed and regularly meets in every locality in which a few physicians can from time to time come together; let every member feel that it is a duty he owes to himself and to his profession to make these meetings interesting and instructive; let the most kindly and harmonious feelings be here cultivated, — and we shall soon reap the advantages of these associations. T.

PROCEEDINGS OF THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE FOR JANUARY, 1867.

At the annual meeting, Monday evening, Jan. 14, twenty-three members were present, — the largest number ever assembled at any of its sessions. The secretary, Dr. G. M. Pease, read a *résumé* of the proceedings of the Academy for the past year. The meetings were gene-

rally interesting and well attended, the average attendance being fifteen members. Among the subjects of discussion, during the year, were scarlatina, typhoid fever, renal calculi, carcinoma, rheumatism, army itch, nasal catarrh, heart disease, gonorrhœa, syphilis, uterine displacements, carbuncles, boils, whitlows, and miscellaneous. The discussions of these subjects were usually spirited and instructive. A fee-table was prepared, adopted, and published, for the use of the members. Efforts were made, in the early part of the year, for the establishment of a homœopathic hospital, which, though not yet accomplished, is far from being given up.

The treasurer made a favorable report. A vote of thanks was passed to Dr. G. M. Pease, for his services as secretary and treasurer; and he was re-elected to the same offices for the ensuing year.

The remainder of the evening was spent in the discussion of methods for the general advancement of homœopathy, and the more thorough organization of the Academy. Measures were also adopted for the circulation of petitions in aid of the incorporation of a homœopathic college.

Jan. 28. — The subject of discussion was abortion. The president, Dr. L. D. Packard, related a case of a lady, who, by the aid of homœopathic medicines, was enabled to continue the full term of pregnancy, and was delivered of a full-grown and healthy child; a thing which she had never done under allopathic treatment, having miscarried some eighteen or twenty times. Several other members of the Academy affirmed similar experiences.

Dr. Gregg said that he had found great benefit from homœopathic medicines in arresting threatened abortion. He relied mostly upon *Sabina*, *Secale cor.*, *Caulophyllum*, and *Crocus*.

Dr. O. S. Sanders related an anomalous case of abortion, where the fœtus, and half the placenta, were thrown off. Six months later, a second abortion occurred, when the fœtus and its placenta were thrown off, together with an organized mass, resembling the half-placenta, supposed to have been retained at the previous abortion. He thought that there should be a marked distinction made between abortion, which conveys the idea of violence, and miscarriage, which is purely accidental.

Some further discussion, on the part of different members, ensued; and the subject was continued to the next meeting.

The Ohio Medical and Surgical Reporter, vol. i., No. 1, is received. It is neat in appearance. The original articles by Dr. Ring and Dr. L. Barnes are very readable. "Homœopathy *versus* Empiricism" is all very true, but very trite also. "Clinical Notes," by Dr. Hale, is of course valuable. "Helminthic" does not add to the dignity of the number, and the page styled "Humorous" is quite melancholy. The editorials are earnest and lively, and the department for medical intelligence is full and interesting. On the whole, the first number gives promise of a creditable homœopathic journal. A.

BOOK NOTICES.

New Remedies; their Pathogenetic Effects, and Therapeutical Application in Homœopathic Practice. By EDWIN M. HALE, M.D., Adjunct Professor of Materia Medica and Therapeutics in Hahnemann Medical College; Author of "Monograph on Gelseminum;" "Abortion, and its Homœopathic Treatment;" Member of the American Institute of Homœopathy, Corresponding Secretary of the Western Institute of Homœopathy, etc. Second edition, revised and enlarged. Parts I.–VII. Detroit, Mich.: Dr. E. A. Lodge, Homœopathic Pharmacy.

Text-Book of Materia Medica. By AD. LIPPE, M.D., Professor of Materia Medica in the Homœopathic Medical College of Pennsylvania. Philadelphia: J. Tafel. 8vo. pp. 716.

Dr. HALE'S "New Remedies" is a work now so widely known and appreciated that it seems almost superfluous to commend it to the attention of the profession. Yet, if we speak of it at all, it must be in terms of more than ordinary commendation. Indeed, the work has become a necessity. It is simply impossible to practice medicine intelligently without it. Not to know the virtues of Baptisia, Cimicifuga, Hydrastis, or Macrotys is, now-a-days, almost as fatal as not to know Bryonia, Rhus, Phosphorus, or Sulphur. The author has undertaken a colossal task, and has labored, thus far, so conscientiously and successfully as to deserve the warmest gratitude of every one interested in homœopathic medical progress. This new edition is revised, enlarged, and improved, and ought to reach a circulation of ten thousand copies. It contains, according to the preface, nearly three times the amount of matter of the former issue. "In addition to the medicines mentioned in the first edition, the following have been added: Agave, Alnus, Ampelopsis, Aralia, Asarum, Asclepias incarnata, Cactus, Cerasus, Chelone, Cistus, Comocladia, Corydalis, Erechthites, Euonymus, Frasera, Galium, Geranium, Gnaphalium, Gymnocladus, Hedeoma, Hepatica, Juglans, Lachnanthes, Lobelia, Lycopus, Mitchella, Myrica, Nabulus, Nymphæa, Pulsatilla Nuttalliana, Rhus glabra, Rhus venenata, Stillingia, Triosteum, and Zizia,—*thirty-five* in all; two-thirds as many as were contained in the first edition. Not only are these *new* remedies added, but new matter is added to every one of the other medicines, either in new pathogenetic observations or clinical experience. Of many of the first medicines, new and valuable re-provings have been made. The other additions of the second edition are, the complete botanical description, natural history, and medical history of each medicine. Pharmacological observations of a practical character are made concerning each remedy. The officinal preparations are also designated, and the analogues of each medicine are given. These practical additions will do away with the necessity felt for a pharmacopœia of the new

remedies, until a complete Homœopathic Dispensatory shall be published. Such a one, I believe, is in the hands of the publisher of this work, and will soon appear." It seems that some homœopathic physicians somewhere — and it is perhaps as well not to inquire who they are nor where they live — object to the introduction of allopathic authorities and facts; as though, unless circumstances were favorable, a fact were not a fact, and an authority not an authority. The author says: "In my private correspondence, I am frequently asked the question, 'Why do you quote allopathic authorities in your "New Remedies" and other writings?' In some of the periodicals of our school, I find the same question asked. In other words, the questioners ask, 'Can allopathic authority, or their cures, become of value to the homœopathician?' I answer, 'Their bald *dictum* cannot, but their *cures* can.' I propose to state the reasons for this belief. But first I would ask the reader to glance over the pages of the 'Introduction' to that immortal work of Hahnemann, the 'Organon.' He will there find page after page occupied with a concise narration of allopathic cures. He makes such testimony contribute to the proof of the homœopathic law, and intimates, in the strongest language, that *all* the cures were homœopathic. I have only followed, humbly I admit, in the footsteps of our great master. It seems strange to some of our school, that, because allopathists use such massive doses, they can make any cures at all. But *a cure is a fact.* We can not explain it away. The testimony of a physician of one school is as good as that of another, provided his alleged cure was made with *one medicine given singly.* No proposition is more generally accepted in our school, than that a dose, to be homœopathic, need not be a high-potency dose. The true definition of a homœopathic dose is, *any quantity of medicine capable of effecting a cure.* If we do not admit this, we must admit that allopathists cure by virtue of the law of *contraria;* and, if we do this, we give them vantage-ground at once. *All cures are homœopathic cures*, whether made with the 200th, or with grain doses of the crude drug." The eighth part will appear during the present month, and this will complete the work. We have only to repeat, in conclusion, the remark, that this Materia Medica of "New Remedies" may be regarded as an indispensable companion in practice; and, if any colleague has thus far neglected to provide himself with it, let him hasten to supply the omission.

The "Text-Book of Materia Medica" by Dr. Lippe is, typographically speaking, a success. It is always a satisfaction to look upon a good coarse print, well impressed upon a good clear paper. Once printed, we are glad it is done so neatly; but whether the necessity existed for its being printed at all is another affair. It is substantially the old Materia Medica, here and there abridged. It is upon the same old plan carried out with but occasional and unimportant variation. We are promised, in the preface, the "*characteristic* and *most prominent special symptoms.*" These we undoubtedly get; but, as in the older Materia Medicas, we get so many symptoms beside, which are apparently neither characteristic nor special, that the

promise, however well kept, becomes of little value. Very fatal also, in our opinion, was the policy of the author in omitting to designate the character of the symptoms by signs so that a pathogenetic symptom *verified by clinical observation* could be distinguished at once. A work on Materia Medica, however conscientiously and carefully compiled, must contain a great many erroneous and worthless symptoms, many of doubtful value, and multitudes in regard to the significance of which, the authority or whatever particulars are known of them being given, the practitioner or the student has a right to demand the exercise of his own opinion. To be allowed to discriminate for one's self in regard to the value of symptoms recorded in our chaotic Materia Medica can hardly be regarded as a dangerous liberty, even for intelligent students of medicine. A.

A Manual of Medical Jurisprudence. By ALFRED SWAINE TAYLOR, M.D., F.R.S. Sixth American from the eighth and revised London edition. With Notes, and References to American Decisions, by CLEMENT B. PENROSE, of the Philadelphia bar. 8vo. pp. 766. Philadelphia: Henry C. Lea. Boston: E. P. Dutton & Co.

TAYLOR'S "Medical Jurisprudence" has been so long and favorably known in the profession that it is not necessary to describe it in detail. It has been the standard authority as a book of reference for years, and will probably maintain its position in this respect for years to come. This new American edition is very neatly printed; and the first two hundred pages, relating chiefly to poisons and chemical analysis, are neatly and appropriately illustrated. Considerable new matter has also been introduced, from a larger work of Dr. Taylor's, into the articles upon noxious animal food, trichinosis, sexual malformation, insanity as affecting civil responsibility, suicidal mania and suicide, and life insurance. Very valuable additions have also been made by the American editor, in the form of notes, embodying references to American practice and decisions. On the whole, this edition is a considerable improvement upon its predecessor; and it is fortunate for the medical practitioner that a work so indispensable is made to advance step by step with the progress of medical science in general. A.

REPORT OF THE BALDWIN-PLACE HOME FOR LITTLE WANDERERS.

BY O. S. SANDERS, M.D., PHYSICIAN AND SURGEON TO THE INSTITUTION.

THIS Institution was opened in May, 1865; since which time it has received six hundred and thirty-eight children, of whom some five hundred have been adopted by different families.

It has been the recipient of children of all ages under sixteen years, irrespective of nationality, creed, or color.

Besides the "Home children," it has fed and clothed over five hundred poor and half-starved day children; and also given them instruction for the mind and heart, as well as medical treatment.

Not a few of these children in the aggregate are gathered from wretched hovels or attics and cellars, from unhealthy localities, where dissipation and poverty reign supreme.

Below I give the tabular report embracing a period of seventeen months; showing that out of about eleven hundred and twenty-five children cared for by this institution, over eight hundred cases have been treated with but eight deaths, viz., six for the first seven months, and but two during the last twelve months; four of the first six cases being marked with the impress of death on being admitted.

Number of children admitted since May, 1865	1125
Home children	638
Day children	487
Children now in the Home	115

Diseases.	Number treated.	Number cured.	Died.
Abscess	3	3	–
Angina	51	51	–
Aphthæ	24	24	–
Carbuncle	2	2	–
	4	4	–
Croup	10	10	–
Cough	59	59	–
„ Hooping	10	10	–
Colic	3	3	–
Diarrhœa	116	116	–
Diphtheria	7	7	–
Dysentery	27	27	–
Erysipelas	1	1	–
Fever, Simple	51	51	–
„ Lung	11	11	–
Gastralgia	30	30	–
Hydrocephalus	2	–	2
Injuries	2	2	–
Jaundice	1	1	–
Marasmus	2	1	1
Morbus Cholera	1	1	–
Measles	1	1	–
Neuralgia	4	4	–
Ophthalmia	60	60	–
Pleurisy	3	3	–
Rheumatism	1	1	–
Scarlatina Maligna	1	1	–
„ Simple	16	16	–
Scabris, and other eruptions	235	235	–
Syphilis, Infantile	4	–	4
Varioloid	5	5	–
Varicella	72	72	–
Purpura Hemorrhagica	1	–	1

Of the four hundred cases treated during the last twelve months, only two have died. One, in the Home, of Hydrocephalus; and one outside, who had been cared for by the Home a short time, of Purpura Hemorrhagica.

This small percentage of mortality among so many children, with some one or more sick almost every day, is a very pleasant and satisfactory result.

Boston, Jan. 1, 1867.

ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL DISPENSARY.

The annual meeting of this Dispensary was held at the Dispensary Rooms, No. 3, Tremont Temple, Boston, on Wednesday, Jan. 16, 1867.

The Treasurer, Mr. Alexander Strong, gave a detailed report of the receipts and expenditures of the institution during the past year. During this time, the expenses of the institution have been paid from its income, and about nine hundred dollars have been added to the permanent fund, the present value of which is about eighteen thousand dollars, all carefully invested.

The attending physician, S. Whitney, M.D., reported the number of patients treated at the Dispensary during the year 1866 as 1153, nearly all of which belonged to the better class of our working population. There has been a steady increase in the number of patients, and the Dispensary has become of inestimable value to many families who will not take allopathic medicine. There has been no case of death reported under the care of the institution.

The following gentlemen were elected a Board of Trustees for the ensuing year: Jacob Sleeper; Otis Clapp; S. G. Cheever; S. Whitney, M.D.; Isaac Rich; A. W. Farrar; Joseph Story; I. T. Talbot; M.D., Secretary; Joseph C. Tyler; H. C. Angell, M.D.; Samuel Gregg, M.D.; Alexander Strong, Treasurer.

Maine Homœopathic State Medical Convention. — The homœopathic physicians of Maine met in Augusta, on Wednesday last, in the City-Council rooms, for the purpose of organizing a State Society. There are now about forty physicians of this school of medicine in Maine, seventeen of whom were present. Dr. M. R. Pulsifer, of Ellsworth, was chosen Chairman, and Dr. J. B. Bell, of Augusta, Secretary. The Society was organized by the choice of Dr. W. E. Payne, of Bath, President; Drs. Burr of Portland, and Eaton of Bucksport, Vice-Presidents; Dr. Pulsifer, of Waterville, Recording Secretary; Dr. Bell, of Augusta, Corresponding Secretary; Dr. Thompson, of Augusta, Treasurer; Drs. E. Clark of Portland, Jefferds of Bangor, Bradford of Auburn, Pulsifer of Ellsworth, and Berry of Bath, Censors; Drs. Boynton, Bell, and Dresser, Committee on Clinical Medicine; and Drs. Roberts, G. E. Clark, Payne, and Eaton, a Committee on Materia Medica. The Convention petitions the Legislature for an act of incorporation. Previous to adjournment, a vote of thanks was passed to the City Government for the use of their rooms during the session of the Convention. The next meeting will be held in Portland, May 23.

Editor of New-England Medical Gazette: CHICAGO, ILL.

DEAR SIR,—The Resolution published in the Proceedings of the Central Homœopathic Medical Association of Maine inadvertently misrepresents my views concerning the duty of the physician in relation to the induction of abortion.

I wholly disavow any intent to teach that the life of the fœtus should be sacrificed to preserve the mother from the *common or occasionally severe symptoms, disorders, or diseases, of pregnancy and the puerperal state*, but from the effects only of those diseases and morbid conditions (which, happily, rarely occur) that result in serious functional or organic maladies, *tending directly to shorten the life of the mother.*

The sentence alluded to in the preamble to the resolution was faulty in construction, and not qualified as it should have been; and does not, therefore, convey to the reader my real sentiments, which, I am happy to say, will not, when rightly understood, "inculcate any violation of moral law, the sentiment of the whole medical profession, or the statute law of any State."

It is my intention, soon to discuss in one of our most prominent journals the two following subjects, namely, (1) The duty of the physician in relation to abortion; (2) The general laws concerning criminal abortion.

I shall, in the paper referred to, designate, in a special manner, any morbid condition of the system in which authorities on medical jurisprudence consider the induction of abortion justifiable. My comments on the opinions of such authorities will show the profession my real views on this subject. I shall also criticise the laws in relation to abortion in general, and show, conclusively, that they are grossly imperfect, and do not keep pace with the advancement of medical science, or the more enlightened laws relating to other subjects.

E. M. HALE.

ANOTHER NEW ENTERPRISE IN JOURNALISM. — We have seen advanced sheets of a new periodical called "The Homœopathic Record," to be published by Messrs. Smith & Sons, of New York, under the direction of the Bureau of Statistics of the American Institute of Homœopathy. This will contain a summary of the organization, and statistics of all the homœopathic colleges, hospitals, infirmaries, dispensaries, and other similar institutions. Reports of all the societies, national, state, county, and town, with lists of officers, notices of all new publications, and statistics on all points of greatest interest to the rapidly increasing numbers of our school. In addition, there will be given a list of all the homœopathic physicians in the United States and Canada. Such a journal would be of immense advantage both at home and abroad in exhibiting the present and rapidly advancing status of homœopathy in the New World; and we feel sure it would be warmly welcomed and liberally sustained by the profession. T.

Homœopathic College. — In the Massachusetts Legislature, a bill has been reported by the Committee on Education for the charter of a New-England homœopathic medical college to be located in Boston. In our next issue, we hope to record its passage.

At a meeting of the Boston Academy of Homœopathic Medicine, held on Monday evening, Feb. 11, the following Resolutions were offered by Dr. Talbot, and unanimously adopted: —

Since, in the opinion of this Academy, abortion, produced by violence, is of frequent occurrence, and is resorted to by the unmarried to conceal a previous crime, and frequently by the married upon the slightest pretence; and since, in such cases, it is not only destructive of life and health but also of morality, and is a *crime*, made penal by the laws of all civilized nations; and since many abortions are produced by those who claim to be physicians, therefore

Resolved, That it is the duty of every honorable physician, and especially of all the members of this Academy, to use his influence for its prevention; and to do every thing in his power, by his words and conduct, on all occasions, to elevate the standard of morality in the community.

Resolved, That violent abortion, produced without good and sufficient reason, therefore, is nothing less than *murder*, and should be so considered and spoken of by every physician.

Resolved, That, while there are occasional cases in which violent abortion may be justifiable, yet they are of such rare occurrence that they should only be considered justifiable upon the decision of a consultation of two or more physicians in good standing.

Resolved, That any member of this Academy, who shall, without such consultation, wilfully produce, or cause to be produced, an abortion, either by the use of surgical instruments or by the administration of any drugs or medicines, at any period of pregnancy, shall be deemed guilty of crime, and shall be disgracefully expelled from this Academy.

The Status of the Medical Profession. — "There is no class of men to whom the public are so much under obligation as to members of the medical profession, and it is not too much to affirm that there is no class of men to whom they are so ready to impute evil motives and corrupt practices. The fact is, we believe, that the profession are so constantly bestowing benefits on the public, inaugurating charities, undertaking unpaid appointments, and scattering broadcast gratuitously what other men are paid for, — their time, their knowledge, and their talents, — that the world will not give them credit for having no ulterior motives in their acts. The public will not believe in so much disinterested benevolence, and are delighted to cast off the debt of gratitude they owe by throwing doubts on the source whence the good deeds they profit by spring. Accordingly,

any imputation on a doctor's conduct or intention is eagerly welcomed and commented on by a section of the public press with a zest that proves the estimate the writers have formed of the predilections and opinions of their readers. To read the tirades which, from time to time, appear in some of the daily papers, it might be supposed that doctors were a set of crafty, scheming adventurers, wielding deadly agents for evil with irresponsible power, deaf to the voice of conscience and the dictates of humanity, and bent only on obtaining their personal ends. The doings and sayings of no other profession are canvassed with so much prejudice. The enmity which used to be launched against priestcraft is now transferred to medicine. The enormous obligations which are due to the medical profession are entirely forgotten, and a charge of moral delinquency against a medical practitioner, whether supported or unsupported by any evidence, is made an occasion for the most merciless personal attack, and, too often, for insinuating calumnies against the whole body to which he belongs. — *Medical Times and Gazette.*

Use and Abuse of Poultices. — In his lectures recently delivered at the College of Physicians, Dr. Richardson made the following remarks on the subject of poultices: —

The application of moist heat in the form of poultice to suppurating parts requires, I think, remodelling, in order that it may be placed on a true scientific basis. I am afraid that the common recommendation, "You must put on a poultice," is too often among us all an easy way of doing something about which we are not quite sure, and concerning which it were too much trouble to think long. From what I have recently observed, I fear that mischief is often done by a poultice, which might well be avoided. The people have always a view, that a poultice is applied to "draw," as they say; a term, in truth, which, though very unsophisticated, is in a sense a good term, for it means what it says. The question for us is, whether it be sound practice to carry out as a general rule the "drawing" process, either by fomentation or by poultice.

When a part is disposed to suppurate, the first step in the series of changes is an increased flow of blood through the capillary surface, followed by obstruction, and thereupon by an excess of sensible heat derived from the friction that is set up. Then follows transudation of liquor sanguinis into the connective tissue, and its transformation, under the influence of heat, into what is called purulent fluid. When to the part in this state we apply moist heat, we quicken suppuration, mainly by upholding the temperature: at the same time, we secure the transference of water from the moist surface into the fluids of the inflamed part, by which tension of tissues is produced, and, in the end, yielding of tissue at the weakest point.

When the suppurating surface is circumscribed, the rapid induction of the process may be attended with little injury; but when the surface is large, and when the exuded fluid is thrown into loose structures where it can burrow readily, the practice, I think, cannot be good to extend the mischief. Hence, in the treatment of carbuncle and phlegmonous erysipelas, it cannot, I opine, be sound practice in the early stage to apply moist heat. Experience also, not less than principle, warrants this conclusion. In cases of carbuncle especially, I have of late altogether avoided the application of moist heat in the early stages; and, I feel assured, with good results.

But when, in the course of local disease, suppuration is actively established, and is naturally circumscribed; when the increased temperature of the part has fallen to or below the natural temperature, — then the value of moist heat comes on with full force; then the tension which is exerted determines the escape of fluid at the weakest point of the surrounding tissue, and, when the fluid escapes or is liberated by the knife, the escape for a long period is aided by the application of moist heat.

The continued application of moist heat for a long time after the escape of

purulent fluid is again, I conceive, indifferent practice. It sustains discharge; it sets up unhealthy decomposition of fluids; it produces a thickened, soddened condition of skin, most favorable to the production of sinus; and it retards recovery. When a surface is freely open, and suppurating, dry, and not moist, heat is the remedy. We are in want in these cases of a simple invention: we require something which we can apply as readily as a poultice, which shall keep up the temperature of the part, and at the same time take up moisture, and gently desiccate, without injuring the tissues. — *British Medical Journal.*

Poisoning by Tobacco-Juice. — M. A. Marchant relates the following case: A smoker, in drawing air strongly through an obstructed pipe, in order to make it more permeable, took into his mouth and involuntarily swallowed a dislodged plug of inspissated tobacco-juice. In a short time his head became heavy, his thoughts confused, his speech indistinct; he had noises in the ears, a disagreeable feeling at the epigastrium, and drying of the throat. Believing that the open air would remove these feelings, the patient went out; but the headache and giddiness increased, and the patient at last fell down insensible, in which condition he was after some time found by a passenger, and carried into his house. Copious and repeated vomiting then set in; consciousness returned; but the patient fell into a restless, somnolent state. He had severe headache, *malaise*, and faintness, during the whole of the next day. The spontaneous recovery may be attributed either to the small amount of nicotine contained in the plug, or to the imperfect absorption of the poison contained in the hardened plug. — *British and Foreign Medical Chirurgical Review.*

Influence of Water in the Production of Milk. — The recent experiments of M. Damoiseau and others show that the abundant secretion of milk is directly dependent on the abundant ingestion of water. In former researches, which tended to prove the opposite conclusion, there was not sufficient allowance made for the quantity of water contained in the food given to the cows upon which the experiments were conducted. — *Lancet.*

We announced in a recent number the resignation of MM. Trousseau and Cazenave, of the Faculty of Medicine of Paris. The "Union Médicale" says that there has been no resignation, properly so-called, of any member of the Faculty, but several of them have requested that they may be put on the retired list. In addition to those mentioned above, the "Union" gives the names of Professors Andral, Piorry, and Cruveilhier. To these is to be added the name of M. Jobert (de Lamballe), who is said to be hopelessly insane. With regard to this movement the "Union" remarks, that some of these distinguished members of the Faculty have made the request of their own accord, *proprio motu*, and others have been *invited* to make it; adding, it is unnecessary to specify further.

By a decree of the 3d of the last month, MM. Andral, Cruveilhier, Piorry, Trousseau, and Jobert were placed on the retired list, a position which has a pension attached to it.

By a decree of the same date, M. Piorry was appointed an officer of the Imperial Order of the Legion of Honor, and MM. Andral, Cruveilhier, and Trousseau were appointed honorary professors. — *Boston Medical and Surgical Journal.*

Professor Trousseau's Reason for retiring from his Professorship.— In an editorial in the "Union," by M. Amédée Latour, we find the following singular explanation of his retirement by M. Trousseau: —

"When, nearly thirty years ago, I was chosen professor," said Trousseau, "Orfila had been my judge, and I went to see him. 'Will you,' he said to me, 'have the courage to do that which I have decided to do? I am one of the most popular professors of the Faculty; I shall probably be so for a long time yet. Very well, at sixty-five years, without waiting for the public to leave me, I shall withdraw.' 'I engage to do the same,' I answered him, 'and, you may depend upon it, I shall not occupy my chair until I am worn out.' I have kept my word. I was sixty-five years old on the 14th of October, and I ask to be allowed to retire. The young should take our places; and, if each one of us were to act in like manner, our Faculty, although deprived of the grand institution of the *concours*, would revive its ancient splendor. The labor of consultation is heavy for the shoulders after sixty, the labor of a professorship is impossible." Thus it is to keep a promise made to a dead man, who could no longer remind him of it, and who himself did not keep his (for Orfila was still in his chair at sixty-seven years, of which no one, to be sure, complained), that M. Trousseau abandons his. — *Ibid.*

Lady Volunteer Nurse in the London Hospital. — In the cholera wards of the London Hospital, in a scene of suffering and death sufficient to try the stoutest heart, a lady volunteer nurse has passed her time since the beginning of the epidemic, moving from bed to bed in ceaseless efforts to comfort and relieve. So very youthful and so very fair is this devoted girl, that it is difficult to control a feeling of pain at her presence under such circumstances. But she offered her help at a time when, from the sudden inroad of cases, such assistance was urgently required, and nobly has she followed her self-sought duty. Wherever the need is greatest, and the work hardest, there she is to be seen toiling until her limbs almost refuse to sustain her. And the effect of the fair young creature's presence has been, that the nurses have been encouraged by her never-failing energy and cheeriness, so that dread of the disease has been lost in efforts to combat it. This is an instance of devotion which it would be an insult to praise,— it need only be recorded. — *Lancet.*

Cæsarean Section under Local Anæsthesia. — Dr. Newman, of Stamford, has performed Cæsarean section under Dr. Richardson's process, and, so far as the operation is concerned, with entire success. The patient had cancer of the os uteri to such an extent as to render delivery *per vias naturales* impossible. The incisions through the abdominal parietes and uterus were painless, and the fœtus and placenta were very easily extracted.— *Medical Times and Gazette.*

Rancid Butter for Cooking. — Many persons sneer at the common notion that butter too rancid to be eaten raw upon bread may be used without objection in cooking; but this notion, like many other popular ideas, is more in accordance with the truth of the matter than the imperfect knowledge which ridicules it.

All fats are compounds of acids with glycerine. Butter is a mixture of several fats, and one of them, constituting, however, only a small portion of its mass, is butyrine; this is a compound of butyric acid with glycerine. Butyrine, like

other fats, is a neutral substance; but when it is decomposed, — in other words, when the butyric acid is separated from the glycerine with which it is combined, — we then have the two substances, the acid and the glycerine, exhibiting each its peculiar properties. Butyric is a very powerful acid, caustic and sour, and having that peculiar strong odor which is characteristic of rancid butter. One of the early steps in the decay of butter is the decomposition of the butyrine, which is made manifest by the odor of the butyric acid set free, and by the sour and biting taste of this acid.

Now, at a temperature of 315 degrees, butyric acid is evaporated; hence it is only necessary to raise the temperature of the butter to this point in order to drive off the acid which makes it rancid, and to leave the remainder perfectly sweet. If rancid butter is mixed in cake, a portion of the butyric acid will be absorbed by the water in the cake, and it may not be all expelled by the heat in baking; but if the butter is used for frying in an open pan, it is pretty certain that the butyric acid will all be evaporated. With a knowledge of the properties of butyric acid, a skilful cook ought to be able to use rancid butter in such ways as to retain none of the rancidity in the cooked articles. — *Scientific American.*

In a communication to the Imperial Society of Physicians on the use of cold applications, Dr. Winternitz, of Vienna, claims that all the good effects, without the subsequent injurious re-action, can be obtained by employing them centrally, instead of locally and peripherally. That felons and hæmorrhages of the fingers, for instance, can be better controlled by the application of cold to the upper arm, than when used locally. — *Boston Medical and Surgical Journal.*

Confirmation of M. Villemin's Experiments of the Inoculation of Tubercle. — Dr. Lebert, Professor at Breslau, has been trying the experiment of introducing tubercle into the system by subcutaneous injection. The amount introduced varied from 50 centigrammes to a gramme, diluted and triturated with distilled water. The nape of the neck was the spot chosen for injection, The experiments were made with Guinea pigs and rabbits, and both gray and yellow tuberculous matter were employed, as well as liquid from a cavity. The result of his experiments was the finding of tubercles, not only in the lungs, but in the liver, the spleen, the pleuræ, the pericardium, and the whole lympathic system. Microscopic examination demonstrates the identity of these tubercles with those of man. — *Ibid.*

French Justice. — Under the title of Lorraine Jurisprudence, the "Union Médicale" gives the singular result of a suit by a physician for the recovery of professional fees properly due him. The patient said, "I called in the physician but once; I owe him then for only one visit; if he came often, it is because he wished to do so. He cured me, it is true, of a very grave disease which prevailed in my village as an epidemic; on many occasions he cauterized my throat, to stop a mortal disease,— all this is very true: but I did not ask him to do it, and I won't pay him except for the first visit." The unfortunate doctor lost his case, and, in addition, had to pay the costs of court.

On another occasion, the judge required the physician to prove by witnesses that he had been frequently called to his patient; and, on his refusing to produce such evidence, the case was decided against him, without any evidence from competent persons as to the fairness of his charge being admitted. — *Ibid.*

Professor Hale offers for the best proving of "Ptelia" a prize, to consist of his "New Remedies" and "Treatise on Abortion." Proving to be sent to him before June 1 of the present year.

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ON THE SPEEDY CURE OF WHITLOWS BY THE EXTERNAL APPLICATION OF NITRIC ACID.

BY DR. J. HIRSH, OF PRAGUE.

Translated from the "Allgemeine Hom. Zeitung," by H. L. H. Hoffendahl, M.D., Boston.

In the *mildest* form of Whitlows, inflammation exists merely in the fibrous tissue surrounding the margin and base of the nail. In a *severer* form, all the subcutaneous cellular tissue of the last phalanx is involved, as well as the fibrous sheath of the tendons. If the inflammation reaches the *highest* degree, it involves also the periosteum and the end of the insertion of the tendon of the flexor profundus: it extends over the whole length of the finger, and to the palmar and dorsal surface of the hand.

In allopathic practice, the treatment by incision is universally recommended. This treatment is justifiable, if its object is to give free opening to an accumulation of pus. But incision before the occurrence of suppuration can only be condemned, especially as we possess a remedy that is a perfect specific in this stage of the disease. This remedy, *concentrated nitric acid*, has been used by me for years, in a large number of cases. It is remarkable that its external application causes no pain: on the contrary, in mild cases of whitlow, the painful symptoms are often relieved during the application

of the acid, and the inflammation will have entirely disappeared after the lapse of two or three hours.

Nitric acid may be considered a real specific in the cure of whitlow, because numerous experiments have taught me that no other concentrated mineral acid has the same effect; besides, we find in Hahnemann's Materia Medica an indisputable picture of whitlow in the following symptoms: "Painful swelling of the fingers. Purulent collection at the end of the thumb."

This is not the only remedy that is applied externally in an undiluted form. Thus, we remove condylomata with *thuja* in tincture, or concentrated *nitric acid;* and we use *rhus*, *dulcamara*, etc., in tincture, for the removal of warts.

For convenience, I carry with me a small vial filled with the concentrated acid, and securely closed by a well ground glass stopper. I apply the acid with a small piece of wood, or, what is better, the end of a common match. The wood absorbs a portion of the acid, and thus there is less danger of its dropping off.

We may positively promise a *rapid* and *certain* cure in the *milder* form of whitlow, when there is severe pain, aggravated at night, great sensitiveness to the touch, intense redness and swelling on one or both sides of the nail, and often a yellowish tinge on the margin of the skin close to the nail, indicating incipient suppuration.

In such cases, the acid is to be applied as follows: The bit of wood or match, having been dipped into the acid, is to be rubbed gently over every part of the reddened and inflamed surface; it being necessary to dip the match into the acid several times during the operation. The most inflamed spots, and those where the acid does not seem to adhere well, must be moistened several times in succession. This process must be continued for two or three minutes, and will cause no pain. If the boundaries of the inflamed surface have been passed by the acid, the patient will complain of a sharp itching or burning. This can be at once relieved by dipping the finger in a vessel of cold water.

If the acid has been thoroughly applied, the skin of the af-

fected parts will, in a few minutes, assume a bright-yellow color. If the skin is delicate, less time will be consumed by the operation than when it is tough and hard. Any point showing incipient suppuration beneath it should also be thoroughly moistened with the acid. Avoid the introduction of the acid under the edge of the nail. This will cause itching and burning, which however may be at once relieved by dipping the finger in cold water. When the operation is concluded, cover the finger lightly with a thin linen rag.

To show the course of the disease under this treatment, I will now present a report of a few cases: —

Case I. — A lady, about thirty years of age, consulted me on Dec. 18, 1857, for a painful affection of one of her fingers. The first symptoms of whitlow had shown themselves three days before. The pain had increased every day, and the last two nights had been passed without sleep. Warm local baths, poultices, and various salves, had been used without relief. The seat of the disease was on the last phalanx of the right index-finger. The inflammation was most severe on the right side of the nail, extending thence along the base of the nail to the opposite side. There was also much swelling, and but little redness of the palmar surface. The patient complained of a dull, pulsating, unbearable pain, preventing rest by day or night. Along the right edge of the nail, there was a yellowish-green discoloration, extending towards the base of the nail, indicating the commencement of suppuration. Promising speedy relief, I applied the *nitric acid* for about two minutes over the inflamed parts. Even during the operation the patient reported a diminution of the pain. Two hours after this application, she retired to rest, and slept without interruption from 10, P.M., until 7 in the morning. On awaking, the finger was entirely free from pain, and not sensitive to pressure. The parts that had been touched with the acid had assumed a deep-yellow color; the skin felt tough, like parchment; the swelling had disappeared. In three days, there was expoliation of the skin and of the dried purulent secretion.

Case II. — A young farmer, living at two hours' distance from Prague, had been suffering severely for four days from

a whitlow of the middle finger of the right hand. Coming to the city on business, his friends advised him to consult me. The whole of the last phalanx was much swollen and inflamed. A collection of matter, of the size of a small bean, could be seen under the epidermis, close to the matrix of the nail. The pain was intense, and the patient was obliged to carry his arm in a sling. On account of the toughness of the skin, a more prolonged application of the acid was made. A yellowness of the surface was soon perceived, with not immediate increase, but rather a diminution, of the pain. The patient returned home on the same day, and reported, a few days later, that he slept well the next night, and that the finger was quite well at the time of the report.

Case III. — A young man consulted me for a whitlow, the inflammation being seated near the matrix, and extending to one side of the nail. The trouble had only commenced two days before, but the pain was so intense that the previous night had been passed without sleep. Promising that the next night should be passed in comfort, I applied the acid; and my prophecy was fortunately verified.

It is necessary to remark, that we should be careful to ascertain whether the presence of a foreign body, such as a splinter of wood or glass, is the cause of the whitlow. If this is the case, the use of the acid will give some relief; but the inflammation cannot cease until the foreign body is removed.

In the *more severe* form of whitlow, the inflammation extends over a greater surface, attacking the tendon of the flexor longus at its insertion into the base of the last phalanx, extending along its sheath until it reaches the tissues of the palm of the hand, whence the irritation may continue along the arm even to the axilla. The constitutional symptoms are very severe. There is high fever, with a quick, tense, contracted pulse, heat of the surface, loss of appetite, and great thirst.

The object of our treatment in such cases is to combat the inflammation at the point where it commenced; that is, at the last phalanx. I must confess that I never succeded with the treatment recommended by Dr. J. W. Gross, who asserts

that whitlows can be cured in twenty-four hours with one dose of *silicea* 30 or *sulphur*. I have had better results with *mercurius;* but have been most successful with *nitric acid,* applied externally as has been described. Where the inflammation is so intense, we cannot hope for a cure in a few hours; yet we shall find in the acid a powerful specific in combating the local inflammation.

If, in these cases, there is a large collection of matter, it should be speedily evacuated. A free opening should be made at the point where the pus appears most superficial. The pain of this operation is often very slight, if the matter is just beneath the skin. When the contents of the abscess have been discharged, I employ a chemical agent to remove whatever remains of pus, fibrinous clots, or necrosed cellular tissue. For this purpose, I use a saturated solution of *caustic potash,* adding 12 to 15 drops to 12 ounces of lukewarm water, and bathing the finger in this mixture for ten or fifteen minutes. If this is done in a transparent glass vessel, it is curious to observe how quickly a stream of purulent deposits, and softened, disorganized tissues, flows from the open wound. The patient soon feels decided relief, and there is a visible diminution of the redness and swelling.

This bath should be repeated three times a day for two days. Afterwards, it will suffice to bathe the finger once a day in a more diluted solution of the potash. After the bath, the finger should be dried, and covered with a thin rag, spread with some simple cerate. An experience of several years has proved to me that this is the most effectual method of treating the severe form of whitlow.

In the *most severe* form of whitlow, where the periosteum is destroyed, and there is necrosis of the bone, I first use, at intervals of twelve or twenty-four hours, the baths of dilute solution of potash to assist in the separation of the disorganized tissues. Then I give internal remedies according to their specific indications, principally *sulphur*, *calcarea*, and *silicea.*

In two cases of profuse suppuration with large external openings, I introduced into the wound a quantity of *hepar sulphur* 2, with satisfactory results. In one of these cases, the

patient had been suffering for several weeks. Evulsion of the nail had been practised without any relief; and a professor of surgery, who was called in consultation, declared that amputation of the last phalanx was the only remedy. On taking charge of the case, the finger was bathed in warm water three times a day, and two doses of *silicea* 24 were administered in the course of two weeks. At the end of this time, the general symptoms were much relieved, but suppuration was still profuse. *Hepar sulphur* 2, was now sprinkled over the wound mornings and evenings with such good effect that the finger was entirely healed at the end of another week.

That troublesome affection known as *in-growing nail* generally attacks the nail of the great toe, and on its inner side. The tissues along the side of the nail are swollen and inflamed, and there is usually a purulent secretion. A bath of dilute solution of potash, repeated two or three times a day, will generally effect a cure in two or three days.

RAW MEAT IN THE DIARRHŒA OF WEANED CHILDREN.

BY JAMES HEDENBURG, MEDFORD, MASS.

SEVERAL years ago, the method of treating this form of diarrhœa, known as the Russian method, the discovery of Dr. Weisse of St. Petersburg, was published in the allopathic and homœpathic medical journals of this country. So reasonable did it appear, that I resolved to put it to the test in my own practice, and was not long delayed for want of an opportunity.

A child weaned in the spring had struggled on till midsummer with diarrhœa, which had occasionally yielded under some change in its diet or to some remedy administered.

Dentition and continued hot weather greatly aggravated the diarrhœa, which, in spite of all dietetic changes, and such remedies as seemed indicated, steadily grew worse, and assumed the form of *lientery*. Nourishment seemed hardly to

have been swallowed ere it was hurried through the stomach and bowels to be expelled. In this condition, emaciation was rapidly going on, and a fatal termination was thought at one time to be inevitable. The child had been fed upon milk of an excellent quality, upon farinaceous articles, and more solid forms of food had been tried, as had also beef-tea. The age of the child seemed to exclude all thought of a wet nurse, and the circumstances of the parents the possibility of a removal to the mountains or the seaside. The parents were told, what they had already seen, that the child was dying for want of nourishment, or, rather, from utter inability to retain and assimilate its food: and, in addition, that there were but two plans presenting themselves to my mind, which offered any hope of saving their child,—one, the attempt to nourish for a time by inunctions and injections, from which I had little hope of success; and the method by raw meat, from which, desperate as the case was, I expected much.

For the *lientery*, various remedies had been tried, among which was China: this was continued. The mother was instructed how to prepare and administer the raw beef, and directed to give no other food. The child took this with an eagerness and relish which famine only can give; the stomach retained it; and from that moment my patient began to mend. It seemed literally a "renewal of life." In a short time, all preparation of the beef except a slight cooking was abandoned; and the little one could only be appeased by having its hand filled with the raw meat, if in sight of this process.

I remember a remark of one of our professors,—"Gentlemen, if you are enthusiastic in your profession, you will yet see more beauty in a vessel of urine, as its changed character denotes the crisis in the case of some patient you have watched for days with painful anxiety, than in the finest work of art, or even the most beautiful landscape." In this sense, I might say the screams of the child for this health-giving, yes life-giving, food were sweetest music to its anxious parents.

This case is but a sample one of quite a number occurring in my practice in which the same gratifying result has followed the administration of raw meat.

Aside from the class of cases embraced in the heading of this article, I have prescribed it with good success in convalescence from protracted cases of dysentery, where beef-tea has been refused by the little patients.

Of the latest style of treatment for phthisis, — "raw beef and brandy," — I have nothing to say; but I believe that many lives might be saved by the administration of raw beef, as directed by Dr. Weisse, were physicians to make a more extended trial of its virtues.

The same author recommends "raw oysters" in the *lientery* of adults. A case in the person of a friend usually my patient, was reported to me, as a matter of curiosity, by himself.

Mr. W. (strictly temperate, and uses no tobacco) had diarrhœa for several days, and carefully dieted himself, in addition to taking remedies of his own selection; but, as he said, "nothing seemed to reach his case," as, when he took any nourishment, *no matter what*, or even drink, he had a discharge.

This lasted a short time, when, feeling very hungry, he went into an oyster-saloon, and ate heartily of raw oysters. He had no discharge after this indulgence, and continued to live on oysters for a few days, when he ventured to try other articles of food, and found he was free from his diarrhœa.

EMPHYSEMA.

BY S. E. SWIFT, M.D., COLCHESTER, CONN.

I. N., age eighty years. Fell down some three or four steps, and struck on his right side, injuring his hip and side, and, as the sequel proved, fracturing one of the lower ribs. This was at 5, A.M.; at 9, A.M. I saw him. He was very sore, and his principal trouble seemed to be in his hip, which was badly bruised; and there was a swelling immediately over the middle of the right clavicle as large as a turkey's egg: percussion showed it to be emphysematous. Auscultation over the seat

of the fracture conveyed to the ear a sound like that made by a toy trumpet muffled by the hand placed over the bell. This was heard only during inspiration, and was produced by the air rushing through the puncture in the lung: it ceased entirely in twenty-four hours, or after the closure of the puncture by coagula. At the time of my visit, there was some dyspnœa, which gradually increased, with a corresponding development of the emphysema, until some thirty-six hours after the injury, when the breathing was so difficult that I was summoned in haste, as his family feared he would die. When I arrived, the emphysematous swelling was enormous. My patient, who, thirty-six hours before, was a lean old man, his skin flaccid and hanging in thin folds, was now filled out and puffed up strangely from his eyes to his scrotum (it did not pass below the inguinal region; and, on the hands, it did not extend beyond the metacarpal articulations); both eyes were closed; cheeks, ears, and neck all on a level, as full as they could hold; and as brawny a chest as you would wish to see. The scrotum was as large as a child's head. The breathing was so laborious as to call for immediate relief. Punctures were made with the lancet and the Glover's needle on different parts of the chest, and the air worked out by pressure, and by cups, which would fall off as often as I could apply them. On pressure and kneading, the air would rush out with the same hissing and whistling sound that it makes when passing out of a stick of green wood when burning.

The relief was decided: the punctures were continued, with frictions of camphorated oil, until the emphysema disappeared. The only internal treatment was a few doses of arnica followed by stibium.

He left his room in a week, and was out of doors in a fortnight, and recovered with no unfavorable symptoms.

Since this, I have had a case of partial or circumscribed emphysema, from fracture of the os unguis.

A young man struck against a gas-burner, which hit him near the inner canthus of his right eye: it did not hurt him much; but, in the course of an hour afterward, he blew his nose, when one eye immediately closed, and he could not open

it. He looked somewhat as if he and Heenan had had a slight misunderstanding. I gave him glycerine medicated with arnica to rub the swelling with, and saw no more of him.

A case that I diagnosed to be interlobular emphysema came to my notice a year or two since. The patient, a thin, spare, cachectic looking man, about sixty years old, was assisting in dressing a corpse for burial, and, while pulling the hand through the coat-sleeve, he felt something go wrong, and from that time had an oppressed feeling in the upper part of the right chest; and when I saw him, some days after, there was a flat diffused swelling above the right clavicle, gradually losing itself in the tissues of the neck, but occupying the whole of the supra-clavicular space: it yielded a peculiar flat sound on percussion, but was sufficiently tympanitic to show that it contained air. This tumor would increase and decrease according to the condition of the patient; that is, during excitement or exercise it would increase, and diminish during rest. The case being obscure, as well as interesting, I sent him to a brother physician for examination, who agreed with me in the diagnosis. The patient lived at a distance from me, and I did not see him again, but learned that he died some months afterward of phthisis. I do not remember the stethoscopic signs manifest in the case. There was no autopsy. He was under allopathic treatment at the time of his death, and had been for months previous.

ARTEMISIA ABROTANUM.

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

Case I. — M. C., aged about 50, has had several rheumatic fevers, which have continued, under allopathic treatment, about "*six weeks*," with considerable heart complication. When he came under my care, he had not felt well for a few days, and was confined to his bed. He had high fever; troublesome cough; pain across his chest, sharp and severe in the region of the heart; was very lame, and sore all over. He could not

move his arms, and moved his legs with difficulty. There was no swelling of the joints. For one week, there was little change in his condition. I gave such remedies, in the third decimal dilution, as I thought he required. I then gave Artemisia abrotanum, 3d dec., every one or two hours, according to the severity of the pain. The next day, I found him sitting up, free from pain. The following day, he was able to go about the house.

Case II. — Miss D., aged 10 years, has been sick three or four days with rheumatism, from suddenly checked diarrhœa. She cannot move her head, arms, or limbs, and suffers much pain. There is no swelling. Gave Artemisia abrot. 3d; and in three days the pain and lameness were all gone except in right hip. This soon yielded to Colocynth. I wish now that I had continued the Artemisia, or given no medicine at all.

The New-England Medical Gazette.

BOSTON, MARCH 15, 1867.

NEW-ENGLAND HOMŒOPATHIC MEDICAL COLLEGE.

The hope expressed in our last issue is realized. The Legislature of Massachusetts has granted a charter for a Homœopathic Medical College. It may be interesting to our readers, and afford a smile to the physicians of the next generation, to learn something of the history of this charter. It is a well-known fact, that homœopathy, in its youth and early manhood, received little encouragement from the Faculty of the Harvard Medical School. Indeed, epithets too indecent for repetition have been bestowed upon its friends and advocates by the professors of that institution. Ridicule and sarcasm have done their worst; and yet the "delusion" has continued to spread, and the number of students desiring to become acquainted with this subject has been annually increasing.

For several years the friends of homœopathy have thought that the time was not far distant, when it would be desirable to have a suitable place in New England for instruction in their science. This year was deemed a favorable one for taking the initiatory step by

procuring a charter. Petitions for this were sent to both branches of the Legislature; and the Committee on Education, composed of Messrs. Marshall and Noyes of the Senate, and Messrs. Mason, Bates, Lane, Howe, and Gaylord of the House, unanimously reported a bill conferring a liberal charter. This had its several readings in the House without any opposition, and it was difficult to conceive upon what ground any could be maintained. But, while it was pending in the Senate, the members of that body suddenly found themselves surrounded by some of the leading allopathic physicians of Boston, together with a portion of the Faculty of the Harvard Medical School, and others, who, from their violent exhibition of temper whenever the subject of homœopathy is mentioned, might be designated as chronic "homœophobists." For several days they labored hard in the Senate chamber, without gaining sufficient influence to cause a single senator to oppose the bill. Finally one senator was found willing to espouse their cause. He moved a reconsideration of the vote by which the bill was passed to be engrossed, and the subject came up for discussion. But the force of the opposing arguments can best be judged from the fact, that the motion, after the six days' consideration given it by the senators, aided by the expositions of our allopathic friends, received but one vote. This solitary senator, in accordance with the views of the distinguished lobbyists, argued that physicians educated at this college ought not to have the time-honored title of M.D., but a specific title, H.M.D., to designate them as homœopathic physicians. As we have seen, the Massachusetts Legislature was not disposed to retard progress in medical science, under the pressure of conservative influence, either by refusing a charter, or by attaching to it the conferring of a title unknown in the medical world, and by which its opponents hoped to make it odious. It has granted a charter on terms as liberal as its most judicious friends desired; and now it only remains for those who wish the advancement of homœopathy to see to it that this college is established in such a manner as shall best accomplish the purposes for which it is designed. It must be sufficiently endowed to place it above the condition in which too many newly established institutions are suffered to languish.

This can easily be done by bringing the subject in a proper manner before the friends of homœopathy. In New England there are about five hundred homœopathic practitioners, all of whom have patrons who would gladly contribute to establish this college. By a little vigorous effort, fifty or one hundred thousand dollars might easily be

raised as a primary endowment. Having once established the college in this manner, let its faculty be constituted of the strongest, most learned, and most influential men in our ranks; not of those who seek the position, thinking thereby to gain some honor, but of such as are willing by hard and laborious effort, continued unceasingly through a series of years, to give to the college a name and standing of enviable reputation. These conditions accomplished, we have no doubt that homœopathic physicians will unhesitatingly send their students to this college for the purpose of receiving instruction. Let us all, then, labor with united effort for the honorable completion of this enterprise which has thus been inaugurated.

The following is a copy of the charter: —

COMMONWEALTH OF MASSACHUSETTS.

In the Year One Thousand Eight Hundred and Sixty-Seven.

AN ACT

To incorporate the New-England Homœopathic Medical College.

Be it enacted by the Senate and House of Representatives, in General Court assembled, and by the authority of the same, as follows: —

SECT. 1. Daniel B. Stedman, Otis Clapp, and David Thayer, their associates and successors, are hereby incorporated by the name of the New-England Homœopathic Medical College, with all the powers and privileges, and subject to all the duties, restrictions, and liabilities set forth in the sixty-eighth chapter of the General Statutes.

SECT. 2. The said corporation may hold real and personal estate to the amount of two hundred thousand dollars.

SECT. 3. The trustees, together with the regularly constituted officers of the New-England Homœopathic Medical College, shall have power to confer the degree of doctor in medicine, subject to the restrictions and regulations which are adopted and required in conferring the same degree by Harvard College and the Berkshire Medical Institution.

HOUSE OF REPRESENTATIVES, Feb. 12, 1867.

Passed to be enacted.

JAMES M. STONE, *Speaker.*

IN SENATE, Feb. 13, 1867.

Passed to be enacted.

JOSEPH A. POND, *President.*

Feb. 14, 1867.

Approved.

ALEX. H. BULLOCK.

BOOK NOTICES.

Methomania. A Treatise on Alcoholic Poisoning. By ALBERT DAY, M.D., Superintendent of the Washington Home, Boston. With an Appendix by HORATIO R. STORER, M.D., Professor of Obstetrics and Medical Jurisprudence in Berkshire Medical College. Boston: James Campbell, 18, Tremont Street, 1867. pp. 70.

THIS little treatise for the people seems to have been written by one well qualified for his task. We are informed, in the Preface, that he has had under his care over two thousand cases of inebriety. He considers the results of alcoholic poisoning, under the heads of Mania à Potu in its several forms, Insanity, Inflammatory Diseases of the Brain, Lungs, Liver, Kidneys, and Skin. The work is interesting as well as instructive, and we trust it may have a wide circulation. It is neatly printed on good paper, and is written in a clear, concise, and modest style, and in this respect is in contrast with the otherwise excellent Appendix of a dozen pages.

Dr H. Gross's Comparative Materia Medica. Edited by Dr. CONSTANTINE HERING. Philadelphia: F. E. Bœricke.

Since the publication of the "Materia Medica Pura" of Hahnemann, if we may except the "Repertory" of Jahr, there has been no volume published of so much importance in medicine, or one which will give so much practical aid to the homœopathic physician.

The plan of the work is quite new. It is entirely unlike that valuble work incepted by Drysdale, Dudgeon, and Russell, the "Hahnemann Materia Medica," of which, unfortunately, but one number was published. In that work, marginal notes of reference were made to similar symptoms occurring in other provings. In this, the leading remedies in use are compared, and a *differential diagnosis* made. It is the result of twenty years of arduous and continued labor on the part of the distinguished author, Dr. Gross. He began by simply studying the differences between two well-known medicines. He has ended by extending this study through the whole Materia Medica.

There is an introduction to the work, by our venerable and world-renowned Dr. Hering, which is full of suggestions to the practitioner; and an appendix by Dr. Conrad Wesselhœft, of Dorchester, is added, containing "the collateral symptoms during stool, urination, menstruation, and cough." The plan of the work is understood at a glance; and we insert a single page, comparing the two remedies aconite and belladonna, which are often given by certain physicians in alternation. They will be somewhat astonished at the discovery of so many points of antagonism: —

Aconitum.	**Belladonna.**
Left side, especially the lower left and upper right.	Right side, especially the lower right and upper left.
Arterial system dominant	Venous system dominant.
Pulse sometimes accelerated, sometimes retarded.	Pulse sometimes large, sometimes small.
The suffering parts are hot	The suffering parts are often cold.
Cold creeping upwards	Cold creeping downwards.
Thirst during all stages	Thirst not frequent during the chill; generally not constant.
Heat, or perspiration, with inclination to uncover.	Heat, or perspiration, with aversion to uncover.
Sleeplessness predominant after midnight.	Sleeplessness before midnight.
Complaints predominate on the soft palate and on the fore-arm.	Complaints predominate on the roof of mouth and on the upper arm.

Ecstasies	Mental dulness more frequent than ecstasies.
Sensibility of disposition	Predominant insensibility of disposition.
Fear of loss of reason.	Fear of poisoning or apoplexy.
Ailments following fright, or vexation with fright, with fear, or with vehemence.	Ailments following fright, anger, mortification, or vexation.
Pupils first *contracted*, then dilated . . .	Pupils first *dilated*, then contracted.
Aversion to light, particularly sunlight .	Aversion to light, particularly candle-light.
Nausea in œsophagus or stomach . . .	Nausea in the throat or abdomen.
Retention of urine more frequent than incontinence.	Involuntary discharge of urine more frequent than retention.
Catamenia generally too late	Catamenia prevalently too soon.
Voice tremulous	Voice often nasal or raised.
Predominantly loud respiration.	Predominantly low respiration; only sometimes the expiration blowing.

Remission during the *day* and before midnight.	Remission during the *forenoon* and after midnight.
More frequently improved than aggravated by wine.	Prevalently aggravated by spiritous liquors.
Worse when standing	Predominantly better when standing.
Better when lying on the back, *worse* when lying on the side.	Better when lying on the side *or* back.
Better when lying on the unpainful side .	Better when lying on the painful *or* on the unpainful side.
Worse when looking down	Worse when looking sideways or at running water.

Predomin. worse — **Predomin. better**

When stooping and sitting bent forward, after lying down, in bed, being wrapped up, from change of position, in the room,* and when opening the eyes.

Predomin. better — **Predomin. worse**

When sitting erect, from being uncovered, when walking in the open air, when closing the eyes.

* This aggravation in the room has particular reference to congestive and catarrhal complaints of aconitum, while the opposite is the case with its rheumatic pains.

The book contains about five hundred comparisons similar to this, and it is so arranged that they can be found, too, as easily as words in a dictionary.

Dr. Hering, in his editorial remarks, says, —

"*The student of Materia Medica* has now a better chance than he ever had before to become familiar with the very essence of our knowledge of drugs. The bewildering awe overcoming every one entering into our dominion disappears with every step forward, if he takes *Gross* as his leader.

"*The practitioner* may consult our work every day, at least in all cases where he is not perfectly certain in his choice. It may happen, and indeed often *will* happen, that we cannot at once decide between two medicines, and then we can go to find the very same remedies compared in the book; such a case requires no further advice, a single glance will decide the most important questions and save a great deal of time, except in some cases where a further and better and more complete examination will be required; but even in such cases we obtain instruction from the book, and a good advice into the bargain.

"If it happens that we are undecided about several different medicines, we have to look over several comparisons. If neither of them is among the first hundred in the book, there is nothing else to be done than to make the wanted comparison yourself, and find out, at the same time, what a great undertaking it is to make one such comparison only, which, we sincerely hope, will impress upon you the importance to send in your subscription for a second volume, and not to forget to promote, as much as you can, the sale of this book; for a continuation of it will, as a matter of course, never appear if it does not meet with a ready sale.

"The translation has been made with the greatest care and the best intentions for *utmost accuracy*, trying, with due piety towards the author, to render his peculiarities and his own variations. The edition and revision has absorbed all the spare hours of a whole year. Some incongruities of language have undoubtedly slipped our notice. All remarks about such will be thankfully received, acknowledged, and made use of. The editor begs to be excused, in particular, for some Germanisms, most of which, it is hoped, will not hinder the use of the book; a few of them might even be permanently adopted, like the word 'proving,' and others."

While we cannot say too much in praise of the self-sacrificing assiduity of the author, translators, and editor of the work, we cannot feel that any gain has been made by attempting to bring into professional use such terms as "belly-ache," "sweat," "stinking," and so forth. There is one other defect of language which forms a double running-title through the book. It is the improper use of the word predominantly, as *predominantly better*, *predominantly worse*," which mars every page. It may possibly be said that certain symptoms predominate; though even this use of the word is questionable. But when we say that these predominate worse or better, our use of language is more absurd than that young lady's who talked of "concise grass." The verb "predominate," derived from the Latin *præ* and *dominari*, strictly means to rule or lord over, and hence has come to signify to be superior to. When, under the comparison of Arsenic — Staphisagria, we read "Diarrhœa predom. — Costiveness predom.," we readily conceive that, in the one, diarrhœa, and, in the other, costiveness, is the superior or principal symptom or condition. But when, on the opposite page, under Arsenic — Staphisagria, we find "Saliva predom. decreased, therefore most frequently want of appetite, — Saliva predom. increased, therefore predom., hunger," the clearest idea which the sentence conveys is that the English language is here improperly used. This blemish, we are sorry to say, exists on every page, and is sometimes as many as twelve times repeated. These are, however, trifling matters, compared with the valuable information the book contains. We advise every physician who wishes to make medicine a science, to not only have this book upon his table, but to refer to it constantly, in every case involving the least doubt.

We should speak also of the enterprise and liberality of the publisher in bringing the book out in such an unexceptionable style of typography, paper, and binding. Let the profession look to it that he meets with no pecuniary loss.

Hall's American Directory of Homœopathic Physicians. — We have received a pamphlet with the above title, and designated "Proof Copy," of which the Publisher proposes to distribute two thousand copies gratuitously. The whole work in style and execution falls below criticism, and only merits condemnation. The list for Massachusetts, with but little more than three hundred names, contains more than two hundred errors, which is utterly inexcusable, since a correct list of the homœopathic physicians of this State was furnished to Dr. Hall when he first proposed to publish the work.

Such an utter failure is this "Proof," that we must advise the author to pass the whole work of revision into the hands of Henry M. Smith, M.D., of New York, who so ably completed the first American Homœopathic Directory.

LETTER FROM PROFESSOR HELMUTH. — TREATMENT OF ADHERENT MUCOUS SURFACES.

St. Louis, Feb. 23, 1867.

To the Editors of the New-England Medical Gazette.

Gentlemen, — While I congratulate the "Joint-Stock Association" on the success of the "New-England Medical Gazette," and look anxiously forward to the *expected passage* of the bill for the charter of the Homœopathic Medical College in the East, I cannot refrain from occupying one or two leisure moments in detailing a few items of interest from our section.

Let me, however, say one word in regard to an article written by Dr. Talbot, on the separation of mucous surfaces. I read his remarks with very great pleasure, because they coincide so directly with my own experience. Adherent mucous surfaces cannot be separated, nor should the attempt ever be made to separate them, with a knife, except, perhaps, so far as to serve as a guide for the application either of the finger or some blunt surface which may be often forcibly introduced between the layers of mucous membrane. Let me give you an illustrative case or two, which may serve as corroborative testimony: —

In 1853 a lady came from the interior of Illinois, accompanied by her physician, to have an operation performed for occluded vagina. During her last confinement, she had been attended by a midwife, who had, by the constant examinations made during the progress of the labor, so irritated the walls of the vagina, that they, soon after the accouchement, adhered firmly together. When I examined the

labia, I found them closely approximated, and closing entirely the vagina. Having etherized the patient, and put the parts upon the stretch, I endeavored to separate the tissues, but found it rather difficult and tedious, until I inserted my finger into the wound, and, by gradual and steady rotation, broke up the adhesions. The lady has become enceinte since; a condition wholly impracticable before, excepting, *perhaps*, by the *aura semineferi.*

The second case was that of a child of about two years of age, the vagina being closed in a somewhat similar manner; the parts having become inflamed from chafing, and, I suppose, lack of cleanliness. A similar mode of proceeding was adopted, and with success.

The third case was one of what Sir William Pitt might call a "fundamental deficiency," which was remedied in a similar manner.

The fourth and fifth cases were of more import; the one being a vesico-vaginal fistula, and the other a *vesico-vagino-rectal* fistula, — the worst case I ever saw, and perhaps a more aggravated one could not be well imagined. Let me, however, detail them *seriatim:* —

Case IV. — A German woman, aged about thirty, had been thirty-six hours in labor with her first infant. Some man calling himself a doctor was in attendance, and passed a blade of the forceps directly through the superior wall of the vagina into the bladder, lacerating the parts at the same time very severely. The poor woman, not knowing the injury to which she had been subjected by the ignorance and brutality of the said *man* calling himself a doctor, was allowed to remain in her pitiable condition for some considerable time before she came to the city and consulted me in her case. The first thing I did was to recommend her to bring suit against the person who had injured her, which she did, and, I am glad to say, recovered damages. When I saw her, her condition was as follows (I was obliged to make several examinations before I detected the exact condition of the parts). Upon opening the thighs, a red mass was perceived projecting from the vulvæ; upon pushing this backward it disappeared, and the finger or speculum went upward directly through the fistula into the bladder. I could find no os uteri, or any semblance thereto, simply for the reason that the superior wall of the vagina had grown to the inferior wall; thus, of course, including the os uteri between them. The parts had assumed a cartilaginous hardness; and, as usual, the thighs, buttock, and vulvæ were perfectly raw from the dribbling of urine. The *odor urinæ*, so well described by Baker Brown, was suffocative. Here there was a difficult proceeding. Before any attempt could be made to pare the edges of this transverse fissure, the adherent surfaces must be separated, and allowed perfectly to heal, before other steps in the operation were resorted to. The fistulous opening was three inches and a half within the vagina; the protruded bladder was constantly in the way; and yet the adherent surfaces must be so separated that the wall of the bas fond of the bladder must at all events be preserved intact. I think I never accomplished a more difficult work: and I do assure you, that I did more in the last quarter of an hour, with the end of an anal speculam and

my two fingers, than in the three hours previously with instruments of a cutting kind; — the main difficulty being, however, the "getting at" the parts, — although I had every appliance, Sims's speculum, reflected light, instruments with long shanks and long handles, and good assistants. I was very many times sore perplexed, from the fact, that, so soon as the perinæum was made tense, the posterior lip of the fistula was drawn down, causing the opening to gape, and thus allow more of the retroverted bladder to protrude, which also had to be held aside by another assistant. You may imagine how much room I had in that "dark canal," with a Sims's speculum on one side and a retractor on the other. So soon as I was positive that I had discovered the septum, the rest of the procedure was accomplished without difficulty: a plug, made of polished ebony, was inserted into the now newly opened vagina, and the success was complete. By the way, I have found these "plugs" (I can call them by no other name, and there is none that so fully applies to them), when made of polished ebony, of very great service, not only in operations of this kind, but in cases of vaginesmus, either after the application of atropine or belladonna ointment, or the division of the parts by the Y-shaped incision.

The last case was a disgusting one. The woman was Irish, drank whiskey, and was unclean in every respect. There was a fistulous opening between the bladder and vagina, and one between the rectum and vagina. Both urine and fæces passed through the middle canal; and the stench from her person was so great that other patients could not remain in the same wards with her. She was at that time an inmate of the Good Samaritan Hospital. Upon a careful examination of the case, after she had been most thoroughly soaped and scrubbed, I found, firstly, that the urethra, from seven years' disuse, and the constant irritation of the surrounding parts, had grown together; that the vagina had almost closed above the rectal opening, excepting a small canal of scarcely sufficient size to admit a probe; that the bladder prolapsed; and that the rectal opening was jagged, uneven, and thickened. I opened the urethra with the blunt point of a probe, and separated the walls of the vagina, first with a director and then with my fingers; and it was surprising to see how they yielded to the force applied. A catheter was placed in the bladder, and one of the plugs aforesaid firmly fixed in the vagina. After the parts had healed sufficiently, I operated upon the fistula, and adjusted the parts as nicely as I was able: but, unfortunately, she had a hemorrhage within the bladder, causing, of course, great vesical tenesmus, which ruptured the sutures; and she left the house, and I believe still lives as before, using her vagina for every thing excepting that for which it was intended.

I am rather afraid I have extended these cases to more than your patience will allow, and really I had not intended to so much trespass upon your time; but these may serve as additional illustrations of Dr. Talbot's assertions, and I believe are not entirely devoid of interest in several particulars. I think the same rule will, in the majority of

instances, hold good in regard to serous surfaces, and have cases to prove such to be the fact; perhaps in my next letter I may give you some of them. I have operated for lithotomy, perineal urethrotomy, strabismus, and excisions, before the class; and if you think a record of these would be of interest to your readers, I may give them to you from time to time.

Our examinations are now going on, and our Commencement takes place next Wednesday, after which a grand entertainment is to be given by the College to the graduates, trustees, and others interested.

Truly your friend,

William Tod Helmuth.

Whitlows treated by Nitric Acid. — In this number of the Gazette appears a valuable and suggestive article on this subject, translated and condensed from the German by our colleague, Dr. H. L. H. Hoffendahl, of Boston. He has presented this subject so clearly, concisely, and carefully, that few persons would recognize this article in the one which appeared some time since in the British Journal of Homœopathy. The subject is well worthy of attention; and if this common and sometimes fearfully painful affection can be prevented in the manner described, it cannot be too generally known by the profession. Considerable experience in this treatment of whitlow inclines us to a favorable opinion of its efficacy; and we would ask physicians to examine the subject, and to send us their experiences and opinions in regard to it, when we will endeavor to make a careful résumé of the subject for a future number.

We shall publish, in the next number of the Gazette, the excellent address of Dr. J. L. Clarke, of Fall River, before the new Society of Bristol County. We are not in the habit of publishing "addresses." We have no great respect for spread-eagles or for birds of freedom generally. Whether they extend their wings from the Atlantic to the Pacific, or stop at the Rocky Mountains, or keep on to where the sun never sets, is of no practical importance to the readers of the Gazette. The address of Dr. Clarke is, however, not one of the pretentious sort. It is simply a modest and clearly written sketch of the history of homœopathy in Bristol County, and as such we consider it quite worthy of being recorded.

BRISTOL COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The first regular meeting of this Society was held in New Bedford, on Wednesday, Jan. 2, at the house of Henry B. Clarke, M.D.

The meeting was called to order by the president, J. L. Clarke, M.D., of Fall River, at two o'clock, P.M.

The minutes of the meeting for organization were read and approved: the "order of business" was then suspended, and the Society listened to an address by the President upon the history of homœopathy in Bristol County. George Barrows, M.D., of Taunton, read one of a series of letters which appeared in the American Whig, of that city, in 1847, in which the writer proposed to state "all the cases for and against homœopathy."

The "order of business" was resumed, and the thanks of the Society were voted to Dr. Clarke for his able, interesting, and instructive address, a copy of which was requested for deposit in the archives of the society; and it was unanimously voted that it be published in the New-England Medical Gazette.

Three interesting cases, treated by Croton Oil, were reported by H. B. Clarke, M.D.; and permission was given for their publication in the New-England Medical Gazette.

The Censors reported the following as candidates for membership, — Dr. Edward Sanford, and Dr. J. Sherman.

The Society adjourned to meet in Taunton, the first Wednesday in April.

J. W. Hayward, M.D., *Secretary.*

Obituary. — Dr. J. Rutherfurd Russell, a distinguished physician, formerly one of the editors of the "British Journal of Homœopathy," and the author of "History and Heroes of Medicine," "Clinical Lectures on Rheumatism, Epilepsy, Asthma, and Fever," and other works, died on the 22d of December last. Dr. Russell was a successful teacher, and his fine reputation as a writer and thinker was by no means confined to his own country. Scarcely a name in the homœopathic ranks, at home or abroad, commanded more respect here than the name of Rutherfurd Russell.

Dr. Joseph Birnstell, of Newton Corner, Mass., died suddenly, of hemorrhage from the lungs, on the 16th of February, at the age of 56. He was a native of Germany, educated at the University at Würzburg, and afterwards passed two years in the Paris hospitals. On arriving in this country, he practised successively at Westfield, New York, Buffalo, Worcester, Boston, and, for the last eighteen years, at Newton Corner. He was formerly one of the editors of the "Quarterly Homœopathic Journal," published by Otis Clapp, and, at the time of his death, was in large and successful practice. The funeral services were conducted under the direction of the Masonic Fraternity, of which he was a member; the stores of the village being closed during the progress of the ceremonies. The account of the closing scene at the grave, we take from the "Newton Journal:" —

"An intimate friend of the deceased, Professor Kraus, of Harvard University, then advanced to the foot of the grave, and, looking down upon the coffin, spoke as follows: —

"'Farewell, true and noble heart! We send our parting greeting after thee into the silent grave. Thou hast been faithful in the relations of life, as husband,

father, friend, physician, citizen. Gentle and peaceful be thy rest. When we are sad we will remember thee whose death now plunges us in sorrow, but whose companionship in life so often dispelled our griefs! When we are glad we will recall the hours when thou didst share our joy. Older in years than most of us, thou wast young as we. May the earth lie softly on thy true and faithful breast! Farewell!'

"The address was couched in German, and was both chaste and classical. It seemed to awaken a sympathetic chord in the minds of the many Germans present. The Masonic body again opened their circle to admit the Orpheus Club, which advanced to the foot of the grave, and sang, with great pathos and beauty, two pieces appropriate to the scene of mortality before them. This closed the proceedings; and both relatives and friends, turning sadly from the spot, returned to their various homes."

The Massachusetts Homœopathic Medical Society. — This Society will hold its annual meeting at the accustomed place in the Tremont Temple, Boston, on Wednesday, April 10, 1867, at 10, a.m. The meeting will be opened by the annual address of the President, S. M. Cate, M.D., of Salem, after which the business of the meeting will be transacted, and the reports of the various committees made, including those of Clinical Medicine and Materia Medica. The annual oration will be given at half-past one, by Dr. DeGersdorff, of Salem, The subjects of Pleuritis and Pneumonia will be discussed; and members are requested to come prepared to present any facts or statistics they may have in relation to either of these diseases. Notice should be given to the Secretary, Dr. L Macfarland, No. 3, Malone Block, Boston, prior to the day of meeting, of any essays or communications to be presented. We would remind our readers that this meeting occurs on Hahnemann's birthday, which cannot be better celebrated than by efforts for the improvement of the science which he founded. We hope to see many delegates from other societies present.

Physostoma, or the Ordeal Bean of Calabar. — The pathogenetic provings of this new and active poison were presented by the Committee on Materia Medica, at the last annual meeting of the Massachusetts Homœopathic Medical Society. In order to make these provings as complete as possible, physicians are requested to send any clinical observations, which they have made with this drug, to the chairman of the committee, H. L. Chase, M.D., Cambridge, who will carefully incorporate them into a resumé of the symptoms, to be presented at the next meeting of the Society.

Inoculation of Small-Pox by Mistake. — A gentleman of Portland, Me., who was spending the winter in Havana, died recently of confluent small-pox in the suppurative stage. It was introduced into his system by mistake of a physician, who supposed he was using vaccine crust. Several deaths have occurred lately in Europe from the same cause. It is difficult to understand the circumstances under which a physician could be led to the commission of so serious an error.

Medical Education in Great Britain. — According to a recent enactment in Great Britain, no medical student can be admitted to medical lectures until after a successful examination in the higher branches of an English education, with mathematics and Latin; nor can he be examined for his final degree until after attendance upon four winter sessions of lectures or three winter and two summer sessions, including in each session all the branches of medicine, with physics, botany, and general history. — *Medical Record.*

We regret to learn from Dr. Lindsey, of Laconia, N.H., that he has been suffering from a severe attack of hemorrhage from the lungs. He is now improving, however, and sends us a short paper on the clinical use of the African Lily, which we hope to find room for soon.

California Wines. — We would call the attention of our readers to the efforts which have been made by Messrs. Perkins, Sterne, & Co., to produce a pure and unadulterated wine for medical and other purposes. The adulteration of foreign wines is so notorious, that it is extremely desirable to have those more reliable in cases of sickness; and we think that the efforts made by the gentlemen above referred to will be commended by all homœopathic physicians.

Paracentesis Pericardii. — This rare operation has recently been done at the Leeds Infirmary with complete success, under the direction of Dr. Clifford Allbutt. We learn from the case, as reported in the London "Medical Times and Gazette," that the patient, a man aged twenty-six, was suffering from severe acute rheumatism, both muscular and arthritic. There was a large effusion within the pericardium, accompanied by acute pain in the region of the heart.

"On Sept. 19, about 11.30, P.M., Dr. Allbutt was hastily summoned to see the patient, who was found sitting up in bed, with his elbows on his knees, struggling for breath. He was covered with a cold copious sweat. The area of pericardial dulness was found to be considerably increased, occupying nearly the whole of the left chest in front. There was perfect resonance all over the left lung behind. The patient was clearly at the point of death, and Dr. Allbutt determined at once to ask Mr. Wheelhouse to tap the pericardium. Mr. Wheelhouse was therefore called in to see the patient.

"The extent of the pericardial dulness was now accurately defined; and the probable position of the apex of the left ventricle and of the auricle was as far as possible ascertained. Mr. Wheelhouse determined to open the sac half an inch from the sternum on the left side, and opposite the upper margin of the costal cartilage of the fifth rib. He passed in a fine trocar, inclining it slightly upwards and inwards, so as to enter, if possible, opposite the centre of the left ventricle. He pushed it onwards until he could distinctly feel the movements of the heart with the instrument; and then, sheathing the point, he pushed the canula well up to the heart until he could both feel and see the impulse. The trocar was then wholly withdrawn, and the fluid allowed to escape. This it did in a steady stream at first, which soon subsided into a saltatory flow coincident with the heart's contractions. The fluid consisted of a pale-pink coagulable serum. On the whole, about two and a half or three ounces escaped. During the operation, the patient gradually obtained relief; and, after the canula was withdrawn, the bed-rest was removed, and he was able to lie down. The breathing was now only 36 per minute, and he was able to speak a few words, and express that he felt relieved. The pulse had lost its rapid and struggling character, and could easily be counted, its number being about 110. The area of dulness was very decidedly lessened; but it was not thought well to tease the patient again with a minute examination."

The patient was discharged cured on the 13th of October, with slight pericardial dulness and a loud systolic souffle over the apex. — *Boston Medical and Surgical Journal.*

The Record of New England in the War. — Of the loyal States, New England lost the heaviest proportion of killed and wounded in the men it contributed to the national army, nearly 45 per 1,000; the Western States next, 37 per 1,000; the Middle States about 32 per 1,000, and the Border States 25 per 1,000. Kansas heads the list of States: more than half the able-bodied men there entered the army, and sixty-one of every thousand of them were killed, or died of wounds. Vermont stands next in the list: her losses in killed and those who died of wounds amounted to upwards of 58 per 1,000; Massachusetts lost nearly 48 per 1,000; New Hampshire over 47. — *Ibid.*

Case of Cholera. — A letter dated Munich, Jan. 19, published in the "Aix la Chapelle Echo," of Jan. 24, contains the following statement: Professor V. Pettenkofer is back some days from his travels. It is said that he is completely satisfied with the result of his examination of the towns visited by cholera last summer; and his conference with Professors Griesinger, Wunderlich, and the Englishman Macpherson, is said to have led to almost complete agreement of opinion. We hear that the Professor will soon lay his latest results before the Medical Society in a complete shape. At the same time, an astonishing observation comes to us from Vienna, — Dr. Klob has, with a microscope of from 800 to 1000 magnifying power, discovered, in the rice-water evacuations, millions of microscopic fungi, which in appearance differ little from the ordinary European forms. That cholera is easily propagated by their means can scarcely any longer be doubted. — *British Medical Journal.*

BOOKS AND PAMPHLETS RECEIVED.

The Science and Art of Surgery. By E. C. Franklin, M.D. Part 1. pp. 402.
Treatment of Fractures of Lower Jaw. By Thomas Brian Gunning. New York.
Report of Leavenworth, Kansas, Homœopathic Dispensary, January, 1867.
Proof copy of American Directory of Homœopathic Physicians. Dr. Hall, St. Paul, Minnesota.
Methomania. By Albert Day, M.D. Boston: James Campbell, 18, Tremont St. (Noticed in this number of Gazette.)
Vivisection: what it is, &c. By John C. Dalton, M.D. New York: Baillière Brothers.
New Remedies. Prof. Hale. Part 8.
Gross's Comparative Materia Medica (see notice in this number of the Gazette).
The Homœopathic Expositor, February.
United-States Medical and Surgical Journal, January.
American Homœopathic Observer, February.
Hahnemannian Monthly Journal, February.
Medical Investigator, January.
The Little Wanderers' Advocate, January, February.
Boston Medical and Surgical Journal, vol. lxxv. Nos. 24–27; vol. lxxvi. Nos 1.–5.
Western Observer, January, February.
Boston Journal Chemistry and Pharmacy. Vol. i, No. 5.

COMMUNICATIONS RECEIVED.

Practical Observations and Experiences. By J. H. Gallinger, M.D.
The African Lily. By A. Lindsey, M.D.
Extraordinary Lactation. By William Pearson, M D.
Plantago Major in Enuresis. By E. U. Jones, M.D.
Cases of Hypochondriac Pains. By H. B. Clarke, M.D.
Sanguinaria Canadensis. By C. E. Sanford, M.D.
Intussusception. By E. Woodbury, M.D.
Acon. and Bell. in Typhus Fever. By Samuel Deans, M.D.
Albuminaria, Endermic Treatment. By C. Judson Hill, M.D.
Case of Strangulated Hernia. By E. P. Scales, M.D.
Case of Intussusception. By L. W. Alger, M.D.

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PRACTICAL OBSERVATIONS AND EXPERIENCES.

No. I.

BY J. H. GALLINGER, M.D., CONCORD, NEW HAMPSHIRE.

Anæsthesia in Midwifery.—Many excellent medical practitioners wholly condemn the use of ether and chloroform in obstetric practice, on the ground that labor is retarded, and the life of the child endangered thereby, while others are equally enthusiastic in advocating their use. During the past few years, I have had a limited experience with these agents, and thus far have failed to perceive any untoward effects from them. Indeed, instead of retarding labor, they often seem to facilitate it, by relaxing muscular fibre. The regularity and force of the pains are not, as a general thing, sensibly modified by anæsthesia. In one instance, in which labor was ushered in with convulsions, I kept the patient under the use of chloric ether for eighteen hours; yet the pains were regular during the entire time. The pelvis was malformed, and convulsions occurred every half-hour during the whole day. Version was attempted, but abandoned as impracticable, and craniotomy resorted to after all other means had failed. Notwithstanding great force had to be employed to remove the fœtus, after the cranium had been perforated and the crochet introduced, ether being freely used during the operation, the mother had a rapid recovery. In several instances, the patients being exceed-

ingly nervous and timid, I have kept them during the entire labor partially insensible; the anæsthetic agent (chloroform) being increased as the labor progressed. As a general thing, however, my custom is to withhold the chloroform altogether until the fœtus has reached the inferior strait, when it is gradually administered, full anæsthesia being obtained about the time of delivery, and continued till the placenta is removed. Of course, in a large majority of cases, the agent is entirely withheld; the wishes of the patient, the condition of the general health, or the facility of the labor, contra-indicating its use.

Dose. — My idea regarding the vexed question of dose, in homœopathic practice, is, that it must of necessity be influenced by habits of life, idiosyncracies, nature of the disease, susceptibility of the patient, temperament, &c., &c. To my mind, it is ridiculously absurd to contend, that a robust man, of a bilious or lymphatic temperament, will be as decidedly influenced by a highly attenuated remedy as a delicate female, of nervous temperament and active brain, keenly susceptible to influences of every kind, — and yet such may be the fact. The rule regarding dose cannot possibly be made absolute; and the physician who undertakes to make it so will succeed in writing himself down a fanatic, to say the least. Dr. Clarke's articles in the "Gazette," touching this point, are replete with valuable suggestions and sound common sense. I usually employ the second decimal dilution, and the third decimal trituration. Frequently, however, I use aconite, belladonna, cannabis, gelseminum, helleborus, sticta, veratrum viride, &c., in tincture form; bismuth crude; and the concentrated remedies; caulophyllin, hydrastin, macrotin, leptandrin, podophyllin, trillin, &c., in the first or second decimal trituration. There are, of course, some drugs in our Materia Medica, such as lachesis, aurum, &c., that I uniformly use in higher dilutions; and occasionally, by way of experiment, the ordinary remedies are tried in a highly attenuated form. But I am free to confess that my faith grows weak in direct proportion to my upward flight, after the third decimal dilution is reached; and yet I have no disposition whatever to engage in

a controversy with those who have implicit confidence in the curative powers of the thirtieth, the two-hundredth, or the two-thousandth. Our law of cure has nothing whatever to do with the question of dose. In view of this fact, let us lay aside dogmatic prejudice, and be charitable in our judgment and views of each other; allowing the greatest possible latitude of opinion and practice in this respect, without factious criticism, or violent denunciation; rallying around the great cardinal principle of our profession, "Similia similibus curantur," prepared to stand or fall by it alone.

Treatment of Erysipelas.—The recent articles in the "Gazette," regarding this disease, have induced me to report my experience in its treatment. During the past three years, erysipelas, especially of the face, has prevailed in our city to a considerable extent. The cases that have come under my care have been managed by the internal use of aconite, apis, belladonna, cantharis, lachesis, or rhus tox., according to particular indications, and the topical application of tinct. ferri muriat.; and, as they all recovered, I am led to feel that the treatment might have been worse. I am aware that some physicians of our school argue that local applications are unnecessary, if not injurious, in the treatment of erysipelas; but my experience and observation do not confirm this view. And after having tried, in former years, alcohol, tinct. belladonna, argenti nitras, zinc. sulph., plumbi acetas, tinct. iodine, flour, cranberries, &c., I am fully satisfied that the muriate tincture of iron is superior to any other application, and would bespeak for it an impartial trial on the part of those of the profession now unacquainted with its merits. My habit is to apply it freely to the inflamed surface with a camel's hair pencil, repeating it in from six to twelve hours if the progress of the inflammation is not arrested, which result is frequently attained by the first application; a suitable homœopathic remedy being administered at the same time. One case, in particular, occurs to me as worth reporting. Some two years since, I obtained a tube of cow-pox virus from a medical friend, in Cincinnati, which was used to vaccinate three or four children. Selecting the healthiest appearing child, I

charged some twenty quills from the pustules on his arm, which were, in turn, used to vaccinate other children. The first ten cases worked admirably, and I congratulated myself upon the purity of the virus. The next case, however, proved somewhat troublesome. About sixty hours after the virus had been inserted, I was called at midnight to the case. The patient was twelve years of age, light complexion, nervous temperament, of a scrofulous diathesis. I found that erysipelas had commenced at the point of vaccination, had extended downward to the arm and upward to the neck, from whence it continued to spread with fearful rapidity, having already involved a considerable portion of the back. The case was an exceedingly critical one, and I confess that I regarded the chances of recovery as extremely small. Having a vial of tinct. ferri muriat. in my pocket, I freely applied it about two inches from the inflammation, and anxiously awaited the result. With wonderful rapidity it continued to spread, soon reaching the forbidden line; when, lo! its progress was stayed, and the child saved. The entire inflamed surface was then painted with the drug, belladonna and rhus ordered every hour, and the case left for the night. In the morning, my patient was perceptibly better, although she had passed an exceedingly restless night, and, under the same treatment, her usual health was regained in a week. It may be interesting to note that no scab formed on the vaccinated point, the erysipelatous process seeming to destroy the local action. The subsequent use of the same virus proved it to be pure; consequently, the result in this particular case must be attributed to a peculiar dyscrasia of the system, rather than to the quality of the virus. Of one thing I feel confident; viz., that, if that child is again vaccinated, it will not be by your correspondent.

A recent case possesses interest. Mrs. C., aged twenty-three, pregnant for the first time, was about to be confined. Erysipelas commenced in the ala of the nose, and rapidly spread over the cheek. The treatment above mentioned was resorted to; but, notwithstanding the most vigorous efforts to check its progress, it continued to spread until it involved the

entire face and head; although, beyond the point where the tinct. ferri muriat. was applied, the inflammation was less intense. Remembering that the observation had been made by some medical writer, that erysipelas almost invariably resulted in death, in cases of parturition, I indulged the hope that labor might be postponed till the erysipelas was cured; but this hope was not realized. At the end of the fourth day, labor pains set in; the inflammatory action seeming to subside simultaneously therewith. The pains were regular, and at times severe; yet the prospects of a speedy delivery were not flattering. Suffice it to say, that, after twenty-four hours of suffering, the pains entirely ceased; the head of the fœtus, which was unusually large and firm, being firmly lodged against the pubis. After vainly attempting to excite pains for several hours, and finding it impossible to apply the forceps, a consultation was had, with the result of deciding upon craniotomy as the only resort. The operation was performed, and the fœtus removed; the soft parts of the mother being considerably lacerated, in consequence of the size of the child and the contracted condition of the pelvic cavity. After delivery, the erysipelas remained in abeyance for about three weeks, when it again attacked the face, but was not transferred to the womb, as I feared it might be. It is now six weeks since the child was removed, and the mother is slowly convalescing; the erysipelas having entirely subsided. This case is mentioned for two reasons: 1. To show that erysipelas in parturition, although a serious disease, is not necessarily fatal, even when the mother is subjected to unusual violence, and the shock upon the system is more than ordinarily great; 2. To demonstrate that the impression on the part of many medical men, to the effect that it is unsafe to attend two women in confinement at the same time, one of whom has erysipelas, lest puerperal fever be developed in the second case, did not, at least, hold true in this instance, as I personally attended another case in the immediate vicinity, at the same time, without communicating disease of any kind.

Speaking of erysipelas reminds me of two singularly in-

structive cases that came under my care about the same time, with which I will close this already too lengthy report. The patients were adults, both of whom had been subjected to vigorous allopathic treatment; sugar of lead having been freely used as a topical application. The disease was, in both instances, confined to the lower extremities; the acute inflammation having been subdued, and erysipelatous sores having appeared at near intervals, presenting a sickening appearance. Lachesis, arsenicum, and rhus were administered, with directions to keep the sores well cleansed. A week passed, and the condition remained unchanged, when a gentleman from Nova Scotia suggested to me that he had seen some remarkable cures of similar cases by the application of scorched rye flour. It was to be prepared and applied thus: The flour was to be put in a tin, and kept in the oven till it was brown, being stirred to prevent its burning. It was then to be thickly sprinkled over the diseased surface, and the limb enveloped in flannel, which was to remain undisturbed for five or six days. Having despaired of accomplishing a cure by ordinary means, I was reluctantly induced to make a trial of this novel remedy. The directions were faithfully followed; the flour being freely applied, the limbs well wrapped in flannel, and quiet enjoined. The next morning both patients represented that they had had a remarkably good night; the burning, smarting pain, that for weeks had rendered sleep almost an impossibility, having materially subsided. At the expiration of the fifth day, the dressing was removed, when, to my astonishment, in one case every sore was healed; and, in the other, but two or three small openings left, which disappeared in a few days! The cure was complete and permanent, and the result none the less gratifying because empirical. These cases are mentioned, not because I think it advisable to resort to such means until our ordinary homœopathic remedies fail, but simply for the purpose of calling the attention of the profession to a remedy that seems to possess wonderful healing powers, and that, as a dernier resort, may be productive of much good.

ALBUMINURIA, SEQUELA OF SCARLET FEVER.—ENDERMIC TREATMENT.

BY C. JUDSON HILL, M.D., UTICA, N.Y.

Case from Practice.—Anna H—, aged two years, scrofulous habit, was attacked Dec. 2, 1866, with scarlet fever, which proved to be of a very mild type, and was readily controlled by the administration of aconite and belladonna, and the case dismissed Dec. 12, apparently well.

Dec. 20.—I was again summoned to see the child, which had, through negligence, been exposed to cold, and dropsical symptoms had developed. I found the patient suffering from the following symptoms: Fever, pulse 130; tongue heavily coated with a white fur, and red at the tip and edges; constipation; urine scanty, and thick and muddy in appearance. Applied the test, heat and nitric acid, and found the urine loaded with albumen. There was pain in the lumbar region, and also on voiding urine. Face, hands, feet, and abdomen bloated. Percussion distinctly revealed fluctuation through the abdominal parietes. There was also dyspnœa and cough, and the glands of the neck were much swollen, as well as painful and tender to the touch. There was pain in the left ear, accompanied with a muco-purulent discharge, and bloody and profuse discharge from the nose, which was also swollen and painful.

After careful investigation, I decided that the dropsical symptoms required the more immediate attention, and prescribed apis mel. 1, and arsenicum alb. 3, in alternation, every two hours, and ordered a compress, wet in hot water, applied to the back, and covered with oiled silk.

Dec. 21.—No improvement; continued apis, alternated with digitalis 1, drop doses every hour.

Dec. 22.—Patient no better; dropsical symptoms on the increase; prescribed cantharides 2, and digitalis 1, alternately.

Dec. 23.—Case decidedly worse. Called Dr. Watson in consultation. He recommended *bryonia* and hellebore, which

was administered in the second and third potency; drop doses every hour in alternation.

Dec. 24.—No perceptible improvement. Continued the same remedies.

Dec. 25.—Child very much worse; abdomen enormously distended, and great difficulty of breathing; could not lie down. Dr. Watson was of the opinion that the case was a hopeless one. Becoming desperate, I determined to resort to external applications, thinking that through the absorbents I might gain a direct action upon the kidneys. I therefore prepared the following lotion; viz., equal parts of tincture soap, squills, and digitalis, and directed a teaspoonful to be rubbed over the abdomen thoroughly twice a day.

Dec. 26.—Child some better; passed more urine, with a decided improvement in color.

Dec. 27.—Large quantities of urine had been passed during the twenty-four hours, and the general symptoms very much improved; slept well. Applied the *test*, and found but a very slight trace of albumen. Directed the lotion to be used but once a day. The case now progressed rapidly to a cure, and, in ten days from the commencement of the use of the lotion, not a vestige of the dropsy remained. The enlarged glands and discharges from the ear and nose were readily controlled by the use of calc. carb., ferrum iod., and kali-hydriod., with the aid of injections of a weak solution of sulph. zinc.

Diet during treatment was chiefly milk and farinaceous food. Child was also fed freely upon sweet cream, white of eggs, and brandy, well beaten together, and sweetened to suit the taste.

This case proves, that, as a "dernier resort," the *endermic treatment* may assist the practitioner in promoting a cure after all other means fail.

It occurs to me that possibly the application of digitalis alone, in the form of *infusion*, applied by means of the spongiopiline, will answer the purpose fully as well.

ACONITE AND BELLADONNA IN TYPHUS FEVER.

BY SAMUEL DEANS, M.D., OF EASTON.

At the recent semi-annual meeting of the Massachusetts Homœopathic Medical Society, typhus fever formed one of the prominent subjects of discussion, the report of which, in the "Gazette," I have perused with much interest; and it brought to my mind a communication on this subject which appeared in a former number of this journal, from Dr. Hoyne, of Chicago. In this case, notwithstanding the medicines administered, there was a progressive development of unpleasant symptoms until belladonna was prescribed, when immediate relief followed. Some symptoms were subsequently relieved by other remedies, but belladonna was of more positive and marked benefit than any other remedy prescribed. After a somewhat extended experience in the treatment of typhus fever, I have come to rely upon aconite and belladonna, as the most efficient remedies with which to arrest the disease in its primary stage; but I fear these remedies are too often forgotten or overlooked in our zeal for "new remedies." My practice has been to commence with aconite in frequently repeated doses, say every hour, or even half-hour, according to the severity of the case; the object being to excite an immediate and profuse perspiration, which is usually effected in a few hours. Having accomplished this, I administer belladonna, though at longer intervals,—say every two, three, or four hours. The effect of this treatment is often surprising; and, by this means, I have succeeded in saving a large percentage of my patients from a regular course of fever. Indeed, I have learned to count on a favorable result with entire confidence, whenever I am called in an early stage of the disease. A year ago, last summer, I had five cases of typhus in one family; three cases were arrested in their primary stages, while the other two, which were not seen till a later period in the attack, were yet so much controlled, by the administration of these remedies, that they ran a mild course of only three weeks. The father of

this family, who was exhausted by watching, had been somewhat indisposed for a day or two: he was suddenly attacked, when away from home on business, with a chill, followed by a burning fever; severe pain in the back, head, and limbs; and became quite delirious soon after his arrival home at night. On visiting him in the evening, I found these symptoms severe in character, and was very fearful that the case might prove unmanageable. I prescribed aconite every half-hour until perspiration was induced; then substituting belladonna every half-hour. The next morning, I found that the medicine had accomplished all I could desire: the fever had abated, the headache was diminished, the pain in the limbs gone, and the patient was so much relieved as to pronounce himself quite cured. A mild form of fever lasted him for a few days afterwards. These two remedies, judiciously administered, have given me a degree of success which I never could reach in the allopathic system of practice. Sometimes, from various causes, these means may prove ineffectual; and the fever, becoming settled, will run its accustomed course. In such cases, the greatest care and attention must be given to the nursing and regimen of the patient; aiming here and there a scientific pill, drop, or powder at any unpleasant symptoms which may be developed. We need not hope now to break up the disease, but rather to conduct it to a favorable termination by the aid of the "vis medicatrix naturæ." Dr. Nathan Smith, of New Haven, used to say in his lectures, fifty years ago, "Better let a fever cure itself than deal too freely in drastic doses of medicine;" a doctrine which is now becoming more understood by our allopathic friends. I still hold to the old name "typhus," in mild forms of fever, and apply the term "typhoid" to the more aggravated conditions, when the bowels are implicated: thus producing a diarrhœa, offensive stools, tympanitis, ulcerated patches of the mucous surface of the intestines; and, if the disease be not arrested, mortification, perforation, and death. The remedies that I rely mostly upon in these severe forms of fever, are rhus tox., mercurius, arsenicum, and carbo vegetabilis.

EXTRAORDINARY LACTATION.

BY WILLIAM PEARSON, M.D., OF SOUTH HADLEY FALLS.

A VERY peculiar case of lactation came under my observation some time since, the relation of which may be interesting to others as the case was to myself.

Mrs. D., residing in Vermont, aged twenty-eight, had been married ten years, and enjoyed usual health, but had never borne children, or had any signs of pregnancy. She began to have morning sickness in August, 1854, and menstruation gradually ceased three months later. In January following, the morning sickness subsided; but she had a feeling of general languor, and soreness in the region of the right ovary. She had "motion plainly to be felt and seen," she said. About this time, the mammary glands began to have more than the usual tenderness and fulness, and, in February, the breasts were full of milk to overflowing; and, in fact, she had all the usual signs of pregnancy in the last stage.

About the first of March, she was "taken with slight flowing," which continued a week or more, attended with pains like those of labor; and a physician was called to attend to her case, which he thought very peculiar. These symptoms gradually passed off; and, in about three weeks, she had a similar attack of pain and flowing. The secretion of milk continued as before; but she had no expulsion of any substance from the uterus, either this time or before, or even afterward.

Subsequently, her usual monthly periods became established; but she continued to have a large flow of milk, and was obliged to have it drawn by some means.

In the course of a few weeks, a child was presented to her by a gentleman who had the misfortune to lose his wife in confinement. She nursed the child from month to month, and gradually diminished in size, and recovered her usual health and strength.

The lady is still living, in good health, with the excep-

tion of occasional attacks of colic, and severe spasms in the region of the liver, probably from biliary calculi.

In a practice of more than thirty years, I have never happened to see another such case, and how to account for *this* I know not.

The New-England Medical Gazette.

BOSTON, APRIL 15, 1867.

WRITING OUT CASES. — Lord Chesterfield tells us that reading makes the full man, talking the ready man, and writing the exact man. Now if there is any position which requires an exact man, it is that of a homœopathic physician. It is not enough that he should know, on general principles, that his patient is sick, or that he has a disease which may be called by this or that name ; nor is it sufficient that he should carry in his mind a general remembrance of the various symptoms which have occurred from day to day, and remember that he has given this or that medicine. It is of the utmost importance that he should enter carefully and closely into the history and condition of the patient ; and in accordance with the above rule, if he would be an exact physician, he must, so far as possible, commit these facts and conditions to writing. This must be done at the bedside of the patient ; we cannot trust the memory for making general remarks upon each case at the end of a hard day's work. Such remarks are usually of little value, while a single note of a few of the more important symptoms, written by the bedside, may prove of the utmost importance in enabling him to select the proper remedy at a moment, or bring clearly his case to mind, either for reference at any future time, or for quiet study in his office. A few physicians are very painstaking in this respect, and record carefully every thing of importance in relation to their patients ; but a great majority of physicians, perhaps nine-tenths of them, do little more than to take such notes as will enable them to make their "daily charges." No argument is necessary to convince any homœopathic physician that this is not as it should be. Without wasting argument, therefore, or stopping to form resolutions only to be broken, let each physician

take a note-book on his next round of visits, and with each patient carefully set down the leading symptoms for which he selects the remedy. This can usually be done in one or two minutes at the most, and frequently while waiting for a "tumbler and spoon," or during some other momentary delay. Does any physician say that he has too much practice to be able to do this? We can tell him of a physician in very extensive practice, who sees from thirty to fifty patients every day, who was not in the habit of making notes of all his cases, and who excused himself on the ground that he had as much as he could possibly do as it was, and the additional labor of writing out all his cases would be impossible. He, however, made the trial in a little book for a single day, and from that time to the present he has never prescribed for a single patient without making some note of the leading symptoms; and these notes, he says, prove every day to be invaluable to him. Let us all, without exception, follow his example, and the speedy individual benefit which is sure to follow will be more than rivalled by the impulse which will be given to the general progress of homœopathic clinical medicine.

PROFESSOR HELMUTH'S LETTER, No. 2.

THE COMMENCEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

St. Louis, March 5, 1867.

Messrs. Editors, — There was a sound of revelry by night, and all the capital homœopathic physicians of this city had gathered together in the large hall of the new Polytechnic Institute, before an audience of such character as is rarely seen assembled in St. Louis; and bright the lights shone on fair women and brave men, and young ladies, and hopeful young aspirants, awaiting, with all the ardor of recent graduates, the long-coveted parchment, and devoted parents, proud of their "boys," who had passed the green box and emerged therefrom with honor; and up in one corner a band of music, and up in the other a band of allopathic students, who had come in to see "how we did it." All this took place on the evening of the twenty-seventh day of February, at the Commencement exercises of the Homœopathic Medical College of Missouri.

This Commencement was the first one of any publicity that the Homœopathic College has held in this city, those concerned believing it better to ascertain our strength before we came boldly out to proclaim the success of our enterprise.

We believe we have now in this city a College, and in it a *Museum*, a Dispensary, and two Hospitals, under the control of the Faculty, which are on a firm foundation. When the College was re-organized, after the war, the professors agreed to work for *nothing*, to put aside any surplus funds which might accrue, for the purchase of a Museum and apparatus, and to take such steps as would secure, on a good foundation, an institution of which homœopathy would be proud. Well, of course, these disinterested professors "had a time of it." No enterprise, particularly one of an educational character, can be carried out in a day, or six months, or a year. There are a thousand and one expenses which never enter the mind of Registrar or Dean, until the craft is afloat; and it requires a considerable amount of patience and perseverance to turn the sails to suit the changes of weather and force of circumstances. But all obstacles, we believe, have thus far been overcome, and therefore let us say a word of the Commencement. In the first place, we had all the advantage of being the first to open the handsomest hall in St. Louis. Its new frescos and bright lights, its accessibility and its novelty, all contributed to the *eclat;* and the room was crowded, not with a miserable set of half-deluded, victimized people, as some would most naturally expect to see at a homœopathic Commencement, but with the elite of the fashionable, wealthy, and learned people of St. Louis.

The exercises were opened by a prayer from the Rev. Dr. Schuyler, which was followed by an address from Dr. Helmuth, which contained, in brief, a history of the College and the Hospitals. The delivery of the diplomas followed, by Silas Bent, Esq., President of the Board of Trustees; and, immediately thereafter, Dr. Franklin conferred upon the graduates the Hospital degree of the College, which was succeeded by a valedictory address from Dr. Temple, and a benediction by the Rev. Mr. Heath. Dr. Walker (who, by the way, was expected to make the prayer on account of the late hour at which the clergy arrived) announced each portion of the programme to the audience, as the exercises proceeded; and a fine band discoursed its music between the acts.

As soon as these exercises closed, the Faculty, the Board of Trustees, the graduates, and students of the College, repaired to the College halls, where the materia alimentaria was spread out for the inquiring eye and craving stomach of the disciples of Æsculapius. And besides, Mr. Editor, there were present many of the fairest ladies of St. Louis. This is a feature in medical suppers which should be encouraged: it gives tone and refinement to the whole proceedings, and prevents certain excesses, into which, without the controlling influence of woman, men are likely to fall. At the last banquets of the American Institute, given in Cincinnati and Pittsburgh, the bright eyes and fair forms of many noble-minded women added very materially to the charms of the occasion; but we are afraid the New Yorkers do not see it in that light.

The following is the list of our Matriculants for 1866–67:—

Stilwell G. Merrill, Jackson, Mich.; Ed. McKee, St. Louis, Mo.; Chas. H. Baker, Monmouth, Ill.; Mortimer Ayers, Springfield, Ill.; R. Y. Manning, Georgetown, Ky.; Wm. H. Blakely, Cadiz, Ky.; N. F. Prentice, M.D., Freeport, Ill.; James B. Adams, Springfield, Ill.; George Barth, St. Louis, Mo.; L. E. Wilson, Louisville, Ky.; John N. Reynolds, Ingersoll, C.W.; H. M. Brodrick, Ingersoll, C.W.; S. C. Baldwin, Lyons, Iowa; Chas. W. Clark, M.D., Aylmer, C.W.; Alfred E. Riess, St. Louis, Mo.; Henry B. Shirley, Jacksonville, Ill.; M. Kammermeyer, Farmington, Iowa; John H. Smizer, Cynthiana, Ky.; James R. Temple, Lexington, Mo.; James P. Willard, Jacksonville, Ill.; Fred. W. Whitlock, Farmington, Iowa; Julius N. DeWitt, Freeport, Ill.; James W. Routh, Decatur, Ill.; T. L. Slocum, St. Louis, Mo.; J. Meamber, East St. Louis, Ill.; George H. Stockham, M.D., Lafayette, Ind.; Lewis Grasmuck, Tecumsah, Kansas; Ed. Murphy, New Orleans, La.; A. De Hemecourt, New Orleans, La.; James Richardson, Springfield, Ill.

The degree of the College was conferred upon Stilwell G. Merrill, H. M. Brodrick, Henry B. Shirley, James R. Temple, Fred. W. Whitlock, Julius N. DeWitt, James W. Routh, Charles W. Clark, and John N. Reynolds.

We have every indication for the great increase of our class during the next year; and are now, yea, even now, so soon after Commencement, taking steps to give the students good accommodation. We have in contemplation a College Building, which, with the ground, will cost $25,000, and trust to have it soon in an advanced stage of progress.

The sickness of the city has very materially lessened during the past two weeks. The mortuary report ending Feb. 23 was only fifty-nine, which is the smallest number of deaths that has occurred in seven days for a great number of years.

The allopathic drug stores in this city have fallen to a low ebb; besides retailing cigars, whiskey, and tobacco, they now display, in their show-cases, ladies' gaiters of the most approved and elegant workmanship.

Truly your friend,

WILLIAM TOD. HELMUTH.

INAUGURAL ADDRESS.

Read before the Bristol County Homœopathic Medical Society, at New Bedford, Mass., Jan. 2, 1867.

BY THE PRESIDENT, J. L. CLARKE, M.D., OF FALL RIVER.

Gentlemen of the Bristol-County Homœopathic Medical Society, — allow me to congratulate you on the organization of this association, under circumstances promising so much usefulness and pleasure to its members; permit me also to express to you my grateful appreciation of the honor conferred by choosing me to preside over your deliberations for the first year. Hitherto the homœopathic practi-

tioners of this county have labored in comparative isolation, each in his own locality, knowing but little of his fellows. Henceforward, I trust, we are to have the pleasure and profit of intimate social and professional acquaintance. The work which we have had to do thus far has not been an insignificant one. It has been nothing less than the introduction into this community of a new system of medical practice, differing entirely from all others, and establishing it on nearly an equal footing, in public estimation, with that of the practice of the dominant school. The accomplishment of this object has required a long, persistent, patient, and devoted labor.

Gentlemen, you need no reminder of the difficulties that have had to be overcome during these long and wearisome years. The struggles and hardships of the conflict are still fresh in your memories. I invite your attention, at this first regular meeting of our Society, to a brief historical sketch of the introduction of homœopathy into this county, its progress, and present status. Before entering upon the main topic of my address, I will, however, offer a remark or two upon the status of homœopathy in general.

There are at the present time in the United States at least five thousand practitioners of our school, serving a homœopathic population of nearly ten millions of people. We have six medical colleges, seven hospitals, numerous dispensaries, many public asylums and private charitable institutions, twelve Medical Journals, and two Life Assurance Companies. In the Old World, homœopathy has increased over one hundred per cent in the last ten years, and is rapidly extending in every civilized country on the globe. We ask ourselves, in amazement, if this can possibly be so, when, within the memory of men now living, and one now present, the great therapeutic law which lies at the base of our system was practically unknown!

The only practitioners of homœopathy in New England in 1840 were Dr. Gregg in Boston, Drs. Wells and Okie in Providence, and Dr. Clarke in Portland.

It gives me pleasure to say, that we have as a guest, on this occasion, the venerable Dr. Peleg Clarke, in his eighty-third year, now of Providence, but formerly of Coventry, R.I., where he commenced the practice of homœopathy in 1844, having been previously in allopathic practice since 1808. He is the only surviving member of the original founders of the old R.I. State Medical Society.

The first homœopathic physicians who practised in this county were Dr. Ira Barrows, now of Providence, who practised in Norton in 1841; and Dr. Manning B. Roche, who settled in New Bedford in the same year. Dr. Roche was a pupil of Dr. Hering, and a graduate of the Homœopathic Academy at Allentown, Penn. He was a man of strong character, and well calculated to command the attention and respect of those with whom he came in contact. Homœopathy in his hands, though at first meeting but little encouragement, gradually obtained a foothold, and he at length acquired a large practice. He retired on account of failing health

in 1861, and died at Riverside, New Jersey, July 5, 1862, aged seventy-three years.

Dr. Fleming, the second homœopathic physician in New Bedford, commenced practice about 1847. He was a clergyman, and not possessed of a regular medical education, yet succeeded in establishing an extensive practice. He removed from the city in 1857.

Of the present homœopathic physicians in New Bedford, Dr. Matthes comes first by priority of location, having settled in 1850. He received a regular medical education in Germany, and was an early convert from the old school of medicine.

Dr. Daniel Wilder, a graduate of the Homœopathic Medical College of Pennsylvania, located in 1851.

Dr. Henry B. Clarke, also a graduate of the same college, located in 1852.

Dr. Edward R. Sisson, a student with Dr. Roche, a graduate of the Berkshire Medical College, and also of the Homœopathic Medical College of Pennsylvania, completed his studies and entered upon practice in 1854.

These physicians have been the standard-bearers of homœopathy in New Bedford for several years past. They are men in the prime of life, each in full practice. It is due to them to say, that, by their labors, homœopathy has advanced to a position in New Bedford second to no city in the country.

Recently, Dr. William H. Sisson, a student with Dr. Edward R. Sisson, and a graduate of the Homœopathic Medical College of Pennsylvania, has located in New Bedford.

Dr. Stearns commenced practice before graduating, obtaining his degree about 1862. He is a clergyman as well as physician, and devotes a portion of his time to each profession.

Dr. Spencer and Dr. Chisholm are also popularly known as homœopathic physicians.

A few other homœopathic physicians have made, from time to time, temporary sojourn in New Bedford.

There was never a very malignant opposition to homœopathy in New Bedford by the old-school practitioners. This exemption was doubtless largely due to the liberal example of the late Dr. Lyman Bartlett, who, at the time of his death, had stood for a quarter of a century at the head of his school in this locality. He steadfastly refused to be bound by the bigoted rules of the Massachusetts Medical Society, and always met homœopathic physicians in consultation, whenever requested to do so.

The commencement of the spread of homœopathy in Taunton was a prescription for some person by Dr. Channing of New York. A Mrs. Jackson also prescribed homœopathic medicine for persons living in the vicinity of Taunton, as early probably as 1840.

Dr. Ira Barrows, now of Providence, R.I., commenced the practice of homœopathy in the town of Norton in 1841, the same year that Dr. Roche commenced in New Bedford. Dr. Barrows had been for sixteen years a popular and successful allopathic practitioner in

the towns of Pawtucket and Norton. Through his influence and personal efforts, homœopathy was introduced into several of the neighboring towns, where it has continued to increase to the present time. Through his influence, also, several other allopathic physicians became early converts to the new practice. Among these may be mentioned Dr. C. F. Manchester, of Pawtucket; Dr. N. Gale, of East Medway; Dr. Benjamin Rounds, of Norton; and Dr. Deans, of Easton.

The first homœopathic physician who located in Taunton was Dr. Geo. Barrows, a graduate of Pittsfield Medical College, and also of the Homœopathic Medical College of Pennsylvania.

He came in 1846, by recommendation of his preceptors, Drs. Manchester and Barrows. Dr. Barrows, by persevering industry, soon obtained a substantial practice, which has continued until the present time. He has also been successful in his labors to extend the practice, by inducing others to engage in it. Dr. S. W. Graves, one of his converts, was associated with him in practice in 1847 and 1848. Dr. Graves afterwards practised in Springfield, Mass., and in Chicago, Ill., where he died of cholera in 1851.

Dr. Charles Harris, now of East Bridgewater, a graduate of Pittsfield Medical College, came to Taunton, by invitation of Dr. Barrows, in 1852, and practised successfully two or three years. On account of ill health, he retured to Wareham, where he had formerly practised. He was succeeded by his father, Dr. Handy Harris, who remained about two years.

Dr. E. U. Jones, a graduate of the Homœopathic Medical College of Pennsylvania, came to Taunton in 1855. For two years he was employed by Dr. Barrows; since, he has continued his practice on his own account, with increasing popularity.

Dr. Barrows has had from time to time several students; among whom may be mentioned Dr. J. T. Harris, who graduated at the Homœopathic Medical College of Pennsylvania, and is now a successful practitioner in Abington and Boston.

Recently, Dr. J. W. Hayward, a graduate of Brunswick Medical College, Maine, has located in Taunton, and associated himself with Dr. Barrows. Having commenced under favorable auspices, we hope soon to see him established in a substantial practice, and influencing the public mind, as his predecessors have done, in favor of the true system of medical treatment.

In 1847 homœopathy was publicly assailed in the columns of the Taunton "American Whig." Two articles were written by Dr. Alfred Baylies, entitled "Homœopathy No. 1 and No. 2." He proposed to state impartially all the arguments and cases he could furnish for and against the practice.

Drs. Barrows and Graves, who were the homœopathic practitioners at that time, anxiously waited for the writer to advance some facts and arguments worth answering. But they waited in vain: the proposed articles never appeared. Doubtless, better counsels prevailed among the allopaths, and they deemed discretion the better part of valor.

Homœopathy was again attacked in the same paper in 1852, and ably defended by Dr. Deans, of Easton.

Dr. Barrows has kindly furnished me with the particulars of the early history of homœopathy in Taunton and vicinity. He remarks that "Those early newspaper controversies are exceedingly interesting;" and the two articles above mentioned "are a rich legacy to homœopathy, and should be obtained for the archives of this Society."

Dr. Isaac Fiske introduced homœopathy into Fall River in 1845. He was not a graduate of any medical college, yet his scholarship and taste for medical science led him to the study of homœopathy. He encountered much opposition, but by persevering efforts succeeded in a few years in establishing a good practice, and is now, at an advanced age, doing considerable professional business. I commenced in the spring of 1854, immediately after taking my degree at the Homœopathic Medical College of Pennsylvania. There have been two other homœopathic physicians in Fall River, one early, the other recently; but, not finding satisfactory encouragement, remained but a short time. One of the leading allopathic physicians practises homœopathically to a considerable extent. Fall River is a manufacturing city; and a large proportion of the laboring people are foreigners, and do not appreciate homœopathic treatment as well as the more intelligent classes. Consequently, there has been less demand according to population for physicians of our school than in most other cities in the State. Yet the homœopathic practice is better, considering the character of its patrons, and larger, in proportion to the number of its practitioners, than that of other schools.

Dr. Benjamin Rounds has practised homœopathy in Norton and vicinity since 1847.

Dr. Wheaton, a graduate of Pittsfield Medical College, and a student of Drs. Manchester and Barrows, commenced practice in Pawtucket also in 1847.

Dr. John Hammond, though not a regularly educated physician, has practised for several years in Seekonk with good success.

Dr. Edward Sanford, a graduate of Harvard Medical College, has been a popular homœopathic physician in Attleboro' for several years.

Dr. Hodgson, a graduate from New York, now in Stoneham, practised in Dighton three or four years.

Dr. Aldrich, an undergraduate, now practises in Dighton.

Dr. Caleb Swan of Easton, and Dr. Perry of Mansfield, have practised homœopathy to some extent for several years.

Miss Dr. Williams, a graduate from New York, practises in Mansfield and vicinity.

Dr. J. B. Paris, though not a regularly educated physician, has had considerable practice in Westport for seven or eight years.

I have thus glanced over the county, and given some account of all the physicians of our school of whom I could learn. I am well aware that my work has been very imperfectly performed. Want

of the requisite time must be my excuse. The record on the whole is very creditable to homœopathy: yet we see the necessity of elevating the standard of medical education. The popular demand for homœopathic treatment has more than equalled the supply of properly educated physicians. Hence the number that have commenced practice before completing a regular course of study. The patrons of homœopathy are mainly among the more intelligent and refined classes of the population; and at the present time, while the practitioners of our school are numerically in the minority, yet their influence, and the patronage they receive, is nearly equal to that of their colleagues of the ancient régime. Our doctrines have also, as is well known, influenced the practice of the opposite school. Indeed, it has become one of the highest recommendations of a physician of the dominant class that "he gives but very little medicine."

Progress is the law of our being in all the activities of life. At first, our struggle as homœopaths was for simple existence: "to be or not to be" was the question. To-day it is for equality. This attained, we then shall strive for supremacy; and as sure as our doctrines are true, and we are faithful to our trust, all other systems must finally yield and become tributary to ours as possessing the only true law of cure. Let us trust that homœopathy, in the strength and vigor of its manhood, will forgive, if it cannot forget, the indignities offered to its infancy and youth; and that it will prove the true nobility of its origin by returning blessings for cursings, the benedictions of good for the maledictions of evil. Let us ever, now and in future, when our school shall be in the ascendency, stand ready to give the hand of professional courtesy and friendship to all physicians of good character and respectable attainments, of whatever school. And may we not hope, that, ere long, all who claim the name of physician may be so elevated by a sense of the sublime dignity of our noble art, as to remember no more the rivalry of schools and cliques in medicine; and that the jealousies and antagonisms that have so marred the harmony of our profession in times past shall be known no more for ever?

PROCEEDINGS OF THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

REPORTED BY THE SECRETARY, G. M. PEASE, M.D.

Feb. 25. *Subject for discussion, Dyspepsia.* — Dr. L. D. Packard reported a case of a woman, who had been sick about three months, and had been treated for inflammation of the stomach, liver, and bowels. She had used powerful cathartics every other day to keep the bowels open, and sleep was only obtained after large and repeated doses of morphine.

Allopathic council had been held, but the result of it was not known. She was much emaciated; mouth sore; respiration hurried; pulse hard and quick; great hunger and thirst; bowels painful, but not distended. Ars. and bry. were given. After a day or two, as there seemed to be well-marked symptoms of neuralgia of the solar plexus, he gave nux, in alternation with ars., with a diet of toast and tea. A few days sufficed to bring about a cure, and she has had no return of the disease.

Dr. T. S. Scales thinks the disease is often caused by too much food, or too frequent eating, — the stomach needing rest. He sometimes uses gelsem., or some other remedy, but relies mostly upon diet. He related a case of a lady, who had been in the habit of eating very sparingly, and who suffered much from the little she did eat. He advised a *full* meal, and she got well.

Dr. E. P. Scales reported one case successfully treated by the use of puls. and ipec.

Dr. Samuel Gregg thinks cardiac inflammation is often brought on by irregularity; any one addicted to *nibbling*, being more subject to the disease than others. Eating too fast is another very usual cause. Constant exercise, and the avoidance of thought upon the subject of what will distress, will be of great benefit.

Dr. H. P. Hemenway considers dyspepsia a vague term. It is a disease often produced by debility; and then the stomach needs food, and not a rigid diet. Many cases of this disease are caused in infancy, by improper nursing, irregularity, &c.

Dr. A. M. Cushing remarked, that, when he could find the cause, he tried to remove it. He recommends care as to quality, not quantity of food. New bread, not particularly hot bread, is injurious. Some cases of dyspepsia do not originate from the stomach, but from injuries. For debility and weakness, he has sometimes given nux 2; and, for the sinking and faint feeling, cornus florida 3.

Dr. J. A. Burpee. — Dyspepsia in children he has found benefited by a change of the milk.

Dr. C. Wesselhoeft graphically described those cases of dyspepsia where the principal symptom is "a gone feeling in the stomach." All such cases as he described, drink tea, and perhaps drink it strong. He never finds precisely such symptoms, unless the person does drink tea. The Irish girls are subject to this form of dyspepsia; that is, if they can get tea readily. Tea is cheaper than food to keep help upon, as it satisfies better than nutritious food. He rarely has such cases among men, which he attributes to their greater activity, and out-of-door exercise. Sick headaches (hemicrania), which occur on one side or the other, particularly at menstrual periods, are common among those who drink tea. The *hot* tea is perhaps at fault; how far the tea goes towards causing the disease is perhaps questionable, as all tea-drinkers want it hot. Without diet we cannot expect to cure. An old lady, he would not cause to give up tea suddenly, or entirely; but gradually, and by reducing the strength and temperature. Make them learn to drink water, — it won't hurt them, — and

to take solid food; to eat, rather than to drink. In such cases as he has mentioned (tea cases), he has rarely found nux, either high or low, to be of any benefit. He uses ignat., china, puls., and sepia. China stands almost at the head of anti-tea remedies; has found it useful in high and middle potencies: in nervous dispositions the high ones are useful, the low ones to those strong people who are less likely to reform, and require frequency of administration.

Dr. H. B. Morrill has used nit. acid, carbo v., nux, and china.

Dr. H. C. Angell remarked, that he was willing to indorse, not only all that had been said in regard to the nature and treatment of this disease, but quite willing also to indorse, in advance, any thing that may be said further. The nature of the affection is so peculiar, and its cause and symptoms so varied, that scarcely any broad rules whatever can be laid down, either in diet or treatment. Patients are frequently benefited by a strict observance of severe dietetic regulations; while, in other cases, a most absurd indulgence is followed by improvement. He finds nux v. as serviceable as any of our remedies.

Dr. David Thayer has only within a few years learned that tea was injurious. If there is a disease, which deserves the name of Proteus, it is dyspepsia. He thinks that neuralgias are often the product of dyspepsia. Tea produces dyspepsia, and he proscribes it. Dyspepsia may be caused by eating too much, too little, and wrong things. He makes his patients live upon vegetable food for a week, proscribing every thing animal, except milk. Nit. acid is one of his most successful remedies, suggested to him by Dr. William Wesselhoeft, fifteen years ago.

Dr. J. G. W. Pike related a case where milk was used with great benefit. He said that, by steeping the tea any length of time, the worst principle is extracted. The Chinese only pour boiling water upon it, and they are not affected as our people are.

Dr. I. T. Talbot said some cases are undoubtedly caused by tight lacing; a partial paralysis of the stomach being produced, as the tightest part of the corsets comes over the stomach. A good adjuvant to remedies is pepsine, — a very little taken before eating.

Dr. Thayer remarked, that he had had only two cases of vomiting in pregnant women, which had not been relieved by pepsine.

Dr. G. M. Pease has treated some cases by putting them upon a rigorous diet, and others upon a full diet. One lady was told she must eat only dry bread, and drink cold water. She had only been able to take a little tea, and the idea of eating dry bread was odd; and she tried it, just to show that it would cause her great trouble. To her surprise, she found it did not distress her; and, on a subsequent visit, she said she thought she could eat any thing. After three days of this strict diet, and the use of ipec. and nux, she was permitted to gradually increase her variety of food, except that tea and coffee were forbidden. She had suffered from dyspepsia for several years, and could only eat toast, and drink coffee and tea. She has not yet, although more than two years ago, had a return of it.

Dr. Thayer moved that a committee be appointed to frame a set of dietetic rules for dyspepsia. Some members objected, on the ground that "what is one man's meat is another's poison;" and, Dr. Thayer withdrew his motion.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Bureau of Organization, Registration, and Statistics, consisting of Drs. Henry M. Smith, Horace M. Paine, Edwin A. Lodge, Bushrod W. James, and Thomas G. Comstock, is engaged in preparing a register of all the homœopathic physicians in the United States; statistics of the various societies and institutions conconnected with homœopathy; a correct list of all works published on homœopathy, including pamphlets, &c.; and a list of all homœopathic organizations, as societies, dispensaries, hospitals, colleges, &c., with names and addresses of officers, date of organization, time and places of holding meetings, &c.

The Bureau will be greatly obliged to any member of the profession who will furnish information on any of the following points: —

1st. The name (in full) and address of physicians; when and where graduated or licensed, together with their previous address, in order that the lists may be more readily corrected.

2d. A list of all organizations; the date of formation; list of officers, present and past; number of members; names of deceased members; times and place of meetings; and, if possible, copies of printed transactions, reports, or announcements; or any statistics in relation to these organizations.

3d. A list of books, journals, pamphlets, &c., and, if possible, a copy of them; also any article, published in any manner, relating to homœopathy.

This information may be forwarded to either member of the Bureau, or to the Chairman, Dr. Henry M. Smith, 105, Fourth Avenue, New York.

We are pained to announce the death of another friend and colleague, Washington Hoppin, M.D., of Providence, R.I. We have no particulars, except that it occurred on the 1st inst., from Bright's disease.

Diminished Fruitfulness of Marriages in France.—M. Husson has just made a statement at the Imperial Academy of Medicine to the effect, that formerly five children might be counted for each marriage in France; at the commencement of the century, that number fell to four; and now each marriage hardly produces three children in the country, and two in Paris.

International Medical Congress of Paris. — An international Medical Congress is to be held in Paris on the 16th of August, 1867, under the auspices of His Excellency the Minister of Public Instruction. The Congress will be exclusively scientific, and will last two weeks. The labors of the Congress will include communications upon questions proposed by the committee, and also upon subjects not in their programme, which runs as follows : — 1. The Anatomy and Pathological Physiology of Tubercle.— On Tuberculization in different Countries, and its influence on the General Mortality. 2. The general Accidents which cause Death after Surgical Operations. 3. Is it possible to propose to the various Governments efficacious measures for restraining the Propagation of Venereal Diseases? 4. On the influence of the Dietary of different Countries in the Production of given Diseases. 5. On the influence of Climate, Race, and different Conditions of Life on Menstruation in various Countries. 6. On Acclimatization of European Races in Tropical Countries. 7. On the Entozoa and Entophytes which may be developed in Man. — *Lancet.*

Syphilis extensively propagated by Vaccination in France. — In a western department of France (Morbihan) some villages have been the theatre of severe syphilitic symptoms upon more than thirty children, who had all been vaccinated from a little girl with six punctures on each arm; the child herself having been operated upon from another who had been vaccinated from lymph preserved between two plates of glass obtained from the authorities. This misfortune created so much sensation, that the Academy of Medicine of Paris sent down two Commissioners, Messrs. Henry Roger and Depaul. These gentlemen have just presented their report to the Academy, and this important document ends with the following considerations: 1. Several of the children whom we have examined were undoubtedly suffering from secondary syphilis. 2. We see no way of explaining this contamination but by vaccination; and we are confident that the cases we have seen were really syphilis engendered by vaccination. 3. As to the origin of the virus, it is very probable that the poison is traceable to the lymph, preserved between two pieces of glass, supplied by the authorities. As primary symptoms were also observed among the children, M. Ricord begged the commissioners to insert that fact in their report, which these gentlemen agreed to do. Here we unfortunately have again repeated the sad occurrences which took place at Rivalta (Italy) a short time ago. — *Lancet.*

The Guillotine was not invented by the physician Guillotin, as heretofore supposed, but by the Surgeon Louis in 1792.

Paris has a population of 2,150,000 and consumes about fifty thousand pounds of horse meat every week.

THE NEW-ENGLAND

MEDICAL GAZETTE.

No. 5.] BOSTON, MAY 15, 1867. [Vol. II.

CASES OF HYPOCHONDRIAC PAINS, PROBABLY OF HEPATIC ORIGIN, TREATED BY CROTON OIL.

BY HENRY B. CLARKE, M.D., OF NEW BEDFORD.

Read before the Bristol-County Homœopathic Medical Society, Jan. 2, 1867.

Case I. — 1866, Jan. 16. I was called to see Mrs. K., aged fifty-eight, of medium stature, brown hair and eyes, clear complexion, nervous temperament, sterile. She looked strong and well, except an expression about the mouth usually associated with dyspeptic sufferings. She complained of a distressing pain in the right hypochondrium; had suffered from it for some three weeks; for the first week only at night; since then it had been constant, with regular nightly exacerbations. She informed me that some eight or ten years previously she had had dyspepsia for three or four months; when she got well of it, she was troubled with itching, without eruption, which affected her all over, particularly on being heated; on lying down, it would affect the parts on which she was lying; latterly there has been itching, confined to a small spot between the shoulders, and more recently also at the lower part of spine. Following the attack of dyspepsia, she had no appetite for nor ate any thing, except Graham bread and butter; lately she has eaten the ordinary varieties of food. There was no fever, no tenderness to touch or pressure in the affected region, or alteration in the appearance thereof: the action of the bowels was normal, and appetite about as usual. She had

been under medical treatment, but without relief, except from opiates, which caused constipation, and were followed by prostration. The pain she described as follows: During the day there was a constant feeling of distress in the right hypochondrium, extending through to the back, where there was a sensation of heat. In the evening, pain was felt in the back at a point near lower end of right scapula, attended with burning, smarting, and a sensation of flushing out in all directions, but particularly towards left scapula: it sometimes felt "as though something took hold and twitched," or "dogs were gnawing." It increased in severity about midnight; and she was forced to get up and "walk the house" until morning, when it subsided into the general feeling of distress as above described. I gave her, at first, Ars. 3, afterwards Sulph. 3, Rhus 3, Fowler's Sol. ars. $\frac{1}{10}$, and of full strength (under which she experienced a sinking feeling, with gnawing at stomach), Puls. $\frac{1}{10}$, and several other remedies without any relief whatever, except from morphine, to which at length I resorted, to palliate the severe pain.

On Feb. 3, my notes are as follows: Continues about the same; is compelled to resort to the morphine every second or third night. Prescribed Croton oil, three-drop doses every six hours. Croton oil to be applied to the back at affected part.

Feb. 5. — The oil produced an eruption over a space as large as two hands between the shoulders; had the best night's rest since the pain came on; slept till 5, A.M.; has had no morphine since the 1st inst.; continued Croton oil 3, internally as before.

Feb. 9. — Pain nearly gone; has not been awakened by it since my last visit; continued same; discharged.

March 30. — She called upon me to prescribe for a pain in the left leg in the tendons behind the knee, and through the limb, just above the joint. This pain was worse at night, better on walking, though that made the part sore. For six days previously an eruption had been coming out on inner side of thigh of same leg in the form of a cluster of red points, with small vesicles, resembling the eruption of Croton oil. The pain had improved somewhat since appearance of eruption.

She got Rhus 3; was soon relieved, and remains well. Neither the pain in the back nor itching has troubled her since the use of the Croton oil.

Case II. — 1866, Jan. 28. Visited Miss W., aged fifty-five; sempstress; brown hair and eyes, nervous-bilious temperament, medium stature, in good flesh and strength. Has suffered heretofore from dyspepsia, with distress after food, sinking feeling, and sometimes severe pain in epigastric region.

Has now been suffering for three days with pain in left hypochondrium, which occupies a small spot just below the costal cartilage at the inner margin of this region. It is "a dull, gnawing, steady pain," sometimes attended with a burning sensation; it is unaffected by pressure or movement, though when lying on affected side there is a pressing sensation which hurts her; the pain sometimes shoots across to the right side; it is worse at night, and when lying in bed; has prevented sleep for the latter part of last three nights; when severe it causes nausea; she is inclined to constipation, and took pills yesterday, which operated well, but gave no relief to the pain. There's no fever; pulse sixty-four; tongue slightly coated white. I prescribed Rhus 3 in water.

Jan. 30. — The Rhus apparently gave some relief; but the pain continued so severe that last night she took laudanum, which has relieved her; Rhus $\frac{1}{10}$, five-drop doses every three or four hours.

Feb. 2. — An eruption of small vesicles or red points has come out on the abdomen; pain continues about the same; resorts to laudanum when very severe; to take nothing for a few days, when, if not improving, to try cimicifuga $\frac{1}{10}$, five-drop doses every three or four hours.

Feb. 9. — No improvement; the eruption has disappeared from the abdomen; got along last night without laudanum: but to-day pain is worse than usual; Croton oil, three-drop doses, night and morning; Croton oil externally over the seat of pain.

Feb. 15. — Slight improvement; has used the laudanum but rarely; the pain is not now constant; but there is an occasional darting which is liable to occur at any time whether at rest or in motion. Gave nothing.

Feb. 21. — Very much better; no further need to take the laudanum.

January, 1867. — She got immediately well, and has remained so, except occasional dyspeptic troubles, which are relieved by nux vom. $\frac{1}{10}$. These continue, doubtless, in consequence of her habits, as she is confined to her sewing daily from morning till night.

Case III. — 1866, Aug. 18. Bassette boy, aged thirteen, works in cotton factory; brown hair and eyes; thin; has lived poorly; has been at home a week on account of a severe pain in the left side, just beneath the edge of costal cartilage. It is worse at night, and prevents sleep; can lie only on the back; pain extends through from front to back; he has no fever, but is without appetite, and has a dull and distressed look. An examination reveals no physical change in appearance of the parts affected, nor is there much tenderness; he was thrown down while wrestling, some three weeks ago, and thinks his side was strained. The pain, however, has only been very severe for two or three days; has used mustard poultices with but very slight relief. Arn., one-tenth-drop doses, two or three hours, till better.

Aug. 20. — Better, but pain is still very troublesome. Bry. $\frac{1}{10}$ (same as Arn.).

Aug. 25. — Pain continues bad, particularly at night. Croton oil externally; no medicine internally.

Aug. 27. — Completely relieved. Gave nothing.

January, 1867. — This patient has remained well.

Case IV. — 1866, June 16. Captain W., aged about fifty; dark complexion, rather sallow-looking; short; plump; followed the sea (whaling) for some thirty years; twenty years ago had rheumatism badly after being knocked out of a boat by a whale, and remaining in very cold water some three or four hours. Has had touches of it ever since on getting cold; two years ago had it in the ankles, which swelled.

He now complains of pain under the right shoulder, which sometimes shoots through to the breast. It is worse on walking, particularly on getting fatigued; is brought on by sweating; is better on lying down. It is attended by a feeling of

lameness in the chest just at the edge of the costal cartilages, sometimes on one side, sometimes on both; lately, has had headache, which is very unusual for him; there is lassitude and sleepiness; there is stiffness, with an uneasy feeling in the back; has grown thin lately; is depressed in spirits. Bry. $\frac{1}{10}$, five-drop doses, once or twice daily.

July 12. — For a while after taking medicine seemed a little better, but is now about the same as before; grows weak and loses flesh. Iod. Pot. one grain daily in water.

July 18. — Improved; has canker in mouth, to which he is sometimes subject; continued Iod. Pot. as before.

Aug. 1. — Pain continues without change since last prescription; is very much discouraged; there is a spot just beneath costal cartilage on left side, near the sternum, which is tender to the touch, also another on the back of same side under the scapula; applied Croton oil to the back; gave no medicine.

January, 1867. — After the application of the Croton oil, I did not see him until a month had passed, when he told me that improvement began at once, and continued until he was entirely relieved: he was disinclined to believe that such an immediate and radical change could have been caused by the Croton oil alone, though he had taken nothing since its application.

COMPLETE OCCLUSION OF THE URETHRA.

BY I. T. TALBOT, M.D., OF BOSTON.

In the December and February numbers of the "Gazette," I made some observations on the surgical treatment of adherent mucous surfaces, and I am glad to see that these are still further confirmed by the experience of Professor Helmuth, of St. Louis, a man already eminent in the profession as a keen observer and skilful operator. Since the publication of these articles, another case has occurred, which will add to the proof of the feasibility and occasional importance of this operation.

On Wednesday, April 4, 1867, at eleven P.M., I was called by Dr. Harris, of this city, to see a patient who had then been more than twelve hours in active labor without progress.

The position was the most common one, — the posterior fontanelle presenting, and the anterior against the promontory of the sacrum. The head was fully engaged in the superior strait; the pains, regular and severe; but, from the smallness of the antero-posterior diameter of the pelvis, there was no advance. Ether was administered; and, though the pains were increased in severity, yet they were ineffective. The forceps were then applied, and a male child was speedily and safely delivered.

On examination, the glans penis was found to be enlarged and misshapen, while the body of the penis was unusually small. The meatus appeared normal; but, on separating the sides, there was found only a shallow groove or sulcus, the bottom of which was entirely firm, smooth, and imperforate. There being no opening for escape of urine at any other point, I endeavored to effect one along the course of the urethra, which I hoped might prove to be only occluded, or its walls adherent. After considerable effort, finding that I could not force an opening with a probe through the bottom of the sulcus, I divided some of the fibres carefully at the central line, and then succeeded in entering a blunt probe about one-fourth of an inch. By alternately using a tolerably sharp and a blunt probe, an opening was gradually made in the line of the urethra about an inch in depth. A few drops of blood had escaped; but, as the resistance seemed too firm to be further overcome by these instruments, we concluded to defer any further efforts till the following day.

On Thursday, at three P.M., I saw the child again with Dr. Harris. It had been very quiet, and had had a free discharge of meconium; but no urine had escaped, although the bladder was apparently quite full. I had prepared several steel knitting-needles, of various sizes, and the ends of different degrees of sharpness. On passing one of these as a probe into the opening made the preceding night, it caused so much pain that ether was administered to the child. With a blunt probe, I

was unable to make a passage any farther than before; but one quite sharp, which I used with a slight scratching motion, enabled me to make further progress. With a variety of probes to tear apart the walls of the urethra and dilate the passage, in the course of an hour I had made an opening *two and three-quarters inches* deep, extending nearly to the neck of the bladder, when, by careful and steady pressure, the resistance lessened, and the probe, which was curved like a catheter, passed steadily in an inch and a half farther. It was a matter of considerable doubt, whether the probe had entered the bladder, or whether from the force required, and the sharpness of the instruments used, the walls of the urethra, even if they existed, had been ruptured, and the passage forced along through the tissues into the pelvic cavity extending to the bladder. The probe was withdrawn, but no urine followed. An attempt was made to pass a No. 1 gum catheter, but it was too large. The probe was again readily passed the same distance as before, which was all we could then do; and, as we were about to retire and wait another day for the result, suddenly a full clear stream of urine was thrown out more than a foot from the child. Any one who has had the care and anxiety of such an operation will readily understand the pleasure which this termination of the case afforded us. From that time to this, the child has urinated freely. The malformation of glans will require a subsequent operation.

RAW MEAT IN DIARRHŒA.

BY C. JUDSON HILL, M.D., UTICA, N.Y.

EDITOR NEW-ENGLAND MEDICAL GAZETTE, — In No. 3, Vol. II., New-England Medical Gazette, I noticed an article written by Dr. James Hedenburg, Medford, Mass, on the subject of "Raw Meat in the Diarrhœa of Weaned Children." As I have had some experience in the use of *raw meat* in the treatment of diarrhœa, and other complaints of an anemic character, I wish to add my testimony in its favor.

Case I. — Last summer, I was called to prescribe for a child aged ten months, sick with the dysentery. It had been treated by an allopathic physician, and finally pronounced *incurable.*

When I saw the child, it was suffering from severe griping pains with very frequent bloody and mucous discharges, accompanied with painful tenesmus. There was extreme prostration, and rapid pulse. Every discharge was accompanied with prolapsus recti. The mucous coat of the rectum, thus exposed, exhibited signs of gangrene; being a very dark purple color, with here and there ulcerated spots.

I immediately ordered it to be fed upon *raw meat* and *fresh bullock's blood*, whenever it could be obtained; and prescribed colchicum 3 and mercurius solub. 3, every two hours alternately. It was surprising to see how rapidly the child improved. In a very few days the dysenteric discharges ceased; and the case was pronounced convalescent.

Case II. — Child aged thirteen months. Was weaned in the early part of last summer, and a few weeks later was attacked with cholera infantum. When I saw it, which was several months later, I learned that it had been treated by several of our most eminent homœopathic practitioners in New-York City, and was given up to die. The child was brought to Utica, the home of its parents, in order that they might place it in the family vault when the fell destroyer had accomplished its work. It was apparently the most hopeless case I had ever seen, and I did not even dream that there was a possibility of saving its life. It was apparently nothing but a living skeleton; and its stools were watery and very frequent. I ordered the *raw meat* every four hours, and prescribed china 3 and phos. acid 1 alternately every two hours. The child ate ravenously of the meat, and cried constantly after it. It would eat nothing else. In less than one week, it was well of the diarrhœa, and is at this day one of the healthiest children in the city.

Case III. — A young lady, aged twenty years. Has been afflicted with diabetes for two or more years, and passed daily nearly three gallons of water. She had been treated by

several allopathic physicians, and also by a *travelling quack* without any relief. When she came under my care, a few months ago, there was extreme emaciation, accompanied with all the varied phenomena of symptoms usually attendant upon such cases. I placed her upon the *raw-meat* diet, and prescribed protoxide of iron and phosphoric acid. She began immediately to improve, and is now apparently well. The quantity of urine per diem has been reduced to about two and a half pints.

I have used the raw meat in other cases; but the above will be sufficient to establish its virtues in anemic cases, and warrant the profession in adopting its more general use.

INTUSSUSCEPTION OF THE ILEUM.

BY ELWELL WOODBURY, M.D., OF MEDFORD, MASS.

TUESDAY evening, Jan. 1. — I was called to see the child of Mr. W. ——, a nursing female infant ten months old. During the twenty-four hours preceding my visit, it had vomited, occasionally, a greenish matter. For a few weeks previous, it had had a troublesome cough, which some of the neighbors pronounced whooping cough. Sometime in the week preceding, it had taken some "family medicine to make it vomit," with the desired result. On Saturday, it sucked a piece of beef; and, on Sunday, it ate a few beans. Such was the history of the case up to the time of my first visit. On examination, I found nothing in its external appearance that indicated any serious internal trouble. Its bowels were in a soft and pliable condition, not in the least degree tympanitic. There was no unusual heat of the abdomen, chest, or head; feet and hands warm; eyes bright. Considering it a disturbance of the stomach, I gave it some simple remedy, assuring the parents that the child would probably be better in the morning; and left with the understanding, that, if further medical attendance were necessary, I was to be informed.

Early the next morning, I was summoned, and informed that the child had passed a restless night, with frequent attacks of vomiting. I found it in about the same condition as on the evening before; and learned that it had had no evacuation from the bowels for several days, but had passed water as usual. I gave it an injection of warm water, which brought away what appeared to be pieces of undigested meat. I prescribed for it, and did not see it again till Thursday morning, when I found it in the same condition as before.

The case now presented itself to my mind as one of a serious nature. There was the cough of a few weeks' standing; the obstinate constipation, the continued vomiting of greenish matter, to be taken into consideration in making my diagnosis. I frankly informed the family, that the case was, to appearance, a very critical one; and gave it as my opinion, that there was some obstruction of the intestinal canal, either from something it had taken by the mouth, or from intussusception of the bowel. This inference was partially deduced from the fact, that, when an attempt was made to give an injection, only a certain quantity could be thrown up before it would be forcibly expelled. This was repeated many times, and always with the same result. The only remedy in this condition of things, as it seemed to me, was the use of injections, with the faint hope of dislodging the obstruction; and I ordered them to be repeated as frequently as the condition of the patient would permit. No medicine by the mouth appeared to have the least effect. The warm injections seemed grateful to the little sufferer. The mind of the child was perfectly clear, up to the last moments of existence; could see distinctly, and would reach its hand for objects presented. At times, it appeared to be in pain, would throw itself back and straighten out as though it were going into a convulsion; but it had none. It died Sunday morning. Autopsy, Tuesday. Found, about half-way down the ileum, the bowel pushed downwards into itself some two inches, and very dark, for the length of about eighteen inches. The mesentery also shared in the inflammation. The intestine was drawn from its lodgement with considerable force. At the place of insertion, the texture of the intestine was considerably thickened.

The question now arises, what caused the intussusception? Was it the coughing, the forced vomiting, or the food? or was it from some unknown cause? We ask for information.

The New-England Medical Gazette.

BOSTON, MAY 15, 1867.

PROFESSIONAL COURTESIES. — If education were a guarantee of courtesy and good breeding, we should expect to find doctors the most courteous of persons; for does not the very name of doctor imply wisdom and learning? Unfortunately, wisdom and courtesy do not always march hand in hand; and this may be as good a reason as any other why the profession, as such, has unhappily achieved and maintained a position remarkable for its bigotry and narrow-mindedness. The most conspicuous example, perhaps, of its position in this respect, is to be found in its unvarying opposition to newly discovered truths. Not only has it made haste to deny these, but the discoverers of them and their adherents have been persistently denounced and persecuted up to the very boundaries of that period when, through the progress of science, the new truths have been made acceptable, and public approval has thrown its mantle of protection around them.

Thus has it been with the science of homœopathy. The story of its persecution is old and trite, but it cannot be forgotten. It has been mercilessly misrepresented and ridiculed, and its followers derided, calumniated, and abused on all occasions, in season and out of season, in public and in private. No terms were too severe, and sometimes no terms were too indecent, to be used against it. Nevertheless, the "heresy" still lives, gathering strength from this fury of intolerance as the oak gathers strength from the fury of the tempest. It was thought by some of us, — and the wish was not unlikely father to the thought, — that the day of opposition had passed, that better counsels had prevailed, and that the opponents of homœopathy had at last come to respect a truth which their maledictions could not overthrow. This view has proved erroneous. It was too pleasant to be true. Our paths are not as yet the paths of peace. It is but too evident, that, so far as the two great schools of medicine are concerned,

the millennium is not yet at hand. In the New-York Medical Society, at its recent session, a vigorous attempt was made by Dr. Willard Parker and others to so brand homœopathy and its supporters with the stigma of falsehood and charlatanry that no member of that Society could, by its rules, either consult with or recognize professionally a homœopathic physician. It was evident that the all-important subject of discussion on that occasion, a subject of apparently vital interest to the members, was what to do or what not to do with homœopathy and the homœopaths, in order to prevent their growing influence. The discussion elicited nothing new, nor was it in any way remarkable, except, perhaps, in being one of the latest of many similar exhibitions of folly and weakness; but, a few weeks later, the annual meeting of the New-York Homœopathic Medical Society was held, at which, we regret to say, the members seemed to forget that the object of their meeting was for mutual improvement and the advancement of medical science. They saw fit to concoct a lengthy indictment against Willard Parker *et als.*, in which he is charged with wilfully, slanderously, and injuriously uttering false statements in regard to homœopathy. Now, although Willard Parker did commit the heinous crimes set forth in this indictment, still we believe that the New-York Homœopathic Medical Society did nothing creditable to itself, to science, or to homœopathy, by descending to the level of its opponents in wasting the time of its session in calling hard names, or in issuing its curiously legal-phrased manifesto. What if the New York or any other medical society does hurl its anathemas against homœopathy? The world still moves. Truth and progress in science would have been hopelessly crushed out long ago, if anathemas, fulminations, and excommunications had not been powerless against them. No: it is for us to pursue the even tenor of our way, leaving to our opponents their barren victory in the war of words.

We are sorry to see the suggestion from certain quarters, that, in the code of ethics about to be adopted by the American Institute of Homœopathy, a clause should be inserted forbidding its members to consult with allopaths. A greater error could scarcely be committed by our school. There are, it is true, certain allopathic physicians with whom, from their abusive manner or disreputable character, no homœopathic physician could ever think of consulting; but to refuse to consult with them simply because they are allopaths would be to turn against them their own rusty weapons, the recoil from which, as we know from experience, is more deadly than their fire. Indeed, such a course as this would not only show great weakness and inconsistency, but

would close up certain avenues of progress now open to us. A free interchange of opinions with honest and upright members of the old school often proves mutually advantageous, and is, in any event, of signal service in dispelling those unpleasant and often erroneous impressions with which members of the two schools are wont to regard each other. On the occasion of the recent Commencement of the Eclectic Medical College in New York, Hon. Horace Greeley made some remarks which we think may be said to fairly represent the prevalent opinions concerning this matter, and which apply equally to the homœopathic school. He said, —

"I do not appear as the advocate of any particular school of medicine nor the champion of any special medical system or theory. I look upon the establishment of an Eclectic Medical College in this city as a protest against abuses and as an evidence of reform. It is a palpable expression of a desire for free thought. Resistance to Orthodoxy, I think, is doing good in the world. The school that stands up in opposition to the action of two thousand years is an argument based on purpose and conviction. Such a school might meet opposition, persecution perhaps, certainly intolerance. The men who were stoned to death in their day, and the stones used afterward to build their monuments, were the men who initiated radical changes, instituted great good. I would ask the new Eclectic School to consider the matter of medical etiquette. I see no reason why I should not call on my neighbors or friends of the allopathic, homœopathic, or eclectic schools, to advise for my child when it is sick. Yet the intolerance of existing professional rules is such that I cannot do so without risking a wrathful refusal. I sincerely hope the new eclectic school will not countenance any such middle-age folly, but that it will adopt a sensible, kindly, and manly rule of tolerance and professional good fellowship in all such cases, no matter what school of practice may be followed. This spirit of Christian conciliation especially becomes one whose profession is to heal the sick and to prolong life. I think that the practitioners of different schools may consult together with much profit to each other. I hope that the graduates of the Eclectic Medical College of the City of New York will be animated with this kindly and charitable feeling toward all others practising their profession."

PROFESSOR HELMUTH'S LETTER, No. 3.

St. Louis, April 23, 1867.

To the Editors of the New-England Medical Gazette.

Gentlemen, — I have just been looking over a rare and very old copy of Dibdin's "Bibliomania," which accidentally came into my possession, and which followed well upon a paper on the same sub-

ject, which I had lately read in Dr. John Brown's "Spare Hours." Looking at every thing through medical glasses, I fell to thinking how hard it was to read medicine aright; to find out what to read and what to pass over; what was for good and what was for evil; and, above all, to discern the *reliable* from that which is colored up. This tinting of medical subjects for the benefit of the writer is very fashionable just now, but cannot be too strongly deprecated, and is a fault that is very likely to become prominent in those whose business it is to lecture upon medical subjects. When I came from the green room, a freshly made doctor, the ideas which I had received in reference to many things in medical science were entirely astray: *Cham.* for all colics, *nux* (poor old omnipresent nux vomica) for constipations, *pulsatilla* for amenorrhœas, and a hundred other things of the kind, were impressed upon my mind; and I actually fancied I carried with me a panacea for colic, a certain cure for constipation, and an unfailing remedy for suppressed menses. But how soon did the visions vanish! Every medical man who has seen three years' practice knows the fallacy of medicine, ay! even *homœopathic* medicine; and it is a great and most unpardonable error to endeavor to make our students believe, that, when they enter the ranks of the homœopathic profession, disease and death will flee away. The straightforward course is this: Start with the conviction that we must all die, and most of us from disease; that, when the time comes, "no power that sways the will of man" can avert the blow; that many diseases are incurable in their nature, and can only be palliated; that others are tedious, trying, and difficult to manage; and that it is a very, *very* hard matter to find the *totality* of *symptoms*, as laid down in the books (Dr. Clark, in his very able address before your society, takes a most excellent stand in reference to the *ensemble* of symptoms),—and after this it will be *quite* time enough to converse "on the beauty and truth and immutability" of the homœopathic law; to endeavor to bring a correct comparison between the old and new systems of medicine before the student; to point out the bungling methods of the former as contrasted with the more certain paths of the latter; to draw the lines of demarcation between the Materia Medica of the one and the other; to give Hahnemann his proper position as a benefactor to mankind,—a wonderful genius and persevering experimenter, but still for all a man, and not a god, fallible like ourselves and very prone to ride a hobby-horse, like hundreds of other mortals; and by so doing, with the clinching arguments of well-conducted clinical cases, and perfectly reliable statistics, a proper picture of the homœopathic practice of medicine will be placed in a proper light, and be seen to advantage by the inquiring student. Well, and what of it? Nothing but this, I want to see homœopathic education properly elevated, and I want to turn out or "kick out" every man who is a bigot; for a bigot is a quack in his worst garb. I want to see every homœopathic physician a liberal-minded scientific man, and not a one-sided, narrow-minded, egotistical enthusiast; I want to allow the fullest liberty which true science allows, to every one of

my brothers, and to receive the same in return; I want to see the whole field of the collateral sciences studied in connection with medicine, and *don't* want to hear any such expression as, "I never allow an allopathic book or periodical in my office." I heard just such words once, and I set the man down as — well, I won't say it, it might be too strong for your staid New-England journals: I will *tell* you when I see you.

But, to get on, the purchase of a college of which I spoke in my last letter has been effected: we *have a college*, and you will see a picture of it in our next Announcement, — a fine edifice with every convenience therein contained (*vide* last number of the "Western Observer"). Our amphitheatre will accommodate about two hundred students, and we expect before a very long period of time to have somewhere about that number.

There is not very much sickness, and about two-thirds of the medical business of the town is done by our school, which certainly gains ground here daily.

I have had a couple of very interesting surgical cases; one, at the Good-Samaritan Hospital, of caries of the tarsus of long standing. The patient, a young and strongly built fellow, had spent all his living upon the profession without any adequate return. His right foot, when I saw him, was considerably swollen about the ankle, with two sinuses leading directly toward the instep, from which a thin and rather offensive ichor was discharged. The flesh was somewhat discolored, and the pain which the poor fellow endured very severe and continuous, and he was much emaciated. He had a bad *foot*, but a good *heel;* what was to be done? Conservative surgeons whispered, "Save all the good, cut away all the bad." So I did. I performed Chopart's operation, disarticulating the scaphoid and cuboid, from the astragalus and calcis, and forming a flap from the plantar surface of the foot. The posterior tibial and several small vessels required ligature, and the patient is doing well. I intend to state the case in full at some future time, with some remarks about the points of articulation and the landmarks whereby the line of these bones may readily be found.

To-day I was called to see a rare case of fracture and dislocation of the bones of the foot, which I may mention hereafter.

Very truly yours,

William Tod Helmuth.

LETTER FROM DR. HEDENBERG.

Editors New-England Medical Gazette, — The interesting case reported in your last number, by Dr. William Pearson, of South Hadley Falls, under the heading "Extraordinary Lactation," is an example of the rarest complication, or sequel, of spurious pregnancy; a disease

which occurs, not only in the married, but also in the virgin state, and in the females of our domestic animals. Occurring in the married, no objection can be made to the name "spurious pregnancy;" but in the unmarried, as an unfounded imputation might be cast upon the character of the patient by the term "pregnancy" even when coupled with the qualifying term "spurious," it has been proposed, by Dr. Good, to call it Pseudocyesis. It simulates more or less completely a real pregnancy, and may stop with the earlier symptoms, or go on to or exceed, the duration of a normal pregnancy, and simulate labor; or, as in the case reported, the abnormal irritation, not ceasing here, may give rise to a normal lactation.

The matter usually terminates in a sham labor; and there is no proper secretion of milk, although the breasts may have exhibited the usual changes of the pregnant state, and have secreted colostrum. The tumefaction of the abdomen and the engorgement of the breasts vanish as a phantom.

The diagnosis is a matter of importance to both physician and patient; an error may blast the reputation of both. Numerous cases are reported as warnings, to which it is not our purpose to allude. We will only say, that there is generally a want of harmony in the order of the symptoms, and this is noticeable in the case under consideration; but often the most careful examination with all the aids we can bring to bear, will be necessary to enable us to reach a correct diagnosis.

We will refer to one case we saw reported, which is doubly instructive from being a double error. A lady laboring under spurious pregnancy was pronounced pregnant, and entertained fond hopes, which were blasted by a sham labor; again supposing herself pregnant, her physician pronounced her to be laboring under spurious pregnancy, and, to show his opinion correct, introduced a sound into the uterus, when, to his great discomfiture, she aborted.

I wish to call the attention of the readers of the "Gazette" to one other matter also. At a meeting of the Boston Academy, held in January, 1866, the subject for discussion being scarlatina, its complications and sequelæ, Dr. Angell called attention to and recommended the method of treating otorrhœa pursued by Dr. Yearesly of London. I quote from "Gazette" for February, 1866, p. 45:—

"Dr. H. C. Angell, of Boston, has seen good results repeatedly from Zincum Met., in anasarca following scarlatina. For the otorrhœa, he employs the method of Mr. Yearesly, of London. The ear is carefully syringed with tepid water: the patient is then seated near a strong gaslight, in a darkened room; and, by means of a speculum, and a concave mirror to throw the light directly into the ear, the diseased surface from whence the discharge proceeds is perfectly brought to view. A few long fibres of dry cotton are now prepared; and, by means of a long slender forceps, a small bit of the cotton, without breaking the long fibre, is pressed directly on to the diseased part: upon this, another small portion of the cotton is pressed very gently; and thus, little by little, the meatus is entirely filled. This

process of impacting the meatus with dry cotton, after cleansing with the syringe, should be repeated once or twice during the twenty-four hours, according to the profuseness of the discharge. The method is generally successful in chronic cases, where the discharge has existed for months or years. In acute cases, frequently nothing more than cleansing with tepid water is necessary. The tendency in acute cases is towards spontaneous cure. He rejects the employment of astringents generally, on account of the liability of a suppression of the discharge, by this means, to be followed by an increase of the deafness."

In an article upon "Otitis Externa, with Treatment" by Dr. Shaw, recently published in the "Boston Medical and Surgical Journal," the following paragraph occurs (see "Boston Medical and Surgical Journal" for April 4, 1867): —

"The canal ought never to be plugged with cotton. If its use should be considered necessary, it may be put loosely into the external orifice. If pushed well in, it soon becomes soaked with pus, swells, and prevents the exit of the discharge externally. As the pus accumulates, the chamber containing it is distended; and we shall be very likely to have the rupture of the membrana tympani, through which the pus may be carried into the throat. It is not an uncommon occurrence for patients to apply to us, who assert that they have not put cotton into their ears since the early stage of their disease, which may have continued for months, and on examination we find the bottom of the canal partly filled with it."

I have put them in contrast merely to say that I agree with both: with Dr. Shaw in condemning its use, — as thus employed, nothing could be more injurious; and with Dr. Angell in recommending its employment as directed by him after the plan of Dr. Yearesly in his work upon the nature, causes, and treatment of diseases of the ear. Thus employed, it acts locally and specifically upon the diseased part, reduces the swelling, arrests the secretion, and promotes the healing of the ulcerated surfaces, if such there be, as a properly applied compress and bandage may reduce swelling and cure ulceration in other localities. Used in this manner, none of the ill effects alluded to by Dr. Shaw occur, and it has proved successful in obstinate cases. The only objection, or rather obstacle, to its employment is, that patients usually attach so little importance to discharges from the ear as to be unwilling to subject themselves to proper treatment by a physician. We should see that we are not to blame in this matter, and, by warning them of the ill results almost sure to follow such neglect, repair in some degree the damage done by those who say, "It will be all right by and by," "Such discharges last a long time," "Syringe it, that is all you can do."

J. Hedenberg.

BOOK NOTICES.

*Publications of the Massachusetts Homœopathic Medical Society.** From 1861 to 1866, inclusive. Vol. II. pp. 570. Printed by John Wilson & Son, Cambridge. 1867.

THE style in which this volume has been published is creditable to the Society. The paper is of good quality, and the print, thanks to the care and skill of the Messrs. Wilson, all that could be desired in every respect. The titlepage is adorned by the seal of the Society — a head of Hahnemann, surrounded by the motto — which is quite a little masterpiece, much superior in finish to any thing of the kind which we have noticed, and yet retaining a boldness and a nobility of expression characteristic of the original. The book contains the proceedings of eleven meetings of the Society, comprising in all forty-one articles. The addresses of the several presidents — Drs. Fuller, Weld, Thayer, Holt, Linnell, and Jackson — are generally interesting. We note with pleasure one observable feature which characterizes them all, — that of unpretentiousness; and this is a merit which too often goes unrecognized. Another feature of these addresses which one observes quickly are the patriotic allusions, year by year, to the great war, which so absorbed men's thoughts at this period, that at no time or place, and under no circumstances, did allusions of this nature seem otherwise than appropriate. The addresses of the different orators appointed for each year are also marked by the exhibition of the same irrepressible patriotism; indeed, one of the orators seems almost inclined to apologize to his audience for obtruding medicine and surgery upon them at all, modestly preluding that he does not expect that his suggestions will receive that "attention which in more quiet times they might receive!" And then he proceeds to lure them on by a story of the poor disabled soldiers who will soon be returning from the field, and for whose sake they must strive for self-improvement, in order to be of all possible service to them; and, thus having secured the sympathy of his hearers, he delivers a sound and practical address.

Many of the reports on Clinical Medicine and other subjects, as well as some of the discussions, are of great practical value. Several of the papers read and now published in the proceedings appeared during the past year in the columns of the "Gazette," and others, perhaps equally interesting, are now printed for the first time. We must not neglect our tribute to the excellence of the Index, nor to remark that the edition published is very small, so that eventually the book will form a rare complement to the medical library. Although this is called Vol. II., it is in fact the first volume published. The volume which is to precede this, and to be styled Vol. I., is, however, in state of preparation. This will contain, when issued, a rapid survey of the rise of

* Non-members of the Society can obtain the volume by remitting the cost price of it, four dollars, to the secretary of the Massachusetts Homœopathic Medical Society, L. McFarland, M.D., No 3, Malone Block, Boston.

homœopathy, its early history, its introduction into America, its commencement and progress in New England, the history of the formation of the Massachusetts Homœopathic Medical Society in 1840, — now the oldest of our medical societies in this country, — and an epitome of its proceedings up to the year 1860, the beginning of Vol. II.

The Half-Yearly Abstract of the Medical Sciences. Vol. xliv. July–December, 1866. pp. 299. Philadelphia: Henry C. Lea.

This last volume seems quite as valuable as its predecessors, and this is perhaps all that need be said in its praise. It purports to be an analytical and critical digest of the principal British and Continental medical publications, and does contain, in fact, almost every thing worth noting and remembering, which has appeared in upwards of sixty of the leading Medical Journals of the world, during the six months preceding its publication. There is probably no way in which so much valuable and new medical matter can be obtained in so compact a form, and for so slender an outlay, as in the purchase of these volumes; and it always gives us pleasure to recommend them to our readers.

The Science and Art of Surgery; embracing Minor and Operative Surgery: compiled from Standard Allopathic Authorities, and adapted to Homœopathic Therapeutics. By E. C. Franklin, M.D., &c. St. Louis, Missouri: Democrat Book and Job-printing Establishment. 1867. Vol. I., part 1. pp. 402.

This is an attempt to elaborate and present the whole science and art of surgery, especially as modified by homœopathic therapeutics. It is finely printed on good paper, and is fully illustrated by original designs. There are many observations drawn from the author's rich and varied experiences, and, so far as we have examined, the directions in regard to the use of homœopathic medicine are judicious and valuable. But while we should be unwilling to call this a *complete treatise* on the subject, yet it contains so much that is new, suggestive, and instructive, that no physician, and especially one of the homœopathic school, can afford to do without it.

It is published in parts; and it will encourage the author and publisher, if the physicians purchase the several parts as they appear.

Transactions of the American Institute of Homœopathy. Nineteenth Session. Held at Pittsburg, June, 1866.

This volume, of about two hundred pages, printed with clear, handsome type on excellent paper, from the press of Rand and Avery, has

just come to hand. It contains several articles of more than usual value, among which we may mention the fine address of Professor Helmuth, as adapted to a popular audience; the reports on Surgery, Organization, and Clinical Medicine, by the various Bureaus; a paper on Aural Surgery by Dr. B. W. James; articles by Drs. S. M. Cate, W. James Blakeley, J. H. Pulte, B. Fincke, and H. M. Paine; sketches of some of the Medical Societies, and obituary notices of several prominent physicians recently deceased. The "Proceedings" occupy twenty-four pages; and, reported carefully, they record a very interesting session. The list of members, with their addresses, is not the least valuable portion of the book. It contains the names of six hundred and twenty members, and among them are to be found nearly all the leading minds of our school. The star marks ninety members as deceased, and the residence is doubtful of forty-one.

This volume fully equals many of its predecessors; but it falls far below what should emanate from so large a body of medical men. Indeed, with the exception of the "List of Members," the whole book is not above the scope of any State, or even county, society. This is not as it should be; and we hope that the next meeting, the call for which is published in this number of the Gazette, and for which the committee of arrangements and physicians of New-York are making ample preparations, will not only be a medical meeting, but a National Institute, which will take into consideration those questions of national importance to the progress of our system, — such as the formation of State and county societies, the founding of hospitals and dispensaries, the improving and better sustaining of our colleges, and, not least, the adoption of a sound code of ethics.

There are Bureaus established by the Institute, of Materia Medica, Clinical Medicine, Surgery, Obstetrics, and Organization. Each of these should give annually, if possible, if not, at least triennially, full and complete reports of all that is transpiring in these various departments. Such "Transactions" and such reports would in a short time elevate this medical association to a position of power and influence which would be felt throughout the whole professional world. Will the Institute accept the position open to it?

ANNUAL SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The Twentieth Session of the Institute will be held at the Gallery of Fine Arts, Fifth Avenue, corner of Fourteenth Street, New York, commencing Wednesday, June 5, 1867, at ten o'clock, a.m., and will continue three days. A preliminary meeting, to arrange the business of the Session, will be held at the same place, on Tuesday evening, June 4, at eight o'clock.

Reports will be made by the Bureaus of Materia Medica, Clinical Medicine, Obstetrics, Surgery, Organization, and Statistics; and a report will be made on a *complete code of ethics.*

On Wednesday evening, the Annual Address will be delivered by N. F. Cooke, M.D., of Chicago, — H. B. Clarke, M.D., of New Bedford, Massachusetts, alternate.

Reports will be made by members on various scientific subjects; and it is earnestly desired that every member will contribute something of interest and value.

Members desiring to present any especial subject for the consideration of the Institute are requested to apprise the General Secretary, or the Chairman of the Committee of Arrangements, G. E. Belcher, M.D., New York, in order that the business of the meeting may be systematized as far as possible.

In accordance with the by-laws, all societies, colleges, hospitals, dispensaries, and other homœopathic institutions, are requested to send delegates to the Institute; and the Secretaries of the various associations are requested to inform the General Secretary, prior to the time of meeting, of the names and numbers of the delegates.

It is hoped that this plan will be fully carried out, and that every homœopathic institution in the United States will be represented, and a report given of its proceedings during the past year. Many subjects of great interest to the homœopathic profession of our country will be discussed and acted upon at this meeting, which will undoubtedly prove one of unusual importance.

I. T. Talbot, *General Secretary, Boston.*

Boston, May 6, 1867.

STATEMENT SHOWING THE PRESENT STATUS OF THE ATLANTIC MUTUAL LIFE INSURANCE COMPANY.

Read by H. M. Paine, of Albany, N.Y., at the recent Meeting of Massachusetts Homœopathic Medical Society.

The Atlantic Mutual Life Insurance Company was organized nearly one year ago, with a capital of $110,000. Its assets at the present time amount to upwards of $200,000; an increase of nearly one hundred per cent on the capital stock in its first year, which is, by far, the most trying in the business of life insurance. It has issued more than eleven hundred policies of insurance, amounting, in the aggregate, to over three millions of dollars. Not a single loss has occurred.

This unparalleled success clearly indicates the establishment of the enterprise upon a permanent basis, and may be considered an earnest

of still greater prosperity in the future. Among the many cogent reasons which commend the Atlantic Mutual to the confidence and active support of the homœopathic profession, the following are some of the more prominent: —

1. On account of its thoroughly sound organization, and the ability and experience of its officers. Their success, being unprecedented in the annals of any previously organized Life Insurance Company, is indicative of the reliability and sound financial basis upon which it is established.

2. Its entire mutuality, provision being made for the early retirements of its capital stock; an arrangement which will promote the greatest prosperity of the company, as, also, the largest dividends to the policy-holders.

3. It is rigidly and purely a homœopathic company. It utters no doubtful voice in favor of homœopathic principles, more than two-thirds of its capital stock being held by the firm adherents of that school.

4. In the selection of medical examiners, homœopathic physicians in all instances have the preference, and are appointed whenever practicable.

5. The reduction of ten per cent of premium to practical homœopathists affords striking and most convincing evidence of the general acceptance of the scientific basis upon which our system of medical practice is founded. This new feature in the department of life insurance is a most important one to our profession. Its value cannot be over-estimated. By means of the numerous agents of the company, and by its circulars and manuals, issued under its auspices, and freely distributed throughout the country, we are publicly demonstrating, by conclusive statistical evidence, the great superiority of the homœopathic over the allopathic method of medical treatment. The Atlantic Mutual is, therefore, a powerful auxiliary, which the profession should promptly recognize, foster, and encourage, by giving it their united and cordial support.

6. Reference to our circulars and manuals clearly set forth, that, in addition to the reasons hereinbefore mentioned, the plans proposed for the transaction of business embrace all the important advantages adopted by other companies, and also several which are new, and peculiar to this company.

Especial attention is called to the ample security offered its policy-holders. By an enactment of the Legislature, during its recent session, this company is permitted to issue a class of policies secured by pledge of public stocks, thereby enabling it to offer the same security as is now given for the redemption of our National-Bank currency.

New-York Homœopathic Medical College Hospital. — We are glad to inform our readers of the receipt of a note from Professor Beakley, stating that the Legislature of New York has granted a

charter for an institution with the above-named title. It is to be supported from the public funds, precisely as the allopathic hospitals of New-York city are supported; is to be under the superintendence of the commissioners of public charities, and to have the same rights and powers of the other hospitals. The obvious justice of this must be apparent to all; and while the citizens of New York will be benefited by this commendable liberality, the college with which the hospital is to be connected will possess increased and excellent facilities for instruction in the science and practice of homœopathic medicine. Verily, the world does move!

Meeting of the American Institute of Homœopathy at New York, June 5, 6, and 7.—*Reduction of fares.*—Efforts are being made to render this meeting of the Institute one of the largest and most important ever held. If the number of physicians desiring to attend should be sufficient to warrant it, the fares will be reduced to half-price on some of the principal railways. The General Secretary will give any information in his power in relation to the matter.

Extract from an Editorial.

"But while it (the question as to the charter of a New-England Homœopathic Medical College) was pending in the Senate, the members of that body suddenly found themselves surrounded by some of the leading allopathic physicians of Boston, together with a portion of the Faculty of the Harvard Medical School, and others, who, from their violent exhibition of temper whenever the subject of homœopathy is mentioned, might be designated as chronic "homœophobists." For several days they labored hard in the Senate Chamber, without gaining sufficient influence to cause a single senator to oppose the bill. Finally, one senator was found willing to espouse their cause. He moved a reconsideration of the vote by which the bill was passed to be engrossed, and the subject came up for discussion. But the force of the opposing arguments can best be judged from the fact, that the motion, after the six days' consideration given it by the senators, aided by the expositions of our allopathic friends, received but one vote."—*New-England Medical Gazette, March* 15, 1867.

Extract from another Editorial.

"If we are rightly informed, the existing medical schools of Massachusetts did not think it advisable, while the question (the granting of a charter for a New-England Homœopathic Medical College) was pending, to offer any direct opposition to the movement of which we have been speaking. We suppose that, in adopting this course, they were actuated by the feeling that any such opposition would be useless, and would recoil upon them to their disadvantage. Very likely this might have been the case; but we are sorry that some effort was not made to enlighten our lawgivers as to what a medical school ought to be, and the capabilities of those already existing."—*Boston Medical and Surgical Journal, April* 11, 1867.

BOOKS AND PAMPHLETS RECEIVED.

Valedictory Address, Hahnemannian Medical College. By Prof. Beebe.
Hale's Homœopathic Materia Medica of New Remedies. Complete.
Report of Bond-street Homœopathic Dispensary. New York.
Half-yearly Abstract of the Medical Sciences. Philadelphia: H. C. Lea.
Hahnemann Monthly. Vol. i. No. 2.
Homœopathic Expositor, March, April, May.
United-States Medical and Surgical Journal, April.
American Homœopathic Observer, March, April, May.
Hahnemannian Monthly, March, April, May.
Medical Investigator, February, March, April.
Little Wanderers' Advocate, March, April, May.
Boston Medical and Surgical Journal. Vol. lxxvi. Nos. 5–13.
Western Observer, March, April.
Boston Journal of Chemistry and Pharmacy. Vol. i. No. 6.
The University Journal of Medicine and Surgery. Philadelphia. May.

Foreign Weeds. — In the Eastern States of this country, there have long been firmly established some sixty or seventy species of vile weeds, which have come over to us from Europe. A list of these weeds would include such questionable characters as the ox-eye daisy, the thistle, and the barberry-bush. When shall we have the daisy proper and gorse as well? Besides the numerous representatives of pernicious classes of plants, we have a host of honest foreign grasses and clovers, and many imported flowering plants. It has been reported of late that the heather has come over to live among us, patches of it having been found wild in Massachusetts and Newfoundland.

Everywhere along the Atlantic border, the indigenous plants of the country are rapidly yielding to the inroads of imported species, in the same way that the red man upon the frontier is disappearing before the advancing white. At the Natural History Society of Boston, Dr. Sprague descants upon the singular fact that the weeds which grow broadcast around the New-Englander's door are all of foreign origin; the weeds of native growth being now confined almost exclusively to unimproved lands. At Philadelphia, on the other hand, Professor Porter informs the Philosophical Society, that foreign plants which were recently esteemed by botanists to be rare, have already taken such complete possession of the valley of the Susquehanna, that the time may soon come when a large part of the flora of that region will have an essentially foreign character. A specially noteworthy locality is mentioned by Professor Porter as existing on a reclaimed portion of the bank of the Delaware, below the Navy Yard at Philadelphia, and within the city limits, where at least ninety species of perhaps seventy genera of plants have been discovered, belonging for the most part to the flora of the Carolinas, Florida, and other Gulf States as far west as New Mexico, and some of them being Western plants. This colony of plants is divided into two groups, growing upon the two banks of a narrow lagoon: one bank consisting of heaps of refuse dirt from the city, and the other composed of ballast thrown from vessels trading coastwise with the port. Some of these botanical waifs have been found also growing on similar accumulations thrown upon the opposite or New-Jersey shore.

The ways and methods of importation by which the foreign plants arrive, and the means by which they are disseminated, are manifold. Botanists have remarked the growth of strange German weeds around the hovels of newly arrived German immigrants, and many observers have noticed the introduction of plants from the dust and rubbish obtained in cleaning foreign rags and wool at paper-mills and factories. Railroads, according to Professor Porter, appear to be one of the most active agents in the process of naturalization. — *Nation.*

THE NEW-ENGLAND

MEDICAL GAZETTE.

No. 6.] BOSTON, JUNE 15, 1867. [Vol. II.

CASES FROM PRACTICE.

Read before the Maine Homœopathic Medical Society, by E. Clark, M.D., of Portland.

Tuberculosis. Phosphorus. — I. S., aged thirty-five, consulted me by letter, from which I will make some extracts: —

"I have been sick six months; first a dry cough, morning and evening; some pain at the top of the lungs. I have taken medicine of Dr. P., allopathic, with but slight relief. After some weeks, I put myself under the treatment of Dr. M., who has attended me ever since. I have obtained no permanent relief; I have taken a great deal of medicine, and have been getting worse. At present, my cough is severe. I have night-sweats, and chills in the morning, a short breath, quick pulse, yellowish expectoration of a sweetish taste, and much emaciation."

Here was a case of tuberculosis, and some tubercles probably opened, and pus expectorated. I sent him, by letter, Phosphorus 200, — two powders to be taken on successive nights, and some blank pellets, of which he was to take three or four before each meal, and when going to bed. The report said, "No more chills nor night-sweats, and less cough and expectoration; better in every way."

I repeated the prescription, with a request to report as soon as the case ceased to improve. In about six weeks, he re-

ported himself cured, but not strong; and, if I deemed it necessary, I might forward more medicine, which was done. About one year afterwards, he reported himself cured, and was strong and in good flesh.

The same treatment has been equally successful in several other like cases; but I am sorry to add, that in other cases, similar in character, at least so far as I could judge, it has failed to give even temporary relief. Whether this has been the result of my want of skill in selecting the right remedy, or because of some want of susceptibility to its action, or from the more advanced stage of disease, I leave to you to determine. I am quite sure, however, that the higher dilutions of Phosphorus have power to control tuberculosis passing into the suppurative stage; and, perhaps, in cases where suppuration has actually taken place, such as entitle it to the chief place among the remedies for the treatment of this fearful disease. A careful study of its pathogenesis will show how strictly it corresponds to the law of similars.

Cephalalgia. Stannum. — N. W., aged forty, nervous-bilious temperament. For several years has suffered many and violent attacks of pain in the head, coming on usually in the forenoon, and increasing gradually until night, when it would culminate in vomiting, and then very gradually decline in severity for some twelve hours, when he would sleep and awake well, but much weakened for some days. The pain is crushing from without inwards, in the temples, and extending to the occiput. Boring, stupefying, pressing, increased by shaking the head or stooping, and relieved by walking in the open air. The face is pale and sunken; he is ill-humored and discouraged. Occasionally the pain extends down the spine, causing stiffness and shocks. He is costive, and generally suffers from want of appetite. Stannum 30 — three or four pellets morning, noon, and night — relieved, and twice daily, during the intervals of pain, has prevented their recurrence, and now for three years he declares himself well; still, he never allows himself to be without the pills, as one dose, taken when he has the slightest symptoms, always wards off an attack.

The special characteristic symptoms which indicate Stannum, are the gradual increase and decrease of the pain, ill-humor, despondency, and inward pressure. I have cured many cases of periodical headache with this single remedy. Indeed, so sure am I of my remedy, that in cases having the above-named characteristics, I look for no other remedy, but prescribe this with confidence, and generally with success.

Mrs. A., aged forty-five, nervous temperament, highly educated, from domestic wrongs became a martyr to cephalalgic pains, for which she had been treated by several physicians of the old school, in Philadelphia, for several years, with only temporary relief. At length she came under homœopathic treatment, directed by Dr. A. E. S., who, for several weeks, was only a little more successful in alleviating her sufferings than her allopathic medical advisers.

The pains came on daily in the forenoon, gradually increasing for six or eight hours, when as gradually they declined. They were very severe, crushing, pressing inwards; and, when at their height, shocks in the head and neck, producing involuntary screams. She was greatly emaciated, little appetite, and less rest in sleep.

Three symptoms characteristic of Stannum were present; viz., crushing inward, shocks, and gradually increasing and diminishing pains. Stan. 30 was prescribed, with perfect success. In a few days she could eat and sleep, and in about two weeks had no more pain, and convalescence went on satisfactorily.

C., aged fifty, temperament sanguine; cough for a long time. At the time of consultation, coughed more during the night than the day; relieved by walking in the open air. It was violent and slightly rattling; pain in the upper part of the chest, and soreness in the region of the liver, trachea, and bronchia. There was costiveness, little appetite, and bitter taste in the mouth, pain in the small of the back, and hot hands and feet; expectoration of mucus, with streaks of pus, sweetish, salt, and greenish, mornings; hoarseness, considerable emaciation. Stan. 30, three times daily, effected a cure in a few weeks.

Many cases of slight ulceration of the mucous membrane, lining the trachea, have been cured with this remedy 200, given once or twice daily for a few days, until the system responds to its action, which is known by the relief obtained; then at long intervals, the object being only to maintain the medicinal impression over the disease.

SANGUINARIA CANADENSIS.

BY C. E. SANFORD, M.D., BRIDGEPORT, CONN.

THIS plant is too well known to the profession to require botanical description, but I believe that few are fully aware of its great usefulness in medicine. I shall at this time refer more particularly to its use in diseases of the respiratory organs in my own practice for the last ten years.

In coryza, I consider it one of the most effectual remedies of the materia medica. It will in a *large majority* of cases, if used promptly at the onset of the disease, check it at once. My usual mode of administering it is to dissolve from ten to twenty drops of the first decimal attenuation (made from a saturated tincture of the green root) in two-thirds of a tumbler of water, directing the patient to pour a small quantity into the hollow of the hand, and snuff it thoroughly up into the nose, bringing it in direct contact with the inflamed membrane, and to take of the same preparation a teaspoonful or two every two or three hours. By this mode of treatment, I have often cured a cold in the head, of a severe type, in a few hours. Sometimes I direct the medicine to be used for snuffing up the nose to be put in tepid water, and kept at a uniform temperature.

In ozæna, where it is apparently the result of a mismanaged or neglected cold in the head, I use the same remedy, usually weaker, in the same manner, or in alternation with iod. or arsenicum, especially in persons of a scrofulous diathesis. I

have noticed several times, in using it in the last-mentioned cases, if the preparation were too strong, it would bring on an acute irritation, resembling in every particular a severe cold in the head, and that, too, in warm weather.

Some of the symptoms given in the provings of Sanguinaria are heat in the nose; much sneezing; fluid coryza; watery, acrid coryza, which renders the nose sore; copious watering of the right eye; fluid coryza, alternating with stoppage of the nose, etc.

In catarrhal fever of children, either alone or in alternation with aconite, mercurius, ipecac, or some other well-indicated remedy, it has never failed me.

But I have found it the most indispensable in those distressing, dry, spasmodic, exhaustive coughs that one meets so frequently in practice, especially in children, when a cold has (as it is usually expressed) "settled upon the lungs," causing often a most distressing cough, that grows worse towards night, or is aggravated by lying down or going into a cold room to sleep. We often have the sensation described in these cases as a feeling of *rawness* and *burning* in the bronchia. In whooping cough, in alternation with bromide of ammonium, I have met with the best results; so also in the severe cough which often occurs after the whooping cough, when the patient takes cold, and which partakes of the spasmodic nature of that disease. In a word, in all of the various forms of severe, spasmodic, dry cough, which evidently depends upon an irritation of the mucous membrane of the throat or bronchia, where the trouble is aggravated *at night*, it is one of my most valued remedies.

Cases. — A. S., aged thirty years, was attacked with a severe cold in the head, much sneezing, severe fluid coryza, irritation and watering of the eyes, irritation of throat with severe cough. Sanguinaria was given in the manner above described, and in thirty-six hours all vestige of cold had disappeared.

C. P., aged fifteen months, was attacked with a severe cold in the head, with all of the above symptoms in an aggravated degree, with high fever. There was acrid discharge from the

right nostril, which produced soreness of the lips and side of the face, wherever it came in contact with the surface. Gave sanguinaria and aconite in alternation, and in forty-eight hours the case was almost entirely cured.

In ozæna. — Miss S. C., aged thirty-eight years, had been suffering with a severe catarrh in the head, following a cold, for some weeks, with some irritation of the throat and a slight cough. I gave sanguinaria by snuffing up the nose, and internally also. She was promptly relieved, and soon cured entirely.

A. R., aged twelve years, had had a severe cough for six weeks, following a cold. The case was quite distressing. The patient had often coughed for hours in succession at night, keeping the whole house awake. The sanguinaria relieved the cough entirely in twenty-four hours, giving her a good night's rest within six hours after the remedy was commenced.

C. H., aged six years. This was a chronic case of bronchial irritation in a little boy, aggravated and intensified by taking a slight cold, and complicated with severe asthmatic symptoms. The least cold would bring on an attack. This condition had followed a severe attack of catarrhal fever, when the child was two years old. He had been treated by an allopathic physician, during the last four years a number of times, with no benefit. The disease was accompanied by much fever and a dry, hoarse cough. Sanguinaria and belladonna in alternation relieved the trouble promptly, and have produced a condition of the system which has so far this season warded off all attacks of this nature. I commenced the treatment of this case one year ago last fall, and attended the patient through the winter, the attacks lessening in intensity and length. I gave the sang. 2 occasionally during the intervening period. Many more cases might be related, but the above exemplify the action of the medicine in this class of diseases.

The New-England Medical Gazette.

BOSTON, JUNE 15, 1867.

American Institute of Homœopathy. — This Institute has just held its twentieth annual session in New York, and a report of the proceedings appears in the present number of the "Gazette." It may not be inappropriate to express our opinion of the character and *animus* of this meeting. In the first place, it greatly exceeded in point of numbers any former meeting of the Institute. Usually there have been present from fifty to one hundred members; at this there could not have been less than two hundred and fifty at different times during the session. This number comprised members from nearly every section of the Union, including some of the most earnest and active minds in our profession; neither was there any lack of the young and enthusiastic in our ranks. It is really remarkable to be able to record the names of no less than twenty-three of those pioneers who twenty-three years ago met in the same place and organized this Institute. These were Gray, Hering, Williamson, Ward, Kirby, Bowers, Barlow, Quin, Ball, McVicker, Bayard, Belcher, Gregg, McManus, Fuller, Henry D. Paine, W. E. Payne, Swazey, Lippe, Detwiller, Manchester, Wells, and Holt. It might seem invidious to mention the names of even the most celebrated of our younger men.

The success, however, was not alone in point of numbers. There pervaded the entire meeting a determination to avoid all subjects of discussion which would only engender ill feeling, with no prospect of resulting good. Thus time was found for a larger number of valuable papers than has ever been presented at a single session. These will, in due time, appear in the Transactions.

A code of medical ethics was presented and earnestly discussed. It was prepared with great care by some of the ablest members. It will be printed in the Transactions, and will be acted upon next year. The question as to the admission of properly educated females to membership of the Society was also considerably discussed, and finally decided in the negative. But the vote of fifty-six yeas to sixty-

eight nays could hardly be considered as a test of the progressive opinions of the members, since there were many who, though not themselves disinclined to their admission to the membership of the Institute, yet felt that it was not advisable while there were leading members strenuously opposed to it. They were striving for increased harmony in the meeting, and considered that such a decision of this question would be a source of discord.

Valuable reports were received from the various Bureaus of Materia Medica, Clinical Medicine, Obstetrics, Surgery, and Organization and Statistics. New Bureaus of Physiology, Hygiene, and Anatomy were created. These bureaus so systematize the labors of the Institute, that the results of the observations of all of its members through the year may be presented at its accustomed annual meetings. Upwards of fifty different medical societies and organizations were represented at this meeting. We need not enlarge upon the great amount of good which must arise from the efforts of this Institute, if it but accomplish all that of which it is capable. Every homœopathic society and institution in the land will be strengthened and improved, just in proportion as it contributes to the growth and influence of the American Institute. We cannot omit to speak of the very liberal and complete arrangements made by the committee and the physicians of New York for the comfort and enjoyment of their guests; and far distant is the day when any one who was present at this meeting will forget the many pleasant social relations there formed, and the kindnesses received at the hands of the New-York physicians. The next meeting will be held at St. Louis. It is hoped that every society and institution of our school will there be represented, and that every member will contribute something to increase the value and importance of the session.

THE GREAT CRIME OF THE NINETEENTH CENTURY.

This is the title of a pamphlet of forty pages, by E. H. Hale, M.D., of Chicago, recently published by C. F. Halsey, of that city. It treats of Criminal Abortion, and seems a proper supplement to the author's large work upon the same subject. Professor Hale considers the matter under four heads; namely, Why is it committed?

Who are the criminals? How shall they be detected? How shall they be punished?

The various excuses are examined in order, their utter worthlessness exposed, and the guilt fixed upon the right parties. Here the author makes a strong point, by making the female upon whom the abortion is produced a principal in the crime in nearly all cases, except where the same shall have been performed upon her by violence, and against her will. The law has heretofore looked upon her as innocent, and abortionists have sought to evade the legal responsibility by making the patient perform the operation herself. In this connection, Professor Hale uses the following language: "I do not hesitate to assert, that, if the woman be made a principal in most cases of abortion, it would diminish the crime two-thirds, and perhaps to a greater extent, especially in large towns and cities." With the matter contained under the first and second headings, no fault can be found, and to its arguments no answer can be made.

Under the third and fourth headings, he proceeds to answer the questions, How shall they be detected? How shall they be punished? and to give a draft of a law for the latter purpose. We may differ in opinion as to the efficacy of the plan proposed for its detection, and the legislation proposed for its punishment; but he has anticipated such difference, and disarmed criticism by the remarks in his dedication of the work to the Medical Profession: "Some of you may think my views too extreme and radical, and my propositions impracticable. You must remember, however, that no great reform can be initiated, no real progress sustained, except upon the basis of radical principles." There are those who believe "the highest order of innocence is ignorance." The medical profession had accepted this as the normal state of things, but innocent ignorance no longer exists; for, aided by the daily, and even the religious press, the abortionist has spread his poisoned knowledge throughout the land. Dr. Hale introduces testimony, from a number of our leading physicians, as to the number of times they have found it necessary to induce abortion in their practice, and says Dr. Samuel Gregg can recollect but one instance in which he deemed it necessary or indispensable to save the life of the mother. Under these circumstances, it is doubtful whether the rank and file of the profession have hitherto kept pace in the march of science with these *vampires*, so eagerly did they seek for and appropriate to their own base uses all inventions or discoveries bearing upon their *specialty*. The sound and colpeurynter were thus employed; and the announcement in a medical journal of the discovery

of any new article possessing emmenagogue properties was soon followed by the announcement of the same in the daily papers as some specific drops or pills, with the usual seductive warning. Did physiological research point to an inter-menstrual period, at which time the liability to conception was wanting, or was at least at its minimum, this fact was made the basis of a book which was sent forth securely sealed, or the sum and substance of it were incorporated in a private lecture to ladies or gentlemen, by some travelling "Professor" of anatomy, physiology, and hygiene. Our profession has often learned from quacks and empirics; and a lesson now to learn is, that, if there was time when ignorance and innocence were sweetly joined together, in our day, it is better to throw around innocence the shield of knowledge. Our duty now is to furnish the antidote to the poisonous emanations of the abortionists, their aiders, and abettors; and in no way can this be better done than by widely distributing this and similar publications.

J. Hedenberg, M.D.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Proceedings of the Twentieth Annual Session.

The twentieth Annual Meeting of the American Institute of Homœopathy, was held in the Gallery of Fine Arts, corner of Fifth Avenue and Fourteenth Street, New York, on June 5, 6, and 7, 1867.

PRELIMINARY MEETING.

The customary preliminary meeting was held on Tuesday evening, June 4, at eight o'clock, at which upwards of one hundred members were present.

Dr. George E. Belcher, of New York, President of the County Society, called the meeting to order about nine o'clock, P.M., when Dr. J. F. Gray, of New York, was elected the presiding officer.

The programme prepared by the Committee of Arrangements was adopted as the order of exercises of the meeting.

A committee on nomination of permanent officers, consisting of one member from each State represented, was elected. The committee was composed as follows: —

Maine, W. E. Payne; New Hampshire, A. Morrill; Vermont, G. E. E. Sparhawk; Massachusetts, I. T. Talbot; Rhode Island, C. F. Manchester; Connecticut, W. W. Rodman; New York, P. P. Wells;

New Jersey, J. J. Youlin; Delaware, D. W. Thomas; Pennsylvania, Walter Williamson; Maryland, F. R. McManus; District of Columbia, T. S. Verdi; Ohio, W. Webster; Illinois, N. F. Cooke; Michigan, E. A. Lodge; Wisconsin, J. S. Douglas; Iowa, E. A. Guilbert; Minnesota, C. B. Williams; Missouri, William Tod Helmuth; Kansas, T. J. Ward; Louisiana, W. H. Holcombe; Georgia, F. H. Orme; Nova Scotia, Walter Wesselhoeft.

After the election of this committee, the meeting adjourned to a hall below, where a bountiful collation was spread. The tables were loaded with strawberries and cream, salads, sandwiches, &c. An hour was spent in a social manner, during which there was a general renewal of old acquaintanceship, and formation of new.

First Day. — Morning Session.

The Institute assembled on Wednesday morning, June 5, at ten o'clock. In the absence of the President, the General Secretary, Dr. I. T. Talbot, of Boston, called the members to order, and Dr. H. M. Paine, of New York, was made chairman. The Rev. Dr. Tuttle, of New York, opened the session with prayer. The roll of members was called and corrected, when about one hundred answered to their names. Fifty-three Medical Societies and Homœopathic Institutions were represented by seventy-six delegates.

The committee appointed at the preliminary meeting reported the following list of nominations of officers for the ensuing year: President, William Tod Helmuth, M.D., St. Louis; Vice-President, P. P. Wells, M.D., Brooklyn, N.Y.; General Secretary, I. T. Talbot, M.D., Boston, Mass.; Provisional Secretary, H. M. Paine, M.D., Albany, N.Y.; Treasurer, E. M. Kellogg, M.D., New York; Censors, W. E. Payne, M.D., Maine; E. U. Jones, M.D., Mass.; B. W. James, M.D., Penn.; J. C. Burgher, M.D., Penn.; A. T. Bull, M.D., Buffalo, N.Y. These gentlemen were unanimously elected.

The Institute then adjourned for half an hour to partake of a lunch, which was served in the large room beneath the assembly hall.

Afternoon Session.

At two o'clock the Institute re-assembled, and the newly elected officers assumed the duties of their positions. The President briefly addressed the Institute, thanking the members for the unexpected honor that had been conferred upon him, and expressing his great pleasure at the large attendance from all parts of the Union. He was especially glad to see so many of the old and tried standard-bearers of homœopathy present at the meeting, which he hoped would prove of great value to the profession. He referred to the progress that homœopathy had already made in St. Louis, and stated that the whole West was a fertile field for the progressive school of medicine, and

any efforts made by the American Institute for the advancement of homœopathy would be heartily seconded throughout the West.

Dr. George E. Belcher, of New York, chairman of the Committee of Arrangements, then addressed the members of the Institute in the following remarks: —

Fellow-members of the American Institute of Homœopathy, — As Chairman of the Committee of Arrangements, I have the honor of welcoming you to this our city of New York. I greet you also in behalf of the members of the New-York County Homœopathic Medical Society, — a legalized organization of regular physicians. We welcome you as representatives of that portion of the medical profession, who, seeking to make therapeutics a science, have superadded to the ordinary medical course the study of therapeutics as practically illustrated by the genius and labors of Hahnemann. We meet as his disciples. We believe in the great homœopathic law, SIMILIA SIMILIBUS CURANTUR. We congratulate ourselves, that the influence of our school has already increased the usefulness of the medical profession, not only by its more scientific management of the sick, but indirectly by leading a large number of practitioners to doubt more and more the propriety or safety of heroic treatment, and, as the next best thing they know, to leave their sick to the operations of nature alone. May the result of our meeting be the renewal of our friendly relations, and forming of better; the continuance of that freedom of investigation and discussion which Hahnemann himself always maintained; an increase of all the influences which tend to lessen the harshness of the medical treatment of former days; the more comprehensive grasp of the great law of cure; and a redoubled energy to fulfil the mission we have undertaken! Hoping your stay here will be agreeable and satisfactory, we give you a hearty and sincere welcome.

On motion of Dr. Swazey, the President appointed a committee on credentials, consisting of the following gentlemen: —

G. W. Swazey, M.D.; J. J. Youlin, M.D.; T. F. Allen, M.D.; David Thayer, M.D.; W. Webster, M.D.

On motion of Dr. Williamson, a committee to audit the Treasurer's accounts was appointed, as follows: —

W. Williamson, M.D.; S. Gregg, M.D.; E. B. Thomas, M.D.; R. J. McClatchey, M.D.; George E. Belcher, M.D.

The Secretary then read such portions of the minutes of the last meeting as related to unfinished business.

The committee on a complete code of medical ethics was called upon for a report. In the absence of the chairman, Carroll Dunham, M.D., of New York, H. M. Smith, M.D., read the report, which was accepted; and, on motion of Dr. Gregg, the thanks of the Institute were tendered to the committee for the able manner in which they had prepared the report.

Considerable discussion ensued in regard to the adoption of the

code of ethics as reported, which was participated in by Drs. Samuel Gregg, S. R. Kirby, W. Williamson, P. P. Wells, J. F. Gray, W. H. Watson, J. H. P. Frost, and others; when, on motion of Dr. Gray, the report was referred back to the committee, Drs. S. R. Kirby and G. W. Swazey being added, with instructions to consider the advisability of abridging the code, and to report at eleven o'clock, A.M., on Thursday.

The Treasurer, E. M. Kellogg, made a report, from which it appeared that the receipts of the Institute for the past year were $892.50; and the expenses, $1,038.18; showing a deficit of $145.68. The report, which had been examined and approved by the Auditing Committee, was accepted.

The Board of Censors presented the names of the following persons, one hundred and fifty-seven in number, as having complied with the by-laws, and therefore eligible for membership. They were accordingly elected: —

J. A. Albertson, M.D., Detroit, Mich.
J. R. Andrews, M.D., New York.
James H. Ashorne, M.D., Bridgeport, Conn.
Henry N. Avery, M.D., Morristown, N.J.
O. P. Baer, M.D., Indianapolis, Ind.
George W. Bailey, M.D., Elizabeth, N.J.
J. B. Bailey, M.D., Charlestown, Mass.
William C. Barker, M.D., Waukegan, Ill.
Edward G. Bartlett, M.D., New York.
B. L. B. Bayliss, M.D., Astoria, L.I.
I. G. Belden, M.D., Tarrytown, N.Y.
James S. Bell, M.D., Napierville, Ill.
Ralph Blakelock, M.D., New York.
Harris S. Benedict, M.D., Corning, N.Y.
Eleazer Bowen, M.D., Jersey City, N.J.
Horace Bowen, M.D., Jersey City, N.J.
Julius C. Brey, M.D., New York.
William Brink, M.D., New York.
John B. Brooks, M.D., Geneseo, Ill.
Melville Bryant, M.D., Brooklyn, N.Y.
E. V. Brown, M.D., Tarrytown, N.Y.
Henry P. Brown, M.D., Waterbury, Conn.
Titus L. Brown, M.D., Binghamton, N.Y.
Gardner S. Browne, M.D., Hartford, Conn.
Thomas C. Bunting, M.D., Mauch Chunk, Penn.
S. J. Bumstead, M.D., Pekin, Ill.
Stephen P. Burdick, M.D., New York.
Benajah J. Burnett, Jr., M.D., Mount Vernon, N.Y.
C. E. Campbell, M.D., New York.
B. Cetlinski, M.D., New York.
Israel P. Chase, M.D., Henniker, N.H.
William L. Cleaveland, M.D., Atlanta, Ga.
Albert L. Comstock, M.D., Mount Kisco, N.Y.
E. G. Cook, M.D., Buffalo, N.Y.
Elliot L. Cook, M.D., Buffalo, N.Y.
J. D. Craig, M.D., Niles, Mich.
C. B. Currier, M.D., Middlebury, Vt.
Andrew M. Cushing, M.D., Lynn, Mass.
J. W. Dowling, M.D., New York.
E. H. Drake, M.D., Detroit, Mich.
Pemberton Dudley, M.D., Philadelphia, Penn.
John P. Ermantraut, M.D., New York.
J. T. Evans, M.D., New York.
Daniel L. Everitt, M.D., Brooklyn, N.Y.
John N. Fairbanks, M.D., Hightstown, N.J.
Thomas C. Fanning, M.D., Tarrytown, N.Y.
H. Barton Fellows, M.D., Aurora, N.Y.
Charles F. Fish, M.D., Newark, N.J.
W. M. L. Fiske, M.D., Rochester, N.Y.
Levi W. Flagg, M.D., Yonkers, N.Y.
William D. Foster, M.D., Hannibal, Mo.
E. C. Franklin, M.D., St. Louis, Mo.
Thomas S. Goodwin, M.D., Port Richmond, Staten Island.
Lewis Grasmuck, M.D., Leavenworth, Kansas.
B. Barton Gumpert, M.D., Philadelphia, Penn.
William Hale, M.D., Washington, D.C.

Evon B. Harding, M.D., Northampton, Mass.
John Hawks, M.D., Brooklyn, N.Y.
James Hedenberg, M.D., Medford, Mass.
Horace P. Hemenway, M.D., East Somerville, Mass.
H. B. Henry, M.D., New Orleans, La.
R. Walter Heurtley, M.D., Newburgh, N.Y.
Robert L. Hill, M.D., Dubuque, Iowa.
W. H. H. Hinds, M.D., Milford, N.H.
E. F. Hinks, M.D., Thomaston, Me.
H. M. Hitchcock, M.D., New York.
William F. Hocking, M.D., Washington Heights, N.Y.
N. Webster Holcomb, M.D., Farmer's Village, Conn.
Jabez Bunting Holtby, M.D., New York.
John Hornby, M.D., Poughkeepsie, N.Y.
Henry C. Houghton, M.D., New York.
Temple S. Hoyne, M.D., Chicago, Ill.
F. W. Hunt, M.D., New York.
Henry F. Hunt, M.D., Camden, N.J.
John P. Hunting, M.D., West Edmeston, N.Y.
H. B. Hund, M.D., New-York City.
F. W. Ingalls, M.D., Kingston, N.Y.
W. F. Jackson, M.D., Roxbury, Mass.
DeWitt C. Jayne, M.D., Florida, N.Y.
Henry C. Jones, M.D., Mount Vernon, N.Y.
William A. Jones, M.D., Lyndborough, N.H.
J. Lester Keep, M.D., Brooklyn, N.Y.
Alexander Kirkpatrick, M.D., Burlington, N.J.
Elam C. Knight, M.D., Waterbury, Conn.
C. W. Kuhn, M.D., New York.
W. C. Leech, M.D., Cincinnati, Ohio.
William H. Lewis, M.D., Boston, Mass.
C. Theo. Liebold, M.D., New York.
S. Lilianthal, M.D., New-York City.
Constantine Lippe, M.D., Tremont, N.Y.
Charles Lowry, M.D., Greenwich, N.Y.
A. P. Macomber, M.D., Malden, Mass.
M. M. Mathews, M.D., Rochester, N.Y.
S. R. Mason, M.D., Sheffield, Ill.
J. H. McClelland, M.D., Pittsburgh, Penn.
Daniel McNeil, M.D., Hudson City, N.J.
F. B. Mandeville, M.D., Newark, N.J.
Henry B. Millard, M.D., New York.
J. W. Mitchell, M.D., New York.
R. E. Miller, M.D., Oxford, N.Y.
Reuben C. Moffat, M.D., Brooklyn, N.Y.
William D. S. Montanye, M.D., Rondout, N.Y.
John C. Morgan, M.D., Philadelphia, Penn.
Henry B. Morrill, M.D., Boston, Mass.
Nathan R. Morse, M.D., Salem, Mass.
Barton Munsey, M.D., Verden, Ill.
Aug. Negendank, M.D., Wilmington, Del.
Frank Nichols, M.D., Hoboken, N.J.
T. Riker Nute, M.D., Roxbury, Mass.
James H. Osborne, M.D., Bridgeport, Conn.
Frederick W. Payne, M.D., Bath, Me.
S. I. Pearsall, M.D., Saratoga Springs, N.Y.
Clement Pearson, M.D., Mount Pleasant, Iowa.
Albert William Phillips, M.D., Birmingham, Conn.
Joseph G. W. Pike, M.D., Boston, Mass.
Peter William Poulson, M.D., San Francisco, Cal.
Leonard Pratt, M.D., Wheaton, Ill.
William M. Pratt, M.D., New York.
Elias C. Price, M.D., Baltimore, Md.
Nathaniel B. Rice, M.D., Saginaw City, Mich.
John F. Rose, M.D., Oxford, Penn.
W. H. Sanders, M.D., Newton Corner, Mass.
Charles E. Sanford, M.D., Bridgeport, Conn.
Isaac W. Sawin, M.D., Centredale, R.I.
Edward P. Scales, M.D., Newton Corner, Mass.
N. R. Seeley, M.D., Elmira, N.Y.
D. E. Seymour, M.D., Calais, Me.
Levi Shaffer, M.D., Kingston, N.Y.
Henry P. Shattuck, M.D., Boston, Mass.
Thomas Shearer, M.D., Baltimore, Md.
William H. H. Sisson, M.D., New Bedford, Mass.
A. P. Skeels, M.D., Cairo, Ill.
Henry N. Sloan, M.D., Binghamton, N.Y.
William H. Smith, M.D., Philadelphia, Penn.
Gustave Justus Moritz Sommer, M.D., East New York.
C. W. Sonnenschmidt, M.D., Washington, D.C.

S. Swan, M.D., New York.
Solomon E. Swift, M.D., Colchester, Conn.
J. H. Thompson, M.D., New York.
Virgil Thompson, M.D., New York.
M. A. Tinker, M.D., Brooklyn, N.Y.
Silas B. Tompkins, M.D., Newark, N.J.
Walter Ure, M.D., Allegheny City, Penn.
T. D. Wadsworth, M.D., Southington, Conn.
George S. Walker, M.D., St. Louis, Mo.
E. Cook Webb, M.D., Orange, N.J.
Walter Wesselhoeft, M.D., Halifax, N.S.
Alexander W. Wheeler, M.D., Cleveland, Ohio.
J. Ralsey White, M.D., New York.
W. Hanford White, M.D., New York.
James Peterson Whittle, M.D., Weare, N.H.
C. A. Wilbur, M.D., Chicago, Ill.
Alexander Wilder, M.D., New York.
L. H. Willard, M.D., Allegheny City, Penn.
Henry C. Wood, M.D., West Chester, Penn.
William Wright, M.D., Brooklyn, N.Y.
Alfred Zantzinger, M.D., Philadelphia, Penn.

Dr. H. M. Smith, chairman of the Bureau of Organization, Registration, and Statistics, made a report, briefly surveying the progress of homœopathy in this country. In 1825 the first homœopathic work was published; in 1864 178 works were published in the interest of homœopathy. In 1848 Dr. J. S. Smith published a list of homœopathic physicians in New York, and the number then was 46; now homœopathists in the United States have 3,637 physicians, distributed thus: Alabama, 13; Arkansas, 3; California, 18; Connecticut, 81; Delaware, 12; District of Columbia, 14; Florida, 3; Georgia, 20; Illinois, 394; Indiana, 119; Iowa, 121; Kansas, 21; Kentucky, 44; Louisiana, 21; Maine, 51; Maryland, 24; Massachusetts, 251; Michigan, 215; Minnesota, 42; Mississippi, 16; Missouri, 68; Nebraska, 5; Nevada, 2; New Hampshire, 37; New York, 818; New Jersey, 90; North Carolina, 2; Ohio, 352; Pennsylvania, 374; Rhode Island, 34; South Carolina, 4; Tennessee, 6; Texas, 11; Vermont, 64; Virginia, 21; West Virginia, 6; and Wisconsin, 199. There are fifteen State organizations, forty-one local societies, and ten periodicals. The homœopathists have colleges in New York, Philadelphia, Chicago, Cleveland, and St. Louis, and hospitals and dispensaries in all the principal American cities. The committee close their report with a recommendation that the Institute publish a periodical which may be a kind of directory for the profession.

On motion, the report was laid on the table, to be discussed at some future time during the present meeting. Adjourned.

Evening Session.

In the evening, at eight o'clock, the members, with their wives and friends, re-assembled. The President, William Tod Helmuth, M.D., introduced N. F. Cooke, M.D., of Chicago, who delivered the annual address. He compared the homœopathic treatment with that of the old school, claiming that the time was come when patients were no longer to be tortured to death in the effort to cure them, and that physicians should imitate the Saviour in his quiet and peaceful method of healing the sick. The progress of homœopathy, he said, was only less than that of Christianity itself. The law of homœopathy, — *simi-*

lia similibus curantur, — like NEWTON'S law of gravitation, had been discovered by accident. They who had adopted it could point to the past with a feeling of exultation, while the people generally had not been slow in recognizing its superiority. Homœopathic physicians to-day had more patients than they could attend to. The people who believed in the practice, not satisfied with what had already been obtained, should proclaim the efficacy of it, and insist that the Government should take measures that would place it on an equal footing in all respects with allopathy. He enlarged upon the opposition which had been met and overcome in advancing homœopathy to its present position. He argued against the assertion of its enemies, that its supporters were not true to their principles. He compared the two systems, and what they were effecting, and placed before the Institute a table which set forth, that, where the mean proportion of deaths by allopathy was from nine to ten per cent, that of homœopathy was from four to five per cent; that, where the time of curing diseases by allopathy was from twenty-eight to twenty-nine days, that of homœopathy was from twenty to twenty-one; and that, where allopathy cost one dollar and sixty-three cents for each patient, homœopathy cost eighty-eight cents. He concluded an eloquent address by appealing to the press to aid homœopathists in their work of reform.

On motion of S. S. Guy, M.D., a vote of thanks was tendered to Dr. Cooke for his very masterly exposition of the advantages of homœopathy, and its claims for earnest support on the part of the public; and a copy was requested for publication. The Institute then adjourned till Thursday at ten o'clock, A.M.

After the adjournment, the Committee of Arrangements invited the members and their friends to repair to the lower hall, where tables were spread, loaded with all the luxuries of the season. A band was in attendance, which furnished delightful music; and the complete success of this, as well as the subsequent entertainments, must have been as gratifying to those who so generously furnished them as they were acceptable, and the social intercourse to which they contributed will be memorable to the partakers.

SECOND DAY. — MORNING SESSION.

The Institute assembled at ten o'clock, A.M., President Helmuth in the chair.

The Secretary reported, that, in accordance with the instructions of the Institute, he had distributed six thousand copies of the cholera circular, prepared by the Bureau of Clinical Medicine. This had been copied into numerous newspapers in different parts of the country, and had been gratefully received by the profession generally.

The chairman of the Bureau of Materia Medica, Conrad Wesselhœft, of Dorchester, presented a paper upon the subject of drug provings. He stated that our original work on Materia Medica is in German; it is therefore accessible to most American physicians by means of translations only. It is now proposed to collect the scattered mate-

rials, add new and complete provings of American drugs, and create an American Materia Medica, conveying its meaning, directly from the pen of the provers, in idiomatic English, to the reader. In this way only would they escape the appellation of irrational empirics. Although the German Materia Medica had established the truth of homœopathic principles in every country, far greater results might be looked for, when each country, with its peculiar language, climate, and territorial idiosyncrasies, shall possess a Materia Medica of its indigenous drugs.

Dr. Wesselhoeft then read an abstract of a very thorough and careful proving of Pulsatilla nuttalliana, the Anemone patens of Gray, covering some eighty or ninety pages.

Dr. Payne presented and read a partial proving of Lilium tigrinum.

Dr. Williamson read an abstract of a very extensive and thorough proving of Hydrastis canadensis, covering some hundred or more pages.

A letter was read from Dr. Hale, stating that his proving of Ptelea trifoliata was not yet complete; but, if he should be continued upon the bureau, he hoped to present a carefully prepared proving of this drug at the next meeting of the Institute.

The report of the bureau was accepted, and referred to the Committee on Publication.

On motion of Dr. Gregg, the thanks of the Institute were presented to the members of the bureau for their laborious efforts and carefully prepared reports.

Dr. B. Fincke presented a detailed proving of Lachesis, made with the one hundred thousandth potency. It was referred to the Committee on Publication.

Dr. P. P. Wells then addressed the Institute on the subject of the proving of drugs; giving his idea of the manner in which it should be done, objecting strongly to the making of violent assaults upon the system with large doses of the drug which is to be proved.

Dr. Moore spoke in favor of physical diagnosis, inspection, &c., and would not be wholly dependent upon subjective indications. A physician should be a naturalist, should study his patient in all possible ways, and then select his remedies accordingly.

A very interesting discussion then ensued upon the general subject of drug provings and drug action. Many of the members participated in it.

The Board of Censors reported the name of Mrs. Mercy B. Jackson, M.D., of Boston, who had applied for membership.

The Secretary stated that her application as reported last year was still upon the table.

It was taken up, and Dr. David Thayer, of Boston, said that Mrs. Jackson had been longer in homœopathic practice than the majority of the members of the Institute. She was well educated, and a regular graduate of a legally authorized medical college in Massachusetts. There were physicians present who knew her to be well edu-

cated, and of high moral character. The question whether females should be admitted to the membership of our medical societies could not longer be avoided. We shall soon ascertain, if we do not know it to-day, that the world moves. While it is physically revolving along its orbit, it is at the same time morally advancing. It is useless for us to contend against manifest destiny, and it will not be long before women will have the right of suffrage in the Empire State. He was not particularly a "woman's-rights" man, but conceded the largest liberty to all. He favored every thing that tended to progress and order; and was satisfied that the female mind was naturally well adapted to the practice of medicine, particularly to that minute and careful investigation of symptoms which we recognize as peculiarly adapted to the practice of homœopathic medicine. He wished to know if the American Institute of Homœopathy was sufficiently advanced to admit women to equal privileges of membership.

Dr. D. Holt, of Lowell, said that he had met the lady proposed some years ago, and was favorably impressed with her. If ladies were to be admitted to the Institute, he knew no objections to the one now proposed. The question of admitting females to membership must be met by the Institute: and he should vote in the affirmative, because he thought well of the sex generally; and because some of them had qualifications fully equal, if not superior, to those of male practitioners in general; and because the Institute would have to come to it, the issue being unavoidable.

Some discussion ensued upon the fitness of the applicant for membership, which was participated in by Drs. Thayer, Sherman, McManus, and others.

Dr. Talbot said that he considered the question before the Institute to be one of broader scope than mere individual qualifications. It was one of the great moral questions which were forcing themselves upon the attention of society in various phases; and he would greatly prefer to see it discussed upon its abstract merits, than upon any consideration of personal qualifications.

By consent of the Institute, Dr. Wells offered the following resolution as a substitute for that under consideration: —

Resolved, That the American Institute of Homœopathy admit to membership properly educated females.

Dr. Donovan, of Staten Island, said that he thought it proper for the Institute to do every thing in its power to elevate and improve the standard of female practitioners of medicine. There were many circumstances in which a female physician was preferable to a male, especially in the treatment of diseases of her own sex; but the admission of women to the membership of the Institute was quite a different question. They would here impose a restraint upon the deliberations, and prevent the discussion of many reports of great importance to the profession. It was therefore better that they should form associations of their own. He accordingly introduced

the following resolution, as a substitute for the one offered by Dr. Wells: —

Resolved, That the American Institute of Homœopathy, while admitting the importance of educating women as practitioners of medicine, and the advantages that will result in many cases from their employment as physicians, cannot approve of their being associated with males in our medical colleges, or as students in the classes of our medical colleges; as such association, we believe, will, in the one case, tend to fetter freedom of discussion, and, in the other, violate that sense of propriety, and sentiment of delicacy, which the community deem so important to preserve the proper relation of the sexes.

The substitute was rejected by a large majority; and the question then recurred upon the original resolution.

Dr. Cooke, of Chicago, said that he believed women had a right to engage in medicine, but they should not ask to join male homœopathic societies: they should establish societies of their own. If they were admitted to the membership of the Institute, they would not only embarrass the proceedings, but keep the other members in a constant ferment.

After some further discussion, the Institute adjourned till two o'clock.

Afternoon Session.

The Institute assembled at two o'clock, the Vice-President, P. P. Wells, M.D., in the chair.

The discussion of the resolution was resumed, and several members spoke on the subject. The yeas and nays were then called for, and ordered for the first time in the history of the Institute. The resolution was lost by a vote of fifty-six yeas to sixty-eight nays.

H. D. Payne, M.D., of New York, chairman of the Bureau of Clinical Medicine, read a report of the action of the bureau during the past year. He also read a paper on the alleged change of type in diseases within the last twenty-five or thirty years, during which the allopathic treatment of most diseases had undergone a complete revolution in all parts of the world, and among all classes of physicians: a milder course of medical treatment had taken the place of the system formerly in vogue.

D. H. Beckwith, M.D., read a report on the treatment of diphtheria. He described several typical cases, with the treatment which had been adopted, and the results of his careful study of this disease. The remaining reports of this bureau were continued to the following day.

Reports were received from the delegates of the State and local societies, all of which showed that homœopathy was flourishing in their respective localities. The Institute then adjourned until Friday.

Third Day. — Morning Session.

The Institute met at nine o'clock, the President in the chair.

The report of the Bureau of Clinical Medicine was continued. A very carefully prepared paper by T. G. Comstock, M.D., of St. Louis, on the subject of cholera, was presented. It gave a full and interesting account of the epidemic which prevailed in St. Louis with such severity last summer.

The various reports of the Bureau of Clinical Medicine were accepted, and referred to the Committee of Publication.

The report of the Bureau of Surgery was then taken up; and, in the absence of the chairman, Dr. W. Tod Helmuth, one of the members of the bureau, gave a detailed account of new operations performed by him, improvements for the treatment of fractures, &c. He described in a graphic manner a very difficult operation of perineal urethrotomy which he performed in St. Louis, accompanying his account with a minute description of the anatomy of the parts. He also presented to the Institute specimens of the cuboid, scaphoid, and cuneiform bones taken from the ankle of a patient suffering with caries of the bones of the ankle, and described the operations which he performed to save the foot, securing at the same time motion at the ankle-joint. He also showed the Institute the entire bone of the lower jaw, which he had removed from a boy in Indianapolis. He performed this operation while attending the recent meeting of the Western Institute of Homœopathy. In two days after the operation, the patient was able to talk. This difficult operation had been performed but three or four times in the United States. The bone was removed because of necrosis, and a pin was found imbedded in the substance of the bone. He also described a new method of applying the ligature in the operation for varicocele.

Dr. Bushrod W. James, of Philadelphia, then described a new apparatus for treatment of the transverse fracture of the patella. He explained that the difficulty of retaining in apposition the two fragments of the patella in a transverse fracture was well known to all surgeons into whose hands such cases fall. The ordinary apparatus was very apt to slip out of place, or to produce such excoriation of the surrounding parts, where strong pressure must be constantly made, that the appliances must either be very insecure or very painful to the patient. This defect in the apparatus has usually resulted in ligamentous union of the fracture, and the patient has been rendered permanently lame thereby.

Dr. William A. Reed, of Philadelphia, exhibited a remarkable bone taken from an ovarian tumor during a post-mortem examination. It resembled in shape the temporal bone, and had three teeth, resembling molars, inserted in different portions of it. It was taken from a subject forty years of age, who presented unmistakable evidences that this could in no wise have been the result of pregnancy.

Dr. B. F. Bowers, of New York, described new instruments for use in cases of ectropion, and an appliance for umbilical hernia.

Dr. George F. Foote, of Philadelphia, read a paper on the external use of drugs in surgical diseases, taking strong ground against it. He had no faith in the use of drugs in such cases, and would put the patient under hygienic conditions. Where there are symptoms indicating certain remedies, he would use them in the same manner as if the patient had no local or surgical affection.

J. Beakley, M.D., chairman of the Bureau of Surgery, being now present, stated that he had been unable to prepare any report of his bureau, but promised to do so in a few days.

The Secretary read a letter from Dr. Sheffield, of Nashville, Tenn., descriptive of a monstrosity, partially bicephalous, which had recently come under his observation. The letter was accompanied by a photograph of the child, who lived twenty-four hours after birth.

Dr. L. H. Willard, of Pittsburg, read a paper on the fracture of the femur, and its treatment by a new apparatus, which was illustrated with drawings. The object is to do away with the wooden splints and apparatus now in use.

Dr. N. F. Cooke, of Chicago, presented a paper on dislocation of the kidney, or, as it is sometimes termed, floating kidney.

Dr. William Hause, of Adrian, Mich., presented a paper on otitis.

Dr. C. Theod. Leibold, of New York, read a paper on astringents, and a new form of eye syringe.

These papers were severally referred to the Committee on Publication.

At twelve o'clock, in accordance with a previous assignment, the consideration of the report of the committee on a complete code of medical ethics was taken up.

Dr. Swazey, from the sub-committee, reported several amendments, which had been thought desirable. Most of these were of an unimportant character. He paid a high compliment to the careful and erudite manner in which the report had been drawn up. He suggested striking out the entire section which makes it derogatory to a physician to hold a patent for any improvement or invention pertaining to the medical profession.

An earnest and spirited discussion arose on this proposition, in which Drs. Thayer, Swazey, Kirby, Clarke, McManus, Gregg, Wells, and Talbot participated.

Pending the discussion, the Institute adjourned till the afternoon.

Afternoon Session.

The Institute assembled at two, P.M., the President in the chair.

The discussion on the code of ethics was continued; and, on motion of Dr. H. B. Clarke, it was ordered, that the report be referred to the Committee on Publication, with instructions that it be printed in the Transactions.

It will accordingly come up for consideration at the next meeting.

J. C. Sanders, M.D., of Cleveland, presented a report of the Bureau of Obstetrics. A portion of it was read, and it was referred to the Committee on Publication.

The report of the Bureau of Statistics was then taken up, and the several recommendations and resolutions contained therein were adopted.

Dr. H. D. Paine, Necrologist for the year past, presented obituary notices of the deceased members. It was referred to the Committee on Publication.

Dr. Hoffman, of New York, exhibited a new form of pessary, and explained its use and method of construction.

Dr. E. B. Harding exhibited a new kind of uterine supporter, which excited some discussion as to the necessity of any instrument of the kind.

Dr. J. C. Sanders offered the following resolution, which was adopted: —

Resolved, That a committee of five be appointed to prepare, for the consideration of the Institute at its next meeting, suggestions and plans for the general advancement of the standard of medical education.

Dr. Verdi moved that the subject of establishing an institute in other countries similar to the American Institute, and to be in correspondence with this, which was presented at the last session, be referred to a special committee. The motion was carried, and Drs. Carroll Dunham, T. S. Verdi, I. T. Talbot, and B. DeGersdorff, were appointed as the committee.

On motion of Dr. Smith, Drs. H. D. Paine, S. B. Barlow, and E. M. Kellogg, were appointed a Finance Committee, with power to settle all claims against members of the Institute for back dues.

On motion of Dr. Clarke, the President was instructed to appoint the members of the several bureaus and the special committees.

On motion of Dr. Smith, the Secretary was instructed to cause the seal of the Institute to be suitably engraved for use in official publications.

Dr. Clarke moved, that, when the Institute adjourn, it be to meet at St. Louis, on the first Wednesday of June, 1868. After considerable discussion, the motion was carried.

Dr. Swazey offered the following resolution, which was adopted: —

Resolved, That the names of our deceased members be arranged by themselves in the published Proceedings, with the date of their decease affixed.

Dr. Swazey also offered the following, as an amendment to the Constitution, which was laid on the table, to be acted on at the next meeting: —

Resolved, That the third article be amended by inserting the words "male or female" after the word "others."

Dr. H. M. Paine offered the following resolution, which was adopted: —

Resolved, That, in the organization of life-insurance companies which discriminate in favor of practical homœopathists, we recognize an important instrumentality, which, by showing the superiority of homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann; and that, whenever practicable, the members of this Institute will give to such organizations a united and cordial support.

The President announced the following appointments: —

Bureau of Materia Medica. — Drs. Conrad Wesselhoeft, of Dorchester, Mass.; Walter Williamson, of Pennsylvania; William E. Payne, of Maine; E. M. Hale, of Illinois; and Samuel B. Barlow, of New York.

Bureau of Clinical Medicine. — Drs. Henry D. Paine, of New York; S. M. Cate, of Massachusetts; D. H. Beckwith, of Ohio; P. P. Wells, of New York; and J. C. Burgher, of Pennsylvania.

Bureau of Obstetrics. — Drs. H. H. Guernsey, of Philadelphia, Penn.; J. C. Sanders, of Ohio; J. H. Woodbury, of Massachusetts; R. Ludlam, of Illinois; and T. S. Verdi, of Washington.

Bureau of Surgery. — Drs. William T. Helmuth, of St. Louis, Mo.; Jacob Beakley, of New York; G. D. Beebe, of Illinois; E. C. Franklin, of Missouri; and George F. Foote, of Pennsylvania.

Bureau of Physiology. — Drs. J. H. P. Frost, of Philadelphia, Penn.; C. Vastine, of New Jersey; T. P. Wilson, of Ohio; H. P. Gatchell, of Ohio; and J. J. Mitchell, of New York.

Bureau of Hygiene. — Drs. Carrol Dunham, of New York; George E. Shipman, of Illinois; T. G. Comstock, of Missouri; J. H. Pulte, of Ohio; and C. William Boyce, of New York.

Bureau of Anatomy. — Drs. T. F. Allen, of New York; John C. Morgan, of Pennsylvania; H. C. Allen, of Ohio; Melville Bryant, of New York; and J. Holtby, of New York.

Bureau of Organization and Statistics. — Drs. H. M. Smith, of New York; Horace M. Paine, of New York; B. W. James, of Pennylvania; William F. Jackson, of Massachusetts; and G. C. Duncan, of Illinois.

Committee on Medical Education. — Drs. John C. Sanders, of Ohio; George S. Walker, of Missouri; S. R. Kirby, of New York; Daniel Holt, of Massachusetts; and D. S. Smith, of Illinois.

Orator for 1868. — Dr. Henry B. Clarke, of New Bedford.

Alternate. — Dr. William H. Watson, of Utica.

Necrologist. — Dr. H. D. Paine, of New York.

Committee of Arrangements. — Drs. T. G. Comstock, E. C. Franklin, J. Hartmann, G. S. Walker, and William T. Helmuth, of St. Louis.

On motion of Dr. W. E. Payne, resolutions were unanimously adopted, tendering the thanks of the Institute to the General and Pro-

visional Secretaries and the Treasurer, for their arduous labors in behalf of the Institute during the past year; to the presiding officers, for the impartial manner in which they have performed their duties; to the members of the various bureaus, for their untiring and successful efforts; to the press of New York, for their careful and extended reports; and to the Committee of Arrangements, the New-York Homœopathic Medical Society, and the physicians generally of New York, for the kind and hospitable manner in which they had entertained the members of the Institute during its session.

The Institute then adjourned, to meet in St. Louis on Wednesday, June 3, 1868.

I. T. Talbot, *General Secretary.*

The proceedings of the recent meeting of the Massachusetts Homœopathic Medical Society, necessarily omitted in the present number of the "Gazette," will appear in our next issue.

Dr. J. H. Woodbury, of this city, has returned from Europe, and will soon present to the readers of the "Gazette" some of the results of his observations in the British and Continental hospitals.

Following close upon the 20th announcement of the Homœopathic Medical College of Pennsylvania, we are in receipt of the announcement of the Hahnemann Medical College of Philadelphia, college building No. 1307, Chestnut Street, session of 1867–68. We know nothing of the history of the formation of this new institution; but, from the composition of its "Faculty of Medicine," we presume it to be the result of some difficulty among the professors of the old college, ending in a schism. Drs. Hering, Raue, Morgan, Stephens, and the Professor of Medical Jurisprudence, Mr. Warriner, have, it seems, gone over in a body to the new college; while Drs. Lippe, Guernsey, Foote, and Frost still retain their places in the old institution.

Erratum. — May number, page 98, seventeenth line from the bottom of the page, for "Croton oil three-drop doses," read, Croton oil 3d, drop doses.

Messrs. W. A. Townsend & Andrews, of New York, propose to republish, in this country, the "London Chemical News and Journal of Physical Science," by which means its present price of twelve dollars will be reduced to two dollars and fifty cents per annum.

The "Cornell University," in addition to the usual professorships of our colleges and universities, proposes to organize professsorships of Agriculture, Agricultural Chemistry, Commerce, Mining, Mechanics, Engineering, Education, and Zoötechny.

The cattle plague has again broken out in England.

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CLINICAL REPORT OF CASES TREATED.

BY G. OEHME, M.D., PLYMOUTH, MASS.

Case I. — A man of thirty-five years, just before being discharged from the Army of the Potomac, took a severe cold, and was attacked with diarrhœa (as he called it) very soon after arriving home. This diarrhœa had continued, according to his statement, for three years, and did not seem to be influenced by his diet. There were from six to thirteen discharges in twenty-four hours, one usually very soon after a meal. They were preceded by hardly any warning, and passed off with a great deal of wind. Appetite large, and every thing sat well on his stomach. On examining the fetid-smelling stool, I found the disease not diarrhœa. The discharges contained bloody, brownish-looking phlegm, pus, clear blood, and little balls of natural feces; sec., nitr. ac., gutti, china, were useless. After phos. ac., he had more warning before a discharge. Ferr. carb., 3d trit., caused a very perceptible improvement in two days, and cured him in five weeks.

Case II. — A sea-captain was taken on the coast of Texas, sixteen months previously, with inflammatory rheumatism, followed by a disease of three months' duration, which he called slow or bilious fever. During the latter, he had much pain in the region of the kidneys, and passed a great deal of offensive urine. Being under allopathic treatment, he took large

quantities of calomel and quinine. Afterwards, the present disease commenced, and he continued growing worse until he reached home, two months ago; since that time, it has remained about the same, until I saw him.

Present state: Considerable emaciation and weakness. *Limbs sore and aching. Great appetite*, insatiable *thirst*, and constant *dryness of the mouth.* Gums livid and swollen. *Soreness in the kidneys.* He is obliged to rise at four o'clock in the morning, *on account of pain in the small of the back, which is improved by motion.* The urine looks entirely natural, is light-colored, and passes in great quantities. During the night alone, it amounts to six quarts from five or six discharges. The chemical tests with kali caustic and sulphate of copper indicate the presence of a great deal of sugar.

After a useless administration of arsen., I gave ratanhia, one drop of the tincture four times a day. This medicine had such an astonishing effect, that it was plainly perceptible within two days. In thirteen days, it reduced the quantity of urine during the night from six quarts to two, and improved in a like manner the other symptoms. The same chemical test indicated the presence of only about the fifth or sixth part of the former quantity of sugar. He felt in every respect so much better and stronger, that he insisted upon going to sea, as a good opportunity offered. Some two or three months afterwards, I accidentally heard that he was in good health.

Case III. — The following cure with bell. is mentioned, not because of any thing new, but to show how quickly and radically a medicine may cure, even in a chronic disease, when completely adapted to the case.

A boy of five years began, two years since, to awake at night crying out with fright. After being pacified, he would fall asleep, and rest quietly the remainder of the night. These attacks grew more and more frequent, until they occurred nearly every night during the last five months. No other disease or symptoms could be found. I left eight powders of bell. 2; one to be taken towards evening, another before bedtime. No attack has occurred from the time he took the first dose, which was eight months ago.

Case IV. — A light-complexioned girl of seventeen years, always rather sickly, had the following complaints: General weakness and lassitude, especially in the morning after rising, until about ten or eleven o'clock, A.M., when she began to feel better in all respects. There was emaciation, paleness of the face, and blue circles around the eyes. Appetite pretty good; desire for sweet food. Vomiting at irregular intervals, succeeded by jaundice. During the last two months previous to my treatment, she had, every forenoon, sickness at the stomach and two loose discharges; the first one occurred usually after breakfast, seldom before, with pain in the bowels, especially after an evacuation. For more than a year, there was cessation of the menses, with the exception of two slight menstruations, five and six months previous. Fluor albus during the last five months.

Calc. carb. 3 had no effect. As she particularly desired relief from the complaints from which she suffered in the forenoon, — viz., general feeling of illness, nausea, pain, and diarrhœa, — I concluded to give nux vom. 2, although the cessation of menses, and especially the constitution and mild temperament seemed contra-indications, and strongly spoke for pulsatilla. Nux vom. 2, four times a day, improved the disease of the digestive organs considerably within four days; but as it could not be expected to regulate also the diseases of the sexual organs and the watery state of the blood, I did not hesitate to give now nux and puls. 2, alternately: the former before bedtime and breakfast; the latter, before dinner and supper. Under this treatment, the digestive organs were, in about two weeks, in perfect order, and her cheeks began to show some color. Three months after the commencement of the treatment, some show of menstruation came on. With the fourth month, menstruation began to be quite regular, although one or two days too late and rather scanty, which, however, might well be accounted for from her previously debilitated condition.

INTUSSUSCEPTION: A CASE FROM PRACTICE.

BY L. W. ALGER, M.D., CANTON, MASS.

I WAS called one evening to a boy five years old. During the previous day he seemed in perfect health. He complained only of pain in the popliteal region. Through the night he was restless, soothed by hot fomentations on the bowels,— although there was no pain nor fulness, and he had had an evacuation the morning before. The next day he seemed better, sitting at the tea-table, and eating a little with evident relish. I was called again in the evening at nine o'clock, and found the patient in violent convulsions. I administered a warm bath and an injection, which relieved the spasmodic action of the muscles, but did not restore consciousness. He died at twelve o'clock, thirty-three hours from his first complaining.

Post mortem revealed intussusceptions and invagination of the small intestines in five places, only one showing signs of inflammation.

CASES FROM PRACTICE.

Read before the Maine Homœopathic Medical Society, by C. H. BURR, M.D., of Portland.

CASE I. — *Rheumatism.* — About two years ago, a young woman called to ask advice about an obstinate form of rheumatism, with which she had been afflicted most of the time for several years.

The year previous to her calling, she had rheumatic fever, since which time she had hardly been free from pain.

The following is a statement of her condition: Dull, heavy pain in the right hip, extending to the knee, producing lameness, soreness, and tumefaction. The tendons forming the lateral boundaries of the popliteal space were contracted, hard, and sensitive to touch, making it difficult for her to touch the heel to the floor.

In addition to these symptoms, she complained much of her head, of a sense of confusion and fulness, of heat in the ver-

tex, and a feeling as if a weight of several pounds was constantly resting there.

Guided by the head symptoms, rather than by the condition of the hip and knee, she received one dose of Sulphur 200, and was requested to call again in two days; at the expiration of which time, she appeared, saying she was much better; the weight, heat, and fulness had been removed from her head, and there was much less soreness and tumefaction about the knee. She received no more medicine, but was directed to call again when the symptoms returned.

Two years and more have elapsed, but she has not reported any return of symptoms. I met her on the street a few months since, and she said she had had no return of rheumatism since she received the one dose of medicine.

Case II. — *Dyspepsia.* — Feb. 4. — Miss D., aged 18, has had dyspepsia eight weeks. She has light hair, blue eyes, sensitive organization. The sight or smell of food disturbs her; she cannot eat any thing with any degree of relish. When a little food is taken, it causes dull pain in the stomach, flatulence, and nausea. A little food causes a feeling of great fulness in the stomach. Dislikes meats of all kinds; craves acid substances.

Soreness in the region of the stomach; the clothes feel too tight. Sleeps soundly and late in the morning; awakes feeling dull, and almost stupid; also feels dull in the evening. Tongue becomes dry during the night; mouth tastes badly in the morning.

There is constipation: bowels move once a week. She has headache most of the time; it gets worse about 4, P.M., and the pain is severe until she goes to sleep at night.

Guided by the two characteristic symptoms in the case, — viz., the time of aggravation, and the fact that a little food seemed to fill her full, — she received one dose of Lyco. 200.

Feb. 10. — Reports herself better; hungry all the time, — most so about 11, A.M.; cannot wait for her food; it does not disturb her, unless eaten too rapidly. Headache entirely relieved. Felt better the day after taking the remedy. Bowels more regular; move once in two days. Aversion to meat continues. Gave one dose of Sulphur 200.

March 26. — Called to report herself cured; never felt quite so well before.

Case III. — *Anœmia.* — Jan. 17, 1867. — Miss R., aged 18, has been in an anæmic condition two years, and has all the appearance of a person suffering from that disease. The face is pale and bloodless; the ears are white, and lips nearly so. Previous to her illness, she had an eruption of acne upon the forehead. She is easily fatigued; cannot walk far; all motion produces palpitation; moving the arms wearies her much. Menses delayed, scanty, and of short duration. During the period, there is swelling of the face, abdomen, and legs, also pain in the back and uterine region. Sleep disturbed, and unrefreshing; has unpleasant dreams; awakes with exclamations; falls asleep again, and has more frightful dreams. Jerkings in the limbs at night; frequent cramps in the legs at night; face bloated in the morning.

Appetite generally good; gets suddenly hungry; cannot wait for her food. This symptom occurs most frequently in the forenoon. A little food gives a sense of fulness in the stomach. Talks to imaginary persons. She is worse in the morning, after eating, during motion, during the menses, when moving the arms, and when left alone. *Much better* in the open air. Sleeps best when lying on the left side. Gave one dose of Sulphur 200, for the following reasons: viz., the menses were delayed, scanty, and painful; face, abdomen, and legs were bloated during the period. While sleeping, there were jerkings in the limbs, cramps in the legs, exclamations, and frightful dreams. *Sudden hunger in the forenoon.* Talking to imaginary persons.

Jan. 24. — Improving. Gave no medicine.

Feb. 2. — Not feeling quite so well; no new symptoms. Gave Sulphur 200.

Feb. 9. — Better at times; the ears look red; exercise brings blood into the face. No medicine.

Feb. 19. — Better in all respects; nearly all the first symptoms have disappeared. Eruption on the forehead.

April 8. — Reports herself cured. Cheeks plump and red.

THE AFRICAN LILY.

BY A. LINDSEY, M.D., LACONIA, N.H.

In the fall of 1865, my friend, W. L. Avery, Esq., American Arbitrator at Cape Town, sent me some of the "African lily," or "Pig lily." He gave no botanical name or description, and I have not been able to find any. He says its effects are very powerful and deadly, "the least particle of the root touched to the tongue will cause a man to drool for hours." He thought, from what he had seen of its effects, it ought to prove of great use in diphtheria, and wished it tried.

I prepared it, and took perhaps a quarter of a grain of first trit.: in a very few minutes felt a tingling irritation in the back part of the throat, extending with slight inflammation up behind the arches and uvula and down, lasting about half an hour. Once or twice afterwards, I took the same quantity with same results; but the state of my health prevented my taking it further. I sent some to Dr. L. F. Morse, then in New York, requesting him to prove it. He took some two or three times, producing immediately the same symptoms in his throat: he did not push it farther, but gave it to Professor Beakley to prove, with what result I know not.

I gave it first in one of those severe and obstinate inflammations of the throat after diphtheria, in which I had exhausted every means I could think of, without permanent benefit.

Miss B., school teacher, had been troubled very much with her throat since an attack of diphtheria some two years previous to my first seeing her. She had been rapidly growing worse latterly, notwithstanding the caustic applications and allopathic treatment for months past. The whole throat was very much inflamed, of rather a dark hue; and the tonsils were swollen. There was considerable fever, with symptoms of paralysis; great numbness and prickling in the arms and hands; and what she called a "dead feeling" through the chest, and at times it was difficult to breathe. It seemed as though her whole system was poisoned. She gradually recovered so as to be about; but her throat was extremely sore and sensitive, every

little cold causing great aggravation. I treated her for several months with acon., bell., gels., merc., hep., bar. c., nit. ac., nux, canth., ars., kali-bichr., &c., with only temporary relief. I then gave the Lilium Africanus 1, four times a day. On next seeing her, she reported that her throat was better immediately on taking the last medicine, and she felt better in every respect. I continued the medicine at longer intervals a short time; and in a few weeks she resumed her school, and has remained well since, nearly a year. In Miss R., another obstinate case for which nothing that I could do during two years would give more than temporary benefit, the taking of the African lily was followed by speedy relief; and, unless after severe cold, she has required nothing for her throat the past year.

But I will not trespass upon your space by specifying cases. I will merely say, that every case of a similar nature, which I have seen during the past year, has been as promptly relieved as the above. I think the African lily well worthy a more extended trial.

The New-England Medical Gazette.

BOSTON, JUNE 15, 1867.

Medical Education. — We are glad to notice that the attention of the profession is being drawn to the importance of a more thorough education for our students of medicine. That the present system of instruction is radically defective, and needs a thorough remodelling, is obvious to any one who has given the subject a moment's thought. It is a lamentable fact, and yet a well-determined one in the minds of those best qualified to test it, that a large minority of practising physicians find it quite impossible to express their ideas creditably in writing upon subjects connected with their profession. This defect is not, as so often charitably suggested, due to any great extent to a want of practice in writing, but is mainly the result of unprofitable early associations, and defective preliminary educa-

tion and mental training. This defective training is also manifested in an inability to grasp comprehensively the more scientific or mathematical branches of a medical education. The practice of medicine to-day is very unlike the practice of medicine of fifty years ago, or of even fifteen years ago. The art is fast giving way to the science of medicine; and to grapple successfully with the scientific medical problems of to-day requires a mind of no ordinary breadth and discipline.

A few days since, a young man, who "had been preaching," as he informed us, for three years, presented himself for treatment for a troublesome affection of the eye. The disorder had become chronic; and we remarked to him that he had probably brought it on by over use of his eyes, during his preparation for the ministry. "No, sir," said he, "I made no preparation: I was a sailor, and I just cut my going to sea short off, and went straight to preaching." Now, we have not many of *exactly* this sort of person in our ranks; but we have a great many who have "cut short off" from occupations requiring quite as little mental training as that of a common sailor; and, hastening to a medical college, have attended two courses of lectures, paid their graduation fee, and forthwith commenced the practice of medicine. Of course, any man has an undisputed right, in this country, to preach, practise medicine, or follow the sea; but can our branch of the profession afford to countenance the promise of diplomas to individuals entirely unfitted for the study of medicine through lack of all preparatory education? We shall recur to this subject again in our next issue.

How often can a Physician lawfully visit a Patient and charge therefor? — The decision of this point was made by one of our Boston judges last month, which, if it were of any possible value as a precedent in law, would be of great interest and importance to the profession.

The case was one of painful hemiplegia, in a lady about sixty-five years old. She had been sick about four months, and had been attended by three different physicians, without apparent benefit. At the end of this time, a physician was called who had formerly attended in the family, and whose honesty, uprightness, and professional skill were undoubted. This physician continued in attendance from the 7th of May till the latter part of August, a period of nearly four months, during which time he made sixty-five visits, when, from declining health, he was obliged to relinquish his profession, which he

had practised in Boston more than twenty years, and to remove to a milder climate. Some months after he had left the city, the son of the patient, probably knowing that they would never have his services again, declined to pay the bill, when an action was brought to recover it. It appeared in evidence, that the physician was in good and regular standing, and that he bore an unblemished professional reputation; that his visits were made in good faith, and with benefit to the patient; that the patient and family were pleased with his services, and continued them as long as he remained in the city. It appeared, furthermore, that, when the visits were omitted more than one or two days, the physician was sent for; and, that, on the 1st of July, when he had been in attendance less than two months, a bill for forty-three visits was rendered, to which no objections were made; and, as before stated, his visits were continued nearly two months longer, when he relinquished practice.

The defendants at first denied that so many as sixty-five visits had been made; but, finding that these could readily be proven, they took the ground that the disease was an incurable one, and so many visits were unnecessary, and consequently ought not to be paid for.

Four physicians were summoned as witnesses. One of whom testified that he had himself made twenty-two visits to this patient, in less than a month; and two other physicians testified that the number of visits, sixty-five in one hundred and ten days, could not be considered *unprofessional* or unnecessary, as there were many similar cases where visits were deemed requisite for the comfort and welfare of the patient, and were rendered even more frequently than here.

The judge decided that there had been more visits made than were necessary in this case, and said that he found it difficult to decide, and could therefore only approximate, the proper number. He should allow *one visit a day for the first month*, until the physician had become acquainted with the peculiarities of the case, and after that *four visits a month* for the remaining time! Physicians, if they choose to take this astute judge for authority, will, in the future, know precisely how often they will be allowed to visit in severe and protracted cases.

New-York Ophthalmic Hospital. — Last year, when the cholera was expected in New York, strenuous efforts were made to secure homœopathic treatment for such as desired it, and at one time the Board of Health seemed inclined to grant what was evidently so just and reasonable. But a few vigorous cuffs from the State and County medical societies soon set the weak-kneed members to eating humble-pie, and they stoutly declared that they had never for an instant thought of such a thing as allowing the poor people any alternative but to die of cholera in the *regular* way. Members applauded, and the societies patted the Board of Health on the head, and said "Good boy," and all was running smoothly again. But, in the mean

time, some of the tax-payers and thinking men of New York were not entirely satisfied with this proceeding; and at the recent annual meeting of the directors of the New-York Ophthalmic Hospital, on discussing the matter, it was found that sixteen out of eighteen directors employed only homœopathic treatment in their families, and it did not seem to them right to provide less efficient and valuable curative means in the hospital of which they had charge. Accordingly, the whole corps of physicians and surgeons, including Drs. Carnochan, Post, Stephenson, and Hamilton, were discharged, and homœopathists were elected in their places.

The following were the appointments made: —

Attending Physicians and Surgeons. — T. F. Allen, M.D.; C. Theodore Leibold, M.D.; C. A. Bacon, M.D.; J. McE. Wetmore, M.D.

Consulting Physicians and Surgeons. — George E. Belcher, M.D.; Henry D. Paine, M.D.; Carroll Dunham, M.D.; P. P. Wells, M.D.

We learn that already has been shown the wisdom of the directors in making this change. A new interest has been created in this institution. The number of patients has increased, and a building fund has been commenced which will give a larger and better building with increased facilities for usefulness. We do not doubt but there are charitable institutions in Boston which would find it greatly to their advantage to take a similar step; and we would remind our allopathic friends, that the day is not far distant, when, if some degree of consideration and fairness is not shown to the homœopathic patrons of these institutions, they will in self-defence take the affairs into their own hands to manage them as they shall think best.

Grauvogel says ("North-American Journal of Homœopathy," translated by Lilienthal) that "a chronic disease — especially when based upon retentions in a carbo-nitrogen constitution — can only be cured quickly, safely, and pleasantly by high potencies; yea, it can be rendered incurable by the use of low potencies."

We remember to have cured, in our day, several cases of chronic diseases — yea, quickly, safely, and pleasantly — with very low dilutions; but they were probably not "based upon retentions in a carbo-nitrogen constitution." Exactly what kind of a base a "retention in a carbo-nitrogen constitution" is, we do not pretend to know; but no doubt the highest kind of a potency is just the thing for it. Another point well put by Dr. Grauvogel — "yea, it can be rendered incurable by the use of low potencies" — is also worthy our profoundest attention.

We trust that such of our readers as have been in the habit of running about with noxious low dilutions in their pockets will note this warning. Do not, we implore you, by the careless use of the

sixth dilution, perpetuate any such base as the one above alluded to. Rather, upon the least suspicion of a "retention," turn your back upon the patient, than perpetuate a bad base in a "carbo-nitrogen constitution."

Dr. Cooke, of Chicago, writes us to correct an error in our short report of his address before the American Institute, which was published in the last number of the "Gazette." We did not hear the address, and our meagre outline was taken from the New-York journals, in which occurred the sentence claiming "that physicians should imitate the Saviour in his quiet and peaceful method of healing the sick." Dr. Cooke writes us that he "said nothing of the kind." We regret the misrepresentation; and our regret is all the keener that we are forced to accredit a sentence of advice, which we think highly of, to an unknown reporter, rather than to our old friend Professor Cooke.

Dr. Althaus, of London, proposes to dissipate tumors by means of galvanism. If further experience and experiments shall confirm the importance of his recent successful results, we shall have a revolution in the surgical treatment of tumors.

LETTER FROM DR. MUNDE.

Würzburg, June 5, 1867.

Editors New-England Medical Gazette.

According to promise, I send you a sketch of the Medical School of Würzburg: —

The school consists, at present, of twenty Medical Professors, and about two hundred and fifty medical students, among whom there are about a dozen Americans. The political events of last year have considerably diminished the number of students, the Prussian Government requiring their physicians to graduate at one of their own universities. The means of instruction remaining the same, the smaller number of students is rather an advantage to those who remain.

The year is divided into two terms: a *winter semester*, commencing about the first of November, and ending in March; and a *summer semester*, commencing in April, and ending towards the end of August.

The *expense* depends on the number of lectures, or practical courses, a student takes. My son has paid between sixty and eighty florins (from thirty to forty dollars, currency) per semester, besides five florins for matriculation, on entering the school. To take the

degree of M.D. subjects a young man to considerable trouble and expense. They require four or five years of continuous study, and make you pay, after a rather severe examination, about $110 graduation fees. Why it is so much I cannot tell you, any more than why a general habit prevails in Old Germany of rendering a young man's settlement in life as difficult as possible, and of throwing as many obstacles in his way as possible.

On the other hand, they do every thing in a much more thorough and scientific way; and a young man who has completed his medical education here will lack none of the qualifications for a good physician which education can give.

A person desirous of attending lectures at a German University should, of course, either know the language, or come to Germany some three or four months before the lectures commence. He should take lodgings in a German house, board among Germans, avoid his countrymen as much as possible, and take a few lessons per week in the language, which he can have at a very low price (say twenty-five or thirty cents). This will enable him to understand all he hears, especially if he have attended lectures before at an American medical school, and become familiar with medical terms. In general, I think a young man should graduate at home before coming to Germany. His diploma procures him a ready admission, and a better position; and he is more apt to succeed in trying to get a place as assistant in one of the hospitals, or with one of the professors. Thus my son has been assistant with Professor Scanzoni for several months already, in the Obstetrical Institution and Lying-in Hospital connected with the University, after his services in the military hospitals had been acknowledged and rewarded by the Bavarian Government.

Lodgings (furnished) are to be had at eight to ten florins per month, and board for one florin per day. The whole expense, inclusive of clothing, which is very cheap here, need not exceed $300 or $400 per year. Germans do even with less than that. Of course, you *can* spend more, if you choose, but it is not necessary.

The city (of some 40,000 inhabitants) is very pleasantly situated on the banks of the Maine, and is rather gay. There is a tolerably good theatre, and very fine music everywhere. The *entrée* for a public concert is generally six kreuzers, or about five cents. Places in the theatre are from twenty-four to forty-eight kreuzers, or from twenty to forty cents. There is no lack of restaurants and ale-houses. I have been told there are from three hundred to four hundred, many of which are outside the city. Wine is cheap; beer not so good as some I have drunk in New York. The water is hard; being impregnated with lime, as is nearly always the case in wine-growing countries. There is a society here of some sixteen hundred members, the *crême* of Würzburg, called the *Harmonie*, into which the students are admitted for a fee of nine florins, or four and a half dollars per year, which includes the use of about two hundred and twenty political, literary, belletristic, and scientific periodicals, as well as splendid concerts and balls. A person may save more than one half by buy-

ing his clothes here, where you get a pair of good boots, made to order, for $4, a handsome coat for $12, &c.

Of the professors of this Medical School, there are several who enjoy a reputation beyond the confines of Europe. Dr. Scanzoni von Lichtenfels, our German Simpson, is known in America as well as in England; so is Kölliker, Professor of Comparative and Topographical Anatomy and Microscopy; Bamberger, Professor of Pathology and Therapy; Linhart, Professor of Surgery; Bezold, Professor of Physiology; Recklinghausen, Professor of Pathological Anatomy; Scherer, Professor of Chemistry and Hygiene; and Tröltsch, Professor of Otiatrics. According to the habit of European governments of rewarding merit with baubles, they have all large titles, and lots of decorations, of which they make a very modest use, however, as deserving men generally do.

The Julius Hospital, with funds exceeding five millions of florins, founded in the second half of the sixteenth century (like the University), the royal Lying-in Hospital, the Asylums for the Deaf and Dumb, the Blind, the Epileptic Hospital, and others, are all open to the students of medicine, and furnish sufficient material for observation and practice. There is also a fine Botanical Garden, Chemical Laboratory, and all the apparati and collections necessary for the study of philosophical sciences.

To reach Würzburg, one may go by Bremen or Hamburg, or by Rotterdam or Antwerp. We came by the Anchor line, via Glasgow, which is good, and cheaper than the others.

CHARLES MUNDE.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE Twenty-seventh Annual Convention of this Society was held in Meionaon Hall, Tremont Temple, Boston, on Wednesday, April 10, 1867.

The meeting was called to order by the President, S. M. Cate, M.D., of Salem.

The proceedings of the last meeting were read and approved.

The President then delivered an address, in which he congratulated the Society upon its flourishing condition and the hearty interest evinced by members in the objects of the Society. An abstract of the address is not here given, as, by a vote of the Society, it is to be published.

At the conclusion of the address, the report of the Executive Committee was read and approved.

ELECTION OF MEMBERS.

The Society then proceeded to ballot for new members: and the following gentlemen, who had been approved by the Board of Censors,

and indorsed by the Executive Committee, were duly elected; viz., Jos. H. Haywood, M.D., of Taunton; D. Packer, M.D., of Lowell; C. D. Herbert, M.D., of Reading; Wm. C. Cutler, M.D., of Chelsea; John Turner, M.D., of Boston; J. C. W. Moore, M.D., of Andover; G. B. Sawtelle, M.D., of East Boston; G. Heber Smith, M.D., of Melrose; O. D. Cargill, M.D., of Milford.

TREASURER'S REPORT.

The report of the Treasurer, T. S. Scales, M.D., of Woburn, was made as follows, and accepted: —

Amount of cash in the treasury, April 11, 1866	$435.71
" " received from members during the year	307.00
	$742.71
Cash paid to Publication Committee	$300.00
" for hall for meetings	65.00
" for collations	67.75
" for stationery, printing, postage, &c.	75.00
	$507.75
Leaving a balance in the treasury of	235.00

ON THE LIBRARY.

The librarian, Dr. Woodbury of East Boston, being absent in Europe, no report was made.

Dr. F. H. Krebs, of Boston, moved that the Committee on the Library be authorized to examine the library of the late Dr. Joseph Birnstill, and, if deemed advisable, to purchase the same for the Massachusetts Homœopathic Medical Society; which motion was seconded and adopted.

MATERIA MEDICA.

No report was made.

PHARMACY.

The Committee on Pharmacy, through Dr. Chase of Cambridge, reported that medicines had been prepared during the year, and were for sale at the Dispensary-room, No. 3, Tremont Temple. The stock of medicines had been greatly increased, and were in good order.

PUBLICATION.

The Committee on Publication, through Dr. I. T. Talbot of Boston, said that the publications of the Society would be completed in a short time, up to the date of the last annual meeting. As far as the members of the committee were concerned, there had been a great deal of hard work done, in the hope that the volume would have been completed and bound in time for this meeting. It had been in the

hands of one of the best printers in the country, who was a very careful man, who had taken a great deal of pains with the volume, and had printed it clearly and handsomely. The whole work would make a volume of five hundred and seventy pages, and would probably be fully completed in the course of a fortnight, when it would be sent to the members. The report was accepted.

The Committee on the Organization of the New-England Homœopathic Medical Society, through Dr. Angell, said that the committee had come to no conclusion in regard to the matter.

The President said that he had received a photograph of a uterine polypus, from Dr. Henry Minton of New York, which had been removed by him. He exhibited it to the members of the Society. On motion of Dr. Gregg, the thanks of the Society were presented to Dr. Minton for his gift.

The Committee on Clinical Medicine, through their chairman, Dr. E. U. Jones of Taunton, made a very elaborate report, which spoke of the treatment of a large number of cases, singular in their character, which have occurred in the practice of members of the Society during the year past.

Dr. N. H. Morse moved to amend the second By-law of the Society by striking out the following words: "and shall also furnish a list of two candidates for each office of the Society for the ensuing year."

Whether this motion was adopted, and "referred to a special committee," in accordance with By-law xxvii., the Secretary does not know.

Dr. I. T. Talbot, of Boston, rose to state to the Society the painful and long-continued illness of one of the members of this Society, who was formerly its President, Dr. W. F. Jackson of Roxbury. For the last six weeks, he had been lying dangerously ill. His disease commenced as rheumatism, which was followed by a very severe phlebitis of the left leg. He was happy to say, that Dr. Jackson's health had considerably improved; but it would probably still be weeks, if not months, before he could entirely recover. He offered the following resolution of condolence, which was unanimously adopted: —

"*Resolved*, That the members of the Massachusetts Homœopathic Medical Society learn with regret of the severe and protracted illness of their associate and former President, Dr. W. F. Jackson, and extend to him their warmest sympathies."

Dr. H. M. Paine, of Albany, N.Y., delegate from the New-York Society, being present, was invited to address the Society. The remarks of Dr. Paine have already appeared in the Gazette.

Dr. T. R. Nute, of Roxbury, read a paper on the causes and treatment of diseases of the alimentary canal; embracing an account of the cases of supposed cholera occurring in Cambridge and Roxbury during the summer months of last year.

At this point an adjournment took place till two o'clock; the members of the Society retiring to the "Social Hall," to partake of a collation tendered to the members by the President, Dr. Cate.

Afternoon Session.

The afternoon session was opened by the delivery of the annual address by B. de Gersdorff, M.D., of Salem, the subject of which was "The Progress of Medical Science." A vivid description was given of the ignorance displayed in the medical practice of the middle and even later ages; and, in a contrast between that and the present time, the principles of the homœopathic system of medical treatment were strongly eulogized. He claimed that the system introduced by Hahnemann, and known as the homœopathic system, was productive of reform and progress; and that it was the work of the practitioners of this system to assist in building up the new schools, so that in time they may be numbered by thousands, and believers by millions. He urged upon the members of the Society the duty of proving the remedies which they use on healthy systems, and thus add to the wealth of their materia medica. He concluded by referring to the gratification he experienced on learning that a charter had been granted to a college, where young men can study the science of homœopathy without the disadvantages which they now labor under. He also expressed the hope that a hospital would be established in connection with the college, where students could obtain both theoretical and practical knowledge of the art. The address was a very learned and exceedingly well written paper, and was listened to with deep attention to its close.

On motion of Dr. Gregg, the thanks of the Society were tendered to Dr. de Gersdorff for his elaborate and instructive discourse; and a copy of it was requested for publication. The thanks of the Society were also tendered to Dr. Nute for his essay, and it was referred to the Committee on Publication.

The election of officers was then proceeded with; and while the committee were counting the votes, Dr. Thayer, of Boston, who is also a member of the Legislature, made a few remarks, congratulating the Society on the prospective establishment of a medical college, and spoke of the importance of selecting proper men to serve as trustees, as well as of appointing the most learned men among them to professorships.

Dr. Talbot, of Boston, read a letter from Dr. Searle, of New York, in regard to the disease known as the prairie itch, which was spoken of as similar in character to all other diseases under the common name of itch, but which is not considered as contagious. The remedy which he had found most efficacious in this disease, and which he wished to recommend the profession for trial, is *Rumex crispus*, the pathogenetic symptoms of which correspond to this disease.

Dr. Bellows, of Boston, read a paper reviewing Governor Andrew's argument before the License Committee; the fallacy of which, he argued, was in attempting to prove that alcohol is not poisonous. He dissented entirely from the views offered by Governor Andrew, and introduced evidence and opinion from various sources in controversion of the argument advanced by him.

The committee reported the following as elected officers for the ensuing year: —

President, I. T. Talbot, M.D., of Boston; Vice-Presidents, H. L. Chase, M.D., of Cambridge, and Conrad Wesselhoeft, M.D., of Dorchester; Corresponding Secretary, C. H. Farnsworth, M.D., of Cambridge; Recording Secretary, L. Macfarland, M.D., of Boston; Treasurer, T. S. Scales, M.D., of Woburn; Librarian, Sullivan Whitney, M.D., of Newton; Censors: S. M. Cate, M.D., of Salem; J. P. Paine, M.D., of Roxbury; J. Hedenberg, M.D., of Medford; H. C. Angell, M.D., of Boston; Milton Fuller, M.D., of Boston.

A discussion took place in regard to the symptoms and treatment of gall-stones, in which Drs. Thayer and Gregg of Boston, Swasey, and others, took part.

Dr. Talbot, of Boston, referred to an article in the "Medical Gazette," on the treatment of adherent mucous surfaces; and gave an interesting account of a subsequent case which came under his notice, and of its successful treatment.

Dr. Rodman, of Connecticut, spoke of the progress of homœopathic science in that State.

On motion of Dr. Thayer, of Boston, it was voted that the Secretary be instructed to record the present as the twenty-seventh annual meeting of the Society; it having existed since 1840, though for several years it was known as the Massachusetts Homœopathic Fraternity.

Some discussion ensued in regard to the appointment of delegates to the meeting of the American Institute of Homœopathy, to be held at New York in June; and it was finally voted to refer the whole matter to the Executive Committee.

A vote of thanks was passed to the retiring President, Dr. S. M. Cate.

The Society then adjourned.

L. Macfarland, *Recording Secretary.*

PROCEEDINGS OF THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

REPORTED BY THE SECRETARY, G. M. PEASE, M.D.

March 11. *Subject, Nutrition of Infants.* — Dr. L. D. Packard has always used milk in some form; has had no success in the use of groats, cracked wheat, &c. He sometimes finds that the milk of one cow is better than that of another. One case under his care did not do well upon the milk, and he investigated as to the feeding of the cow. The animal was properly fed, but she shortly afterwards died a natural death. A change of milk in this

case gave good results. He uses the top of the milk, and adds a little salt.

Dr. David Thayer thinks mother's milk the best nourishment for a child. He has, however, known a healthy woman fail to nourish her child; and, in such cases, cow's milk was satisfactory. Has known cases where a child would do well upon goat's milk, when other kinds had been tried without satisfaction. In using cow's milk, he generally adds about half water. He sometimes uses barley, farina, &c. It is not unfrequently the case, that the mother's milk will not agree with the child, or fail to nourish it. He thinks such cases are sometimes hereditary, — running through many generations. There is not so much trouble from overloading the stomach of infants as in adults, as the stomach throws off what is superfluous; but there are bad results from too frequent feeding.

Dr. William H. Lewis. — In healthy cases, thinks it makes no difference whether one cow's milk is used or not. In cases where there is diarrhœa, he uses condensed milk, but *not* if constipated. In cases where the child vomits its food, a few drops of Pepsine wine, added to the milk, will be serviceable.

Dr. Levi Pierce thinks it often the best plan to bring children up upon the bottle.

Dr. F. H. Krebs believes mother's milk to be the *best* food, if the mother is healthy. A little medicine will often relieve, without change of food. In some cases, where children are disposed to be constipated, he uses cracked wheat, boiled two hours, and mixed with an equal part of milk; farina in cases of diarrhœa. He reported a case where the fontanelles were enlarged: he gave phosphate of lime, and fed upon oyster liquor, warmed.

Dr. William H. Sanders believes mother's milk the best. As soon as the mother commences the regular menstrual flow, he thinks the child should be weaned. The next best to mother's milk, he considers goat's milk; but all children will not bear it. Next to that is cow's milk, with a little salt added; and sometimes some chalky substance is required. One case which he reported, where the stomach was very weak, he fed upon gruel, made as follows: Flour and water, to the consistency of dough, placed in a bag, and boiled until hard. This was then grated, and a gruel made from it.

Dr. Charles H. Farnsworth thinks one great fault is that people do not treat their children as if they were human beings. He has had to change the cow, in some cases, several times, before the child was suited. Some cases require solid food. The diet should be governed by a common-sense person, and the wants of the child consulted. There is as much difference in the taste of children as in adults.

Dr. N. H. Morse thinks the food should be such as will agree with the child. Different food is required by different children.

Dr. Samuel Gregg considers mother's milk the best, if she is healthy. There are few children that will do well to feed upon cow's

milk, and nurse too. In cases where the mother's milk is not sufficient, he recommends the use of groats, cracked wheat, &c. He thinks the condensed milk better than that usually delivered by the milkmen in the city. Goat's milk he considers as decidedly objectionable, as it contains more caseine. Mare's milk, if it could be obtained, is nearest like breast milk. The flour, prepared as Dr. Sanders mentioned, is good. Would advise weaning at nine months, more on account of the mother than of the child. His method of preparing food for children is as follows: Set the milk intended for the day, and let the cream rise for three or four hours; then skim off the cream, and preserve it. Warm the remaining milk to blood heat, and put in it a small piece of rennet, or an infusion, enough to coagulate the milk. Strain off the curd, scald the whey, and mix the cream with it. Sweeten it with loaf-sugar, and make that the nourishment. It may sometimes be necessary to dilute it with water. In some cases, where the mother's milk is not sufficient, either in quantity or in nutrition, the use of assafœtida will prove beneficial.

Dr. G. Pease agreed with Dr. Gregg. He finds numerous instances in which he deems it unwise to allow mothers to nurse their children; believes the nourishment afforded by the milk of a healthy cow better than the nurse of any feeble or unhealthy woman. He recommends discontinuance of nursing in all cases where the mother habitually suffers from canker, sore mouth, or debility. Does not believe that abundant lactation is conclusive evidence that the milk is of suitable quality for the child. Has known instances in which numerous articles of nutrition had disagreed, when the Carrageen (fucus crispus, Irish moss), made into a thin jelly by boiling in water, and sweetened, had been found to suit; the preparation being altered, gradually, by the addition of milk to the water, till a full milk diet was restored.

Dr. J. A. Burpee said he must protest against mixed milk. Goat's milk, in his opinion, can only be used a short time: it produces a bad state of the blood. He showed a sample, and recommended the use, of "Dr. Ridge's Patent Cooked Food," as being easy of preparation and of assimilation. This food is an English preparation.

March 25. *Subject continued.* — Dr. E. P. Scales thinks mothers should be taught how to prevent injuring their milk, by not "batting" themselves. He considers the milk of a good Jersey cow next to breast milk.

Dr. I. T. Talbot says, that, however nearly we simulate breast milk, it is not so good as that from a healthy woman. Wet nurses are not always reliable, and some people cannot afford to employ them. His experience in bringing up children by hand has not been a pleasant one. Some acute disease takes them off suddenly, or otherwise makes them demand much attention, thus causing great anxiety. In all the cases where wet nurses have been employed, and selected with care, he has had no reason to think there has been any disease communicated; the children having grown up healthy. He is therefore strongly in favor of wet nursing. The best part of cow's

milk he has found to be the middle of it,—pouring off the cream, and then taking one-third of the remainder. This is to be scalded, and water added; and upon it a child will thrive.

Dr. D. G. Woodvine has used the upper part of the milk, with a little sugar and salt added. Corn starch has done well in some cases. He has never used the condensed milk.

Dr. A. M. Cushing believes breast milk to be decidedly the best, if the woman is healthy, not getting excited, or, if excited, not nursing the child immediately. Next to cow's, he likes goat's milk, but not using it too strong; sometimes only one-fifth milk. If he uses cow's milk, he prefers a young cow. Thinks, in some cases, he cannot get along without remedies. He related one case, where the child took the milk directly from the teats of the goat.

Dr. G. M. Pease remarked that he could corroborate Dr. Burpee's testimony in regard to Ridge's food, in such cases as had failed of being suited with other things. Has seen cases where the blood, as *broiled out* of beefsteak, was of great service; the child keeping it on the stomach, and checking a violent diarrhœa. In some cases, he thought it would be beneficial to allow the child to suck a piece of raw beef, or, if old enough, to chew it; particularly where there was much disposition to diarrhœa.

Dr. Talbot thinks part of the benefit from mothers' milk is in the soothing effect of the warmth of the breast; and perhaps the case reported by Dr. Cushing may have been able to bear the full strength of goat's milk, because it was taken directly from the goat's bag.

Dr. Cushing asked if it would be advisable to wean at nine months, if the child had but one or two teeth.

Dr. Gregg's idea of weaning is, that it would be better to wean, even at eight months, if it were in the spring, and the chances were that the mother would be obliged to wean in the sickly season of July and August.

Dr. Talbot asked if pregnancy would affect the child so as to cause it to vomit its food. If that is the case, might not the same be true if fed upon cow's milk? It ought to be *good* cow's milk, as well as *one* cow's milk.

Dr. Gregg's objection to goat's milk is that it contains too much caseine, and not enough butter and sugar.

Dr. Harris thinks a woman may be three or four months pregnant before the milk will disturb the child.

There is strong ground for the belief that Dr. Livingstone is still alive. An expedition set out from England, on the 9th ult., to explore the interior of Africa, and finally determine the question.

Our readers will please notice an advertisement, "Practice for Sale."

Epilepsy from Lead Poisoning. — My boy, Frank, was eight years old on the 8th of September, 1865. Has always been of more delicate formation than his twin brother; bones smaller, weight two or three pounds less. We consider him as having the most delicate and susceptible nervous system of any of our six children.

The latter part of September, 1865, his brother reported that at school he had fallen, and, according to his description, was convulsed. (It subsequently appeared that some days previously he had a similar attack while amongst his playthings in an attic room, when his brother noticed him lying on the floor, and acting strangely, and asked him, What he did so for? He replied, He did not know. Neither of them thought enough of it to report it until after the attacks became frequent.)

The evening of the day of the attack at school, the nurse called his parents, after he had been asleep, saying that he was breathing strangely. Nothing abnormal appeared when we arrived, but I seated myself in the adjoining room, and in the course of an hour heard the heavy and laborious breathing, and found him in a convulsion, which continued not over a minute. The eyeballs were distorted, and the body and arms flexed spasmodically.

These attacks numbered seven or eight daily, and in the course of two or three days amounted to fifteen daily, which number continued until the middle or latter part of the following February, having, however, once numbered twenty-two or twenty-three in twenty-four hours; but this was when the attacks were not the most protracted nor the most brief.

The duration of each attack varied at different periods, from (I should judge from memory, never by the watch) one-third of a minute to one and a quarter or one and a half minutes. They did not vary *much* in duration and severity usually during a period of twenty-four hours, but did in a period of weeks. The heavy, labored, almost stertorous breathing was our first admonition during the early attacks (when he was asleep); soon this ceased, and during the last month or two this symptom occurred only at the close of the convulsion, and was our first notice of its subsidence. Indeed, I remember failing to discover any sign of respiration during the greater part of an attack in some of the later weeks. Some other symptoms varied in like manner, as to order, during the whole period. A small quantity of saliva ejected from the mouth terminated many of the attacks, — perhaps one-fourth of them. The turning-in of the thumb upon the palm was sometimes noticed, but was not always or uniformly the case, while I think the strong flexion of the fingers was a usual accompaniment.

The strong contraction of the muscles of the back and back of the neck, at the termination of the convulsion (spoken of by Tanquerel), was noticed during the severer attacks, but did not accompany the lighter attacks. During the night attacks, he was always placed in a sitting posture, to elevate the head. Throughout the whole period of more than four months, I failed to discover the blue line on the edge of the gums, spoken of as appearing in lead poison. But the yellowish color of the teeth was quite apparent. One other characteristic spoken of by Tanquerel was well marked in this case. It was the approximation to recovery, and diminution in force of the attacks, so as to excite strong hopes of a speedy and complete restoration, and then a return of all the symptoms in their severity, to be followed by another amendment,— what I should call getting up three feet and falling back two.

Early in November, there was some want of power of speech soon after a night attack,— the little fellow crying bitterly at his inability to inform us of his desire for the vessel. This, in a less degree, may have been noticed two or three times only; but by the last of November a foot began to drag, and soon he could only creep about "on all-fours." He had also lost in looks of health very much in two weeks. The hand of that side was also soon affected; he could not button his clothes or cut up his food, and was carried up and down stairs. He had as many attacks during the day as night, during the severer state of things. Soon he regained his power of his limbs, and the attacks diminished in severity, and were

confined mostly or entirely to the night. He could accompany me to the village on foot (one-eighth of a mile), and if I stopped to talk with a friend, would enjoy prancing back and forth, as boys do when they "make believe horse;" his appearance being merely that of a boy who had been sick, and who had not regained full health. Again the paralysis returned, and the necessity of creeping, but I think the hand this time was only slightly affected. A subsequent amelioration took place in February. The day and night convulsions became more brief, — some of them not over one-fourth or one-third of a minute in duration, — and during that month disappeared altogether. He has (Jan. 18, 1867) had no attack since then.

It was just about a year ago that I suspected the cause, and the well-water was examined by Dr. James C. White, of Boston, who reported, Jan. 17, 1866, "a considerable amount of lead" in both of the specimens (one drawn in the morning, the other at noon),— more in that drawn early in the morning, "but that taken at noon was also impregnated with it in a highly dangerous degree."

I immediately confined the boy's drinking of water to the rain-water from our brick cistern in the cellar, having it dipped from the top, for the faucets near the cellar and wash-room floor were joined to lead pipe which passed through the two courses of brick. This was about four and a half or five weeks prior to the cessation of the convulsions. As speedily as possible, I had the pipe in the well replaced by one of galvanized iron; but, owing to the ground between the house and well being frozen to the depth of over two feet, and all obtainable hands being busy at cutting ice, it was not changed until the 2d or 3d of February last, and the final convulsions were about from the 20th to the 25th of that month.

The attacks in the day-time were without premonition; sometimes he thought he had a slight dizziness a moment before, but was unable to notify us. To us the attack seemed instantaneous; as when, as cheerful as usual (talking the moment before), he would fall to the floor from his seat; once, when standing by the dinner table chatting with his brother, he fell backwards, turning one-quarter around, the arms and neck contracting, otherwise at full length, striking his head against a sheet-iron stove. Twice, again, I remember, when standing, he fell *full length* backwards, and as suddenly (from perfect consciousness) as if struck by a heavy blow upon the head,— once striking his head against a window-sill eight inches above the floor, and in the other case against a door-sill over which he had just passed.

After his recovery, his twin-brother frequently complained, for a month or two, of severe pains in the front of the leg, and previously my eldest boy (then sixteen) had suffered in the same way. With these exceptions, none others of my family were affected by the lead pipe; these may possibly have been the effects of the lead.

As to the treatment adopted in this case. Worms were at first suspected as a possible cause, treatment for which manifested nothing but a perfectly healthy state of excretions. After various treatment, bromide of potassium was used and from time to time resumed, without any apparent effects, when, at Dr. Jeffries's suggestion as of possible benefit, we used strychnine. It was commenced, I think, when he was in the worst condition of paralysis, and the amendment which soon followed I naturally attributed to the strychnine; but when, after restoration of the use of his limbs, he again grew worse and could only creep upon the floor, I again used the strychnine, it did not seem to produce any perceptible effect, and was discontinued or only occasionally resorted to, and the subsequent amendment took place long after that or any other medicine was used; so that I queried whether the first amendment was not coincident with the use of the strychnine rather than an effect of it, as I at first confidently supposed.

The greater disposition to laugh and cry uncontrollably was the only remaining symptom of a deranged nervous system during several months after his restoration; and he bore porter well, except that when, in early summer, the weather became cool, it became necessary to suspend it, as both tonics made him a sort of

crazy nuisance in the family. Since then he has only had porter in the most extremely hot days.

I think he is now as strong and well as he ever was, except, perhaps, an occasional manifestation of too great susceptibility beyond what he formerly possessed (always greater with him than with the other children), in sometimes crying or laughing at trifles.

Dr. Jeffries has called my attention to the fact, that, in the Paris Hospital Reports, quoted by Tanquerel, out of the nearly fifty cases of this form of lead poison, not one case is given as produced by drinking water impregnated with lead. All were either workers in some form of lead, or persons exposed to its fumes,— enamelled-card manufacturers, &c. The fumes from a room occupied by some such artisan in lead seem to have, in one instance, affected the occupant of a room directly above, and produced a marked case of lead-poison, but which form of it I forget. I have heard of the occupant of a counting-room in Boston and his clerks experiencing the effects of the poisôn from casks of white lead stored in the room or cellar directly beneath the counting-room.— *Lewis S. Hopkins, in Boston Medical and Surgical Journal.*

Bisulphite of Soda as a Prophylactic.—We are informed, by a medical friend connected with a dispensary in this city, that this salt has been extensively used as a prophylactic in *scarlatina* with most remarkable success. In about seventy families where one or more cases of the disease occurred, the bisulphite was administered to the children not affected; and in but two or three instances did other cases occur, and in them the illness was very slight. From very diligent inquiry among medical men who have largely employed the bisulphite of soda, it is evident that it possesses prophylactic powers in scarlatina and zymotic diseases generally of a marked character. This fact is of great interest to physicians and their patients.— *Boston Journal of Chemistry.*

New Underground London. — The latest statistics of the new Metropolitan Main-drainage Works are very curious. The total length of new sewers at present completed is eighty-two miles, and the works, when finished, will have cost £4,200,000. The drainage intercepted and carried off by these sewers is derived from an area of about 117 square miles, and a population of 2,809,000. The amount of sewage carried off on the north side of the Thames amounts to 10,000,000, and on the south to 4,000,000 cubic feet. In the construction of the works 318,000,000 bricks and 880,000 cubic yards of concrete have been used, and about 3,500,000 cubic yards of earth excavated. This grand system of sewerage has been constructed under buildings, and over and under canals, rivers, and roadways, from twenty-five feet above, to seventy-five feet below the surface, without any important casualty or interference with the public convenience or traffic. The constructural arrangements of the metropolis would appear to be more wonderful and successful below the surface than above.— *Lancet.*

Asiatic Cholera has again made its appearance in London and Paris.

Mr. H. Baillière, the London publisher, is dead.

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THE PATHOGENESIS OF TEA.

BY C. WESSELHOEFT, M.D., OF DORCHESTER, MASS.

The assertion, that the abuse of tea in our community is as great as that of ardent spirits, and that its effects are equally pernicious, may not be seconded by many; and yet it is true. The practice is so old, and the effects and phenomena of its use so familiar to all, that they are looked upon as normal, and do not attract attention, because it is extremely difficult to institute comparison between this community cultivating certain habits, and other communities with different customs.

The comparison can only be made between individuals by individuals, in isolated cases; the great mass being out of control. The observation of one will not prove much, and hence the problem will work itself out slowly. But if one should succeed in directing the attention of others to a fact, which, if not overlooked, has rarely been discussed, the true state of things may, in the end, become apparent, and perhaps a reform inaugurated.

In order to assume a definite position, we here declare it to be our conviction, that stimulants, in their most varied form, are essential to the welfare of mankind. We believe that tea, coffee, spices of all kinds, alcoholic beverages, especially wine and beer, as well as tobacco, &c., are, within certain limits, essential to the welfare of mankind. *Their abuse* does not, in

the slightest degree, disprove their *usefulness* and necessity; and the disposition to attempt legislation in regard to the appetites of man arises entirely from a popular misconception of the scope of human legislation. The famous papal bull, issued against the comet, is quite parallel to the attempt of modern legislation in the form of "stringent prohibition" and "license." Both forms of legislation, being equally erroneous, and based on wrong premises, — assailing certain laws of nature, — will never eradicate an abuse, because they also assail the *use*.

We purposely class together the evils of abuse arising from various sources as enumerated above. Those derived from tea are of almost equal proportion with those of ardent spirits. There are, if we may take a liberty of expression, tea-drunkards as well as whiskey-drunkards, just as we have opium and hashish eaters, besides many other forms of similar vices. A whiskey-drunkard is generally a public nuisance, like opium and hashish consumers. The tea-drunkard does not reach that degree of moral degradation; but, as far as bodily health is concerned, there is very little difference.

To illustrate our subject, let us record a few cases of tea-poisoning: we will draw the picture carefully, without overstating circumstances: —

Case I. — A lady, over forty years of age, of very strong constitution, had always been in the habit of drinking tea. Her children grew up; some went abroad, others spent the day in business away from home. As is customary in such instances, meals were not cooked regularly; when the dinner hour arrived, the lady, for the sake of convenience, resorted to the teapot, and a little bread, which took the place of a substantial repast, while the inevitable "cup o' tea" stood in the place of a glass of water. At the evening meal, tea again "hot and strong," and in the morning the same. Bread, griddle-cakes, or pie constituted the usual samples of solid food, rarely varied by meat and vegetables: but tea there was in abundance.

Being called one day, the following case presented itself:

The lady was lying in bed, her pulse fast, without much heat, cheeks flushed, eyes glittering, pupil dilated, extreme thirst, or rather an intense craving for acids, especially for lemons. There had been complete loss of appetite for many days, with great emptiness and craving at the pit of the stomach; severe headache in the morning and in the evening, often with nausea. Excessive internal heat, with flushes of heat upon the surface, coming and going quickly. Great general weakness, and, above all, an uncontrollable longing for tea; a bowl of strong tea was the only source of relief, removing the sensation of "goneness," and giving new vigor for a short time.

She often felt a loathing against tea, but still could not resist it: she declared that she felt like a brandy-drinker, who longs for his potion. She is thirsty, but cannot bear cold water, every mouthful affects her head like a shock; there is trembling of the whole body; stools irregular and costive; she sleeps very little, and often lies awake all night.

For weeks she had lived almost exclusively on tea, thereby supporting her energies while engaged in the arduous labor of house-cleaning. Every few hours, her strength being exhausted, a large bowl of hot tea would infuse new vigor, till at length the lady gave up completely exhausted, and with her entire organism wrought up to the highest degree of nervous excitement. The material energies of the body declined in inverse ratio to the excitement of the nerves created by the powerful stimulus of tea.

The case was so clear, that further details were not required to point out the remedy. Perfect abstinence from tea was enjoined; but, fearing that too abrupt abstinence from an accustomed stimulus might be injurious, a small quantity of weak tea was recommended daily; but the patient, with unusual fortitude, resolved to give it up at once entirely.

No medicine was given for two days; at the end of which time, pulsatilla nuttalliana 20 was given on account of the extreme weakness and "goneness" still remaining in the epiglottic region. The effect was speedily visible, owing both to the abstinence from tea, and the medicine, without which, according to all experience, it would not have departed so

quickly. In the course of a month, the patient recovered entirely.

Case II. — A lady, about fifty years of age, had just recovered from an attack of acute bronchitis. The cough and other pulmonary symptoms were rapidly disappearing; but yet the patient did not gain strength as fast as should have been the case. Upon inquiry concerning diet, &c., it appeared that the patient was a devoted tea-drinker for years: she regularly drank tea, strong and hot, three times a day, taking about two cups at a time; this practice had been followed during the course of her illness. Her face was pale, with circumscribed redness of the cheeks; eyes unusually bright, with dilated pupils; she was excessively irritable and weak, complaining chiefly of empty "gone feeling at the epigastrium," dislikes cold water, and has very frequent headaches. This condition did not proceed entirely from her previous illness; for we had known the patient long, and had frequent opportunities of observing her before her attack of bronchitis.

She took no medicine for this condition; but, allowing herself to be persuaded to avoid tea entirely, she soon recovered from the state above described, and enjoyed perfect health ever since, now for three years.

Case III. — A young lady, who was a teacher in a public school, presented herself for treatment. Her flushed face, bright eyes, and dilated pupils attracted attention, and at once led to inquiry regarding the condition of the stomach, which did not fail to elicit complaints of the inevitable *faint, gone feeling*, which had troubled her for years; these sensations had recently assumed the character of intolerable dull pain after every meal, cramp-like and pressing, reaching up into the throat, and often waking her from sleep at night. There was no thirst, but a craving for acids; general weakness, especially after every meal; bowels were regular; has either headache or backache; is irritable and cross, weeps easily, and feels generally worse in the afternoon; cannot bear water; menses appear only once in seven weeks, are scanty, and accompanied by severe uterine, cramp-like, bearing down pains, from beginning to end of the menstrual period; generally has nose-bleed

before the menses set in; sits up late at night, because she cannot sleep, and often lies awake till morning.

The symptoms connected with the menstrual functions are mentioned here as belonging to the case: it is not quite evident that they arose in consequence of tea, but were undoubtedly aggravated by it.

The patient was now twenty-two years old, and had been suffering in this way for eleven years, during which time she had lived almost exclusively on strong, hot tea. This is no exaggeration; for such tea-drinkers cannot bear any kind of solid food, and eat but very little.

Severe as the effort was, she gave up tea-drinking, and partook regularly of digestible, solid food: at first, with reluctance and discomfort, but afterwards with relish; and, in less than ten weeks, she was free from suffering. Menses much more regular, without pain or epistoxis; slept well at night, and was free from all gastric disturbance. Pulsatilla, china, and ignatia were used with partial relief; but nux vomica, which happened to be indicated and prescribed at about the seventh week of the treatment, cured the patient speedily.

Case IV. — An Irish cook, aged thirty-three, had lived upon tea for years, drinking it three times a day, in place of taking proper meals: she now complains of the following condition: For more than three years, she is subject to sick-headaches; these come on chiefly at the catamenial period, and also frequently in the intervals: the pain seems to begin in the left ovary and stomach, whence it seems to pass to the head; pains through the temples, throbbing, shooting, extending down the nose; attacks attended with great acuteness of olfactory organs; vomiting of bile occurs, but never of food, when the pain has reached its height; she never feels thirsty, and never drinks cold water (in many cases of tea-poisoning, when thirst is present, it is in the form of craving for acid; cold water always is intolerable). The pain in the head is unchanged by any position; but exertion produces vomiting during the headache; soreness and tenderness of the right ovary; menses occur at the proper time, and without pain; great sensitiveness of epigastrium, feels as she had "caved in;" excessive

constipation; the patient is lean and pale, cheeks easily flushed, and pupil dilated.

The treatment consisted in unconditional omission of tea, and in the substitution of plain, digestible food: cold water was recommended to be taken in small quantities at regular intervals, till the digestive organs, weakened and relaxed by the use of hot tea, became accustomed to the more wholesome element.

The observance of these instructions was punctually superintended by the cook's mistress; and the result was, that the woman speedily recovered from her sick-headaches and gastric troubles. In two weeks she was much better; and in two months she had gained in flesh so much that she appeared like a different person. One or two doses of Lachesis 200 were administered before each menstrual period for two months. The attacks of sick-headache re-appeared slightly only three times during six months afterwards.

Cases of this kind do not appear to have been reported by physicians. We will not venture to say that they have not been observed because they are not mentioned. But it is certain, on the other hand, that they are not recognized by physicians as often as should be the case. A large proportion of cases like those described, having come to our notice, were previously treated by other physicians, not always of the allopathic school, and, if the opinions expressed to these patients by their physicians were correctly reported to us, with their treatment, those opinions were incorrect, as far as ætiology was concerned.

Of many classes of disease, we cannot discover the cause; but where dietetic errors are at fault, as in the recorded instances, there should be little room for doubt, especially because a knowledge of the cause, in such instances, is equal to a knowledge of the means of cure. Though we often may, and actually do, administer the right remedy with good effect, especially as homœopathists, without being able to discern the cause of a complaint, our treatment will always be ineffectual in cases of grave dietetic errors; and such was the result in a

great many very protracted cases of tea-poisoning observed by us. Were there no other proof of this observation, the fact, that such cases invariably recover speedily, by simply but strictly avoiding the cause, would, in itself, be sufficient evidence.

Hahnemann enumerates tea as one of the things to be avoided under homœopathic treatment: his advice is often left unheeded as arbitrary, or as too strict. But if physicians will take the pains to observe the great frequency (among innumerable other abuses) of the effects of tea, especially among females, and how its influence pervades and complicates all their numerous complaints, they will be astonished to find how much more tractable such cases become: the mere avoidance of one common abuse or indulgence is often equivalent to half a cure.

(To be continued.)

PLANTAGO MAJOR IN NOCTURNAL ENURESIS.

BY E. U. JONES, M.D., TAUNTON, MASS.

SINCE my attention was called to this plant — plantago major, or common plantain of our yards and roadsides — by Dr. Williamson, of Philadelphia, nearly fourteen years ago, I have used it with great success in enuresis. It is not mentioned in any work I have yet seen as a remedy for this annoying complaint; and yet it is one of the best. It is especially applicable to the nocturnal enuresis of children, particularly when depending on the laxity of the sphincter vesicæ. In most of these cases, the children usually secrete a larger quantity than normal, of a pale watery urine; and though great pains are taken to have the bladder thoroughly emptied before retiring, yet the pressure on the weak sphincter will cause incontinence before morning. It is oftentimes supposed by parents that a dream has been the cause; but observation abundantly proves that, if the occurrence take place frequently, the dream is only sec-

ondary, and produced by the urgent need experienced. The patient, however, is often found lying on his back, and almost invariably so at the moment of emission. It is this form of enuresis in which the plantago has never failed me.

It has seemed of no effect, where, instead of laxity, there was paralysis of the sphincter.

In another form it has been serviceable frequently, although not always, in relieving the disease. The urine is rather scanty than abundant, is acrid, and loaded with uric acid and its deposits. The bladder itself, and the sphincter, are in an irritable condition, and cause frequent micturition by day, as well as by night.

When this state occurs in children, it is of quite different import than when in an adult. Exhibited to an adult under these circumstances, the plantago produces no relief, or but slight, while children often receive great benefit from it.

Dose: 1st dilution, four to six drops, at bedtime.

STRANGULATED HERNIA AND INTUSSUSCEPTION. — TWO CASES FROM PRACTICE.

BY E. P. SCALES, M.D., NEWTON, MASS.

Mr. W., in his *eightieth year*, had an *oblique inguinal hernia*, some thirty or forty years since, on the right side, which had been apparently cured; but about twelve years ago appeared again, and, for a year or two, when occasion offered, and his truss was not on, had descended into the scrotum. About 11, P.M., Dec. 21, while at stool, the intestine passed down into the scrotum, and obstinately resisted his usually successful efforts to return it. I was summoned in haste about midnight, and found a cylindrical tumor in the scrotum, about $4\frac{1}{2}$ inches long, and $2\frac{1}{2}$ inches in diameter, — a strangulated hernia, — and he was suffering intense pain. I could not reduce it by taxis as usual: and I obtained the advice and assistance of a friend: gave him chloroform, which produced *rigidity* of

the muscles; also gave him a copious injection, — all without success; and we informed the family of the fatal result which was now to us highly probable.

We then applied a cloth wrung out of hot water to the inguinal ring, which soon relaxed it so that, by manipulation, the tumor was readily returned, and the patient relieved from pain. I put on his truss, and ordered him to keep it on, and remain in a recumbent position for the next thirty hours. I prescribed warm drinks, and evacuation of the bowels by injections, and a few doses of opium 3, which completed the cure. I wish the profession to note the benefit obtained by the use of hot water and free injections.

Jan. 10. — I was called again, as, while he was getting into bed about midnight, the hernia appeared again: he had his truss on, which must have been out of place. I found the tumor not quite so large as before, but there was more *rigidity* of the transversalis muscle, Gimbernat's ligament, &c. I applied hot water plentifully, and, not succeeding, gave him an injection; and, sitting beside him, with my warm hand upon the tumor, in about twenty minutes felt relaxation, and, by taxis, again reduced the hernia.

No. 2. — *Case of Intussusception of the Bowels.* — Mr. M., an Englishman, a genuine specimen, about thirty-five years old, robust and hearty, of strong constitution and good health, Dec. 24, about 11, P.M., while at stool, was seized with a very violent pain in the abdomen. He got to bed, and sent for me. I found in the left lumbar region a place about as large as a Mexican dollar, where there was intense pain, and great tenderness on pressure.

He was vomiting, at short intervals, the contents of the stomach and upper part of bowels. I diagnosed *intussusception of the bowels*, and treated him accordingly. I gave him nux v. 3 once in twenty minutes, for an hour, then opium once in twenty minutes, till he was relieved; also numerous and frequent enema of warm soap and water (which always eased the pain for a short time), and fomentations of hot water upon the seat of the pain. I persevered in the above treatment, and, in three hours, the pain was relieved. I then prescribed ar-

nica tinct. in ½ drop doses, and left him. He took two doses of the arnica, and slept well the rest of the night. Seven hours after I left him, I saw him again, and found there was *no pain* and *no soreness* left. He felt quite weak, remained at home through the day, and has been well since. I think the warm-water enemata should not be overlooked in such cases.

The New-England Medical Gazette.

BOSTON, AUG. 15, 1867.

Defective medical education, of which we had something to say in our last issue, is an evil of most threatening import to our school. Nevertheless, it is an evil which can be remedied; and, now that our national societies have taken the subject in hand, we trust that the matter will be thoroughly considered, and the proper reforms fearlessly and promptly instituted. We can all unite, probably, in the opinion that a certain amount of preliminary education is necessary before entering upon the study of a profession. At present, so far as we are aware, our colleges exact none whatever. Certainly, to require a young man, on presenting himself for a college course, to pass a creditable examination in the common English branches of education, and to know something of elementary mathematics and natural science, would not be asking too much. Doubtless, the time will soon come when more than this will be required in these branches, in addition to a limited acquaintance with Latin and Greek. Indeed, it is hardly fair towards some of our students to expect them to thoroughly conquer the difficulties of a medical education, with all its collateral requirements, without some previous mental training.

Once entered in his class, some means should be devised to insure, not only the regular attendance of the pupil upon his lectures, but to insure as well his daily progress in the subjects of them. This may be accomplished, perhaps, through daily examinations. But we do not propose, within the limits of an article of this kind, to suggest even the proper modes of remedying the evils to which we allude in respect

to the minutiæ of college discipline and regulations: our object is mainly to point them out. It is plain that a student should not be allowed to absent himself, and to shirk at will all examinations up to the final and obligatory one.

Another reform, and one perhaps the most vital in importance of all, is to be instituted in our means and method of clinical instruction. It is not necessary, at this late day, to dwell upon the importance of bringing the pupil face to face with disease at the bedside of the patient. Not to do this, or not to see that it is done, and yet to grant diplomas, is to send young men forth into the world with false credendials. It is by no means sufficient, that a college be located in a large city, where there are simply "facilities" for visiting hospitals. Inasmuch as an acquaintance with disease, such as is to be obtained only through study and observation at the bedside, is indispensably necessary, we should see to it that our students have not merely the opportunity, but that the opportunity which they have is properly improved. Regular attendance upon medical and surgical clinics at the hospitals should be rigidly exacted. Doubtless, all these imperfections in our present system of medical education will be searchingly investigated by the committees appointed at the recent sessions of the American Institute and the Western Institute of Homœopathy. But, after all, the true remedy is in the hands of the homœopathic physicians of the whole country. If those of us having students to educate, choose to give ourselves the trouble to inquire carefully and critically as to the merits and comparative worth of our colleges, those institutions worthy of support, and those alone, will be supported. We cannot afford to be too generous in the decision of so grave a matter; but we can always afford to be just; and this is all that any institution has the right to demand of us. We have chiefly to determine in our selection that the facilities for instruction are ample, and that the Faculty will see that a proper use is made of them.

THE HOMŒOPATHIC SCHOOL *vs.* CRIMINAL ABORTION.

Now that all the national, State, and other societies of the homœopathic school have held their annual sessions, we can take a retrospect of their proceedings, and see what action has been taken relative to

the great evil, not inaptly denominated by Dr. Hale, "The Great Crime of the Nineteenth Century." The first to take action in this matter was the "Boston Academy of Homœopathic Medicine," which passed a stringent resolution, denouncing the crime; and declared, that any member who should cause an abortion, without a consultation with two or more reputable physicians, should be disgracefully expelled from the Academy. Next to denounce the crime was the Central Homœopathic Medical Society of Maine. The Ohio State Homœopathic Medical Society passed a denunciatory resolution, and also appointed a committee to draft a petition to the Legislature, calling for improved legislation against the evil. The Illinois State Society appointed a committee, with Dr. Hale as chairman, to report on the best means, in law and medical ethics, by which to arrest the progress of the evil. This committee presented an elaborate report, embracing a proposed law, framed with great care, for the purpose of detecting, convicting, and punishing the abortionist and all his accessories. This proposed law was sanctioned by the meeting, with but one or two dissenting votes; and a committee appointed to present it to the State Legislature, and to use all possible influence for its enactment. The Michigan Homœopathic Institute took up the same report, and passed it unanimously. We believe other State homœopathic societies have taken similar action; but we cannot now place our hands on their transactions.

The Western Institute of Homœopathy, composed of seven of the most eminent physicians of our school in the West, also sanctioned Dr. Hale's proposed law, and denounced the crime in the severest terms. The American Institute did not take up the subject, owing to some misunderstanding between two members as to the time of introducing the resolutions. From what we know of the moral feeling of the Institute, we are confident that the crime would have been properly denounced by this national body of physicians.

So far, no opposition has been made, except in one instance, to this action of our school against an evil which threatens to subvert the foundation of domestic virtue. We regret to say, that, in the instance to which we allude, the opposition came from a man whose age and experience should have deterred him from such action. In the Illinois State Society, Dr. I. S. P. Lord was appointed to act on the Committee. In the printed proceedings of that Society, we find that Dr. Lord said: —

"I beg to be excused. I do not want to be on such a committee. I don't care any thing about abortion. Such committees will not do any good. Let them kill them off: I don't care. We will be better off without them." Again, when the resolutions and the proposed law came to be voted upon, Dr. Lord took exceptions to the first sentence, which declared, that "the human embryo is a human being from the date of its conception; and its destruction, without just cause, is a criminal offence." Dr. Lord, speaking to the motion that the resolution be laid on the table, "seconded the motion, and remarked that he was opposed to the resolutions, and the proposed law.

He opposed it on physiological grounds. No one could prove that the impregnated ovum was a human being. He should vote against it." It is reported, that he further stated, in an excited manner, that it was absurd to assert such a dogma; that we might as well call an egg a chicken, and punish an egg-stealer for chicken theft; also, that the human embryo was of no more importance than the embryo of any other animal. We are not surprised that Dr. Lord was properly rebuked, by the quick and unanimous passage of the resolutions; but we are surprised, that, if these are his real sentiments, he was not immediately expelled from the Society. The homœopathic school is in advance of the allopathic in its general denunciation of this crime; and we are proud of the fact, that there are very few in our ranks against whom a breath of suspicion has ever been raised in this matter, even by our most bitter opponents. We trust, that, in the different States, the legislation in relation to the crime will be largely influenced by the views so freely and earnestly expressed by our school.

The fifth annual meeting of the Western Institute of Homœopathy, at Indianapolis, appears to have been interesting and successful. Many valuable reports and papers were presented, and the somewhat new and laudable feature, of offering prizes for the best essays on different medical subjects, was introduced. Drs. Eggert, Franklin, and Helmuth offered one hundred dollars each, respectively, for the best essays on Nasal Catarrh, Diseases of the Bones and their homœopathic treatment, and the history and homœopathic treatment of Syphilis.

The reviews of Dr. Hale's "New Remedies," in the last number of the "United-States Medical and Surgical Journal," are hypercritical. He is berated because he chose to devote his attention to indigenous remedies, rather than of those of the old Materia Medica. This is absurd. Every one has a right to choose his own field of labor. If this were *not* the case, and *we* had supreme power in such matters, we would set these critics at once upon a revision of the old Materia Medica, which they and all of us so much desire. Then, having accomplished their task to the best of their ability, we would see to it that Professor Hale dealt justly and generously with them.

Clinical Medicine. — Dr. James Hedenberg, of Medford, is the Committee on Clinical Medicine of the Massachusetts Homœopathic Medical Society; and we shall expect a valuable report from him at the semi-annual meeting, on the second Wednesday of October. Let every member of the Society aid him by sending some of his clinical observations during the past six months.

Personal. — Dr. George B. Sawtelle, of East Boston, has removed to Malden, where he is associated with Dr. A. Macomber.

Dr. Charles H. Walker, of Chelsea, who, from ill-health, has been obliged to relinquish practice for the past year, is about to remove to Cambridge, where he will resume practice.

Dr. L. H. Nichols, of Worcester, has, we regret to learn, been confined to his bed for some months with phlebitis, following a rheumatic fever.

Dr. W. F. Jackson, of Roxbury, has so far recovered from his very severe and protracted illness as to be able to resume practice.

PROCEEDINGS OF THE NEW-HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The Fifteenth Annual Session of the above-named Society was held in the city of Concord, on Wednesday, June 19, 1867, the President, Dr. A. Morrill, in the chair.

The records of the preceding meeting were read and approved.

A committee, consisting of Drs. E. Custer, Manchester; I. P. Chase, Henniker; and D. F. Moore, Lake Village, — was appointed to examine and prescribe for such patients as might present themselves to the Society.

A communication was read from Dr. J. F. Whittle, of Nashua, urging upon the members the importance of joining the American Institute of Homœopathy.

Voted, That the President be excused from reading his paper on "The Rise and Progress of Homœopathy in New Hampshire," and that he be requested to communicate it to the Society at its next meeting.

The Committee on New Remedies made a report, in which dirca palustris was mentioned as remarkably efficacious in the treatment of sick-headache; while dioscorin was strongly recommended for bilious colic, elaterium and apocynum cannabinum for dropsy, and Trillin for menorrhagia, metrorrhagia, and profuse watery leucorrhea.

The Committee on the Treatment of Interesting Cases excused

themselves from making a report, on the ground that nothing unusual or particularly interesting had occurred in their practice during the year.

The clerk having invited the Society to dine with him, an adjournment was had at this point for that purpose, after which, a vote of thanks was tendered to the clerk for his generous contribution to the wants of the "inner man."

Afternoon Session.

At 2, P.M., the Society was again called to order.

The committee appointed to examine and prescribe for patients reported, that they had examined a case of hemiplegia, one of deafness, and one of phthisis, and made suggestions regarding the treatment of these diseases.

The Council reported, recommending that dissertations be read at the next meeting of the Society, by Drs. Francis Brick, of Keene, and J. P. Whittle, of Weare; and that interesting cases be reported by Drs. D. F. Moore, of Lake Village, and L. T. Weeks, of Laconia, — which report was adopted.

The Treasurer's report was read and adopted, from which it appeared, that there is in the treasury a balance of $48.85.

Voted, That the sum of twenty dollars be appropriated from the treasury for the procurement of medical journals for circulation among the members of the Society; it being understood that those members only who pay their annual dues be entitled to the use of them.

The following officers were elected: —

President, Dr. A. Morrill, Concord; Vice-President, Dr. E. Custer, Manchester; Clerk, Treasurer, and Librarian, Dr. J. H. Gallinger, Concord; Counsellors, Drs. L. T. Weeks, Laconia, and Francis Brick, Keene; Censors, Drs. I. P. Chase, Henniker; J. F. Whittle, Nashua; D. F. Moore, Lake Village; J. P. Whittle, Weare; and S. C. Morrill, Concord.

Delegates were appointed to the several State societies, to the American Institute, and the Western Institute of Homœopathy.

Dr. J. H. Woodbury, of Boston, delegate from the Massachusetts Homœopathic Medical Society, spoke of the present condition of Homœopathy in Europe and America, expressed his pleasure in being permitted to meet with a sister organization, and extended a cordial invitation to the members to attend the meetings of the Massachusetts Society.

Dr. Brick, of Keene, exhibited a remarkable specimen of hydatid kidney, which attracted much attention.

Dr. S. C. Morrill, of Concord, read an interesting paper on "The Medical Uses of the Thermometer," which was adopted by the Society.

After a pleasant interchange of views, the Society adjourned, to meet in Concord on the third Wednesday of June, 1868.

J. H. Gallinger, M.D., *Clerk.*

PROCEEDINGS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The Maine Homœopathic Medical Society held its first annual meeting in Portland, on the 23d and 24th of May, 1867.

The Society was called to order by the President, William E. Payne, M.D., Thursday, the 23d of May, at two o'clock, P.M.

Dr. S. M. Cate, of Salem, was present as delegate from the Massachusetts Homœopathic Medical Society; and, on motion, was admitted to a seat in the Convention, and invited to take part in its discussions.

Dr. J. B. Bell presented to the Society an act of incorporation, obtained from the last Legislature, which was accepted by the corporators; and they proceeded to re-organize under it: electing E. Clark, M.D., temporary President; and N. G. H. Pulsifer, M.D., temporary Secretary. Drs. Bell, Blaisdell, and W. L. Thompson were appointed, by the Chair, a committee to nominate officers, and made the following report: President, William E. Payne, M.D.; Vice-Presidents, Charles H. Burr, M.D., and H. B. Eaton, M.D.; Recording Secretary, N. G. H. Pulsifer, M.D.; Corresponding Secretary, J. B. Bell, M.D.; Treasurer, William L. Thompson, M.D.: Censors, E. Clark, M.D.; M. S. Brirey, M.D.; M. R. Pulsifer, M.D., — all of whom were unanimously elected.

The following physicians, having been proposed for membership and referred to the Board of Censors, who reported favorably thereon, were duly elected by the Society: Moses Dodge, George P. Jefferds, D. P. Flanders, S. P. Graves, C. A. Cochran, R. Bradford, R. R. Williams, Rufus Shackford, G. P. Thompson, H. C. Bradford, William Gallupe, Frederick W. Payne, D. S. Richards, B. H. Batchelder, E. D. Seymour, S. Hartwell, E. F. Hincks, B. C. Woodbury.

Drs. William E. Payne, Bell, and Boynton were appointed a committee on Constitution and By-laws, and reported in favor of the re-adoption of the Constitution and By-laws adopted by the Society at its meeting at Augusta, on the 15th of January last.

On motion of Dr. E. Clark, the Constitution and By-laws of the former organization, together with all its proceedings, were re-adopted by the Society.

On motion of Dr. Thompson, of Augusta, S. M. Cate, M.D., of Salem, Mass., and D. Whiting, M.D., of Shirley, Mass., were elected honorary members of the Society.

Dr. Cate, being present, thanked the Society for the honor thus conferred, and gave an encouraging account of the progress of homœopathy in Massachusetts.

Dr. E. Clark, being called upon, addressed the Society, and gave an account of his early experience as one of the pioneers in the introduction of homœopathy into Maine.

Adjourned to meet in the evening, at 7½ o'clock.

Evening Session.

Met according to adjournment, Dr. Burr in the chair.

The President, William E. Payne, M.D., delivered the annual address. He gave an interesting account of the introduction of the homœopathic practice into Maine, and also of its progress up to the present time, stating the names and locations of all the homœopathic physicians who are at this time, and all those who have been, engaged in practice in the State.

On motion of Dr. W. L. Thompson, the Society tendered a vote of thanks to Dr. Payne, for his able and interesting address.

Drs. E. Clark and Burr reported to the Society some interesting cases from practice. The Society gave them a vote of thanks for the same, and desired copies for publication.

Dr. Williams reported some cases of ovarian tumors, treated successfully with Conium, Mercurius, and Lachesis.

Dr. Blaisdell wished to call the attention of the Society to a remedy he had used empirically in a number of cases with success. The remedy was carbolic acid; he had used it internally in some affections of the stomach with benefit; had used it externally as a wash in chronic ulcers of the leg; had cured cases of twenty years' standing.

Dr. Payne had cured cases of chronic ulcers with internal remedies, without resorting to external applications; had made permanent cures with Sul. 200.

Dr. Boynton treated such cases with Hepar Sulphur, Lachesis, Mercurius, and other remedies, according to the symptoms of the case; giving mechanical support to the limb by applying strips of adhesive plaster, as recommended in some works on surgery.

At 11 o'clock in the evening, the Society adjourned to meet the next morning, at 8 o'clock.

Friday, 24th May.

The Society met according to adjournment, Dr. Payne in the chair.

On assembling, the following telegram was received by the President: —

To the President of the Maine Homœopathic Medical Society: —

The Western Institute of Homœopathy sends cordial greeting.

E. C. Franklin, *President.*

Indianapolis, Ind., May 23.

To which the President returned the following reply: —

Portland, May 24, 1867.

To E. C. Franklin, President of the Western Institute of Homœopathy: —

Cordial greeting in return. Onward with the good cause.

William E. Payne, *President.*

Drs. Bell and Boynton, members of the Committee on Clinical Medicine, made each a report.

On motion of Dr. E. Clark, the Society gave to Drs. Bell and Boynton a vote of thanks for their reports, and solicited copies for publication in the "New-England Medical Gazette."

On motion of Dr. Bell, the following resolution was adopted by the Society: —

Resolved, That all reports of clinical cases accepted by this Society shall conform to the following rules: —

1. The characteristic symptoms for which the remedy was given shall be clearly stated.
2. The symptoms appearing or disappearing under the action of the remedy shall be clearly stated, with their order and time.
3. The statements shall be made from records, and not from memory.

The Society do further recommend the following rules: —

4. The remedy shall have been given singly, and not immediately after another remedy or remedies.
5. The remedy shall have been used only internally, surgical cases of traumatic origin excepted.

The Society then proceeded to the choice of officers for the ensuing year.

Drs. Williams, Dodge, and Jefferds were appointed a Committee on Nominations, and reported the following officers, all of whom were duly elected by the Society: —

President, E. Clark, M.D.: Vice-Presidents, Charles H. Burr, M.D.; George P. Jefferds, M.D.: Recording Secretary, N. G. H. Pulsifer, M.D.; Corresponding Secretary, J. B. Bell, M.D.; Treasurer, William L. Thompson, M.D.: Censors, William E. P. Payne, M.D.; R. Bradford, M.D.; M. R. Pulsifer, M.D.; W. Gallupe, M.D.; M. S. Brirey, M.D.

The President announced the following appointments of committees to report at the next meeting: —

Committee on Materia Medica, Drs. Boynton, Savage, and F. W. Payne; Committee on Clinical Medicine, Drs. Burr, E. Clarke, W. L. Thompson; Committee on Surgery, Drs. Bell, Flanders, and Dodge.

On motion of Dr. Bell, the Society voted to issue an appeal to the press of Maine, remonstrating against the use of their columns for the advertisement of nostrums and arts, which, by their expressed or implied purpose, pander to and encourage *criminal abortion.*

Drs. William E. Payne and Moses Dodge were elected delegates to the American Institute of Homœopathy.

Drs. Charles H. Burr and S. H. Boynton were elected delegates to the Massachusetts Medical Society.

Dr. Blaisdell moved, that, when this Society adjourn, it be to meet

in Bangor, on the third Wednesday of May, 1868, at 8½ o'clock, A.M.; which motion was carried.

Drs. Jefferds, Gallupe, and Blaisdell were appointed a committee of arrangements for the next meeting.

On motion, a vote of thanks was tendered the retiring officers.

On motion of Dr. Bell, the Society passed a vote of thanks to the physicians of Portland for their cordial reception.

Adjourned. N. G. H. PULSIFER, *Secretary.*

REPORT ON "CLINICAL MEDICINE."

BY JAMES B. BELL, M.D.

Read before the Maine State Homœopathic Medical Society.

ONE, at least, of your committee has been somewhat at a loss to determine just how to discharge his duty, not from the scarcity of materials, but from their abundance. After much consideration, it has seemed to your committee, that it would be well for us, as a society just starting in life, like a young physician beginning in practice, to consider our ways a little, and take some thought upon clinical observation in general. With your permission, therefore, a few such thoughts will be offered, which it is hoped, if considered and acted upon, will bring out of our union, *strength*, to ourselves, our Society, and the cause.

And, first, —

The object of clinical observation.

When we approach a patient, laboring under a curable disease, we have a twofold object in view; viz., to cure him, and to learn how to cure another: let us never forget the second object in the first, by resorting to palliative and unscientific methods, as to cure the patient safely, pleasantly, and quickly is a sacred duty. To make him contribute something toward the cure of another one is an equal, and, in some respects, a greater duty. We do this by *confining*, *enlarging*, and *defining* the indications of remedies, by observing their effects upon the sick, either in curing or producing certain symptoms. A purely pathogenetic Materia Medica, one composed of provings only, is the broad foundation upon which we build. We are indebted to clinical observation for some of our clearest and best indications for remedies. Where do we find in the pathogenesis of bryonia, that some of the pains are ameliorated by lying on the painful part? and yet, what is a clearer indication for that remedy, when the other symptoms correspond? We have, perhaps, a case of chlorosis, to which the pathogenesis of alumina corresponds, even to the extent that "all the symptoms are better every other day;" but we hesitate

to give alumina, because the patient has a strong desire for charcoal, chalk, and acids, which alumina has never produced. We feel compelled to look at nux vomica, cicuta, or nitric acid; but they will not suit the other symptoms. I presume my colleagues can testify with me, that alumina has, however, quickly cured such cases, including the morbid desires; and they may therefore be added to the indications for that remedy.

If we will pursue this second object as we should, contributing our matured observations to the society and the profession, we shall find a worthy field for our unfailing enthusiasm, and progress constantly toward *certainty in medicine*. There has sometimes been a tendency in our school to underrate the value of clinical observations. This has sprung, probably, from a consideration of the mode common in the old school, and too common in our own, of speaking in a generalizing way of a certain drug as having proved useful in some form of rheumatism; of another, as being a specific in influenza; another, as a fine thing in uterine derangement; a fourth, as a great remedy for bilious colic. The addition of a few general symptoms does not help the matter. It is not such clinical observation as *this* of which we speak. We have in mind the patient, the laborious, the painstaking, the exact observations of the scientific man. Science is a unit. One science will never contradict another. One science can never be pursued in an essentially different manner from another. The chemist pursues his analysis, his examination into the combining equivalent of elements, his studies of the physical and chemical characteristics of bodies, with the utmost exactness, patience, and care. He has no preconceived notions. He is not satisfied with a *general* knowledge of things. It is not enough for him to know that oxygen *has* a specific gravity, varying with different temperatures, but he must ascertain what it is. Let us bring these principles to clinical observation, and learn, first, *what to observe*. That which appeals first to our attention is the *physical character of the diseased condition*. We need to learn, as accurately as all modern means of observation enable us, what pathological changes have taken place. To aid us in this, we have the microscope, the stethoscope, the various specculums, the ophthalmoscope, the laryngoscope, and hosts of other aids, as well as our unaided eyes, ears, nose, and fingers. We need give no name to the conditions which we find, beyond accurately describing them, except, perhaps, for the present convenience of our science. We must base no theories upon them, but must ascertain their natural history, both past and future, as out of this grows our *prognosis*. And this is the second thing to observe, for we must have a prognosis with which to compare the results of our therapia. To ascertain this, we shall be chiefly dependent upon our friends of the modern allopathic, expectant, sceptical school of Europe, as they have done most in observing the undisturbed course of disease.

Thirdly and chiefly, we must note the *subjective symptoms*, the *feelings* of our patient, as he details them to us in their past and

present condition, and as we elicit them by indirect questions. We shall readily ascertain of him certain general sufferings; but it belongs generally to our skill and care to learn the *characteristics* of those sufferings, their aggravations and ameliorations, peculiar to the case in hand. We may often have to suggest to him something to do to ascertain these points. We may have him take a deep breath, eat or drink a little, apply something warm or cold, take some particular position, or some other thing which he may have failed to notice or may not be certain of. The exact kind of pain felt, if it be a pain, is not very important, if the patient cannot describe it readily and almost spontaneously. There are numberless pains which cannot be described with any exactness. Probably most physicians have been struck with the fact that no patient comes to them complaining of a pressing pain, — that pain so often found in the Materia Medica, — and may have wondered what the reason was. I believe the following to be the explanation. The word is correctly translated; "drueckend" certainly means pressing. Now press the end of the thumb firmly into the calf of the leg, or any other muscular part, until pain is produced, and see if the sensation is not one of aching. For *pressing* pain, then, our idiom would give *aching*. The Germans seem to have been the first to discover that an aching pain was like that produced by strong pressure on a small surface. Patients are often at a loss to describe the sensation of *pressure* (without pain). One will say, "My heart feels badly." — "Well, how does it feel?" — "I don't know. It don't feel right, but there is no pain." Now press the palm of your hand gently but firmly over the heart, to the extent of ten or fifteen pounds' weight.

"Is that it?"

"Yes, that is it."

Thus in various ways we may aid in making the symptoms clear and positive. To further illustrate the mode of observing the subjective symptoms, let us continue the case cited above.

We have now ascertained this *general* symptom, "pressure in the region of the heart." We must go further, and ascertain the *characteristics*.

"What relieves this feeling of pressure about your heart?"

"It feels better when I take a long breath."

"How does eating affect it?"

"It generally feels better after eating."

"Do you want to keep still or move about?"

"The bad feeling is much better when moving about; and I want to sit erect and throw my shoulders back to take the pressure off the heart."

Having made a physical examination and obtained the history of the case, with other symptoms that may exist, as before directed, we shall feel well repaid for our exactness if we cure him with *senega*, as we certainly may.

We have now, and lastly, to observe the effect of our remedy; and four things are *imperatively* essential to this. We must first *select*

it with care. We must not give cactus or digitalis, in the example cited above, because somebody has cured heart troubles with those remedies; or amb. or calc. because they have "pressure in the region of the heart." We must compare, with labor and research, all the remedies that seem to resemble the case, and select the one that best corresponds. Then we have, *secondly, to give it singly.* This would seem superfluous advice, did not we read every day in our journals, remarkable cures of cases treated with half a dozen remedies, more or less, in alternation or rapid succession. The last comer in this waltz or procession has the honor of the cure. How this can bear the name of science, I do not know. Only where one remedy has failed of producing any ameliorating effect, after waiting a suitable length of time, according to the acuteness or severity of the case, dare we give another, selected with equal care. It is of equal importance that we should, *thirdly*, employ the remedy only internally (surgical cases of traumatic origin excepted, at least for the present). Local cures may or may not be cures, and have no fixed value for science, and often less for the patient. It is of no use to report a cure of erysipelas with plum. acet. 30 internally, and a strong wash of plum. acet., externally; or of ulcers or eruptions with ars. internally, and an arsenical wash externally. We must have no *theory* that the remedy cures by being absorbed, and operating internally. Science shows that such cures, made with a remedy never so similar, are repercussions only.*

Fourthly, suspend the administration of the remedy as soon as decided improvement appears, and do not repeat it unless the symptoms grow persistently worse. Unless we do this, the patient may grow worse after a time, and we do not know whether the remedy or the disease has produced the aggravation. If we now jump to the latter conclusion, and administer another remedy, we may make a fatal mistake. That aggravations *do* occur from even the most highly potentized doses of homœopathic remedies, no man accustomed to scientific observation can deny. It is *most* evident in chronic cases, and does not often consist in an increase of the *old* sensations, but in the development of some *new* ones, exceedingly like the old, so that the patient will say he feels worse, but feels differently. In such a case, we have only to carefully observe these new sensations, accredit them to the remedy, and "be still, and see the cure."

Neither, if a temporary return of the symptoms occurs, should we be in haste to repeat, until we are reasonably sure that it is more than temporary. We have only now to consider, — *How to make our observations available for our individual and associated profit.* This can be done only by a careful record of the same. The advantages and necessities for this are too many to enumerate here. I will only therefore dwell for a little upon some of the best modes of doing so. It is enough for us, for the present, to remember that

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* Readers of the "Gazette" will please bear in mind that the editors do not necessarily indorse the assertions or opinions of contributors.

while "reading makes the full man, speaking the ready man," only "*writing* makes the *exact* man." The man who records his observation, whether only for his own or others' use, will not be likely to fall into slipshod ways, as they do not look well on paper. After many experiments, your committee has adopted two modes of making records for office use, and two for visiting use.

For chronic cases, a book of ledger form and size, with an index, seems best. Each patient will require a page or two. For more transient and briefer cases, an excellent record-book is made from a blank-book, four inches wide, thirteen inches long, and an inch in thickness. Have the alphabet cut into the edge of this, giving to each letter its proper proportion of leaves, that no space may be wasted. B, C, M, and S will require each ten per cent of the space, and the other letters each a specific proportion. Bookbinders have some sort of a table of this kind, showing the proportion of names in the community to each letter. I have carefully compiled one, which will be cheerfully furnished to any who would like it. To use this book, put each patient's name in, as he comes, under his letter, writing out his symptoms under his name. Underscore the name so that it can be readily seen, in running over the book, and put at the right hand the number of the prescription. If his case is now entered for the first time, No. 1; when he calls again, No. 2; and so on. This plan saves much time, and uses all the space. As one book is exhausted, another can be taken, and marked No. 2, &c.

For visiting use, one method, and particularly for chronic cases, is the use of slips of paper, good book paper, four inches by six, carried in the diary or pocket-book. They are written on with a pencil, and placed in envelopes, which are afterwards filed.

For acute cases, a book on the principles of the alphabetical office-book is better, made of convenient size and thickness for the pocket.

To those who would object to this care and exactness in clinical observation on account of the time and labor required, a word must be said. Looking over the matter in detail, it would indeed seem as if the busy physician could hardly afford to be thus particular. Experience proves, however, that generally no more time is required, and often less than must ordinarily be given to the patient; and the time is much more likely to be spent profitably, when one sits at the bedside or the desk, note-book in hand, than when one makes a few inquiries about the patient, and then some remark about the weather, and so mixes his professional and social conversation. As has been remarked in the "Gazette," the work of recording can often be done while waiting for the spoon, the tumbler, and the water. At the next visit, too, no time has to be wasted in recalling forgotten symptoms, but one can proceed at once with the case. Less time is also wasted with bystanders, as they are not as likely to interrupt a man who is writing. There are other advantages also as regards time, by making the patient more explicit and direct, and enabling the physician to look quickly on his records at the office, and select the remedies without wasting time, taxing his memory, and recalling

his cases. The busier the physician, the less he can afford to do without a good record of his cases. If any object to the labor, I counsel them not to enter the homœpathic ranks, or never hope to be highly successful homœopathic physicians, or to contribute much to the success of others.

Therapeutic Uses of Oxygen.—M. Demarquay, who has devoted much attention to the use of oxygen inhalation in medicine, says, in speaking of its therapeutic indications, that, in the early stage of phthisis, when there is no fever, and no fear of exciting local action, when the patient is becoming emaciated, and the emaciation is increased by persistent dyspepsia, oxygen may have a salutary influence in modifying the state of the constitution and sustaining the organism. Asthenia is the disease in which oxygen has been given by preference; of twenty-two patients treated by Beddoes, ten were cured, and nine relieved. But the employment of oxygen in asthenia meets with numerous contra-indications. Oxygen renders incontestable service in essential anæmia. It is specially indicated in that form of chlorosis of young girls which is characterized by obstinate anorexia, in the anæmia of convalescents, and in the anæmia, often severe, of newly delivered females. The inhalation of oxygen is also successful in anæmia arising from hemorrhage or from fatigue, and is also a very energetic remedy in the debility produced by prolonged suppuration; it stimulates the appetite, sustains the powers of the patient, and enables him to attain to recovery. In diabetes, under the influence of oxygen inhalation, the quantity of sugar contained in the urine is remarkably diminished. In surgery, oxygen stimulates weak and ill-conditioned ulcers, and accelerates the production of granulations in cicatrizing wounds. In senile gangrene, as long as the circulation continues in the artery of the foot, oxygen is, according to the observations of MM. Laugier, Demarquay, and Maurice Raynaud, the only remedy which in advanced cases affords a chance of recovery.—*Gazette Medicale de Paris.*

BOOKS AND PAMPHLETS RECEIVED.

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Rules for Finding and Tying the Principal Arteries. By J. Grant Gilchrist, M.D. Chicago: C. S. Halsey.

Proceedings of the Ohio Homœopathic Medical Society. 1867.

An Essay on Cleft Palate. By William Tod Helmuth, M.D.

Essentials of the Practice of Medicine. By Henry Hartshorn, M.D. Philadelphia: H. C. Lea. 1867.

Announcements of Hahnemann Medical College, of Philadelphia; Homœopathic Medical College, of Pennsylvania; New York Homœopathic Medical College; Bellevue Hospital and Medical College.

Homœopathic Journal of Materia Medica, Chemistry, and Pharmacology. Chicago: Williams and Dwight, vol. i. No. 1.

Hahnemannian Monthly, June, July.

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Boston Medical and Surgical Journal, vol. lxxvi. Nos. 13–25.

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THE PATHOGENESIS OF TEA.

BY C. WESSELHOEFT, M.D.

(Continued from page 175.)

These four cases contain the main features of the pathogenesis of tea, and are reported here as a sample of a large number collected during about eight years: to report more, would amount to a mere repetition.

Many cases of pure tea-poisoning occur where the complaint of the patient consists entirely of the effect of tea; and in consideration of the very general use of tea, it is not at all wonderful, that by far the greater number of chronic diseases, especially of females, with whom the nervous element is invariably very prominent, are complicated more or less with its effects. This is not a theory, but a fact, regarding which there need never be the slightest doubt. Having once observed the following characteristics of tea, they are not easily forgotten, and are recognized again and again as an old acquaintance, with whose face we were long familiar, but whose name we had been ignorant of: goneness at the stomach (the form of expression itself is significant); flushed face, with circumscribed redness of the cheeks; bright eyes with dilated pupil; and then the more variable, but still very frequent symptoms, —

absence of thirst, or rather an aversion to water, which does not agree with them, and a craving for acids; sick headache with and without vomiting, &c. Where these symptoms exist, careful inquiry will invariably bring to light the cause, — too frequent indulgence in tea; in such cases the teapot is resorted to at least three times a day.

It is not always the strength of the decoction, or infusion, as the case may be; but the frequency of repetition of the dose. Numerous observations have led us to the conviction, that even very weak tea, drank at a moderate temperature, and in moderate quantities often produces precisely the same effect on sensitive people of the upper class, that strong tea exerts upon robust laboring people, as, for example, Irish female domestics.

Every practitioner must have noticed the frequency of the above-named symptoms, either by themselves or in connection with other affections; but it may not have occurred to him that they arose from tea, especially if not used to excess. But the fact is that this group of symptoms will never occur where tea is not used at all.

We rarely meet with a case of "sick-headache," or of the numerous forms of complaints usually termed hysteria — involving the system of sympathetic nerves, and in women, particularly the sexual functions — which are not complicated with one or more of the above groups of symptoms peculiar to tea, often rendering these extremely obstinate cases quite unmanageable. As soon as tea is suspected in any of these cases, let it be set aside and absolutely prohibited, and an apparently difficult or tedious case of chronic nervous disorder will often be reduced in severity, and simplified to a degree admitting of a speedy cure.

The following is an abstract from an article in the "Atlantic Monthly" (vol. iii. p. 35), entitled "Tea and Coffee." It bears so directly upon our subject, that we introduce it here.

"The use of the tea and coffee are not, as is often asserted, a waste; they are, under certain conditions, a saving of strength and substance. Next to alcohol and tobacco, tea and coffee have supplied more of the needful excitement to mankind,

than any other stimulants, and taking the female sex into account, they stand far above the two former substances in the ratio of the numbers who use them." Tea and coffee are not merely harmless stimulants, though slow in deleterious action. *Dr. Böcker* of Bonn, and Dr. *Julius Lehmann* of Leipsic are mentioned as the discoverers of the useful qualities of tea and coffee (Hahnemann of course is not mentioned), and have raised them to their proper place in dietetics as "accessory foods," so called by Dr. *Th. K. Chambers*, of London.

Food is divided into two classes, calorifacient (non-azotized), and plastic (azotized) food. This would seem enough for nature's requirements in brute creation; but, as men and thinkers, we need something more. Excessive brain-work and overworked stomachs, with underworked muscles and limbs, derange the balance of supply and demand; and here the "accessory foods" are used to make up the deficiencies. They may be subdivided into those which arrest, and those which increase, metamorphosis. Alcohol, sugar, coffee, and tea are placed under the former class. In order simply to live we could do without them; but where extra mental and physical exertions tax the organism, the waste must be limited by some arrester of metamorphosis.

A large series of valuable and careful experiments by *Dr. Boecker* prove tea to have no influence on the quantity of carbonic acid respired; it has no influence as a nutriment on the heat producing function. But the loss by *perspiration* is limited by tea, which is proved to be an *arrester of change of tissue*, chiefly by diminishing remarkably the amount of nitrogen thrown off by the excretions, especially destined to remove an excess of that element from the system. Hence it arrests the waste of plastic elements. When the diet is sufficient, the body gains in weight under the influence of tea; when diet is insufficient, tea limits very much the loss of weight thereby entailed. Thus, tea and coffee, though not positive nutriment, have a twofold benefit; they save more than enough of the waste of tissue, to justify their use as economical beverages, supplying a need of the nervous system.

So much for the use of tea: its abuse is spoken of too

lightly, as "shaking the nerves and impairing digestion, effects too familiar to need description."

While we cannot value too highly the researches of Dr. Boecker concerning tea, we are also bound to add a number of other effects arising from its *abuse;* the manner in which the nerves are skaken, and digestion impaired, is of great importance, and we must make it our object to discover in what particulars the shaken nerves and impaired digestion in consequence of tea, differ from affections of the nerves and digestive organs resulting from other medicinal agencies, for by doing so, we, as practical men, will know where to use it and where to avoid it.

One fault of the physiology of the present day is, that it recognizes mainly the results of weight and measure, rejecting many valuable phenomena not to be accounted for in this manner. To us, as physicians, who eagerly grasp every opportunity to aid us in healing the sick, the effects of tea as observed upon the body, irrespective of quantitative analysis, are just as much physiological effects as, for instance, its power of arresting waste. Where tea is introduced in too great a quantity, and where its effects are not needed by the organism, results are observed, like those in the four cases reported above. These were cases of ordinary tea-poisoning, tea having been used in too great a quantity under ordinary circumstances of life. These cases may stand as provings, and the collection and classification of the symptoms for practical purposes, shall be reserved for another occasion.

When we add these effects to those of Dr. Boecker, the whole subject appears in another light. Dr. Boecker shows that tea maintains and restores the vigor of the body, and explains it on the principle of arresting waste: We will not oppose this argument as a *special view* of the question; but we submit that another view can be taken of the subject. The definition of "accessory food," is a term, which, if subjected to analysis, may be changed entirely in its meaning; the effect of tea, as well in regard to its power of arresting waste, as also in regard to other effects like those enumerated by us, is, after all, a *medicinal effect*, as we will endeavor to illustrate.

When taken in appreciable quantities, larger than necessary to maintain the balance of metamorphosis, tea has the following effect among others,—*loss of appetite, and loss of desire for water; emptiness at the pit of the stomach; great general weakness and exhaustion, only relieved temporarily by drinking tea; trembling of the whole body, and great nervous excitement; sleeplessness, &c.* These are constant symptoms of the abuse (pathogenetic effect) of tea, which we can substantiate by numerous observations. We have, on the one hand, loss of appetite; tea-drinkers eat very little, and often subsist for many days on tea alone. While tea prevents the rapid waste of substance, *it adds no substance;* but furnishes a certain amount of vigor to the nerves. This is not real strength derived from normal, wholesome nourishment of tissues, especially the nervous strength. The nerves are excited to abnormal activity, by the specific stimulus of tea, and thus they are worn, wasted and exhausted, however slowly, till at length tea ceases to produce even a single comfortable sensation.

The sources of *exhaustion* under the influence of inordinate use of tea are, therefore, twofold,—*exhaustion by over excitement of the nerves, and exhaustion by want of actual nutriment.* Some may explain the latter effect by the deranged state of the digestive apparatus: in a certain sense, this is the case; but we must not overlook the fact that it is a *specific, peculiar* action of tea, to create a loss of appetite, and of normal thirst, an effect differing in kind from derangement of digestion from other causes. When this condition prevails as an effect of tea, the seat of the symptoms does not lie in the stomach and intestines; these perform their function well enough, if they have the opportunity. Normal hunger is the expression of the nervous system that the organism needs nourishment; under the influence of tea, this power of expression is either lost, or perverted into an abnormal desire, a craving weakness or "goneness" which is instinctively gratified by tea alone.

Granted that tea arrests the metamorphosis of tissue, and that this may, in a measure, be beneficial, especially if the supply of nourishment is sufficient; yet, the health of the organism

depends on a normal and rapid metamorphosis of tissue.* If a too rapid waste can be prevented (waste and metamorphosis are not always identical,) it may be beneficial to the body; but an excess of the "arrester of waste" introduced into the system, and producing at the same time an aversion to food, and hence, an inadequate supply, must necessarily lead to great waste and final exhaustion; and such is actually the fact.

It is well stated in the article in the "Atlantic Monthly" referred to, that tea is something more than a mere stimulant. Our national habits being feeble, nervous exhaustion is met by recourse to all kinds of stimulation, and by tea among other things; the moderate use of tea is justified on ample grounds as follows: —

"We think, and we exhaust; we scheme, imagine, study, worry, and enjoy, and proportionately waste. . . . The faculties whose possession involves this loss have been ever exercised to repair it by artificial means. . . . Overworked brains and stomachs, underworked muscles and limbs, soon derange the balance of supply and demand; we waste faster then enfeebled digestion can well repair. We feel always a little depressed; we restore the equilibrium temporarily by stimulation, — some with alcohol and tobacco, others with coffee and tea."

This brings us to the following conclusion: tea, among other things, *is often the remedy* for such affections, arising from exhaustion and waste; but tea, as we have shown, also *produces* the very train of phenomena which it relieves, and which, in many cases, it cures. To deny this would necessitate an absolute misconstruction of facts. Thus we have explained what we meant by medicinal effect of tea; it cures morbid conditions, similar to those which it produces, and is another of the innumerable proofs, everywhere to be found, of the correctness of the principle which guides us in the administration of drugs to the sick.

At the outset, we expressed it as our conviction that tea, like many other so-called stimulants, is necessary for the welfare

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* See the very able and interesting books on "Training, the Theory and Practice." By *Archibald Maclaren.* London: Macmillan & Co.

of mankind; it is one of the numerous substances supplied by nature, instinctively sought after by man; he feels an unconscious longing to relieve certain discomforts, to restore a normal state of feeling. Wherever we look in the world, this instinctive resort to remedies appears, to counteract the innumerable, omnipresent influences deleterious to our existence.

Those who are in the habit of drinking tea very hot, if they drink pure water at all, generally can only bear ice-water at the freezing point. We will not try to determine here whether this is an effect of tea as such, or of the hot drink. It is a fact, however, that regular tea-drinkers can swallow liquid at, or scarcely below, the boiling point. That this habit deranges digestion directly, is easily understood; and its avoidance is absolutely necessary to insure the cure of such a patient.

Men suffer less frequently from the effects of tea than women. Among many cases, we can record only two of men who applied for relief from troubles arising from tea, the symptoms being precisely like those recorded above. If we may indulge in an explanation, it would be this: the nervous system of woman responds so much more readily to ordinary stimuli, and reacts so much more promptly than that of man, that they need less, and hence can bear less of artificial stimulants. For the same reason, if their appetite for a certain stimulus is once aroused, it is more uncontrollable. Women fear stimulants more than men; but if they happen to become addicted to them, they are not so easily dissuaded from their use. Men on the other hand, can bear and need more powerful impulses to stimulate their mental and physical energies to activity; the wear and waste following their usual occupations is greater. The moderate use of tea after a day of mental and bodily toil is most beneficial, and hence few men ever complain of its effects. Women, on the contrary, having less of this kind of exertion to make, and being endowed with susceptibility and fondness for the special stimulus of tea, resort to its excessive use. Instead of merely overcoming the natural discomfort following the fatigue of the day (simple fatigue is overcome by actual rest and sleep), by very moderate use of tea, they consume more than is necessary.

In a large proportion of instances women lead an idle life, mentally and bodily, as compared even with idle men, and do not require the stimulus of tea or any thing of the kind; but these are the very cases where tea is used, in order to produce *an abnormal* state of exhilaration; while people of active habits of mind and body derive sufficient *normal* and healthful animation from the necessity and influence of their various occupations. In the former instance of abnormal excitement produced by tea, fatigue and exhaustion follow; in the latter case of normal animation during healthful but protracted exertion, the natural fatigue and exhaustion are relieved by tea.

The question now comes up regarding the position occupied by tea upon our dietaries, &c; shall it be stricken out, or left where it is? The answer is simple: our dietaries apply either to the sick or to the well. In the former case medicines are generally used, and, if so, tea should be prohibited as a rule, because the medicinal effect of tea is capable of disturbing and modifying the action of any other medicine, regardless of the dose or the "school" in accordance with which it was administered. In the latter instance tea may be allowed, as a rule, — we do not say prescribed or ordered, — provided it is not abused, but employed; e.g., to satisfy a natural desire to overcome the discomfort or distress arising from fatigue of mind and body, experienced by those who earn their living by care and toil; call it "accessory food" or medicine, as you will.

A CASE OF GLAUCOMA. — SUCCESSFUL OPERATION.

BY W. M. BABBITT, M.D., RANDOLPH, MASS.

Dec. 31, 1866. — Mrs. H—— had suffered severely from pain in and above the right eye, at intervals, for several months. She supposed it to be "neuralgia," and noticed its occurrence especially after being engaged in culinary operations over a hot stove. She had previously had the advice of

a physician (allopathic), who had ordered a cathartic, and leeches to the temple. These measures had produced but temporary relief; and, when I saw her, the pain was paroxysmal; very severe through the eye, and in the supra-orbital region; the pupil presented a dull, greenish appearance; was immovable, dilated, irregular, and ragged in outline. The conjunctiva was not apparently inflamed to any considerable extent, but vision was almost entirely extinct in the affected eye. The pain was so excruciating as to cause great prostration; her nights were almost sleepless; and she was dispirited, weak, and so prostrated in general health, that her friends began to despair of her life. I exhibited at intervals Acon., Bry., Coc., Nux, Calch., and Bell.; at the same time informing the friends that the deep-seated structures of the eye were seriously affected, and advising that Dr. Angell, of Boston, be called in consultation.

It may be proper to state here, that the patient had a bronchocele (*goître*) in close proximity to the large vessels of the right side of the neck, of sufficient size to press upon them, and somewhat impede a free circulation of blood to the head.

My remedies proving of little avail, Dr. Angell was called, and pronounced the case one of glaucoma, and advised an immediate operation as the only possible relief for her suffering. The matter was taken into consideration; and, the consent of the patient being finally obtained, on February 8, at 5, P.M., the operation of division of the ciliary muscle was performed by Dr. Angell. Immediate relief from pain ensued. No considerable inflammation followed; she slept well the following night; and there has been no pain whatever since, now six months. The patient has regained her health and strength, and is now quite well.

NOTE BY THE CONSULTING PHYSICIAN. — The case was one of *sub-acute glaucoma inflammatorium.* The sight of the eye was hopelessly lost, the degeneration of the entire fundus of the globe having extended in front to the lens, which was perfectly opaque. As no light could be thrown into the eye, in consequence of this opacity of the media, the use of the ophthalmoscope was of negative value merely. The diagnosis was, nevertheless, very easy. The history of

the case; the dilated and fixed pupil; the dull and insensitive cornea; the diminution of the volume of the anterior chamber; the abnormal tension (hardness) of the eye-ball; the complete loss of sight, and the extreme suffering of the patient, — all these symptoms, as a totality, pointed unerringly to *glaucoma.* There was no question here as to the restoration of the vision to the eye: this was gone for ever. The indication was simply to relieve the pain which had now so reduced her general strength, through loss of appetite and sleep, that she could scarcely get from her bed to the easy-chair. Medical means — topical and internal — having failed to relieve, I thought of these three measures: 1st, *paracentesis corneæ;* 2d, *division of ciliary muscle;* 3d, *iridectomy;* and, 4th, enucleation of the eye-ball, in case of the failure of the first three. I recommended *iridectomy;* but as the patient objected to choloform or ether, and the operation is quite severe for so debilitated a patient, I determined to try the division of the ciliary muscle as performed by Mr. Hancock. I chose this operation in preference to the paracentesis of the cornea, partly because I felt sure that the latter would have to be repeated a number of times to be of permanent benefit, but chiefly because I wished to test once the value of the Hancock operation, so much praised by its friends, and so well decried by oculists generally. The result was as given above by Dr. Babbitt; and certainly neither iridectomy nor enucleation itself could have proved more satisfactory.

SPLENITIS ACUTA, TERMINATING IN ABSCESS.

BY G. M. PEASE, M.D., BOSTON.

THE following case occurred in my practice, while connected with the United-States navy. The treatment laid down will indicate the requirements of the service, rather than the course I should now pursue in civil practice. Mr. P——, aged 36. Height, 6 feet 1 inch; complexion, very dark; habits, free; lived high when he could; had frequently been in tropical climates. In May, 1862, he complained for two or three days of not feeling "very spunky." He had chills, followed by fever; and although the vessel was in the vicinity of low,

marshy lands, and in the eddy formed by the Mississippi flowing into the Gulf, and notwithstanding the patient exhibited many signs of the approach of intermittent fever, still I could not believe that to be the affection from which he was then suffering. He complained of nausea, and slight pain in the left hypochondrium, which he described as feeling like the beating of the pulse. Up to this time (several days), he had no treatment, as he would take no medicine unless ill enough to be confined to his bed. In about twenty-four hours, this throbbing pain in the hypochondrium extended over the whole of the abdomen, and occasionally would shoot up into the left shoulder. As he suffered from constipation, I ordered a dose of oil. This not having operated in twelve hours, I ordered a double dose of Magnesiæ Sulph. and fluid extract of Senna; and, in about eight hours, he had a scanty stool. During this period of about twenty hours, the pain in the abdomen increased at an alarming rate; but, after the operation of the cathartic, it greatly subsided. Percussion showed the abdomen to be tympanitic, the most painful spot seeming to be in the region of the spleen, which was somewhat enlarged. Causing him to take a deep inspiration, he complained of greater pain in the left hypochondrium. The usual antiphlogistic remedies were employed, and, at night, morphia was administered. By the third day, the spleen had become very much enlarged; the patient vomited, and could retain *nothing* upon his stomach. He was also troubled with dyspnœa and hiccough, probably caused by the upward pressure of the enlarged viscus. A slight delirium was also noticed, and the bowels remained obstinately constipated. By the sixth day, the spleen had enlarged to about the size of the crown of a hat, and pain upon pressure was very severe. A small fly-blister was applied, and allowed to remain long enough to produce a reddening of the skin, with a slight amelioration of the pain, as the result. Determined to relieve the bowels, if possible, I gave about a dozen injections of soap-suds, molasses, and oil, in the course of the day, without procuring an operation. I then called a council. Two of the three consulted called the case one of enteric fever. The third considered

my diagnosis of abscess of the spleen correct. Persisting in attempts to relieve the bowels, a free discharge was secured in about twenty-four hours, soon after which the patient said he felt something burst in his side. On examination, found the spleen very much diminished in size. In about half an hour, he passed a considerable quantity of pus, which continued at intervals to pass for about two days. After these discharges, the patient became extremely prostrated for several days, and stimulants were given to rally him. He was sent North after a short time, and finally recovered his accustomed health. Since the above, a similar case has come under my care, but of a less severe type. The discharges were of the same character, and through the bowels. The latter case was treated principally with Gelsem. and China 6th centes.

The New-England Medical Gazette.

BOSTON, SEPT. 15, 1867.

Clinical Instruction. — It has come to be an almost universally accepted idea, that the medical student must receive a large portion of his education through the *clinique;* i.e., by observation and oral instruction at the bedside of the patient. No one can object to this theoretically, nor, perhaps, practically; and therefore we propose merely to point out some of the defects of the present system, and to endeavor to show how, by properly directed effort, it might be made more important and vastly more profitable to the student. In most clinics, the professor, while making his visits through the wards of his hospital, is surrounded by from fifty to two or three hundred students, to whom he carefully explains the cases and his proposed treatment, either by the bedside, or, after the visit is completed, in a lecture-room, and after the style of a lecture. During the visit, all crowd around the bed: a few have a good view of the patient, while the great majority deem themselves lucky if they have even a glimpse of the bed. The professor, perhaps, says, "Here, gentlemen, is a case of typhoid fever, which was brought in yesterday. The patient had been sick three days." He then states the most marked objective symptoms; asks a few questions of the patient in regard to his feelings, &c., and then

gives the class a more or less carefully prepared statement of the ætiology, pathology, and treatment of typhoid fever, together with any special suggestions or observations which this particular case may call to mind. Or, if the lecture is given afterwards, in another room, the professor will say, "The patient in No. 15 was brought in yesterday, having been ill three days with typhoid fever;" and then he proceeds in the same manner as before.

Now, however valuable these clinical lectures, thus conducted, may be, it will readily be seen, that, to the great majority of the class, the patient serves no other purpose than to furnish a subject for the professor to speak upon; perhaps to suggest some additional ideas, or to serve as a living illustration, bringing the subject more vividly to the student's mind. What more than this can a clinical lecture do? We answer, a great deal more. The bedside is not the place to teach pathology, neither to generalize nor to set forth theories of disease. These are properly taught at another time and place. Disease is here presented as a fact, which is to be carefully studied, individualized, and treated. How may this best be done? In a word, by giving to students, especially those somewhat advanced, the responsibility of selecting a remedy appropriate to the cases treated. In allopathic practice, where the compound prescriptions vary so widely, according to the fancies, theories, or supposed observations of individual practitioners, this would be no easy task; and the prescriptions might be as numerous and diversified as the members of the class: but where, as in homœopathic practice, the drug is a simple substance, having through its pathogenesis certain fixed indications of its applicability to disease, it should be the student's, as it is the physician's, duty to carefully compare the symptoms of the patient with those of various drugs, and select that one which is most closely and unmistakably indicated. The method of doing this with a class might be as follows: The professor, in a concise manner, gives to the class a personal description of the patient, with a history of the case. He then examines all objective symptoms, and allows as many of the students as practicable to do so with him; and, finally, he obtains all the subjective symptoms of the case and all collateral circumstances, which might properly be considered. These observations should be clearly and distinctly stated in the order named, so that each member of the class, whether there be fifty or five hundred students, could understand and carefully note the whole in books prepared for this purpose. The professor might then make his prescription, and allow the class, without knowing what he

has given, the time till the next visit, to study the case and select a remedy. At this next visit, the professor should inquire from several the remedies selected by them, with their reasons therefor; and then, revealing his own prescription at the preceding visit, he should carefully compare the various prescriptions, state their appropriateness or otherwise, and also give the reasons for his own prescription. This plan, it is true, would require very superior and special knowledge on the part of the professor; and most physicians would shrink from such a touchstone of their capacity. Nevertheless, if we would elevate the standard of professional knowledge, we must select as teachers only those who can bear the test of rigid examination themselves. With a system of clinical instruction like this, thoroughly carried out, we might reasonably expect of students a rapid advance in that art to which all their knowledge should tend; viz., the removal of disease. That college which shall inaugurate a system of clinical instruction, approximating as nearly as possible to the plan which we have set forth, will not only be entitled to the respect of the profession, but will, in our opinion, be very likely to command its undivided support.

We have received the following from Professor Hale, in relation to his Prizes for proving Ptelea Trifoliata: —

Up to the fifth of June, I had received but *four* provings of Ptelea. Since that date I have received *nine*, from the following persons; namely, Dr. C. H. Lutes, Dr. A. V. Marshall, Dr. Hayward, Mr. Cowperthwait, Dr. Cowles, Dr. Burt, Drs. Fish & Frain, and Dr. Thomas Nichol. I do not think I can properly award the prizes to those provers who sent in their experiments before June 5, the date originally mentioned, as it would be unjust to others whose provings have been received since. Some of the provers wish to perfect and extend their provings already made. In view of these facts, the time of competition for the prizes is extended another year. The whole number of provings received, however, falls short of the number expected, for I had sent the medicine to over forty persons. In view of this fact, I declined to submit the provings to the American Institute, but sent instead a brief report of the progress made, and asked to be continued on the Bureau of Materia Medica. This request was granted, and I now propose to extend my investigations into the properties of Ptelea through another year, in order to make a complete pathogenesis. As some inducement to experimenters who may desire to aid me, I will make the following offers of prizes (all provings now received to be admitted in competition, with the privilege of amendment): —

I. Fifty Dollars for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or Ptelin; and to consist of all the symptoms observed during the life of the animal; a record of the pathological or normal appearance of each organ after death; and a microscopical examination of the diseased organ or tissue, and any abnormal secretion or product.

II. Ten Dollars, or a copy of "New Remedies" (2d edition), for the best physiological proving; made with the mother tincture and the sixth dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and (if possible) the microscopical and clinical analysis of the urine, fæces, and other discharges.

III. Five Dollars, or a copy of "Treatise on Abortion," and the "Observer" for one year, for the next best proving made as above.

Each prover will be presented with a copy of the "Monograph on Ptelea," when published. *All provings must be sent in before Jan.* 1, 1868.

Massachusetts Homœopathic Medical Society. — The semi-annual meeting will be held at the accustomed place in Boston, on Wednesday, Oct. 9, 1867. The subjects for discussion will be Nasal Catarrh, Laryngitis, and Bronchitis. It is hoped that each member will contribute, from his experience, something of interest upon each of these subjects. We doubt not the Society would also be glad to receive contributions of a professional character from those who are not members. Reports will be made by the Committee on Materia Medica, H. L. Chase, M.D., Chairman, and the Committee on Clinical Medicine, James Hedenberg, M.D. Papers have been promised by Drs. Gregg, Angell, Woodbury, Jones, and others; and several of the older members have promised to join in the discussion of some of the important topics selected. The meetings of this Society have steadily increased in interest and importance during the last few years, and we are sure this meeting will not fall below any former ones in scientific interest. Delegates from other societies, and several corresponding members from other States, are expected to be present. Let every member make an effort to attend, and contribute something of value; and let those qualified physicians, who are not already such, speedily become members of the Society.

The American Homœopathist. — The first number of the fourth volume of this journal has reached us, and we are happy to say that it is a great improvement on its predecessors. It is published by Smith & Worthington, under the auspices of the Homœopathic Medical Society of Cincinnati. We must congratulate the Society in having selected for its editor one of their ablest and most reliable physicians, E. B. Thomas, M.D., of Cincinnati. We feel sure that he will spare no pains to make it a journal of practical value

to the whole profession. There are now published in the United States, in the interest of homœopathy, *seven* monthly or bi-monthly journals, and *two* quarterlies. These journals are, to a great extent, filled with original matter; but, notwithstanding so much is printed monthly, how small a part of the many valuable experiences and observations of the four thousand homœopathic physicians of the country is given to the profession! Our journals are, almost without exception, established for the benefit of the profession; and it is due to them, from the profession, that they should be sustained, not only by liberal subscription, but also that the best thoughts of the best physicians should be contributed to enrich their pages. By a well-directed effort, abundant material could be obtained to fill double the number of journals already existing. Let every physician of our school in New England send to us simply what he observes that is new to him, or of professional interest, and we will promise to cull therefrom enough to render the "Gazette" of greatly increased value.

THE College of Physicians of London have prepared, by the labor of a number of committees spread over several years, a nosological classification of disease, which has been accepted, and will henceforth be used by the Registrar-General of England, Scotland, and Ireland, and by the medical departments of the army and navy. While the terms thus adopted may be convenient in referring to the various diseases, and should certainly be made to conform to the present advanced state of pathology, still the time has gone by when, even in "old school practice," cases can be treated from their names merely. In theory we may generalize, but in practice we must individualize.

THE directors of the New-York Ophthalmic Hospital, which has so recently come under homœopathic management, propose to offer, to such students as may desire it, a course of practical lectures on diseases of the eye, during the ensuing winter. The increased success and the greater number of patients already treated at this hospital, shows the wisdom of the directors in making the radical change which we recorded in the July number of the "Gazette."

A "SUITABLE REWARD" is hereby offered for the apprehension of Dr. Deal Bean, who is represented in the "N.A. Journal of Homœopathy" as having read a report on Physostigma before the Massachusetts Homœopathic Medical Society. He is undoubtedly colored, and a native of Calabar. A near and very active relative of his is called Eserine.

We beg to congratulate the above journal also on the prospective removal from its premises of the "trunkal muscles" of Dr. Banning, together with his "flabbed muscles," his "ligamentous energies," his "surging strength," his "ligamentous laxity," his "blockade of the helpless commercial channels," and other cumbersome novelties.

Dr. Cochran, of Winthrop, Me., writes that dysentery and diarrhœa have prevailed very generally in his section. Similar reports have reached us from other sources; and in the sudden violent and depressing attacks, Arsenicum corresponds most nearly to the *genus epidemicus* of this season, and many of the cases need no other remedy. In some cases Acon., Colch., Merc., Guaco, Chin., Cham., and Leptand., are indicated, and render efficient service.

The Publications of the Massachusetts Homœopathic Medical Society, Vol. II., may be obtained of the Librarian, S. Whitney, M.D., at the Dispensary rooms, No. 3, Tremont Temple, Boston. Any donations to the library of the Society may also be sent to the same place.

Dr. J. H. Pulte, one of the pioneers of homœopathy in the West, and so well known as one of its ablest advocates, has been making an extended tour through the Eastern States. He spent some days in Boston, where he was warmly welcomed by his many friends in the profession.

Nasal Catarrh. — One of the subjects for discussion, at the semi-annual meeting of the Massachusetts Homœpathic Medica-Society, will be Nasal Catarrh. Will all the members of the profession, who do not expect to attend the meeting, forward to J. Hedenberg, M.D., Medford, Mass., their views in relation to the cause, and their experience in the treatment, of this disease, together with reports of cases of interest, and thus, through the Committee on Clinical Medicine, take part in the discussion of the subject?

J. Hedenberg.

Medford, Sept. 2, 1867.

NECROLOGICAL.

It is seldom that we have to record, in a single month, the death of so many distinguished men connected with the medical profession. Two of these were residents of Boston, and among her most noted citizens.

Dr. J. Mason Warren, the third of an unbroken line of distinguished surgeons, and grandnephew of General Joseph Warren, of revolutionary fame, died at his residence in Boston, on Monday, Aug. 19, aged fifty-six years. His disease was a malignant tumor of the cœcum, from which he suffered several months. Up to the last month of his life, however, he continued steadily to perform his professional duties. For many years he has been one of the leading

Surgeons of the Massachusetts General Hospital, and there are but few physicians in this vicinity who have not witnessed his manual dexterity and skill, in the performance of difficult surgical operations. He was kind and cordial in his manner, and remarkably free from that narrowness and bigotry, which have so often been the stigma of our profession. It has often been our lot to meet Dr. Warren in surgical consultations, and though we differed widely in some matters pertaining to medicine, yet we never received from him, either in word or action, anything but the most faultless professional kindness and courtesy. We would that his example in this respect might be faithfully copied by professional men everywhere.

Dr. James Jackson, of Boston than whom perhaps no member of the medical profession was more highly respected, and warmly loved, died on Tuesday, Aug. 27, at the advanced age of nearly ninety years. He began the practice of medicine in Boston in 1800. In 1812 he received the appointment of Professor of the Theory and Practice of medicine in the medical department of Harvard University, which position he occupied with great honor, for twenty-four years. Soon after he entered the profession, his attention was turned to the necessity of a general hospital for the poor, and his efforts in this direction culminated in the establishment of the Massachusetts General Hospital, of which he was appointed the physician in 1817. He resigned his post in 1837, when the hospital had acquired a world-wide reputation, to which he had contributed a principal portion. We cannot fitly speak of the life and character of Dr. Jackson, which may well become a study and example to the members of our profession.

Velpeau. — The telegraph brings the intelligence of the death in Paris, of Dr. Velpeau, for many years the acknowledged head of surgery in France. He began life as the son of a poor farmer, and almost unaided, obtained an education, which, combined with his talent and skill, made him the suitable successor of Baron Larrey. He has probably performed more original, hazardous, and successful operations than any other surgeon. He was seventy-two years old at the time of his death.

Weber. — The surgical profession has met with another loss, in the death of Dr. Weber, professor of Surgery in the University of Heidelberg. His death, as well as that of two assistants, was occasioned by attempting to withdraw by sucking with the mouth, a clot which had fallen into the trachea during the operation of tracheotomy. They all took the disease, and died therefrom.

Faraday. — The distinguished professor Michael Faraday, died on the 27th ult. His discoveries in chemistry and the natural sciences have been of the most important character, and fully sustain the anecdote told of Sir Humphrey Davy, whose favorite pupil he was. "What has been your greatest discovery?" said a stranger to him in his laboratory one day. "There it is," said Sir Humphrey, pointing to young Faraday.

BOOK NOTICE.

Essentials of the Principles and Practice of Medicine. A Handy-book for Students and Practitioners. By HENRY HARTSHORNE, M.D. Philadelphia: Henry C. Lea, 1867.

THE author states in his preface, that this little book of four hundred pages "is an unambitious effort to make useful the experience of twenty years of private and hospital medical practice, with its attendant study and reflection;" and, further, that "whatever defects the book may have, it is not necessarily a *fault* that it is *small*," — a statement moderate enough for us all to subscribe to at once. We have looked through the book with a good deal of pleasure and profit, and have found the author well advanced in his ideas of the nature and treatment of disease. The freshness of a good deal of the reading matter indicates pretty nearly the date of the issue of the book, and this is more than can be said of medical publications in general. In his treatment of intermittent fever, curiously enough, the author neither recommends the removal of the cause (frequently practicable), nor the removal of the patient (nearly always practicable). A careless use of language frequently leads him, also, into statements like this (page 78): "The ophthalmoscope, otoscope, endoscope, uterine speculum, &c., are instruments for surgical and obstetrical diagnosis, not demanding description here." This makes a surgeon of every man who looks into a patient's ear; or like this, at page 270, where he says, "I have known one case to be cured by the patient being solemnly assured (without medicine) by a quack, that," &c. Unacquainted with Dr. Hartshorne's little peculiarities of style, one might infer from this statement, that the quack was in the habit of "taking medicine" whenever he "solemnly assured," &c. The author does not believe (page 17), that homœopathy has "had any influence on the present status of medical science," and, in this respect, differs very much from many of his more celebrated colleagues. The following excellent *Therapeutic Maxims* we find on page 117: —

1. All *pathology* is but the *physiology* of organic *perturbations.*
2. Never *interfere* actively in disease without a distinct *object.*
3. *Act* only upon *scientific reason* or *well-defined experience.*
4. Treat the *cause* of disease *whenever it is possible.*
5. *Watch always*, and treat *when requisite*, the *condition* of the patient.
6. *Avoid*, especially *routine*, treatment according to the *names* of diseases.
7. Use *no violence* with *self-limited* diseases.

CORRECTION. — In the last number of the "Gazette," by a typographical error too obvious to require mention, the Western Institute of Homœopathy was made to consist of "seven" instead of

"some" of the most eminent physicians, &c. Also, in consequence of a defective report of the proceedings of the last meeting of that Institute, from which our notice was made, we omitted to mention the prize of one hundred dollars offered by Prof. R. Ludlam for the best essay on Dysmenorrhœa, its pathology and treatment. Dr. Ludlam is one of the most earnest and able of our Western physicians, and we are glad to make this correction.

A NEW ANÆSTHETIC. — We are glad to announce the introduction of a new anæsthetic, which, if further experience confirms the results hitherto obtained, promises to be of remarkable value. Dr. Protheroe Smith has been making some observations on the administration by inhalation of the tetrachloride of carbon ($C\ Cl_4$), of which we await for a fuller account. In the mean time, from our own observation, we may state, in favor of this agent, that it has a pleasant odor, somewhat resembling that of the quince. We understand that anæsthesia is rapidly produced by it (in some cases in the space of half a minute), that the condition appears to be easily sustained with or without entire loss of consciousness, and that the effects pass off very quickly. There is not usually, we learn, any excitement or struggling before anæsthesia supervenes, and its use is not followed by the sickness which is sometimes so troublesome a feature from the administration of chloroform. A point of great interest in relation to tetrachloride of carbon is the property which we are told it possesses of allaying pain from any cause. In a large number of instances it has been successfully employed for the relief of headache and dysmenorrhœal suffering. Dr. Protheroe Smith has found it of great value in inducing quiet and refreshing sleep. He has also employed it in midwifery, and finds that it removes pain without necessarily destroying consciousness or interfering apparently with the expulsive efforts of labor. — *London Lancet.*

MANAGEMENT OF WEAKLY NEW-BORN INFANTS. — Professor Depaul remarks that while abundant attention is given in obstetric treatises to the treatment of healthy new-born infants, and those who are seemingly stillborn, little space is devoted to the care of the weakly. This want he endeavors in part to supply. He thinks that authors have not laid sufficient stress on certain deceptive appearances, which seem to imply that the infant is out of danger because it takes the breast, and seems to suck.

The fact is, however, one of very common occurrence: the infant apparently sucks, but does not increase in weight; and after a time discontinues its fruitless efforts, screams more frequently, and wastes away. In order to discover whether suction is efficiently performed, the child should, at the time he appears to be taking the breast with most vigor, be removed from its nurse, and the presence or absence of milk in its mouth be ascertained. The paid nurses at the hospital are required every day to make this experiment. Mr. Depaul also endeavors by all means to rouse from their indolence the wet-nurses to whom puny, delicate infants have been intrusted, when the nursling takes the breast but imperfectly. Under these circumstances, it often happens that the infant has not strength to suck, and the finest nurses are provided in vain. The best nurse, in such cases, is not the woman who has the largest supply of milk, but one whose milk flows easily, and drops without effort into the child's mouth. If a nurse of this kind cannot be procured, milk of good quality should be obtained, and given mixed with thin gruel. Mr. Depaul agrees with Professor Scanzoni, that asses' milk is the best for the purpose; but, in most cases, the practitioner must be satisfied with cow's milk. Every hour or two, day and night, from one to three teaspoonfuls of diluted milk should be administered. Should this kind of food give rise to colic, Scanzoni recommends the addition of a little fennel or dill water; and, as soon as the child has gained in strength, it is proper to procure for it a good wet-nurse.

And this should not be too long delayed, lest the habit of receiving nutriment into its mouth without any effort may prevent the infant ever taking to the breast again; a circumstance which occurred in the case of a young prince, at present living in exile. The nurse should then be instructed to draw her own milk with an exhausting glass; but this can seldom be obtained from a mercenary nurse, and scarcely ever succeeds but with mothers who rear their own children.

It should further be remarked, that, in primiparæ, the nipple is often so large or so hard, that, if the child is not very strong, its efforts at suction are unavailing. The mother is then in fault; and it is therefore highly expedient to ascertain the condition of the breast in gravid women, in order to form an opinion as to the possibility of their nursing.

It is absolutely necessary, in addition to the measures calculated to restore and increase the strength of the infant, carefully to shield it from the influence of cold, and to adopt every precaution to preserve the temperature of the body at the physiological standard. Warmth is for infants, especially for new-born infants, the indispensable condition of the continuance of life. None but the strongest children can bear any loss of temperature. The weak invariably perish if exposed to cold: and Hunter sagaciously noted the fact, and strongly objected to the practice prevalent in his day of bathing very young children in cold water for the alleged purpose of invigorating their constitution. When, therefore, a child is prematurely born, or naturally weak, it should be carefully enveloped in warm clothing, kept in a comfortable bed, and guarded in every possible manner from adverse atmospherical influences. The thermometer should be daily consulted, and hot-water bottles used, if necessary, to maintain the heat of the body at a proper height.

By means of these precautions, and, if required, by the exhibition of aromatic and stimulating remedies, Mr. Depaul has had the good fortune of restoring, in the course of two or three weeks, children supposed not to be viable, to a normal state of development. Untiring supervision is always indispensable, as any neglect of these all-important points may entail irremediably fatal consequences. — *Journal of Practical Medicine and Surgery.*

Fever Thermometer. — I offer a few remarks upon the thermometry of disease, not presuming the subject to be new to any of you, but because I have employed the instrument considerably during the past few months, and believe it to be highly useful.

No reliable information of the heat of the body can be obtained without the thermometer; for the knowledge afforded by the mere sense of touch is so inaccurate, and the perceptions of the patient are often so fallacious, that any opinion founded upon them must possess but little, if any, scientific value. Some physicians have objected to the thermometer, urging that the expressions cool, moderately cool, warm, hot, pungent, &c., which are in such common use at the bedside, are sufficiently definite for practical purposes, and that the instrument is an unnecessary incumbrance.

But these objections are not weighty; for, if even an approximate estimate of the heat of the skin is of any benefit to us, it must be of far greater use to know its exact temperature. And I think that no one who strives to attain any degree of accuracy in diagnosis would persist long in mere guessing, if he possessed the means of measuring accurately. That we now possess this means, no one seems to doubt. The practical use of the thermometer is based upon the following pathological principles: —

1st. All febrile and inflammatory diseases are attended with a morbidly increased temperature of the body. Conversely, in non-febrile and non-inflammatory diseases, the heat of the body is not morbidly increased.

2d. The temperature is morbidly increased in almost every case of acute disease.

3d. A continued variation from the normal temperature is a certain indication of disease.

4th. All diseases have their own typical range of temperature, any sudden deviation from which indicates either a dangerous severity, or intercurrent complication.

5th. An important exception to the rule, that, in non-inflammatory diseases, the heat is not above the normal standard, should be made in the class of tuberculous diseases. In this class, the temperature is always morbidly increased during the stage of activity, and the type embraces a greater range, and also less regularity, than it does in most other diseases.

6th. Variations in the frequency of the pulse and temperature of the skin are generally concurrent symptoms. But they may be neither contemporary nor proportional.

The average standard of health, taken by the thermometer in the axilla, is 98·4° Fahrenheit. A variation of one degree from this standard, under different circumstances of climate, exercise, &c., is consistent with a state of health; but a rise above 99·4°, or a fall below 97·4°, affords reliable evidence of disease. The highest altitude of which I find any record occurred in a case of pneumonia, and was 107·2°. The lowest was in the collapsed stage of cholera, and was 94·7°. In both instances the record was made a few hours before death. From this it is evident that the scale of defervescence is not large, as it embraces within a fatal maximum and minimum only 12·5°. And ordinarily the scale might be reduced to a variation of only ten degrees, as the cases above mentioned were very rare extremes.

The thermometer in general use is graduated from 80° to 112° Fahrenheit, with each degree subdivided into fractional halves. This extended scale renders it useful for other purposes in the sick-room, such as regulating the temperature of liquid ingesta, baths, and enemata. For estimating the heat of the skin, the bulb is to be placed in the axilla, and retained from three to five minutes.

A sudden fall of the mercury is as grave a symptom as a sudden rise; neither of which, within the ordinary limits under favorable circumstances, need be considered a sign of serious import, and either of which, under unfavorable circumstances, should be considered a critical symptom. For instance, the oscillations of temperature so characteristic of intermittent and remittent fevers, also of the premonitory stage of other diseases, are not alarming symptoms. And the progressive decline of the mercury in the latter stage of any acute disease is a sure indication of convalescence. But when the deviation is not in accordance with the known type and stage of a given disease, and we find a high temperature where we expected a low one, or *vice versa*, it is an omen of danger which should not be lightly evaded; for we may be sure that something is wrong.

In typhoid fever, the typical scale during the early stage is from 101° to 103·5°. Persistence at a higher altitude indicates a dangerous degree of severity. A sudden rise of several degrees, especially in the latter stage, is a sure sign of an inflammatory complication. A depression of four or five degrees indicates severe intestinal hæmorrhage. During the first few days of this disease it is often difficult, if not impossible, to diagnosticate with any degree of certainty, as the general symptoms are contradictory, and possess no positive meaning. In such cases, if the thermometer indicates a permanent increase of three or four degrees, the existence of typhoid fever is highly probable.

A few months since, a young man, 18 years of age, and by occupation a farmer, presented himself to me with the following symptoms: Had been "feeling badly" for about ten days; slight headache; tongue lightly coated; urine high-colored; some diarrhœa; pulse 86. He had no chills; his appetite was not much impaired, his bowels were not tympanitic, and he was performing his regular work upon the farm.

Was this a case of simple malaise, autumnal diarrhœa, or typhoid fever? It did not seem to me easy to decide. But, on applying the thermometer to the axilla, the mercury rose rapidly to 103. This enabled me to exclude the two former: and the patient was accordingly warned that his disease was probably typhoid fever, and was advised to take his bed, which he was soon glad to do.

Three days after, the symptoms had become well marked, and indicated a case of rather more than usual severity. On the ninth day, there were perceptible signs of convalescence, and the case progressed finely until the thirteenth day,

when his symptoms were as follows: Very slight meteorism of the bowels; pulse 76; tongue and teeth clean; no delirium, and a moist skin, the temperature of which was 99. A speedy convalescence was predicted. On making my evening visit, eight hours after, I found him apparently comfortable; but a slightly corrugated appearance about the eyebrows arrested my attention. The pupils were slightly contracted, and he complained of a disagreeable feeling in the head, although no pain. He was in an unusually happy frame of mind, which was the more noticeable as the degree of exhilaration was equal to that caused by the taking of cerebral stimulants. His pulse was a little quicker; otherwise his symptoms were unchanged. There was no suppression of the urine, and he had taken no opiates. Had had considerable company during the day.

Were these symptoms owing to simple fatigue, or to the advent of cerebral disease? The thermometer indicated his temperature at 105°, a rise of six degrees in eight hours. From this fact, I judged that meningitis had supervened, and an unfavorable opinion was at once given. The prognosis was confirmed on the following day by his death, preceded by coma and convulsions.

In making a differential diagnosis between the different forms of hysteria, and the diseases which they so often simulate, I have found the thermometer of almost invaluable aid.

A few days since, I was called to a maiden lady, 30 years of age, and found her condition as follows: She had been out the day previous, and wet her feet, which was followed in the evening with chills and cephalalgia. Her temperament was nervous, and her health had been frail for a long time. At the time of my visit, she complained of intense pain in the head, rigidity of the cervical muscles, slight strabismus, and great intolerance of light. Pulse 98, and tongue white. Her suffering was apparently intense. She had menstruated regularly ten days before, and this was the first attack of the kind she ever had. Her symptoms were of no slight gravity, especially in these times of cerebro-spinal meningitis. But, on careful examination with the thermometer, I found her temperature to be perfectly normal. Consequently my diagnosis was hysteria, and a warm bath, with ten grains of Dovers powder, were ordered. She recovered on the following day.

In the incipient stage of pulmonary tuberculosis, the instrument often enables us to make a positive diagnosis and prognosis, when without it we could at best only conjecture. An illustrative case of this kind has recently come under my observation. A machinist, 24 years of age, who had had two or three attacks of hæmoptysis within eighteen months, was seized with pleuro-pneumonia of the left side. The disease, though violent at first, had nearly subsided at the end of three weeks. A small quantity of fluid remained in the left pleuritic cavity, which occasioned but little inconvenience. He was apparently convalescing very finely. But the heat of the skin remained persistently at 101. This I considered an indication of tubercle, though I could detect none. I gave an unfavorable opinion; but, as the friends could not see the need of further attendance, I left my patient under protest. A week later I was recalled, and found my suspicions confirmed by a set of symptoms which indicated plainly that a rapid deposition of tubercles was going on in the upper part of the right lung. His average daily temperature was now from 102 to 103. He died three weeks after, of acute phthisic.

I have found the thermometer quite as useful in the diseases of children as of adults. It is especially so when we find it necessary to exclude from a doubtful group acute hydrocephalus.

Also, it is a point of some interest to note the exact fall resulting from the administration of antimony, veratrum viride, and the warm bath.

My experience in the use of the fever thermometer, though as yet limited, has convinced me of its great practical utility. It has brought to the light of the profession one of the most important phenomena of disease, and endowed it with a clear and definite language. He who reads it correctly, and brings the principles upon which its use is founded to bear upon his daily practice with an intelligent discrimination, cannot fail to attain a higher degree of efficiency in his diagnosis and prognosis.—*Nomus Paige, M.D., in Boston Medical and Surgical Journal.*

Early Struggles of Medical Men. — Dr. John Cheyne, who, a quarter of a century ago, was by far the busiest and best-employed physician in Dublin, tells us, in his interesting autobiography, that, during the first half of his second year's settlement in the Irish capital, and when he had already reached the thirty-fourth year of his age, his fees only amounted to about three guineas. Nine years subsequently, he was making £5,000 annually. Not above one or two physicians in London ever drew, I believe, a larger professional income, or, perhaps, ever advanced more early into full practice, than Dr. Chambers; yet, during the fifth year of his practice, when he was already thirty-four or thirty-five years of age, he did not receive above £211 in fees. Seventeen years subsequently, his annual professional income is stated to have reached nearly to £9,000. His great predecessor in high London practice, Dr. Matthew Baillie, drew about £11,000 in one year; and yet, with all the interest of the Hunters and others to aid him in his outset, his first march upwards was, like that of all others, very slow and difficult; and, to quote the words of his biographer, Dr. Wardrop, "before he found himself fairly established in practice, he had been already for twelve years physician to St. George's Hospital, and for nearly twenty years a medical lecturer." Dr. Baillie's uncle, the celebrated Dr. William Hunter, who spent a large fortune, gained by his profession alone, upon the collection of that splendid museum which now enriches the University of Glasgow, was so hard pressed for money during the year of his earlier struggles in London practice, that he was obliged to postpone for a fortnight the commencement of the third season of his lectures, in consequence of not having money enough to pay the expense of the usual class advertisements. Nor have our greatest surgeons been usually more successful than these our great physicians in the first stages of their professional career. In 1788, the son of an English clergyman attended the medical classes of Edinburgh University, and lived on the third flat in Bristo Street, in a room which cost him six shillings and sixpence a week. In after life, when swaying the surgical sceptre of England, as Sir Astley Cooper, his professional income, in one single year, amounted to £23,000; and yet, during the first twelve months after he had settled down in London, and was working as a lecturer on anatomy and surgery, his receipts from private practice only amounted to five guineas. The distinguished surgeon who, by Sir Astley's death, was left at the head of the surgical school of London, Sir Benjamin Brodie, did not, as we are told in a late biographical sketch of him, get into "full practice" till 1825: yet he had been lecturing, practising, and publishing since 1805, or for twenty long years previously. — *Leisure Hour.*

Reduction of Hernia by the Administration of Coffee. — That coffee has a very much more powerful influence on the peristaltic movements of the intestine than tea, is pretty generally known; but we doubt whether this action has hitherto been brought into play in the reduction of hernia. The following instance, in which coffee was accidentally and successfully employed for this purpose, will therefore interest our readers: — A man, who had for some years a reducible hernia, while over-exerting himself, converted his hernia into an irreducible one. On being seen by Dr. A. Bourillon, who describes the case, he was suffering from colic and nausea, the pulse was small, and a round, hard tumor, giving a tympanitic sound on percussion, existed in the right groin. The relations of this showed that it was a strangulated, right, inguinal hernia. The taxis was tried in vain for hours. Applications of belladonna, tobacco, salt, &c., were also unsuccessfully tried. The next day, the condition of things was worse, and all efforts to reduce the hernia were fruitless. It was therefore determined to operate on the following day, and the patient was meanwhile ordered to have infusion of coffee (100 grammes of freshly roasted and ground coffee to five cups of boiling water). On coming to operate in the morning, Dr. Bourillon found that the hernia was reduced. According to the patient's own account, the coffee, having produced movement of the intestine, seemed to extend the contraction to the hernial sac, which passed inwards suddenly with a distinct *gargouillement.* — *Lancet.*

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ON THE TREATMENT OF DIPHTHERIA.

BY DR. VON GRAUVOGL.

An Extract, translated from the Allgemeine Hom. Zeitung, by H. L. H. Hoffendahl, M.D.

Want of space prevents us from giving the author's remarks on the origin, course, and diagnosis of this disease. Professor Haller, of Jena, first detected the presence of a *fungus*, the *diplosporium fuscum*, in the diphtheritic membrane, as it occurred in the human fauces. Referring to this event, the author continues as follows: —

This discovery at once led me to think that *camphor* had long been known to Homœopathy as an agent capable of destroying vegetable matter, and that *tinct. sulphuris Hahnemanni*, used externally, had cured many cases of what was called the itch, under which title many cutaneous diseases were placed in Hahnemann's time, which were subsequently found to be produced by fungi. As regards the choice of these remedies, it will here suffice to say, that, in many cases, alcohol alone is able to effect a cure; while, in others, the combination with sulphur is indispensable.

To return to diphtheria. Let any one make the following experiment: Take a few pieces of bread, thoroughly wet with water, and put them in a damp place, say a cellar. In a few days, they will all be thickly covered with vegetations of Penicillium

glaucum, or common mould. Now pour over one piece a concentrated solution of nitrate of silver; over the others, a solution of chloride of lime, caustic potash, sulphate of copper, muriate of iron, corrosive sublimate; and, finally, upon the last two pieces, respectively, spirits of camphor, and alcohol. The alcohol immediately and entirely destroys all the fungi with which it comes in contact. Spirits of camphor has the same effect, but also transforms the fungi into an amorphous mass. The other solutions either flow off without any result, or, if they remain long in contact with the fungi, they inflict some little damage in isolated places. To complete the experiment, place the same pieces of bread again in the cellar; and it will soon be found that those moistened with alcohol and spirits of camphor will be perfectly free from mould, while the other pieces will again be covered by profuse vegetations. Thus it is shown that only *alcohol* and *spirits of camphor* are able to prevent the development of fungi; and this fact has been found of the greatest value in the treatment of diphtheria. . . .

In the first place, it is of the greatest importance that the fungi should be destroyed as soon as they appear. It is impossible to remove them by mechanical means, because, if the least fragment is overlooked, the development of the fungi goes on uninterruptedly and rapidly. From our point of view, the external treatment consists, then, in the direct destruction of the fungi with alcohol or camphor. For sufficient reasons, I prefer alcohol; and, of the various spirits, French brandy is the best, although common rectified spirits will answer the purpose. The spirit in an undiluted state could not be well borne. Neither is the full strength necessary, as I have found that equal parts of spirit and water destroy with sufficient rapidity the diphtheritic fungi with which they come in contact. The motion of gargling increases the pain and difficulty of swallowing. The patient must therefore be directed to take, every hour, a mouthful of the mixture, then bend the head and neck backwards, and remain in this position for some time. When the spirit has come thoroughly in contact with the whole diseased surface, he may spit it out; or if the œsoph-

agus is also affected, he must swallow it slowly. These applications should be continued until the spirit has actually penetrated to the mucous membrane, which is made manifest by a momentary sensation of burning. At this period, the patient perceives a most remarkable diminution of his sufferings, and is now anxious and willing to repeat the application as often as may be necessary. Only in very severe cases is it necessary to continue the application during the night. In a few hours, the most extensive fungous vegetations are often reduced one-half by this treatment; but we must continue until we can safely assume that no remnant of a fungus is left in the fauces; a state of things which is made manifest by an entire cessation of distress of any kind. In advanced cases, the disease may extend to the respiratory passages, the symptoms being sudden hoarseness and pain in the larynx, followed sometimes in a few hours by aphonia and dyspnœa, inability to swallow, and swelling of the root of the tongue. In these cases, *inhalations* with spirit are just as promptly curative as are the gargles in the class of cases mentioned above. The inhalations are made with the well-known apparatus of Dr. Siegle. [Similar to the various forms of steam-atomizers manufactured in this country. — *Translator.*] The boiler may be filled with water, or equal parts of spirit and water, or with pure spirit. But the vessel holding the medicated fluid for inhaling must be filled with undiluted spirit. The inhalation should be continued until there is a sensation of burning at the root of the tongue, in the larynx, &c. Persons not accustomed to spirituous liquors are often somewhat affected by the alcoholic vapors; but this soon passes off. After each inhalation, the pain, hoarseness, and dyspnœa are diminished, and quantities of the fungus are often hawked up. But the inhalation must be continued at intervals, perhaps for ten or fourteen days, until every trace of hoarseness has disappeared. The same treatment is necessary if the fungi have invaded the nasal passages.

In cases of children, the treatment must be somewhat modified. The pain and the struggles of the children make it impossible to remove the fungi mechanically by means of forceps.

But the diseased parts may be swabbed over with spirit, and, by means of the inhaler, the face of the patient can be surrounded by an alcoholic atmosphere, which he must necessarily inhale. If there is a scarcity of steam-atomizers, the hand-ball spray-producer will do very well as a substitute.

The second point in the treatment is the use of an internal remedy, to counteract the tendency to gangrenous destruction which exists in this disease. This remedy is *arsenic*, sixth dilution, four to five drops to be given every hour, in a teaspoonful of water. Lower dilution may produce toxical symptoms, as the remedy must often be continued for eight or ten days. The writer considers the use of this remedy indispensable, because, without it, there is a tendency to gangrene of the parts covered by the fungus. In corroboration of this, he reports a case where the inhalation alone was used. This was soon followed by the usual improvement; but, in a few days, there was a relapse, and an examination revealed extensive destruction of the parts that had first been covered by the diphtheritic patches. On the other hand, arsenic alone has no power to arrest the development and extension of the fungus. As a prophylactic, the writer recommends the daily use of a gargle composed of equal parts of spirit and water. This will destroy all fungous growth in the mouth and fauces; and, as it removes all the products of decomposition, it is also recommended as an excellent substitute for all tooth-powder.

ON WATER AS AN ADJUVANT IN HOMŒOPATHIC TREATMENT.

BY SAMUEL GREGG, M.D., OF BOSTON.

Read before the semi-annual meeting of the Massachusetts Homœopathic Medical Society, Oct. 9, 1867.

I PROPOSE to offer some observations on the application of water to the skin, as an adjuvant for the removal of disease in patients, while under homœopathic treatment. I shall not undertake to explain the rationale of its therapeutic operation,

either to my own satisfaction, or to that of others; I have often seen its beneficial effects in palliating and removing disease, where the curative action might readily be explained under the rule of "similia similibus," and I have also seen the therapeutic influence manifested when I could not explain the remedial effect in accordance therewith. This has caused me to doubt if the law "Similia similibus curantur" is *the only* law of cure. We do not indeed possess *any* directly curative agents. The system has got to cure itself through the *vis medicatrix naturæ* in all cases; and that agent which will most readily assist or stimulate the organism to do this, is the best remedy. Still we have not sufficient knowledge of the pathogenesy of the application of water to the skin, to judge of its peculiar agency in the removal of disease.

The *wet compress* is perhaps the most common and most frequent application of water. This consists of two or more thicknesses of linen, cotton, or flannel, applied for some local malady. It may be wet with either warm or cold water, according to the object to be obtained. The cold-water compress should be used in all cases of phlegmonous or erysipelatous inflammation, when it is intended to suppress, or lessen the extent of, local inflammation; and it should be renewed so often as not to allow congestive re-action of the circulation, which is always the tendency of the organism. The cold-water compress is the best application for boils, carbuncles, sprains, contusions, and local inflammatory rheumatism, indolent ulcerations, varicose ulcers, and extensive granulating surfaces, which have a tendency to become spongy and fungoid, a condition which often occurs after scalds and burns, where the cuticle has been destroyed. But, where it is desirable to hasten the suppuration or to direct the suppurating process toward the surface, the warm-water compress should be used. This is generally efficacious, and far less troublesome than the various cataplasms so generally recommended.

The German *umschlag*, or swathe, is only another name for the compress when it is applied to the thorax and abdomen. This consists of a towel or cloth long enough to encircle the body, and folded to any requisite width. It should be wrung

out of cold water, and applied around the body with a dry cloth or flannel external to it, and of sufficient thickness to keep the outside clothing dry. The best way to apply this is to have the patient sit up in bed (if he is able), spread the wet bandage upon the dry one, and place them on the bed in proper position, and allow the patient to lie down upon it, and the body to be encircled by it. In doing this, it should not be forgotten that the application often gives quite a shock to the nerves of the patient; and this shock is repeated each time it touches the skin. Care should therefore be taken to remove any obstruction, and, lifting the end of the wet bandage, gently apply it where it is intended, and let it remain. Then apply both of the other ends, i.e., both wet and dry bandages, in like manner, and afterwards secure the other dry one over these, so as to prevent their slipping out of place. When the patient is unable to sit up, or even to be raised, he may be gently rolled upon the side, the compress prepared as before, one end of it folded and rolled, so as to keep the dry one outside, and tucked under the back, and the patient be rolled back upon it, and the ends secured as before.

This form of compress I am accustomed to use in most cases of inflammatory congestion, such as pleurisy, pneumonia, endocarditis, or other inflammatory diseases of the heart, liver, spleen, or kidneys; in rheumatism of the chest or diaphragm; in gastro-enteritis, peritonitis, and metritis; also in all severe cases of typhoid fever. In cases of typhoid fever, no anodyne is so soothing, grateful, and quieting as the cold-water swathe. Of course the repetition and continuance of the applications must be dictated by the observation and judgment of the physician. In cases of erysipelas and phlegmonous inflammation, the compress should be changed so often as not to allow of congestive re-action. But, in cases of rheumatism or inflammation of the cavities, it is better to allow partial re-action of the cutaneous circulation, and then renew the application. It may require to be renewed every few minutes, or it may be hours before the re-action is sufficient to require it. In cases of collapse and spasms of cholera, no remedial agent is so grateful or so beneficial as the cold *umschlag*, and the friction with cold

water. Whether the benefit derived is from the application of electricity or oxygen, or a mere stimulant to cutaneous circulation, I shall not undertake to decide. But I would sooner relinquish my profession than be denied the use of water in the manner described. In the early stages of tuberculosis, nothing cannot be more serviceable; and I am well satisfied, that, in many cases, the undertaker has been cheated of a job by its application.

The "*sitz-bad*," or *hip-bath*, is another manner of applying water as a therapeutic agent. The cold-water sitz-bath should not be dispensed with in cases of colic, attended with peritoneal inflammation. I have often resorted to it with the most perfect satisfaction in severe cases of puerperal peritonitis, seeing my patient fall into a quiet sleep in five minutes after being placed in the bath. It is also beneficial in cases of chronic metritis, ovaritis, or inflammation of the bladder. In cases of uterine hemorrhage, as in menorrhagia or menopausis, the warm-water sitz-bath is better accompanied, perhaps, with a hot-water douche upon the spine at the same time. In cases of severe tormina and tenesmus in dysentery, no palliation is so grateful as the cold-water sitz-bath. The duration in the bath may be from five to twenty minutes. But the period of duration, and the repetition of the bath, must be left to the observation and judgment of the physician; and, in all cases requiring the bath or the embrocation, he should be sure they are properly applied.

The *douche* is another way of applying water to the skin. This consists in a continued stream falling upon some particular locality, for a special object. When there is a bathing-tub-perhaps the most convenient douche may be made by applying a hose-pipe to the faucet, and the water directed to any desired locality by the hose. Or it may very conveniently be applied by a hand forcing-pump, or a continuous stream poured from some height from a suitable vessel, the patient being placed in a tub sufficiently large to collect and retain the water. A very convenient way of preventing the water from spattering is to take a piece of painted canvas, and roll it in the form

of a funnel, a foot or more long, place it over the desired location, and inject the water through the funnel. The cold-water douche is a sovereign remedy in all cases of recent sprains and contusions. No agency is so effectual in relieving pain, checking inflammation, and exciting healthful re-action.

I have found the cold douche most effectual in reducing strangulated hernia. It probably reduces the volume of the tumor by condensing the gas in the intestine, and at the same time excites antiperistaltic action, and thereby retracts the intestine through the ring. The patient should be placed upon a low stool over a tub in a recumbent position, with the knees drawn up. The douche should be continued upon the tumor for a considerable time, in the manner before described. When with slight manipulations by taxis (if there is no adhesion), the tumor may easily be reduced. Sometimes it will be reduced by retraction of the intestine without any manipulation. The cold douche is a valuable remedy in hydrarthrus, gonarthritis, and in chronic inflammation of other joints. During the cold stage of intermittent fever, or the incipient stage of other fevers, the cold douche, or the shower-bath, is a potent means of changing the stage, by determining the circulation to the skin, and producing perspiration sooner than it can be done by the application of heat. In a case of intermittent fever, if the patient can be seen at the commencement of the chill, he should be stripped, set in a large tub, and one or two pails of cold water poured over the whole body. He should then be immediately packed in two or three blankets, so closely as to quite exclude the air. Perspiration will soon be induced, thereby almost annihilating the hot stage, and breaking up the type of fever. I have frequently seen one or two such applications entirely check the exacerbations, and restore the patient, after long-continued and so-called heroic treatment.

The "*lein tuch*," or *wet sheet*, is another manner of applying water to the skin. This is done by spreading two or more blankets upon a bed, then wring a sheet out of cold water so that it will not drip, and spread this upon the blankets.

These should be placed toward the side of the bed, so that the patient can be laid upon the middle of the sheet. Care should always be taken to arrange the blankets sufficiently high on the bed, so that, when the patient is placed upon the sheet, the blankets and sheet may be even with the top of his head; otherwise there will not be sufficient length to pack closely about the neck. It is seldom necessary or expedient to wet the whole length of a sheet; for, if several folds of the wet sheet are applied about the feet, it may require a long time for the feet to get warm. The length of the patient should therefore always be considered, and only enough of the sheet be wet to cover the feet. The patient should be placed upon his back, the arms extended down. One side of the sheet should be wrapped over the body, and closely packed about the neck; then the other side in like manner. Then the blankets in alternate folds should be so closely packed about the neck and feet as to exclude the air. The sheet should be folded sufficiently tight about the body to prevent the arms from being brought up, and so loosely about the feet as not to make them uncomfortable. The patient must always remain in the pack long enough for re-action to come on, or to get thoroughly warm. It may not always be necessary or advisable for the patient to remain until perspiration breaks out. But, if the heat is excessive without perspiration, another sheet should be prepared, the blankets carefully unfolded and spread, the warm sheet taken off, the fresh one spread, and the patient immediately packed as before. In cases of fever, when the patient is not seen until after the cold stage, it is better to use the wet sheet than the cold affusion; and, if the patient does not readily get warm in the pack, more clothing should be applied, and he must remain until he does so: he should not, however, remain long after perspiration takes place. It is very well, when taking one from the pack, to sponge the skin quickly with cold water, and rub briskly with a dry towel.

ARSENICUM.—VALUABLE PATHOGENETIC OBSERVATION.

BY THOMAS S. SCALES, M.D., WOBURN, MASS.

Mrs. S——, married, aged about 35, childless, and of plethoric habit, wished a clearer complexion. She had heard of eating arsenic to beautify the skin, and applied to her allopathic physician for a few powders. He gave her thirty, containing 5 or 6 grains, telling her they were homœopathic powders of arsenic.

She took one every morning. Soon her vision became impaired. She could not read by gaslight, beyond a few minutes at a time, could not sew except by good daylight, and then only by getting her work very near her eyes. Any use of her eyes was attended with pain.

Very soon a spot appeared upon the left side of her neck, closely resembling Herpes circinatus, which rapidly extended over the whole side of her neck, and up on her face, accompanied with itching and burning. Meanwhile a similar spot had commenced, and spread over the right side of her neck, extending likewise upon her face, but not quite as red as the first one. Every day, also, she experienced nausea.

She left home on a visit, leaving her arsenic behind her. The nausea left her, and her neck and eyes improved.

On her return she recommenced her arsenic. The nausea immediately returned, her neck grew worse, annoying her by its itching and burning, and mortifying her by its unsightly appearance. Again her sight failed, till she could with difficulty see at all, and feared she would become totally blind. About this time, I became a visitor in the family, and she very naturally consulted me. The next day she herself became suspicious that the arsenic might be the cause of a part or the whole of these symptoms. On making her suspicion known to me, and assuring me that she had made no change from her accustomed habits in any other respect, I at once confirmed her opinion. She immediately threw away her arsenic, and improvement in every respect immediately commenced.

Soon after, I gave her Phytolacca Decandra 2, to be taken twice a day, and a lotion of dilute tincture (two drops in a teaspoonful of water), to be applied locally, whenever her neck was particularly troublesome. Her recovery was rapid and complete.

This case, so far as it goes, confirms our clinical experience of the benefits of arsenic in herpetic eruptions, especially those attended with redness, dryness, itching, and burning.

VARIOLA *IN UTERO.*

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

I WAS called to see Mrs. ——, seven and a half months pregnant; found her suffering from severe colic, as they called it. I diagnosed "labor pains"; had her removed to a bed; and, in fifteen minutes, she was delivered of a living child, covered with prominent, well-defined Small Pox pustules, from the top of the head to the soles of the feet. On inquiry, I learned that, three weeks previously, a letter had been received from a family in Philadelphia, notifying them that a member of their family had the varioloid. The patient opened and read this letter. She had no other possible way of contracting the disease.

The New-England Medical Gazette.

BOSTON, OCT. 15, 1867.

WE presume that those of our friends who were present at the semi-annual meeting of the Massachusetts Homœopathic Medical Society, on the ninth instant, will coincide with us in the opinion, that this session was one of the most memorable and important which the Society has ever held. It was one of the most respectable, too, in point of numbers; and several eminent physicians from neighboring States honored it by their presence. Called to order at ten o'clock,

A.M., it was in continuous session, with the exception of a short recess for the collation, until about six o'clock, P.M.; and, although the convention was extremely busy, the time proved too limited for the reading of all the papers prepared for the occasion, while the main subject assigned for discussion was scarcely broached. This occasioned some disappointment, and might have been partially avoided, if, during the earlier hours of the session, less latitude had been allowed in the discussion of the various papers; and the programme, as arranged for the day, had been strictly adhered to. This, however, would have deprived us of some agreeable and refreshing episodes; such as those entertaining accounts of Medical Schools, and Homœopathic Medicine in Europe, from our colleagues who have just returned from Paris and Vienna, and the instructive and interesting remarks of some of our friends who were present from New York, New Hampshire, Vermont, and Maine. Several of the papers which were read were of unusual merit, in a practical point of view, and elicited very animated and interesting discussions. We publish one of them in this number of the Gazette, and others will follow in subsequent issues. In our next number, we shall present a full report of the day's proceedings.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS IN PARIS.

Translated from the Report in the "Zeitschrift für Hom. Klinik."

On Aug. 9th, the International Homœopathic Congress commenced its sessions, at No. 7, Rue Vivienne. Dr. Jousset, President of the Homœopathic Society of Paris, opened the meeting by inviting Dr. Arnauld to act as temporary chairman. The meeting then proceeded to the election of officers. Dr. Imbert Goubeyre, Professor of the Medical Faculty, at Clermont-Ferrand, was elected President, almost unanimously. He is well known for his excellent provings of Arsenic, and for the production of various other scientific papers. 1st Vice-President, Dr. Hirschel, of Dresden; 2d Vice-President, Professor Rapp, of Rottweil, in Wurtemburg. Secretaries: Drs. Molin, Curie, Cramoisy, and Landry.

Many nationalities were represented in the congress: Germany, by Dr. Hirschel, Professor Rapp, and Dr. Fischer, of Weingarten; Austria, by Drs. Marenzeller, of Vienna, and Nehrer, of Pressburg; Switzerland, by Drs. Boppart and Meyhoffer; Italy, by Dr. Freschi; Spain, by Drs. Nunez and Pelisser; Turkey, by Dr. Cricca, of Smyrna; and America, by Dr. Bushrod W. James, of Philadelphia. and Dr. J. T. Temple, of Missouri.

The president opened the first session with an eloquent speech, thanking the members for the honor shown him, and remarking upon the favorable influence that would be exerted, by the meeting of so many physicians from various countries, upon science, and the position of Homœopathy, in relation to the general public, and government.

Dr. Ozanam then read a short paper, on the use of *Pœonia* in chronic ulcers, with cases. He uses the lower dilutions internally and externally, and considers the principal indication to be a loss of vitality, whether caused by pressure or general debility. Dr. Houst then read a proving of *Flores Acaciæ*, the complex of symptoms showing a striking picture of cholera. He was requested, by Dr. Jousset, to give a more precise history of his provings, showing the manner in which they had been conducted.

At the evening session of Aug. 10, much interest was aroused, by a paper of Dr. Perry, discussing the question, "Whether infinitesimal doses cannot be combined with massive doses, without having their effect destroyed by the latter?" According to his experience, he asserts that the infinitesimal doses are in no manner influenced, in their effect, by any massive remedy, having seen cases of heart-disease treated with large doses of *Digitalis*, when intercurrent attacks of pleurisy were quickly removed by minute doses of *Bryonia*. He also called attention to the fact, that very often patients who, in their occupations, are continually exposed to the action of drugs, are still sensitive to minute homœopathic doses. He was, therefore, of opinion, that there were certain cases where a mixed treatment was necessary. These cases are rare; but their occurrence should be noticed, in order to make their course of practice more comprehensible to our younger colleagues.

As may be imagined, this treatise gave rise to violent opposition. Léon Simon moved that the congress declare whether it was a homœopathic congress or not; for, if such doctrines as these were to be discussed, he should be compelled, in order to preserve the purity of Hahnemann's doctrine, to leave the meeting.

Jousset declared that a question of this sort should not be ignored. We should remember, first of all, that we are physicians, and that no scientific subject, of value to suffering humanity, should be allowed to pass without consideration. Although he did not coincide in all the opinions of Dr. Perry, still, so much was evident from his paper, that infinitesimal doses do not lose their effect, even under the most unfavorable circumstances.

Dr. Mayo supported Perry, and spoke of cases where the necessity of immediate relief called for a remedy acting materially.

Dr. Serrand left the meeting in a discourteous manner. Ozanam, Cretin, and others took different sides in the debate, according to their individual ideas, without throwing more light on the subject. At the end of the discussion, Léon Simon still remained a Hahnemannian.

At the same session, Dr. Teste read a paper on poisoning with

Belladonna; ten girls in a boarding-school having drank of an infusion of Belladonna, instead of a *tisane.* *Opium* was used as an antidote with the best results.

Dr. Hirschel reported on the value of *Petroleum* in diarrhœa and *Iodide of Potassa* in chronic gout. Dr. Desterne read a paper, of but little value, on the possibility of curing ovarian cysts with homœopathic remedies.

Session of Aug. 12, Dr. Hirschel as chairman. Dr. Jousset reported his observations on the use of *Drosera* in cough, accompanied by tickling in the larynx, and by vomiting. One hundred and five cases had been observed, including, principally, Laryngitis, Bronchitis, and Phthisis, and excluding Whooping-cough. The remedy was found effectual in all doses, from the tincture to the 200th dilution; but the paper was read principally to show the efficacy of the infinitesimal doses. At this session, there were some lively discussions between the pure Hahnemannians and the followers of Tessier, — who cultivate a more scientific pathology, curiously interwoven with a mixture of catholic theology, — and Curie who is extreme in the advocacy of massive doses. Fredault, Cretin, Curie, Meyhoffer, and others joined in the discussion, which was carried on in a cordial and peaceable manner.

Among other papers, read at this session, was one by Dr. Leboucher, on "The Duration of the Effect of Remedies"; by Dr. Cricca, on "The Effects of his Treatment of Cholera, in Smyrna, with *Veratrum* and *Cuprum*; of Scarlatina, with *Belladonna*; and of Diphtheria, with *Hepar Sulph.*" Sentin, of Belgium, reported "On the Success of Homœopathy in the Rinderpest;" Dupuis, "Observations on Urticaria and Catalepsia Hysterica."

Aug. 13, Dr. Marenzeller, of Vienna, delivered an address on the spread of Homœopathy in Austria, its social position, its influence on the official school, and its results in hospitals. Dr. Cramoisy communicated observations on the surgical and homœopathic treatment of granulations of the neck of the uterus with *Curette*, *Staphysagria*, and *Thuja.* Dr. Ozanam exhibited a sphygmograph. A donation of 580 francs was sent from Spain. It was resolved to increase this by further subscriptions, and make it a nucleus for a future hospital. This ended the session. The president, Imbert Goubeyre, closed the congress with a short and pithy speech, the point of it being that, with perhaps one exception, all members of the congress had acknowledged the efficacy of homœopathic dilutions, although the propriety of doses of all grades could not be denied. This was followed by an elegant banquet at Vessour's, in the Palais Royal.

H. L. H. Hoffendahl, M.D.

DR. ALLEN'S HERBARIUM.

Dr. T. F. Allen, 105, Fourth Avenue, New York, well known as an accomplished botanist, has, for several years, been devoting himself to the task of making "a complete collection of all the known

medicinal plants of the world." He desires the co-operation of physicians and botanists, and proffers his aid to all who are interested in such pursuits. He says: —

"Having added to my Herbarium, this season, nearly fourteen hundred species, it is deemed advisable to throw it open to the homœopathic profession. This collection has been increasing for ten years. It consists of flowering plants, ferns, mosses, lichens, algæ, and some fungi; and contains nearly every plant in the United States east of the Mississippi, and many west of it. It is believed to be the most complete, if not the only one of size, in our profession; already containing several hundred English species, and some Continental. It is designed to make a complete collection of all the known medicinal plants of the world.

"This collection is mounted on heavy white paper, and is properly labelled, and arranged according to the natural system.

"Physicians are invited to send doubtful plants for verification, or to call and themselves compare. Communications will be cordially acknowledged, and names of specimens furnished.

"The desirability of having, at the *outset*, the proper name of every drug proved, is obvious; and, for this reason, I shall be very glad to make my valuable collection of service to our school.

"T. F. A."

"No additional words are needed to show the importance of such a collection, and the value of Dr. Allen's offer.

Carroll Dunham, M.D."

MINOR SURVEY OF OUR JOURNALS FOR SEPTEMBER.

A writer in the "Hahnemannian Monthly" for September advises the use of an exploring trocar in hydrocele, but advises further, just "for experiment's sake," the plunging-in, previously, of a larger one. The object of the unnecessary operation, which, according to the author, is more painful, and requires more force, than the necessary one, is simply to convince the operator that it *is* unnecessary. We trust that our readers will do nothing of this kind "for experiment's sake." Another writer, in the same number, asserts that such a thing as "local disease" is an utter impossibility; and thinks, that, if it had not been for the "villanous plaster" of another homœopathic physician, he would have cured a cancer of the "scirrhous variety," with Apis. Still another writer has found that Gels. 20000th or higher checks the development of Rose Fever, administered "when the early morning sneezing heralded its approach." The article on Electricity applied to Arts and Manufactures is instructive. — In the "Ohio Medical and Surgical Reporter," we find an article on Medical Education, in which the following are stated as the requirements of a physician: —

"The keen perception of the artist, the logical acumen of the law-

yer, the analytical exactness of the chemist, the precision and certainty of the mathematician, the general information possessed by the man of science, the appropriate and elegant diction of the linguist and rhetorician, the business tact of the successful merchant, and the self-possession, reliance, faith, morality, gentleness, and virtue of the Christian gentleman, are all demanded of him who would be the efficient minister of health to the afflicted, of the human family."

And then the writer remorselessly continues, "Every reflective mind in the profession will acknowledge that the list of requirements is not overdrawn." We are in grave doubt as to the reflectiveness of our mind. Another writer finds high potencies "run up in rain-water," as advised by Max Funk, are "*just as reliable*" as when made with distilled water and alcohol. We have no doubt of it, whatever. — In the "American Homœopathic Observer," Dr. Hempel, in a report to the Michigan Homœopathic Institute, on the dose, says, "I have never tried the modern infinitudes yclept the one hundred thousandth potency, for the simple reason that I consider all such marvellous inventions, which the genius of a Fincke has heralded in a whole volume of barbarous and almost unpronounceable Latin and Greek appellations, as the offspring of an unbridled fancy." The "Observer" has also a discriminating review of Hale's "New Remedies," by Professor Helmuth. — The "Medical Investigator" commenced its fifth volume last month. Prosperity and long life to it, say we. — "*Green* corn, *green* cucumbers, *green* squashes, and all unripe fruit, are not necessary to the health of the human family; on the contrary, not only experience, but the great laws of nature, teach that these are not fitted for the use of mankind, were not intended to be eaten, and are necessarily very prejudicial to health. They are not in a fit condition to be digested or assimilated by the stomach and intestines; when taken, they remain unacted upon by the juices, and prove a source of great irritation to the mucous coating of the intestinal tract, and will necessarily produce disease." So runs the editorial in the "Western Homœopathic Observer" for last month, greatly to our dismay; for we have been feasting freely on green corn all the summer long. We would fain indulge the hope that our "juices" have done their duty in the matter, and that the "mucous coatings of the intestinal tract" are in a tolerable condition. If "experience" and the "great laws of nature teach" the editor of the "Observer" to wish for corn and cucumbers to ripen before eating, we commiserate him.

California Wines. — Our enterprising neighbors, Messrs. Perkins, Stern, & Co., were very generous with their California Wines, on the occasion of the recent semi-annual meeting of Massachusetts Homœopathic Medical Society. We heard none but favorable opinions expressed in regard to their liberality; and the flavor and quality of their wines received unqualified praise. We always take pleasure in commending this firm, and the native products which they offer for sale, to the favorable notice of the profession and the public.

BOOK NOTICES.

Homœopathic Journal of Materia Medica, Chemistry, and Pharmacology. Published monthly, at one dollar per year, in advance; single numbers, 10 cents. By WILLIAMS & DWIGHT, Chicago, Ill. Vol. I. No. 1. May, 1867. pp. 12. 12mo.

The American Journal of Homœopathic Materia Medica. A Monthly devoted to the publication of the *Materia Medica*, a collection of *Clinical Cases*, *Characteristics*, and a periscope of the *Medical Sciences.* C. HERING, M.D.; HENRY NOAH MARTIN, M.D.,—Editors. Philadelphia. Vol. I. No. 1. September, 1867. pp. 24. 8vo.

THUS, are launched out upon the profession, in a single year, two new monthly journals, devoted to that inexhaustible subject, the homœopathic *Materia Medica.* More than half a century has accumulated an incongruous mass of material in this department, which requires some industry, and a good deal of discernment, to arrange and elucidate. Perhaps these journals will accomplish this. We give at random two extracts from the first mentioned. "Inasmuch as vegetation *differs equally the same* as man in constructive organism and vitality, and requires as much discretion, definite knowledge, and acute perception in *their* dissection, as the human organism, does it not, to a reasonable mind, appear an essential want, a *modus operandi*, fixed and reliable, by which can be obtained uniformity of strength and preparation?"

"Nativity of properties does not exist in all cultivated plants only in limited proportion; and, unless original provings are from such, they should not be used, because of degeneration in cultivation." We presume that our readers will agree with us, that this journal shows a constitutional weakness, which gives hope of speedy dissolution. We turn to the second. Its dress is attractive, the type clear; and its pages seem filled with valuable material, such as we might, in strict right, expect from its zealous and erudite editor-in-chief.

Fourteen extra pages, in this number, are devoted to an "Introduction to the new Edition of our Materia Medica." Then follow twelve pages, containing a portion of the proving of Sulphate of Soda, arranged after the Hahnemannian symptomatology, but much better classified than in the similar attempts of Jahr.

Succeeding this, is the journal proper, containing twelve more pages of matter pertaining to the Materia Medica, much of which is suggestive and important to the practitioner or the student. If the plan entered upon is fully carried out, we shall have a work which may be said to be almost indispensable.

The subscription for this monthly, which may be sent to H. N. Martin, M.D., 526 Spruce Street, Philadelphia, is only two dollars a year; and the publisher promises thirty-six pages when the list of subscribers amounts to 750, and forty-eight pages when it reaches

1000. Let every physician give aid and encouragement to the enterprise. Having said thus much in favor of this journal, we shall only act the part of a true friend in pointing out some of its striking defects. Now, if it is desired that this new journal should really become a standard work for educated physicians, it must of course be printed in what is usually termed good English. It need not be elegant, but it must at least be clear and grammatical. In English, long and involved sentences are not desirable: with us it is generally supposed, that the object of words is to carry ideas to the mind, and that the shortest and most direct way of presenting ideas is the best. The title of the journal is, to begin with, foolishly long and involved. Written out in full, it would read thus: The American Journal of Homœopathic Materia Medica, a monthly devoted to the publication of the Materia Medica, devoted to the publication of a collection of Clinical Cases, devoted to the publication of Characteristics, and devoted to the publication of a periscope of the Medical Sciences. A period or two, judiciously inserted, in the above title would render it less ridiculous; although the whole of the second part might best be omitted. Throughout its entire pages occur sentences, far too frequently, which hurl defiance at grammatical rules; and others, where a German obscurity is the only certain thing about them. In fact, almost the whole work is written in a kind of German-English. Perhaps one of the worst features of this style is also noticeable in the latitude which it gives to the employment of vulgar words and phrases. Frequently, a carelessness in the juxtaposition of symptoms renders a sentence exceedingly ridiculous to American eyes. Thus, on page 1 of the Materia Medica, we find "Cheerful, happy mood, which she notices herself, *particularly after loose stools.*" We wish very much that our German colleagues would endeavor to conform a little more to the usages of decent writers, and substitute abdomen for "belly," offensive smelling for "stinking," and so on. Many a year ago, such terms were common and allowable in our language; but they are now no longer so, and the genius of a Hering can never make them any thing but vulgar and unnecessary, even in medical literature.

Apis Mellifica.—Dr. Samuel Deans, of Easton, Mass., sends us a partial proving of Apis mellifica, made by the subcutaneous injection of the virus. While endeavoring to remove some honey from a hive, he was stung about the head and neck very severely. He says: "In the course of an hour, I felt a disagreeable oppression in the region of the heart, with a slight sense of suffocation reaching to the throat. Subsequent to this, perhaps an hour thereafter, I felt an unpleasant sensation in the inner side of both arms, reaching from near the elbow, to the axillæ; also, a similar sensation in the anterior and inner part of each thigh, reaching from near the knee to the inguinal region, which ceased, however, in the course of half an hour. This happened in the forepart of the day. But the worst of

all transpired in the evening following, when there was an intolerable itching, attended with a burning, fiery sensation, commencing in the arms, and finally spreading over the whole surface of the body, reaching to the feet. Large florid blotches also appeared upon the skin resembling erysipelas. This lasted for something over an hour, but was essentially relieved by a solution of borax.

This last symptom of the poison has suggested to me the use of Apis virus in some corresponding cutaneous affections, such as Urticaria, Erysipelas, Scarlatina, and the like."

VACCINATION. — REVACCINATION.

"VACCINATION so badly performed, . . . that, on examination of the arm, a few years afterwards, nothing can be seen but a miserable, flat, white speck or two, which no medical man, who knows any thing of small-pox, can regard as protective." — *London Medical Times and Gazette*, Febuary, 1867.

"During the present season, we have known a succession of half a dozen cases of variolous * disease to occur in one house; showing either great neglect on the part of the physician in attendance on the first case, or the most stupid unwillingness, on the part of those subsequently attacked, to protect themselves by revaccination." — *Boston Medical and Surgical Journal*, April, 1867.

With these two extracts before us, so recently published and copied into the newspapers of the day, it may be somewhat hazardous to express one's opinion, or to attempt a discussion of the subject; yet we do not believe the dictum of either to be in accordance with correct observations or true philosophy.

No two individuals are susceptible in the same degree to any one disease, be it small-pox or any other disease.

Some persons have a natural exemption from small-pox; and, however frequently exposed or inoculated, go through life without contracting the disease. Of course these have no scars to indicate the thoroughness of their protection. To say nothing of "*variola sine variolis*," other persons take the disease only in a mild or "distinct" form, which leaves, here and there, a few more or less indistinct scars, bearing no proportion, however, to the amount of protection. Others, again, suffer from repeated attacks, even after the first has left many and enduring evidences of its severity.† The number, already disfigured with deep pits, still liable to a second or even a third attack of small-pox, is greater than is generally supposed.

On what, then, does the immunity depend? In a few, on complete natural insusceptibility. In the rest, certainly, as the above facts show, not on the number of pustules, nor the violence of the constitutional affections; the more susceptible, naturally, taking a severer form, and becoming more deeply scarred, than those less susceptible, and therefore less liable to a second attack, who have only a milder form, with fewer and more superficial pustules. In other words, neither the constitutional symptoms nor the outward manifestations constitute the disease; but that agency,‡ or unknown something, which, taken into the system and incubating there for a number of days, at length gives rise to these

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* The writer was taught to call varioloid (*variolæ-eidos*, the *image* of small-pox) all cases of variolous disease occurring after vaccination, — a distinction not well kept up of late, but one which would prevent much confusion in discussing these subjects. Thus, without such distinction, one practitioner may assert that he has never known a death from varioloid, and another admit that he has, while both may have attended the same fatal case.

† "It is remarkable that almost all the well-authenticated cases of second small-pox have been of those persons who, in the first instance, had undergone it in its most severe and dangerous forms." — Sir G. BLANE, *Dissertations, &c.*, 1822, p. 209.

‡ "totamque infusa per artus
Hæc agitat molem, et magno se corpore miscet."

processes, and to a greater or less degree destroys the individual's liability to another attack. The scar is merely an evidence of how much of the true skin is destroyed; and this destruction of the cutis is the simple result of the common suppurative process (a fact confirmed by the latest and most thorough investigations), and is in no manner peculiar to small-pox or analogous diseases.

So much for the disease when taken in the *natural way*. When artificially produced by *inoculation*, the undiscoverable cause is conveyed into the system in the lymph deposited beneath the cuticle. After its absorption, followed by a period of incubation about half the length of that of the disease when taken naturally, constitutional symptoms appear, and are soon followed by the eruption, but not so numerous, nor so deep and liable to produce scars, as when the disease arises naturally from infection.

And further, when *vaccine* disease is inserted, there is likewise, after its absorption, a period of incubation; but the constitutional disturbance which follows is less, and there are seldom any other pustules than those where the vaccine virus has been deposited. The size and depth of the scars depend, as in the former cases, entirely on the amount of the cutis accidentally destroyed by a suppurative process; and while they thus can in no way be a measure of the constitutional affection, or subsequent immunity, they are equally of no value as a test of perfect or imperfect vaccination, unless a large scar may be a sign of rudeness of performance, or of unnecessary extension of the surfaces scarified in the operation.

Now, of these three forms of disease, the vaccine is, without question, the mildest constitutionally, and the least marked externally; yet, in the earlier days of its history, it was thought to be equal in protective power to small-pox itself. About ten years after Jenner published his original essay, a committee of the Massachusetts Medical Society, through Dr. James Jackson, in a report adopted by the Society, say that "persons who undergo the cowpock are thereby rendered as incapable of being affected by the virus of small-pox as if they had undergone the latter disease" (*Med. Com. Mass. Med. Society*, No. II. Part II. p. 137). The testimony of other observers about that time was quite or nearly as strong. But if it has since appeared that vaccination was formerly lauded above its merits, and that, when thoroughly performed, it does not protect all, or so many as small-pox or variolus inoculation, yet its protective power is vastly out of proportion to its mildness, as compared with either of these diseases; showing, as clearly as a demonstration, that immunity is dependent upon, or results from, something entirely distinct from the severity of the attack, whether in the general, external, or local exhibition. In truth, immunity arises from a change wrought in the system, of which every "medical man who knows any thing" of such matters, knows, that after vaccination, no matter how often repeated, and after small-pox also, there is no criterion except subsequent exposures.

Thus protection, being neither the result of, nor in proportion to, the severity of the disease, and not to be measured by the number, size, or peculiarity of the scars, is completely attained only when susceptibility is extinguished, be it after a single or a repeated attack. It is also as evident as the nature of the case admits of, that, whenever this susceptibility is destroyed, it is not renewed; that, once protected, the individual is always protected. It is contrary to analogy, experience, and experiment to suppose otherwise.* Further, if an individual can receive small-pox a second time, to such a degree at least he may receive a second vaccine disease. This may happen within a few months after the first reception, as we have had repeated opportunities to witness, or even after a few days, as well as after a longer interval. †

For a large proportion, one vaccination is enough. A second, if desirable at all

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* Dr. Paget's suggestion (Harveian Oration, 1866), that protection may perhaps be removed by a subsequent disease producing "a fresh modification of the constitution," has only a shadowy origin, according to his own showing.

† So we wrote years ago; continued observation and experiments only confirm us in these positions. As to recurrence after a short interval, it is not infrequent in other diseases. "Two attacks of measles, within six weeks, in the same patient," are reported in the "Boston Medical and Surgical Journal," May 9, 1857, p. 282.

after having been once thoroughly done, is so only to ascertain the amount of susceptibility remaining after first trial.* Whenever decided upon, the sooner resorted to, the less the chance of varioloid, so far as immunity can be obtained by vaccine saturation. Even this saturation, however, is not always enough. "The only proper test is that which arises from the insertion of the variolous lymph," says a Report published by the Provincial Medical Association in 1840. Dr. Gregory thought so, and inoculated his own child after vaccination (*Med. Gazette*, 1845). When vaccination has effected all the protection it is capable of, its repetition may still cause severe disturbance, without adding to the immunity. This was early noticed. In 1807, the medical officer of an English vaccine institution reported severe small-pox in a child of six years, who had been thoroughly vaccinated when two and a half years old at the institution, and, four or five months afterwards, revaccinated to satisfy its mother. The second vaccination produced a sore arm, which lasted several weeks; but apparently nothing was gained by it (*Med. Rev.*, 1807, vol. xv., App. p. 126). In fact, useful or not, revaccination is not always the trivial affair it is usually represented to be. On the contrary, disasters from this source are frequent and damaging. This is not often properly revealed to us; not certainly in statistical reports in favor of the practice. Very likely a full statement would appall even its advocates. Severe illness is often thus produced; and a fatal termination occasionally the result of it. Possibly there have been as many deaths from repeated vaccinations as from varioloid after first vaccinations.

Such are some of the reasons why vaccination should not be said to be "badly performed," or to afford no protection, because followed only by a "speck or two;" why hesitation on the part of the practitioner to revaccinate should not be branded "neglect;" and why unwillingness on the part of a patient should not be called "stupid." Many, some even among the profession, prefer the risk of varioloid to the chance of an inflamed arm, with the somewhat hazardous constitutional affections which often follow revaccination. Although few of us would go so far as Dr. Copland, who says (*Dict.*, Art. *Small-pox*, § 105), "we are doubtful which to prefer,— vaccination, with its present benefits and its future contingent dangers, or inoculation, with its possible present dangers and its future advantages;" yet we have heard many, after varioloid, rejoice in the security thus obtained, but which they never before felt confident of from vaccinations alone.

The results of some observations recently made, under circumstances peculiarly favorable for testing the correctness of these positions, are tabulated below. The records of each case were kept at the time by competent assistants, who had no theory, and knew not what use might be made of them. The first nine cases (Nos. 1 to 9 inclusive) were one household, to which varioloid was brought by one of the members, and was far advanced before their medical attendant was called in. The second group, another family of four (Nos. 10 to 13 inclusive), received the disease from the first. The third group of thirteen cases (Nos. 14 to 26 inclusive) formed another household, quite distant from, and having no connection whatever with the other two. The disease was brought in, in a way similar to the first. As it was severely cold and stormy weather, all these families were obliged to huddle together in their warmest rooms, and could not have proper ventilation. With two exceptions noted below, exposure to disease for weeks by infection and contact could not by any possibility be more thorough than theirs, — an exposure sufficient, according to the traditions of an ancient small-pox institution, to have produced a similar amount of "symptoms and eruption" in a proportion of those who had before gone through with small-pox itself. Revaccination was declined by the parties concerned, who appear abundantly satisfied with the result, in the belief of the greater immunity thus acquired. They certainly suffered less than many cases we have seen from revaccinations.

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* "The safe course is to note down every case which is doubtful, and, at the end of six or twelve months, to repeat the insertion of the vaccine virus." — *Med. Com. Mass. Med. Society*, Rep. cit., p. 108.

No.	Age.	Sex.	Date of Attack.	Number of Pustules.	Order of severity of Illness.	When Vaccinated.	Number of Spots.	Appearances of Scars.	Revaccinated.
			1866.						
1	48	M.	Dec. 3.	entirelycovered.	1	infancy.	1	small.	never.
2	38	F.	„ 17.	about half doz.	2	„	1	small.	„
3	35	F.	„ 18.	„ „ „	5	„	1	hardly visible.	10 y'rs ago.
4	1¼	M.	„ 18.	„ „ „	4	„	2	*very* large.	never.
5	18	M.	„ 20.	„ „ „	7	„	1	large.	„
6	10	F.	„ 21.	„ „ „	6	„	2	large.	„
7	8	F.	„ 21.	„ „ „	3	„	2	very small.	„
8	74	F.		not attacked.		youth.	1	very small.	„
9	65	F.		„ „		„	3	large from re-vaccination.	12 y'rs ago.
			1867.						
10	9	F.	Jan. 14.	about 50.	1	infancy.	3	not large.	never.
11	6 w.	F.	„ 28.	„ 25.	2	„	1	very large.	„
12	27	F.	„ 28.	symptoms only.	3	„	2	large.	„
13	30	M.		not attacked.		„	1	small.	6 y'rs ago.
14	39	M.	Feb. 17.	3 or 4 dozen.	1	„	2	well marked.	never.
15	17	F.	Mar. 4.	6 „	3	„	2	small.	„
16	37	F.	„ 4.	3 or 4 pustules.	7	„	2	very large.	„
17	7	F.	„ 4.	3 dozen.	2	„	2	small.	„
18	13	M.	„ 11.	3 or 4 „	5	„	2	very large.	„
19	10	M.	„ 24.	about a dozen.	6	„	2	very small.	„
20	13	F.	„ 24.	„ „	4	„	2	very small.	„
21	27	M.	„ 11.	symptoms only.	8	„	2	large.	„
22	15	F.		not attacked.		„	2	large.	„
23	4	F.		„ „		„	3	very small.	„
24	2	M.		„ „		„	2	very small.	„
25	40	F.		„ „		„	1	hardly visible.	„
26	25	M.		„ „		„	2	large.	„

The cases in the above table are arranged according to date of attack. No. 1 was by far the most ill, and was confined to the bed for many days. No. 2 took the bed for two or three days only. The remainder of those attacked in the first family were able, for the most part, to keep about, though the constitutional symptoms, especially in the youngest child (No. 4), were quite severe. Those attacked in the other two families were not so sick, on the whole, as those in the first; but the number of pustules was greater in most of their cases. By the table, it may be seen that an infant (No. 11) of six weeks, in the cradle, having two large scars, with its arm still red from vaccination three weeks previous to the variolous attack, had a severer form of varioloid than a woman of thirty-five years (No. 3), with a single scar, hardly discernible, from vaccination many years before; that a child of fifteen months (No. 4), with two *very* large scars from vaccination when two months old, had a severe attack of varioloid, while a woman of seventy-four years (No. 8), having only one very small mark from vaccination, more than half a century before, wholly escaped; that a child of two years (No. 24) and a woman of forty years (No. 25), each with only "a miserable speck or two," were alike untouched; and so with regard to other points in question. Thus, so far as these cases go, and they agree with other observations made through many years, there is not any noticeable difference to be attributed to sex or age, to the number, size, or appearance of scars, or to the length of time after vaccination. Two (Nos. 9 and 13), revaccinated years before, escaped; but no inference can be drawn from this, for they happened to be the least exposed, if exposed at all, having kept aloof, or being absent for the most part, and ought not to be included in the list, except to give it completeness. In another (No. 3), in whom the varioloid was of average severity with the others attacked, revaccination had been attempted ten or more years before, with nugatory effect. In other families, however, we have seen

instances enough to prove, to our own satisfaction, that repeated revaccinations are of very doubtful efficacy in increasing the degree of immunity previously acquired, are often the source of much unnecessary suffering, and not always unaccompanied by danger to life itself.

The only rational explanation of such varied and somewhat disappointing results is to be found in the frequently inadequate protection obtainable by vaccination, * measureless boon as it is, and in the different original susceptibilities of individuals.

Until some means are discovered whereby to estimate these, especially the latter, better than any now known, denunciations of ignorance and neglect may as well be abstained from, by honest inquirers after truth. — B. E. Cotting, M.D., *in Boston Medical and Surgical Journal.*

Cholera. — This disease is prevailing in Europe. Italy has suffered most, the epidemic prevailing from the southern coasts of Naples to Milan. At Palermo and Catania, the disease reached its highest intensity. The American Consul at the former place writes, under date of August 30, that as many as five hundred cases daily had occurred in that city; but that at that date the ravages of the pestilence had decreased. The total number of victims in less than one year had been about ten thousand, or five per cent of the whole population.

Albano, a town in the environs of Rome, with a population of about five thousand, has suffered a mortality of fifty a day. Frascati has suffered nearly as much.

At Messina it broke out about the middle of August; and, in three days, there were upwards of one hundred and fifty cases, with nearly one hundred deaths.

It is also said to have broken out at Aden on the Red Sea. It has also broken out at Venice and Pesth.

The disease is prevailing in Holland. At Rotterdam and the neighboring towns and villages, it has proved terribly fatal.

In England it has not appeared as an epidemic, though isolated cases have presented. A case was admitted into the London Hospital on the 27th of August, another on September 1st, and a third September 2d.

At Nicaragua the cholera has broken out with violence, depopulating whole villages on the north coast.

In the United States, with the exception of some cases which occurred on the line of the Pacific Railway, east of the Rocky Mountains, it has not committed any extensive ravages or appeared as an epidemic. — *Medical News and Library.*

Discovery of a New General Anæsthetic. — Dr. Richardson takes with him to the meeting of the British Association for the advancement of science a new general anæsthetic. The fluid is a bichloride of methylene, its composition being on the new formula CH_2CL_2. The substance has an odor as sweet as that of chloroform; but it boils at 88° Fahrenheit, whereas chloroform, the terchloride of methylene, requires a temperature of 142° for boiling. The bichloride of methylene rapidly and easily narcotizes animals to perfect anæsthesia. It causes scarcely any excitement, and recovery is most perfect. In action, it seems to combine the properties of chloroform and of ether; but it is more readily administered than either, and its effects are more permanent. In a future number, we shall give a more detailed account of all the facts regarding this substance. We notice it now as forming part of the report on the methyl series about to be presented by Dr. Richardson to the British Association, in continuation of his former reports on the amyl and the ethyl compounds. — *Medical Times and Gazette.*

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* "We are persuaded that vaccination has suffered from nothing so much, and has hereafter to fear from nothing so much, as the injudicious zeal of its friends." — *Boston Medical and Surgical Journal*, Editorial, May, 1828. Never a remark more true, — and one equally applicable to the whole medical art.

The Head-quarters of Drunkenness. — Liverpool has been pronounced the most drunken town in England. And it is true. Its extreme drunkenness arrests the attention of the judges; its pauperism weighs heavily upon the rate-payers; its rate, fifty-six per thousand, appalling. The drunken cases dealt summarily with by the magistrates are set down at the annual rate of one in thirty-three of the population. The habitual drunkards, in their periodic appearances before the bench, form an endless chain of besotted creatures. According to the recently published judicial statistics, there are 3,100 habitual drunkards in Liverpool; and they are about equally divided as to sexes. — *Liverpool Albion.*

Losses of the Prussian Army during the recent War. — The number of the "Journal of the Royal Statistical Office," just published at Berlin, gives the first official report that has been issued of the losses of the Prussian army in the last war. The total number of the wounded was 669 officers and 15,508 men; of those who remained on the field, 178 officers and 2,753 men; of those who died of their wounds, 64 officers and 1,435 men; and of those who died of illnesses contracted during the campaign, 53 officers and 6,734 men. The total loss amounts to 315 officers, 10,562 men, and 6,490 horses. The number of officers wounded was relatively twice as great as that of the private soldiers.

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A Treatise on Human Physiology. By J. C. Dalton, M.D. 4th edition. Philadelphia: H. C. Lea. 1867.

Chemistry. By William Thomas Bromde and Alfred Swaine Taylor. Second American Edition. Philadelphia: H. C. Lea. 1867.

Application of the Principles and Practice of Homœopathy to Obstetrics. By H. N. Guernsey, M.D. Philadelphia: F. E. Boericke. 1867.

Diphtheria, as it prevailed in the United States from 1860 to 1866. By C. Neidhard, M.D. New York: William Radde. 1867.

Nineteenth Annual Catalogue of New England Female Medical College. Boston: 1867.

Eighteenth Annual Announcement of the Cleveland Homœopathic College. 1867.

Hahnemannian Monthly, August, September, October.

The American Homœopathist, August, September, October.

The Monthly Record of the Five Points House of Industry, October.

North-American Journal of Homœopathy, August.

United-States Medical and Surgical Journal, October.

American Homœopathic Observer, August, September, October.

Medical Investigator, August, September.

The Little Wanderer's Advocate, August, September.

University Journal of Medicine and Surgery, September, October.

Boston Journal of Chemistry, July, August, September, October.

Western Homœopathic Observer, August, September.

Boston Medical and Surgical Journal, Vol. lxxvi. No. 26; Vol. lxxvii. Nos. 1–10.

The Hahnemann. Published by the Hahnemann Life Insurance Company, Cleveland, Ohio, Vol. i. No. 3.

The Origin and Character of Homœopathic Life Insurance in the United States. By J. P. Dake, M.D. Cleveland, Ohio. 1867.

Eighth Annual Announcement of the Hahnemann Medical College, Chicago, Ill. 1867.

THE NEW-ENGLAND

MEDICAL GAZETTE.

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LARYNGOSCOPY.

Presented to the recent semi-annual meeting of the Massachusetts Homœopathic Medical Society, by J. H. Woodbury, M.D., Boston.

It was the remark of an eminent writer, that the making of books was like the pouring of water from one vessel into another, and thence into a third, or perchance back again into the first; thus illustrating how difficult it is to write or say any thing that has not been written or said by some one before. In the following paper, I have tried, in as concise a manner as possible, to give the origin, history, and present condition of the art of Laryngoscopy, together with a description of the more important apparatus and instruments used in its practical application, with such further remarks, as to treatment and the use of remedies, as the limited space of an article like this would permit. In pursuance of this object, I have drawn freely from every source accessible to me; and especially am I under obligation to Drs. Johnson and McKenzie, of London, and Professors Türck, of Vienna, and Czermark, of Pesth.

In no department of medical science has there been a greater or more satisfactory degree of improvement, during the past few years, than in that of Diagnosis. A host of earnest laborers have gleaned the field ofPa thology with untiring zeal and devotion; and the results of their study and research are now the common property of the medical profession, whose

deep sense of gratitude must ever be to these men "a monument more enduring than brass."

Keen-eyed men have invoked the aid of the microscope, and have brought to light the hidden mysteries of all formations, the ultimate structure of tissues, and the changes and transformations which they undergo in disease. Chemistry has been busy with the composition of the fluids and tissues and structures of the body, and also with the secretions and excretions of its various organs and emunctories, and has added much to the accuracy of diagnosis, by revealing to us the constituents and proportions of these products, both in health and disease. Speculums, ophthalmoscopes, and dental mirrors, have each and all contributed to the certainty and accuracy of the diagnosis of the diseases incident to the various organs and canals to which they are appropriate. It was but a natural result of this spirit of investigation and research, that instruments should be devised for the ocular examination of the lower part of the throat and larynx. It was not, however, until the middle of the last century, that such an instrument was invented, nor until nearly a hundred years later that that instrument was sufficiently improved and simplified to be capable of general application. The instrument first employed for this purpose consisted of little more than a transfer of the dentist's mirror to the back part of the throat; and the results were necessarily very meagre and imperfect. The same was true of a speculum, which was simply a rigid tube intended to press back the flaccid walls of a straight canal, and thus allow luminous rays to pass through it; but was not applicable to the examination of a part situated at an angle to the line of vision. It was only by a combination of these two elements (reflection and illumination) that the interior of the larynx in the living subject could be rendered visible. About the middle of the last century, a distinguished French accoucheur, M. Leoret, while occupied in discovering means whereby polypoid growths in the nostrils, throat, and ears could be ligated and removed, invented, among various other ingenious instruments, a speculum, which consisted mainly of a plate of polished metal, "which reflected the luminous rays in the

direction of the tumor, and received its image on its reflecting surface." It is evident, however, that he did not recognize its value as a means of diagnosing diseases of the throat, but rather regarded it a mere appendage to his method of removing tumors. It was soon lost sight of, and excited but little attention for more than fifty years afterward. In the year 1807, Dr. Bozzani, of Frankfort-on-the-Main, published a work, on an invention of his own, entitled "The Light Conductor; or Description of a Simple Apparatus for the Illumination of the Internal Cavities and Spaces in the Living Animal Body." This work attracted much attention, both from the profession and the general public; and an absurd idea seems to have got abroad, that the apparatus would enable one to inspect, not only the outlets of the body, but the internal viscera. Although there was nothing in the work itself to encourage this idea, except perhaps its title, it incurred the deepest censure of the profession. The medical faculty of Vienna pronounced a very damaging opinion concerning the invention, declaring, among other things, that "only very small and unimportant parts could be examined by it, and that the illuminated spot was so small, — its diameter being never more than an inch, — that, if a person did not know beforehand exactly what he was to look at, he would not generally be able to tell what part of the body was presented to his view."

This unfortunate instrument consisted of two parts, — first, a lantern, and, second, a number of hollow metal tubes, for introducing into the various canals of the body; but its precise mechanism I have neither time or space to describe, nor is it necessary to bestow upon it more than a passing notice, as one of the "stepping-stones" to the more simple and effective apparatus of the present day. The following quotation from Dr. Bozzani's work, however, shows that he fully appreciated the requisites for making a laryngoscopic examination. "If a person wishes to see round a corner into a part of the throat, or behind the palate into the posterior nares, the rays must be broken, and a mirror is required for illumination and reflection." This apparatus soon ceased to attract attention, and even the fact of its existence was entirely overlooked, until

within a very few years. Whether this neglect was due to the disappointment of the exaggerated expectations of the public, or the opposition of the profession, or to defects in the apparatus, or to all combined, it is now impossible to say; but it is undoubtedly true, that the elements of Laryngoscopy were contained in the "Light Conductor." John Stuart Mill has very justly remarked, that no art is complete unless another art, that of constructing the tools and fitting them for the purpose of the art, is embodied in it. In this case, "the tools were not fitted for the purpose of the art;" and the latter, therefore, was never developed, and even the existence of the apparatus soon passed away from the burdened memory of the physicians. With the exceptions of some experiments made by Dr. Senn, of Geneva, but little advance was made in Laryngoscopy until the year 1829, when Dr. Benjamin Guy Babbington, of London, exhibited to the Hunterian Society an instrument closely resembling the laryngoscope now in use. Two mirrors were employed by him: one, the smaller, for receiving the laryngeal image; the other or larger one, for concentrating the solar rays on the first. It has been a disputed point, whether to Dr. Babbington or Dr. Senn should be conceded the honor of discovering the laryngoscope. If priority of publication is the test by which the claims of rival inventors is to be decided, then Dr. Babbington must be regarded as the inventor of the laryngoscope, as his account was published some months earlier than Dr. Senn's. Babbington's claim also rests on a better basis than this mere technicality; for, while Senn simply attempted to employ a laryngeal mirror, with which alone it was impossible to see the interior of the larynx, Babbington employed a method of illumination, by the use of which the inspection became practicable, if not easy. Further experiments were made in 1832, by Dr. Bennati, of Paris, who claimed, that, with a double-tubed speculum which he possessed, he could see the vocal cords. These statements were disbelieved by Trousseau, who devoted considerable space, in one of his works, to prove that the epiglottis formed an insuperable barrier to a view of the interior of the larynx. Passing over the experiments of Mr. Avery, of London, who

combined, with some degree of success, the labors of Bozzani and Babbington, and those of Dr. Warden, of Edinburgh, who sought to accomplish the same end by the use of prisms instead of mirrors, both of whom failed of success on account of the clumsiness of their apparatus, we come down to the experiments of a French music-teacher, M. Manuel Garcia, who, in 1854, conceived the idea of employing mirrors for studying the interior of the larynx during singing. His efforts were successful; and he presented to the Royal Society of London, the following year, a paper containing an account of the action of the vocal cords, during inspiration and vocalization. These examinations were all made upon himself, and to him belongs the honor of introducing autolaryngoscopic examinations. In practising autolaryngoscopy, Czermark employed three mirrors: one, for illumination; another, for introducing to the fauces; and a third, to enable the observer to see the image in his own throat. Garcia employed only two, — a small one, for introducing into the pharynx, and a large one, which served the double purpose of illuminating the smaller mirror, and enabling the operator to see the image formed on it. Garcia's paper attracted but little notice in England; but, passing into the hands of foreign professors, it furnished the hints from which Czermark and Türck developed the laryngoscope. In 1857, Dr. Türck, of Vienna (who had read Garcia's paper), attempted to use the laryngeal mirror in the General Hospital in that city. His first efforts were unsuccessful, on account of the defectiveness of his apparatus. Trusting entirely to solar light, and with no apparatus for concentrating the rays on the laryngeal mirror, which was also a clumsy affair, it was scarcely possible for him to succeed. At a subsequent period in the same year, Professor Czermark, of Pesth, having borrowed the apparatus, which Professor Türck had thrown aside as useless, commenced a series of experiments. He was soon enabled to overcome all the obstacles which had proved so formidable to Professor Türck. He substituted artificial light for the uncertain rays of the sun; the large ophthalmoscopic mirror was used for concentrating the luminous rays; and the mirrors were simplified, and made of different sizes. Thus, the tools fitted for the

art of Laryngoscopy were perfected; and, while others before him had been able sometimes to catch a glimpse of the interior of the larynx, to Czermark belongs the honor of so modifying the laryngoscope that its application became comparatively easy. At a later period, Dr. Türck, prompted by the success of Czermark, has worked at the subject patiently and productively. Czermark's investigations were at first confined to his own larynx, which was peculiarly adapted to these examinations. Possessed of a most capacious pharynx, small tonsils and uvula, and a large laryngeal aperture, it would be difficult to find a subject better suited for laryngoscopy. To the beautiful simplicity, which Czermark affected in the details of this art, to his brilliant demonstrations, which have delighted and astonished the medical public throughout Europe, must be attributed, more than to any thing else, the present extensive employment of the laryngoscope in practical medicine.

Description of the Laryngoscope.

The laryngeal mirrors are usually made of the ordinary glass mirror, mounted in German silver. They are of different shapes and sizes, varying from half an inch to an inch and quarter in diameter, and may be round, square, or oval. When the tonsils are enlarged or irritable, or both, the oval form is best; when otherwise, the circular form is most convenient, and presents the most satisfactory image of the reflected parts. The shank of the mirror is also of German silver, and should be about four inches long, and soldered to the mirror, so as to form with it an angle of about one hundred and twenty degrees, though the flexibility of the metal employed enables the operator to adjust the mirror to any desired angle. The shank slides into a hollow handle, and is fixed there by a screw; thus the handle can be made longer or shorter, as desired. For the illumination of the larynx, various means are employed. Some operators employ a strong gas-light or lamp, with a large reflector, to throw the rays of light directly into the larynx of the patient, who sits on the opposite side of the table from the reflector; and for most cases, this is perfectly sufficient. Others use the Light Concentrators, invented by Dr. Morrell

McKenzie, of London, and which consists of a plain metal tube, with a planoconvex lens, with the plane surface next the light, and which, when applied to a lamp or gas-jet, gives a very powerful and steady light. This may be made to illuminate the larynx of the patient by its direct rays, or they may be reflected from a small, slightly concave mirror, attached to the operator's head, by an arrangement like a spectacle-frame, and worn opposite one of the eyes. This mirror has a small hole in the centre, and is so adjusted that the visual and luminous rays pass in precisely the same line, so that, when the larynx is illuminated, the eye is in a position to see it. Both these methods have their advocates; but, after considerable practice with both methods, I am unable to say that either possesses any practical advantages over the other. In laryngoscopy, practice is essential to even a moderate degree of success; and in this, as in all other arts, adepts are apt to give their preference to those methods and appliances with which they are most familiar, and consequently most successful. Laryngoscopy is based upon the application of the optical law, that, when rays of light fall upon a plane surface, the angle of reflection is equal to the angle of incidence; and its successful application consists in placing a small mirror at the back of the throat, at such an inclination that rays of light falling upon it shall illuminate the cavity of the larynx, and the surface of the mirror receive the image of the interior of the larynx. As many physicians, who have attempted to make laryngoscopic examinations without much previous training or practice, have failed to even catch a glimpse of the interior of the larynx, I will insert here a few simple directions for the successful practice of the art, and will also notice some of the special obstacles to be encountered, and the best method of overcoming them. First, the patient should sit with his body upright and the head slightly raised. Many practitioners have failed entirely in their experiments, by permitting their patients to lean so far backward, that it was impossible to so place the mirror in the throat as to reflect any important portion of the larynx. The mouth of the patient should be widely opened, and so placed with reference to the light that a strong disk of light shall fall upon the

fauces, with its centre corresponding with the base of the uvula. If direct light is used, this may be accomplished by placing the patient in the proper position before the light, and giving to his seat the proper elevation. If reflected light is employed, the same result may be attained by changing the position and direction of the small reflecting mirror attached to the head of the observer.

The patient should prostrate his tongue as far as possible without causing pain, and he should be taught to hold it in this position himself. The use of a small napkin or handkerchief, enveloping the hand, will enable him to do this without difficulty. Some authors direct that the observer shall hold the patient's tongue with his left hand, while he manages the mirror with his right; but in cases which require local treatment, or where any operation is required, this is impossible, as the mirror must be held in the left hand, while the right is occupied with the treatment or instrument. Injuries to the frænum are also far less likely to occur when the management of the tongue is intrusted to the patient. Before the mirror is introduced, it should be warmed over the flame of the lamp or otherwise, to prevent the condensation of the moisture of the breath upon it; but the practitioner should not forget to test its temperature upon his own cheek, or the back of his hand, before applying it, in order to prevent its being unpleasantly hot to the patient. The mirror should now be passed to the back of the patient's throat with as little annoyance to him as possible; and to accomplish this skilfully and delicately, requires considerable practice and dexterity; for if the operator is so unfortunate as to irritate the fauces, and cause the patient to retch or vomit, nothing further can be accomplished until a considerable time has elapsed. The mirror stalk should be held in the right hand, like a pen, with the little finger extended and everted, and which should be allowed to touch the left side of the face just in front of the angle of the lower jaw. The mirror, with its face downward, should then be quickly and carefully introduced into the back of the throat, keeping it as far as possible from the tongue. The posterior surface of the glass should rest on the uvula, which should be

pushed upward and backward by it, in the direction of the posterior nares. The hand should now be raised and passed outward to the left, which gives to the mirror a slightly rotary motion, and turns its face more to the perpendicular, while the hand is removed entirely from the line of vision. The operator should watch carefully during this process, so as to arrest the motion of the glass the moment the larynx comes in view. No rules can be given as to the exact angle at which the glass should be held, the position being influenced in every case by the form and size of the patient's throat, and the position of the head. The practitioner should learn to introduce the mirror with either hand; as in the performance of operations, or the application of remedies, it is absolutely essential that the glass should be held in the left hand. Do not try to keep the mirror too long in the patient's throat, nor move it about too much with the hope of getting a better view; for, as before remarked, when the act of retching has been induced little more can be accomplished at that sitting; besides, the act of retching always causes more or less congestion of the throat and fauces, thus giving the observer a mistaken idea of their condition. It is better to introduce the mirror any number of times, letting it remain only a few seconds each time, than to give rise to the accident above mentioned, by a too protracted examination. The practitioner should avoid touching the tongue with the mirror, as the moisture thus communicated to it at once spoils its reflecting surface. This can generally be accomplished by keeping the back of the mirror in close proximity to, but not touching, the palate.

In some patients, the uvula is so long as to be in actual contact with the tongue. In these cases, space may frequently be gained, and the introduction of the mirror facilitated by directing the patient to take a free inspiration, or to utter some prolonged vowel sound, as ā ā ā, ē ē ē. One of the most frequent difficulties, and the most troublesome to overcome, is the irritability of the fauces; for, although a majority of patients can be readily examined at the first sitting, still cases not unfrequently occur which give the practitioner much trouble from this cause. This, in nervous subjects, can gen-

erally be overcome by a little training. The laryngoscope should be introduced a few times without attempting to see any thing in particular, merely to accustom the patient to the sensation of having the mirror introduced. After the patient's confidence is thus secured, a more careful examination can be made. Various remedies have been proposed for the removal of this excessive irritability, such as a solution of Bromide potash, or the inhalation of a small quantity of chloroform; but I have found that swallowing a few teaspoonfuls of finely powdered ice is far more effectual and simple, as well as less objectionable. If the tonsils are enlarged, an oval mirror should be used; and if the condition of the throat is such as to require an extended course of treatment, and frequent use of the laryngoscope, it will be better to excise them at once. A pendant or relaxed condition of the epiglottis is also a source of difficulty in Laryngoscopy; sometimes the size of the valve conceals the larynx from view, and the same result is frequently caused by relaxation of its ligaments. Various instruments have been invented to overcome this obstacle, the most successful of which, perhaps, is the pincette of Dr. McKenzie, of London; but this is far from satisfactory in all cases, on account of the irritation which, like all the others invented for the same purpose, it produces. The question is sometimes asked by those who have given the subject but little attention, Of what advantage is Laryngoscopy to the homœopathist? Since we have no pathogenetic symptoms observed by its aid, how can its revelations assist us in the choice of a remedy?

To this inquiry, it is a sufficient reply to say that Laryngoscopy enables us, in many cases, to make a certain and definite diagnosis, where, without it, all would be uncertain and conjectural; and, if it conferred no other benefit than this, with the general prevalence of throat affections, it would be worthy of more general study than it has hitherto received. Take, for example, the single affection known as Aphonia, which is accompanied, under all circumstances, by nearly the same symptoms, although it is itself but a single symptom attendant upon a great variety and diversity of affections. It may be caused by paralysis of one or both of the vocal cords; by disorganiza-

tion of the vocal cords, caused by warty or condylomatous growths upon them; by polypoid growths; by chronic œdema of the larynx; by laryngeal phthisis; and by many other very dissimilar causes, most of which, without the aid of the laryngoscope, can only be conjectured, and never incontestibly ascertained. Now, whatever enables the physician to make a correct diagnosis, to solve doubts, to make certain the pathology of a given case of disease, is of as great value to the homœopathic physician as to any other, in enabling him to decide what course of treatment to pursue, even though the precise symptoms and appearances thus revealed are not to be found in the recorded provings of any drug within the ample volumes of the Materia Medica.

(To be continued.)

CIMICIFUGA IN MELANCHOLY.

BY E. M. HALE, M.D., CHICAGO.

THE case which I shall narrate, came under my observation and treatment in the month of March, 1867. My patient was a lady about thirty-eight years of age, the mother of several children, the youngest a nursing infant of twelve months. She was a person of some culture and refinement; "always cheerful," I was told by her husband; very affectionate, and attentive to the needs of her family. She came of a healthy family, in which there had never been any insanity known. Her health had always been very good. She had occasional "bilious attacks," and now and then facial neuralgia.

In getting the history of the case from the lady and her family, I ascertained that the first complaints were of debility. She thought she was nursing her child too long. Soon after these complaints, it was observed that she talked less than usual to the children, conversed less with the family and friends, showed a disinclination to society, became fretful, scolded the children severely about trifling matters, was irri-

table towards her husband, wished to be left alone, and, when unobserved, put on a look of extreme sadness and dejection. This mental condition had been present several weeks before I treated her. She objected strongly against having medical advice, but was persuaded to allow me to prescribe once. I had called frequently to prescribe for the family, but she always said to me she was "well enough."

I found her in apparently good physical health. Her pulse was regular, about eighty per minute; tongue clean; appetite rather poor, however; bowels regular. No pain or discomfort was complained of. She admitted that she felt very weak all the time. She frankly talked about her mental depression; said it was unaccountable to herself why she felt so melancholy, there was no cause for such a state, no domestic trouble, everybody was kind to her; but she could not throw off the cloud of gloom which oppressed her. She said she seemed "enveloped in a dark mist which had settled down upon her brain, and would not be lifted off."

She was not "nervous;" and the symptoms described by Winslow as indicating impending mental alienation were not present.

"In this incipient phase of mental derangement," says Winslow, "he shakes with fear at the reflection of his image, crouches with apprehension at the reverberating sound of his own footsteps, trembles at the melancholy sighing of the wind through the neighboring copse, turns pale at the echo of his voice," &c.*

There existed in her mind, however, an indefinable fear of impending trouble. This fear followed her into the land of dreams; for, in her uneasy slumbers, she dreamed of intangible catastrophes, and would awake in great anxiety. She moaned and sighed in her sleep, but did not weep, either when sleeping or waking.

Her condition is better described by the poet: —

"Black Melancholy sits, and rounds her throws
A deathlike silence and a dread repose;
Her gloomy presence saddens every scene.
Shades every flower, and saddens every green;
Deepens the murmur of the falling flood,
And breathes a browner horror on the wood.†

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* "Winslow on the Brain and Mind," p. 222. † Pope.

Winslow says, and other writers mention, that, in incipient insanity, the melancholy moods alternate with moods of mental exaltation. But my patient never had any joyous moments in which she was freed from the gloomy mist which had enwrapped her.

My *diagnosis* was, Melancholy from prolonged lactation.

The *prognosis*, favorable, if the child was weaned, and the proper remedies taken.

She utterly refused to wean the child, and showed such a disinclination to medicines, that I prescribed a more nourishing diet, — beef-tea, meats, eggs, milk, and black tea instead of green tea and coffee.

This change in diet she carefully carried out, and even drank, at her meals, a little Angelica wine; but, at the end of a week, her mental condition was no better, although she said she felt a little stronger. After considerable solicitation, she was induced to allow me to prescribe a medicinal remedy, which she promised faithfully to take.

The selection of the proper remedy became a very important matter in this case. Jahr, in his work on Mental Diseases, mentions the following remedies for melancholy: Verat., Ars., Aur., Bell., Calc. caust., Graph., Ign., Lach., Natr. m., Puls., Rhus., Sulph.; but, after carefully reading the indications laid down, I could not decide on one of them. The selection was difficult, because there was no "characteristic symptoms," if we except the "gloomy cloud which seemed to envelop."

In this dilemma, I was led to study the effects of Cimicifuga. The pathogenetic symptoms of the mental sphere caused by this drug are, —

Miserable, dejected feeling, mind dull and heavy;
Feels grieved, troubled, with sighing;
Disturbed, restless, unrefreshing sleep;
Unpleasant dreams of being in trouble, of being in sad plight.

These symptoms of *depression* alternate with, or are followed by, —

Pleasurable excitement;
Exhilaration of mind;
A feeling of tremulous joy, mirthfulness, playfulness, and clear intellect.

In looking over the clinical experience, I found Cimicifuga had cured the following symptoms: —

She was extremely restless and apprehensive;
Totally unable to sleep at night.*

In the notable case of puerperal mania, cured with Cimicifuga, the following symptoms were present: —

She was in the lowest possible state of depression;
A perfect picture of mental misery and unhappiness;
A cloud of misery darkened her existence.†

Cimicifuga was the remedy decided on. It was prescribed in the first decimal dilution, ten drops to be taken one hour before each meal, and again on going to bed.

On the fourth or fifth day of the medication, I called, and found her more cheerful. She admitted that she felt better since she had used the medicine, and was anxious to continue its use, — wished to take more of it. The remedy was continued as before; and, in six days, a decided change had taken place in her condition, perceptible to all her family and her friends. I now substituted the third dilution, and amendment progressed rapidly. At the end of the third week of treatment, she said she felt as clear and cheerful in her mind as she ever did: but her physical weakness was felt more and more as the mind was relieved.

For this debility, which was evidently from the loss of milk, — for the child still nursed, and demanded a large quantity, — the increased nutritious diet was advised, and the *hypophosphite of potash* was prescribed; ten grains in one ounce of simple sirup, twenty drops two hours after each meal, and ten drops of *China* $\frac{1}{10}$ one hour before each meal. Under this treatment, and a partial deprivation of the child from the breast, my patient rapidly recovered her strength; she gradually weaned her child, which passed through the summer following without any serious illness.

I met the lady a few days ago, when she took occasion to refer to her depressed condition, but remarked, that, if she

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* Dr. C. C. Smith (New Remedies, p. 213).
† Sir J. Y. Simpson (New Remedies, p. 227).

ever became similarly afflicted again, she knew the same remedy would restore her to her cheerfulness.

This case is valuable, because it affords a verification of some of the *pathogenetic* symptoms of the drug, as well as a verification of the *clinical* observations of two physicians, one a member of our own school, the other a distinguished professor in the allopathic school. It shows, also, that the dose to be used is not *arbitrary*, and need not be a high potency; for—

Dr. Smith's cure was made with the third dilution;

Dr. Simpson's, with fifty drops of the mother tincture;

My own cure, with the first decimal dilution.

Should a similar case come under my care, I should try the 30th; and, if this cured, I should, if the opportunity presented, try the 200th or 2000th.

These three cases, together with several others which have occurred in my practice, satisfy me that the Cimicifuga is a potent remedy in some physical disorders, obscure in their origin, and presenting the symptoms recorded above.

It will doubtless prove as useful in those states of alternate depression and exaltation, or sadness and mirthfulness.

In any of these conditions, there *need not* be present any *concomitant* uterine disorder; for my patient had no ascertainable disease of the generative organs.

It is a fact, however, that it has been found most useful in the melancholy of pregnant and puerperal women, and in women at the menstrual periods.

The melancholy of drunkards after a debauch, of watchers after loss of sleep, of persons who have suffered from loss of fluids, and the emotions of grief and sorrow, are probably amenable to the curative powers of Cimicifuga.

TUBERCLES have been found in the choroid coat of the eye, in several *post-mortem* examinations of cases of acute miliary tuberculosis. It is, therefore, not improbable, that the ophthalmoscope may, in the future, render important aid in the diagnosis of this disease, as it does now in the diagnosis of Bright's disease of the kidney.

The New-England Medical Gazette.

BOSTON, NOV. 15, 1867.

MEDICAL ETHICS. — Since our last issue, a remarkable event has transpired in the world of medical ethics. Dr. Augustus K. Gardner, a regularly and thoroughly educated physician, and an accomplished gentleman, has been expelled from the New-York Academy of Medicine. He was one of its most eminent and honored members; and he was expelled simply because he consulted with a respectable and well-educated homœopathic physician, or, in other words, because he would not lend himself to the bigotry and narrow-mindedness of the majority of the Academy. For twenty-three years, Dr. Gardner has enjoyed a large and reputable practice in New-York City; he is, moreover, the author of a valuable work on the Causes and Curative Treatment of Sterility, the translator of Scansoni on Diseases of Females, editor of Tyler Smith's Lectures on Obstetrics, Professor of Clinical Midwifery and the Diseases of Women in the New-York Medical College, Physician for Diseases of Women in the New-York Northern Dispensary, member of the National Medical Association, the New-York Society, and the Massachusetts Medical Society, author of monographs on Ergot, Uterine Hemorrhage, Rupture of the Perinæum, &c.

We have no disposition to comment on this occurrence. Our views, and the views of the whole homœopathic profession, in regard to proceedings of this nature, are well understood. Whatever may be the shortcomings of the homœopathic school of medicine, medical intolerance, at least, has no foothold within its ranks. We have thought it worth while, however, to lay before our readers the views of the public in this matter, as mirrored in two well-written extracts; the first from the "New-York Tribune," and the second from "The Nation."

"Dr. Augustus K. Gardner has been a physician of good standing in this city for twenty-three years. He is a graduate, we believe, of

a 'regular medical college; he has attended all the regular lectures, paid all the regular fees, passed all the regular examinations, and probably has a regular parchment diploma neatly framed and hanging up in the back office. His name has long been borne on that regular list of the professional elect, called 'The Medical Register,'—a list, as everybody knows, which embraces absolutely all doctors competent to give a dose of physic, and outside which there is no salvation. Moreover, until a few hours ago, he was a member of that eminently regular and conservative body, the New-York Academy of Medicine. Dr. Gardner, however, has lately undergone professional annihilation. He is not regular any longer. His name has been scratched off the book of life. He has been kicked out of the Academy. His parchment is of no more use to him now than if he had cut it out of a drum-head. Whatever may have been his services to the sick and suffering during his twenty-three years' practice, whatever his accuracy in diagnosis, his skill in prescription, his faithfulness to duty, his success, his reputation, his general standing among physicians, — there is no doubt about him now; he is a pariah and an outcast. He need not expect any more fees. He may take down his sign, and sell his gig. Patients are warned to keep away from him; and, to use the language of one of the 'regular' gentlemen who have brought upon him this doom, he is probably at the present moment 'wandering alone in this great city, and dying a living death.'

"The crime for which Dr. Gardner has been sentenced to this awful fate is neither poisoning a patient, nor stealing money, nor forgery, nor bigamy, nor, in a word, any crime known in the Decalogue. There is no pretence that he is not a good Christian, a good doctor, and an amiable gentleman. He has neither the plague, the yellow fever, nor, to the best of our belief, any other disease which makes him unfit for the company of the rest of mankind. But the 'Committee on Ethics' of the Academy of Medicine have been looking into his life, and have discovered that one of his intimate friends is a homœopathist. This is his offence! The friend might have been a liar, a drunkard, and a blackleg, and the Committee on Ethics would not have cared a farthing. But to consort with a man who is, regularly speaking, a medical heretic, who prefers little doses to big ones, who sets Hahnemann above Esculapius, and cures diseases in one way instead of another, argues, it seems, a degree of ethical delinquency which requires the severest punishment. It was not alleged, be it remarked, that Dr. Gardner himself had apostatized from

the faith of the Academy. Nobody charged him with administering the little white powders. For aught we know, he may prescribe nothing but blue pills and paregoric every day of his life. But having, as we said before, an intimate friend, who, though bred 'regularly,' had fallen away into the Hahnemannic delusions, Dr. Gardner has been guilty of the sin of consulting with him sometimes on professional questions, has met him at the bedside of some suffering patient, and given him the benefit of his advice and experience. This is the crime for which there is no forgiveness.

"One might almost suppose, from the action of the Academy, that homœopathy was catching, so that a regular doctor who came near a practitioner of that devilish art would be apt to spread the infection, even if he did not succumb to it himself. The committee suggested an indefinite suspension of Dr. Gardner during the pleasure of the Academy, — a sort of ethical quarantine of nobody knows how many days, — during which he might have leisure to 'repent of his error;' but we are pleased to learn that the culprit manifested no signs of remorse whatever, and expressed his determination to 'do so again' whenever the occasion offered. Whether the action of the Academy will be quite as effectual as they supposed in depriving him of the chance to do so again, we very strongly doubt. For our own parts, we are not prepared to believe that Dr. Gardner is now walking the streets gnashing his teeth in loneliness and agony of mind. We are not so sure about his 'dying a living death.' We think it probable that he is quite as good a doctor now as he ever was. If his name can't be printed any more in 'The Medical Register,' we dare say he can manage to have it retained in the 'New-York Directory,' which is a vastly better book, with a better circulation. And when he made his choice to leave for ever the ridiculous Academy rather than break off intercourse with his homœopathic friend, he did what was manly and sensible, and what will prove, we dare say, as advantageous to his professional career as it was creditable to his independence."

We are glad to be able to lay before our readers also the following extracts from an article in "The Nation" of the 24th ult. As might be supposed, this leading literary and scientific periodical maintains in this new field its well-earned reputation for fairness and ability. It says, —

"The recent expulsion of a member from the New-York Academy of Medicine for having met a homœopathic practitioner in consulta-

tion, coupled with the observations made by Dr. Stone in support of the motion, in which, if correctly reported, he strongly insinuated that even the maintenance of intimate personal relations with a homœopathist was an ethical offence in a regular physician of the old school, helps to confirm us in doubts which we have long entertained whether doctors rightly understand their own philosophical position. We are far from denying their right to prescribe to the members of their own profession the terms on which they shall be received as brethren, and met in friendly professional intercourse. Any number of men are perfectly justified, if they believe the interests of either science or good manners or good morals will be advanced, or even their social enjoyment promoted thereby, to form themselves into a club or academy, or any other kind of corporation, and lay down certain rules for the guidance of even the professional conduct of those who wish to be of their number, and to make the observance of these rules a condition of business intercourse. In all professions in which the result of labor is uncertain, and of such a nature that the public cannot at once judge of its quality, a professional tribunal which undertakes to sift the members, and, by its recognition, to furnish a kind of certificate of character, is of the highest use. The surveillance which the profession exercises over its own members undoubtedly goes a great way to protect laymen of ordinary intelligence from quacks and impostors: the ignorant or credulous, of course, no machinery can protect. We say all this by way of explaining that whatever objections we may make to the allopathic treatment of homœopathists are not due to any general dislike of corporate feeling or corporate interference with freedom of trade. What we say is, that this treatment seems to us to rest on a total forgetfulness or total misapprehension on the part of the regular practitioners of their position as scientific men.

"The class of men against whom regular practitioners are bound to protect the public by refusing to meet them or treat them with ordinary professional courtesy are quacks and charlatans and cheats, — that is, persons who practise medicine without being able to furnish evidence of having undergone any regular training for it, or having in any way acquired a fair knowledge of the art; persons who pretend to possess a panacea; persons who, being professionally qualified as far as knowledge goes, have shown a want of moral fitness for it, and other such people. But the homœopathic doctors do not come under any of these heads. They are regularly trained for their calling. As

regards character, we presume the average is as high as amongst their allopathic brethren. They have a code of professional ethics, and enforce it; and they command the confidence of a large and highly respectable portion of the community. In fact, the objection, and the only one, if we are not mistaken, made against professional intercourse with them or even ordinary courtesy towards them, is based on the assumption, that, their system being false and absurd, those who practise it must be either fools or knaves. But this notion of the character of the homœopathic system, though it may be true, is, in the first place, incapable of proof; and in the second place, if it were capable of proof, the demonstration would also destroy the claims of the allopathic system to either our confidence or respect.

"The theory of many allopathic doctors seems to be, that they have means of verifying their conclusions which the homœopathists do not possess, and that, while the latter are empirics, the former are men of science. But the truth is, that medicine is not a science in the strict sense of the term, or any thing approaching to a science. It is rather an immense body of facts, out of which a host of able and acute and disciplined observers are endeavoring to construct a science, but hitherto with very indifferent success. The only thing a doctor can predict with any approach to certainty is a portion of the action of certain remedies on the human frame. The *whole of the* action of any of them no doctor can foretell; and therefore what effect any drug will have on disease, no doctor can say with certainty. When the doctor gives a sick man a blue pill, he can tell with an approach to certainty what one result of it will be; but it may and does produce a dozen other results, of which he knows nothing. What kills one man cures another; and the treatment of every case is, in reality, a series of experiments conducted under conditions which deprive them almost altogether of the right to be called experiments at all in any scientific sense. The reports of cases which are read at medical meetings are not reports of scientific processes such as a chemist may make. They are records of a series of phenomena of which nobody knows the relation or connection, and the repetition of which in the same order of succession nobody can predict or produce. . . .

"The bearing of all this on the professional standing of homœopathists is obvious. One does not need to claim for their system any greater curative power than the allopathic system, in order to show the title of its practitioners to respect and recognition. They are — though professing to act on a theory — largely empirics, we grant; but so are

the allopathists. The action of their remedies is uncertain; it is even uncertain whether in any given case their medicines will produce any effect on disease whatever; but the same thing may be said of allopathic treatment. The smallness of their doses may seem 'absurd;' but nothing can in science be called absurd which cannot be demonstrated to be so, and there is no process whatever in the possession of the medical faculty by which it could be shown that an ounce is more likely to cure than the twentieth part of a grain, except a simple enumeration of observed cases, which in this matter is of no value whatever, because the homœopathists will produce as many 'cases' in proportion to their numbers as their older brethren. As to the novelty of their practice, we shall say nothing, because no doctor, laying claim to the character of a scientific man, will, with the history of his own art before his eyes, consider this an objection to it. The main thing, therefore, for consideration, it seems to us, in fixing the relations which the allopathic profession ought to occupy to the homœopathists, is the personal character of the latter. If they are well-educated men, gentlemen, men of honor and courage and delicacy, to refuse to associate or compare views with them because they use a different class of drugs, or use drugs in different quantities, is a course worthier of trades-unionists or of young army officers than a body of grave students of science. So far from condemning them, real philosophers ought to encourage them. In a field in which so little is known, there cannot be too many explorers, provided they are governed in their explorations by the laws of honor, and by a great or even average devotion to truth. When Napoleon was at the Red Sea, he rode over the strand with his staff, and was caught at nightfall by the rising tide, and lost his bearings. He thereupon disposed his officers round him in a circle, and ordered each man to ride out from him, as a centre, in a straight line. Those who found the water growing shallower were, of course, in the right track, and were speedily followed by the rest. Academies of medicine might well take a hint from this ingenious but simple contrivance of the great master of the art of war. We would not have them exact one guarantee the less as to character or education; but there is nothing in the present condition or past history of their art to warrant them in concluding with certainty that any school of practitioners is working in the wrong direction, and they owe it to the human race to give all honest and properly qualified explorers a fair chance. We suppose few people care under what system they are cured, whether through

a bolus, a globule, or simply through the imagination. The medical profession is not an end, but a means. It exists, not that a certain number of gentlemen may preserve a good social standing and good emoluments, but that the sum of human misery may be abated. It seems to us that this is forgotten by those who outlaw the homœopathists."

Local Anæsthesia in Otalgia. — Dr. Shayer states in the "American Journal of Medical Sciences" that he "draws into the smallest-sized rubber syringe about half a drachm of chloroform, and, slightly elevating the nozzle to prevent slipping, introduces it into the ear. The effect is magical, stopping the pain almost instantly."

The Medical Investigator is a favorite monthly of ours, and we hail its reformation in shape with great pleasure. Its titlepage is handsome; but it would look still handsomer for October, if under the heading "Original Communications" were placed original articles only, and not a *melange* of original and selected articles together.

Since writing the above, the November number is received; and we are sorry to add that the same blemish is observable.

With four additional pages of reading matter, we are still unable to give the entire proceedings of the late meeting of the Massachusetts Homœopathic Medical Society. The remainder will be published in the next number.

REVIEWS.

Chemistry. By William Thomas Brande, D.C.L., F.R.S.L., &c., and Alfred Swaine Taylor, M.D., F.R.S., &c. Second American edition, thoroughly revised. pp. 764. Philadelphia: Henry C. Lea. 1867.

This well-known work on Chemistry comes to us revised, enlarged, and improved in a second and very handsome edition. Dr. Taylor, well known in this country through his standard work on Medical Jurisprudence, says in the preface: "The revision of the second edition, in consequence of the death of my lamented colleague, has devolved entirely upon myself. Every chapter, and, indeed, every page, has been revised, and numerous additions made in all parts of the volume. These additions have been restricted to subjects having some practical interest." Undoubtedly, this manual of Chemistry is the most practical, reliable, and concise, and therefore the most

suitable for physicians and students, of any now published in this country. The typography is accurate and excellent in every respect; and, while on this point, we may observe, that the same may be said of nearly every work emanating from the distinguished publisher of medical and scientific works, whose name is imprinted upon the title-page of this book.

A Treatise on Human Physiology. By John C. Dalton, M.D., &c., &c. Fourth edition, revised and enlarged, with two hundred and seventy-four illustrations. pp. 695. Philadelphia: Henry C. Lea. 1867.

It is no easy task for an author of a work like this to keep his book up on a level with the most advanced ideas. Physiological investigations were never so vigorously pressed, and never engaged the attention of more active and better intellects, than during the interval between the last and the present edition of this work. It has been necessary, therefore, to revise and enlarge the whole, and more particularly that portion which treats of the Physiology of the Nervous System. The section upon the subject of Reproduction is especially interesting and instructive reading. In that portion of chapter first where the origin of animal and vegetable parasites is discussed, the author treats, in very full and satisfactory manner, the question of spontaneous generation and that of the sexless (so called) encysted parasite. We ought to mention also that the illustrations are remarkably well done, and generally accurate. In giving the profile view of the eye, however, we would suggest, that, in a future edition, the old notion of a space between the posterior surface of the iris and the crystalline lens be ignored, and that the lens be pushed forward in its place directly against the iris.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Semi-annual Meeting, Oct. 9, 1867.

Morning Session.

The Society convened in the vestry of the Tremont Temple, Boston, and was called to order at 10 o'clock, a.m., by the President, I. T. Talbot, M.D. The records of the last meeting of the Society, and a partial report of the Executive Committee, were read, and approved.

The President delivered a brief salutatory. The following candidates for membership in the Society were then balloted for, and unanimously elected: viz., D. G. Woodvine, M.D., of Boston; H. B. Morrill, M.D., of Boston; Edward Sandford, M.D., of Attleborough; W. B. Garside, M.D., of Lexington. The President called upon the

Corresponding Secretary, Treasurer, Librarian, Committees on the Library and Pharmacy, for reports; but no responses were made.

The Committee on Publication, through Dr. E. U. Jones, of Taunton, reported, that some progress had been made, — sufficient, perhaps, to warrant the hope that the first volume of the Society's "publications" would be issued in the spring.

Tumor. — Dr. Giles M. Pease, of Boston, exhibited a tumor, weighing three and three-fourths pounds, without the outer sack, which he had recently removed. It was the growth of about fifteen years, and consisted of fatty, fibroid, lobular formations. It was irregularly circular in form, and about nine inches in diameter. Its entire inner surface was firmly attached to the obliquus externus and latissimus dorsi muscles, and its neck involved the serratus muscles.

Dr. Pease also exhibited an apparatus for fractured clavicle, which was a modification by himself of Fox's apparatus, and consisted of a simple and efficient arrangement, by which the shoulder and arm are kept easily and securely in proper position, without the liability, so generally experienced, of getting out of place.

Materia Medica. — *Baptisia Tinctoria.* — Dr. E. U. Jones, of Taunton, read a paper on *Baptisia Tinctoria*; which, on motion, was referred to the Committee on Publication.

The President invited remarks upon the subject of Dr. Jones's paper.

Dr. Scales, of Woburn, said, that he had used the *Baptisia* extensively in the first stage of fevers of a typhoid character, and had found it generally effective to interrupt the fever; was in the habit of using from the tincture to the third dilution.

Dr. Lowe, of Bridgewater, remarked, that his experience with the drug coincided with Dr. Scales's. In cases in which "pain in the bones" and lumbar region were symptoms complained of, he had found it very efficacious.

Dr. H. B. Morrill, of Boston, said he had used it with good effect in cases of spermatorrhœa. He usually gave the third dilution.

Dr. Lowe again rose, and remarked, that he also had found it effectual in spermatorrhœa.

Dr. Scales, of Woburn, said he had found it useful in uterine hemorrhage.

Dr. L. D. Packard, of South Boston, remarked, that it was with him a leading and favorite remedy in the initial stage of fevers.

"When patients come into my office, and complain of chills, fever flushes, headache, 'boneache,' soreness of the muscles, &c., I prescribe two or three drops of Baptisia, and find the prescription usually dissipates the symptoms. I used to give Aconite or Gelseminum for these symptoms, but now depend upon Baptisia."

The President here announced, that several well-known and esteemed physicians from other States were present in the Convention, and named Drs. Carroll Dunham, Henry M. Smith, Virgil Thompson, and A. M. Woodward, of New-York City; W. E. Payne, of Bath, Me.; Alpheus Morrill, of Concord, N.H.; C. B. Currier, of Middlebury, Vt.; and others. The announcement of the names of these visitors was received with hearty applause; and on motion of Dr. David Thayer, of Boston, they were "unanimously invited and earnestly requested to take part in the discussions of the session."

The President enumerated several remedies that had heretofore been considered and partially proved by the Society, and asked if further discussion of them would not be profitable. He called upon Dr. Gregg, of Boston, to speak of *Crotalus horridus.* Dr. Gregg said that his use of the remedy had been quite limited, and he had no striking experience with the drug to relate. He had used it in some cases of boils and phlegmonous inflammation, with marked benefit.

Dr. Thayer, of Boston, had used it in erysipelas, but had nothing especially valuable to report concerning its effect.

Hydrastis Canadensis. — The Secretary read a paper on Hydrastis Canadensis, by Walter Williamson, M.D., of Philadelphia, a corresponding member, and communicated by him to the Society.

On motion of Dr. Giles Pease, of Boston, a vote of thanks to Dr. Williamson was unanimously passed, for his interesting contribution; and, on motion, the same was referred to the Committee on Publication.

The President invited discussion of the subject of Dr. Williamson's paper.

Dr. Chamberlin, of Worcester, said he had used Hydrastis in leucorrhœa and gonorrhœa, with benefit. He usually infuses an ounce of the pulverized root in one pint of water, and uses it as an injection.

Dr. Cate, of Salem, said he used it for several years, to some extent, in diseases of the liver, attended with constipation, obstruction of the biliary ducts, and jaundiced skin; had usually given the tincture, and found it efficient in removing the symptoms.

Dr. F. H. Krebs, of Boston, said he had used the Hydrastis Canadensis according to the pathogenetic symptoms which are recorded in Hale's "New Remedies."

The first case for which he prescribed this medicine was that of an elderly gentleman, who had suffered, for several weeks, with sores on his left leg, which resembled carbuncles. In his former life, he had been exposed to severe hardships and privations; and was, when he saw him, very weak and prostrated. The sores were situated along the tibia; and, as he was obliged to be constantly on his feet, should think that even furuncles might have taken this aggravated form.

The sores looked bluish and angry, each having two or more apertures, through which a sanious pus was discharging. The patient complained of a burning sensation at the seat of the sores, with pain and weakness along the whole length of the limb. He gave him one drop of the third in twelve powders of Læch. lact., one to be taken every four hours, and externally ordered one part of the tincture to four of water, with lint as a dressing, to be changed three times a day.

On the fourth day, there was a decided improvement; and, in three weeks, the patient had entirely recovered.

His second case was that of a woman, who had an ulcer of the mamma.

Three years before, she had a tumor, removed, — whether scirrhous or not, she could not tell. The wound healed by first intention, and remained well for a year or more; but then she noticed a moisture oozing from the cicatrix, which finally formed a scab, emitting from underneath a slight discharge, of an exceedingly offensive nature, which gave her a great deal of trouble.

He prescribed the Hydrastis, as mentioned in the case above. On the third day, the scab came off, leaving a large sore, which gradually diminished in size, and finally healed between the third and fourth week, and has remained well ever since.

Dr. J. H. Sherman, of Middleborough, spoke favorably of its action in ulcerated sore throat, used as a gargle, — one ounce of the pulverized root to a pint of water; had also given it with wine or water, as a tonic, in cases of feeble digestion.

Dr. Levi Peirce, of Charlestown, had employed it with marked success in dysentery with great tenesmus, in the form of an injection, and in the proportion of half a teaspoonful of the tincture to half a pint of water. Used in this way, had known it to relieve severe tenesmus in half an hour.

In a case of inflammation of the meatus of the urethra in a female, he had applied a pledget of cotton, saturated with a lotion of Hydras. and water, with prompt relief.

Dr. W. E. Payne, of Bath, Me., remarked, that he had not used the remedy to any great extent, but had employed it with good success in cases of aphthous sore mouth; had also used it in icterus with decided benefit; could give no exact indications for its use in the latter malady; but in one or two cases in which he had given usual remedies, and failed to improve the condition of his patient, had given Hydras. successfully.

Dr. De Gersdorff, of Salem, said he could testify to its excellent action in one case of cancer of the breast. It was applied, and the symptoms promptly alleviated.

Dr. Gregg, of Boston, had used it as an injection in leucorrhœa and gonorrhœa, both with and without satisfaction. In nasal catarrh, he had used it locally and internally, with some benefit.

Dr. Carroll Dunham, of New York, said that it was very desirable that those who try, or have opportunity to observe the use of, new remedies, should closely examine the cases, so as to seize upon any peculiarities which each case may present, — peculiarities which would serve, if the remedy proved beneficial, as indications drawn *ex usu in morbis*, for its administration in other analogous cases. We learn, from the cases cited here to-day, only that Hydrastis has seemed to do good in several cases of ulcerated schirrhus, but have not learned what were the peculiar symptoms of those cases. In a case of this disease which came under his care, the patient had been using Hydrastis, but received no benefit from it. On examination of the case, he could find no special indications for any remedy in the symptoms of the ulcer. But the patient had a constant headache, the pain rising from the nape of the neck, and passing over the occiput to the vertex, and forward to the coronal suture, with sharp pains from the occiput through the right eye, and great sensibility to light and noise, with relief from wrapping the head in flannel.

These symptoms indicated Silicia, which we gave in the thirtieth potency. The result was, not only relief of the headache, but also great improvement in the ulcer. "If close examination were made," said Dr. Dunham, "of the entire system of patients to whom the new remedies are given, we might gain more precise indications for their use, which would be very valuable, even before full provings could be made."

Dr. L. G. Lowe reported favorably of its effect as an external application in indolent ulcers, canker of the mouth, and inflammation of the throat, — in the latter cases, used as a gargle.

Dr. P. K. Guild, of Jamaica Plain, said that he had given it in a case of constipation of fifteen years' duration, with marked benefit. He gave one drop of first decimal dilution night and morning; he had also used it with effect in aphthous sore mouth.

Dr. C. B. Currier, of Vermont, regarded it as the very best local application in gonorrhœa. He uses ten to fifteen drops of the tincture to one ounce of water, and adds a little glycerine. He considers it a valuable remedy in ulcers, especially of a chronic character.

Dr. Packard, of Boston, also spoke of its favorable action in gonorrhœa; and he had cured or relieved one case of constipation with it.

Dr. D. G. Woodvine, of Boston, reported a case of erysipelas speedily cured with it, and its favorable action in several other cases.

(To be continued.)

Medical Prejudice. — The hostility with which the "regularly bred" physicians regard homœopathic practitioners has always been a matter of public notoriety. It was never paraded with more bitterness than in the case of Dr. A. K. Gardner, a "regular bred," who was, on Wednesday evening last, formally suspended from membership with the New-York Academy of Medicine, for having violated the rules of the Academy in holding consultations with Dr. Bartlett, a homœopathic practitioner. Dr. Gardner, when arraigned, did not deny the fact of such consultation; but alleged, that Dr. Bartlett, although a homœopathist, was a graduate of a "regular" college, was a physician of long practice, and was, moreover, his intimate friend. The debate on the question of suspension was very warm and somewhat lengthy, as each member in turn felt called upon to denounce the "quacks," as the homœopathists were termed. During the discussion, several members confessed that they also had committed the offence with which Dr. Gardner was charged, deeming it humane to do so. One member, interceding for the doctor against whom such a horrible crime was charged, declared that suspension would be his professional ruin, and drew a terrible picture of his "wandering alone in this great city, and dying a living death, if shut out from the Academy." As the accused gentleman has been a successful practitioner for over twenty years, it is hardly to be supposed that the vote of eleven gentlemen, although "regular breds," will crush him entirely. If he has fears of such a result, he has only to join the ranks of the homœopathists, who are nearly as numerous, and quite as respectable, as the "regulars." While it is an open question, alike with the public and the profession, which is right and which is wrong, it is indeed pitiful to see gentlemen of refinement and education allowing their prejudices to carry them to such lengths. — *New-York Times.*

THE NEW-ENGLAND

MEDICAL GAZETTE.

No. 12.] BOSTON, DECEMBER 15, 1867. [Vol. II.

LARYNGOSCOPY.

BY J. H. WOODBURY, BOSTON.

(Continued from page 251.)

Besides, the treatment of many diseases of the throat becomes very simple by the aid of the laryngoscope, which otherwise would be very difficult and uncertain. Thus the affection above referred to, aphonia, is frequently caused by paralysis of the vocal cords ; and, when so caused, it yields most speedily to the direct application of electro-galvanism, which treatment, I need not say here, would be utterly useless in any of the other affections above mentioned, of which aphonia is also a prominent symptom, but between which, without the aid of the laryngoscope, a differential diagnosis is quite impossible. Thus it will be seen from this single illustration, that the laryngoscope possesses a definite value to the general practitioner, as an assistance to diagnosis, as much as the stethoscope or speculum, and that it is by no means restricted in its usefulness, as many have supposed, to the assistance which it affords to the local treatment of diseases of the larynx. There has been much discussion in our school of medicine concerning the value of local treatment under any circumstances, and the practice has, as is well known, both its earnest advocates and opponents, but, without entering here upon the discussion of the general subject, I must say, that after witnessing the successful treat-

ment of a large number of cases of acute and chronic inflammation of the larynx, to say nothing of many other more severe affections by topical applications, many of which had for a long time withstood the most skilful but unaided general treatment, I am compelled to acknowledge the value of judiciously applied local treatment in diseases of the throat. Not only is it of value *per se*, but as an adjuvant to the proper, constitutional, homœopathic treatment.

Remedies may be applied to the larynx in the form of powders, by the use of Dr. Fournie's apparatus. I have applied in this way with most decided benefit, according to their therapeutic indications, Merc. dentoid, first to third triturations, in inflammation of the larynx, both syphilitic and otherwise, attended by redness and swelling of the tonsils, epiglottis, ventricular bands, and vocal cords; when the mucous surface is red, shiny, dry-looking, and glossy, and also when it has passed into the next stage, and the patches of inflammation are circumscribed or mottled with dull yellowish spots, which secrete a yellowish mucus; also when there is ulceration of the mucous follicles of the epiglottis, and of the mucous membrane covering the ventricle of the larynx. In one case of syphilitic inflammation, where the swelling was excessive, attended with complete aphonia, which had lasted for several weeks, the improvement, under the local application of Merc. protox. II., was very marked and speedy. Also in a case of secondary syphilis, where there was ulceration of the posterior nares, extending to the septum and to the turbinated bones of the left side, attended by most offensive discharge, a complete recovery ensued after a few weeks' treatment, through the use of this remedy, both locally and internally. In laryngorrhœa, or catarrh of the larynx, characterized by excessive fluent discharge from the larynx, and especially when there is a similar discharge from the nose, hydriodate of potassa, first trituration, will generally cause a prompt improvement. Chlorate of potassa I have used under nearly the same circumstances, and especially when there is ulceration of the tonsils, with offensive breath, croupy cough, and hoarseness. In one case of chronic ulceration of the whole laryngeal cavity of nearly a year's

standing, I saw most satisfactory results from the use of Hydras., first, both locally and internally. These comprise all the remedies I have used in powder form; but the list of those used in solution in the clinics of Stoerck, of Vienna, and McKenzie, of London, as well as in private allopathic practice, is much larger. They are applied with a camel's-hair brush, firmly attached to an aluminum wire, bent to an angle from 90° to 120°, according to the part of the larynx to be touched. The laryngeal brush is better adapted for the application of all caustic solutions than any other instrument, and answers equally well for many others. The remedies which are most used in the form of solutions are nitrate of silver, perchloride of iron, sulphate of copper, sulphate of zinc, carbolic acid, and iodine. Glycerine is a good and the most agreeable solvent for most of these. This class of remedies is much used by allopathic practitioners for chronic inflammation of the larynx, but not always with the most satisfactory results.

All of these remedies can be applied to the throat in the form of spray, for which purpose many kinds of atomizers have been invented. This method is preferable in most cases to the use of the brush, and it may be to that of the powder form, as the application is more gentle, and far less liable to produce irritation.

It is not uncommon to find the larynx the seat of vegetations, or condylomatous growths. Where these are few in number, they can generally be removed with the laryngeal forceps; but, where these vegetations are very numerous, it is useless to attempt to remove them in this manner, and then escharotics are of the greatest benefit. Among the best of these may be reckoned chromic acid, and a mixture of caustic soda and caustic lime. The application of these remedies requires much skill, and should never be attempted by inexperienced persons. I would recommend the use of Thuja tinct. and Teucrium tinct., with the laryngeal brush as likely to be quite as effectual, and far less dangerous than the more powerful agents above mentioned.

A very simple instrument has been invented by Dr. Morrell McKenzie, of London, for the application of the electric current

directly to the vocal cords. An important feature of this instrument is, that the current does not pass beyond the handle until the sponge is in contact with the vocal cords, when the operator presses the spring with his index finger, and the current passes through the larynx to the skin externally. Its use is indicated in functional aphonia, and in most cases of vocal weakness, where there is no structural disease. The application is facilitated by the wearing of an elastic necklet, in which is fixed a piece of metal, covered with sponge, which is placed over the thyroid cartilage. This metallic pad has an eye attached to its outer surface, to which the other pole of the battery is attached; and, when the point of the galvanizer is applied to the vocal cords, the current passes directly through them to reach the pole over the thyroid cartilage. So effectual is this treatment in functional aphonia, that Dr. McKenzie confidently asserts that "obstinate cases of functional aphonia cannot resist the internal application of galvanism."

Many cases of very speedy cure have come under my own observation. Let me say here that in no case do I advise local treatment to the exclusion of proper, homœopathic, constitutional treatment; and the local remedy should, as a general rule, be the same as the internal one, thus, by keeping ever in view the "ancient landmarks of homœopathy," in the selection of our remedies, we may make this new art of Laryngoscopy subservient to our beautiful science of homœopathy, and add another agent to the rapidly increasing resources of the healing art.

With a single word of caution, I will close. Be careful that the local treatment of diseases of the larynx is not carried to excess; for, with the increased facilities afforded by the laryngoscope, it is hard to resist the temptation to depart from the beaten track of specific medication, and resort to the more heroic remedies at present in vogue for the treatment of this class of cases.

PRACTICAL OBSERVATIONS AND EXPERIENCES.

No. II.

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

Physical Phenomena as a Result of Mental Conditions.

EVERY physician, in the daily practice of his calling, has remarked the intimate relationship existing between the operations of the mind and the condition of the body; and yet how few comparatively, in forming conclusions on medical subjects, ever think of taking into account this important consideration! Many of the so-called *facts* of (transcendental) homœopathy are nothing more nor less than imaginary; while our "Materia Medica Pura" and the "New Provings" abound with symptoms that can only be accounted for on the hypothesis that "the wish was father to the thought," so utterly inconsistent are they, and so absolutely absurd, when viewed from the standpoint of common sense. Any candid physician who will take the trouble to struggle through the mazes of Jahr's Symptomatology in search of a remedy for a symptom that is aggravated by rest, or that is worse in the evening, or that is better in the open air, or that is aggravated by contact, or a hundred other conditions that might be enumerated, and undertakes to make a practical use of the knowledge he obtains from his investigations, will, in a majority of cases, be driven to the conclusion that many of our provings are certainly the result of lively imagination, rather than the calm deductions of scientific research. An individual takes a drug in greater or less quantity (usually with some knowledge of its peculiar properties), and, in six or twelve hours afterward, he discovers a slight dizziness, or experiences a shooting pain through the head, or a griping pain in the bowels; and forthwith these are recorded and published as conclusive evidences of drug action, in the face of the more practical fact that any man is exceedingly fortunate who does not experience many just such sensations every day of his life. It is easy enough to correctly determine

certain leading facts in reference to the pathogenesis of every active drug; but it is taxing the credulity of a sensible man too much, to require him to accept the heterogeneous mass of symptoms collected in our Materia Medica (under Sulphur, for instance) as a scientific basis for medical practice. And experience fully corroborates what observation suggests regarding the influence of the mind upon the body. Let me give a few illustrations: —

Case I. — Six years ago, when in practice in Keene, N.H., an old gentleman from an adjoining town presented himself for treatment; his difficulty consisting in a slight enlargement upon the upper lip, which he persisted in declaring was cancer. He was exceedingly nervous regarding the matter, asserting that he had not slept for a week, in consequence of which he was especially desirous that some "resting powders" should form a part of his prescription. Arsenicum, a dose each morning, was prescribed, with a package of sugar-of-milk powders, one of which was to be taken each night at bed-time; the understanding being that he would call again in two weeks. At his second visit, the following conversation took place: "Well, Mr. Brown, how much benefit did you derive from your former prescription?" — "It did me a great deal of good," was the ready reply: "the tumor has mostly disappeared from my lip, and *those resting powders acted like a charm.* Why, doctor, I haven't slept so well for years, as since I've been taking them; and I want you to be sure and give me another package of the same kind!" Now, how would it do for us to construct a pathogenesis of Saccharum lactis, based upon Mr. Brown's experience?

Case II. — A medical friend in Massachusetts greatly amused me by the following story, which, if not strictly true, *ought to be:* He said he had an exceedingly troublesome patient, in the person of a whimsical lady; a condition of constipation giving her great uneasiness. In vain he had prescribed a large number of remedies, and advised different expedients to remove the trouble. At length he hit upon a plan which proved effectual. Calling upon his patient, he informed her that there was just one more remedy that he could prescribe, with a reason-

able prospect of success, and that he had hesitated to administer it because of its great activity. He assured her that it would certainly remove her difficulty, but he would not prescribe it without her consent. This she freely gave; and he proceeded to dispense two powders of sugar of milk, with the following directions: "Take one at bed-time, to-night, which will not produce any apparent disturbance in the system. In the morning, the other must be taken; but, before doing so, be sure and have every thing in readiness for an evacuation, as its action is so rapid as to render necessary this precaution." Strict observance was promised; and, the following day, the doctor was assured by his patient that his prescription had been a success, accompanied by the following significant remark: "I am greatly obliged to you for having cautioned me in regard to the power of the medicine, as it would have been utterly impossible for me to have made the necessary arrangements after taking it!" This case might furnish at least one important symptom for our "new remedy."

Case III. — Five years ago, shortly after coming to Concord, my afternoon meditations were disturbed by a gentle tap at my office door. A young lady was shown in, and, after being seated, proceeded to consult me on what she termed a "delicate subject." I assured her that she could unreservedly confide in me, and that physicians were rarely guilty of abusing the confidence of their patients. She then said she was unmarried, and yet she had every reason to suppose that she was pregnant. Nausea had been very troublesome for weeks, and she could distinctly feel the motions of the fœtus. Questioning her somewhat closely, she emphatically denied that she had ever indulged in sexual intercourse, admitting, however, that she had been somewhat intimate with the gentleman in whose family she boarded; but, notwithstanding the most critical cross-examination, she would not admit that the intimacy had ever gone to the point of criminality; yet she stoutly maintained that she was *enceinte*, as her symptoms corresponded to those she had read in a medical work. Observing nothing that corroborated her opinion, and believing that the girl was the victim of an unhealthy imagination, I stated to her my con-

victions, and dismissed her with the understanding that she should call again, unless her symptoms improved. Next day, the gentleman with whom she lived, called, stated that she was very much depressed in spirits, and would not be satisfied unless an examination was made. He protested his innocence, admitting only what the young lady had stated concerning their intimacy, and expressed a willingness that the examination should be made at his house, which was accordingly done; the result showing not a single indication that she was or ever had been pregnant. Without expressing an opinion as to whether or not she was as innocent as she averred, I would mention the case as singular and conclusive proof that almost any form of disease can be *manufactured* through the medium of the imagination.

Case IV. — I was quite recently consulted by an unmarried lady; the circumstances being, that, about the middle of the inter-menstrual period, she had, for the first time, deviated from the path of virtue. Immediately thereafter, she commenced to worry, which soon produced a condition of nervous anxiety, that rendered her days intolerable, and her nights any thing but a period of rest. When she consulted me, her menses had been delayed five days. She had loss of appetite, with nausea, and many other symptoms that she assured me were precisely like those laid down in a book to which she had had access. After giving her the assurance that the conditions of the case rendered it highly improbable that conception had taken place, and giving her a little Ignatia to assist in quieting the nervous excitability, she was dismissed, — apparently greatly relieved in mind, — promising to call again. A week afterward, she reported that the nausea left her immediately after taking the first dose of medicine, and that her menses appeared in three or four days after the time I prescribed for her, thus demonstrating that her imaginary symptoms were purely the result of mental anxiety.

A multitude of other cases occur to my mind, that might be recorded; but I fear that my article has already exceeded the limits that its importance will warrant.

SANGUINARIA.

BY C. W. BOYCE, M.D., AUBURN, N.Y.

THE article by C. E. Sanford, M.D., in the June number of the "Gazette," on Sanguinaria Canadensis, is worthy of attention. One case of acute catarrh, which occurred in this vicinity recently, is of interest. A young lady took cold last spring, and was treated carefully, but did not get well. She went on till night sweats were added to the list of symptoms. Examination of the chest revealed only catarrhal irritation, yet the case was serious enough to cause alarm. Her brother, an excellent homœopathic physician, had prescribed carefully for her, and called me in consultation. At the time I saw her, the June number of the "Gazette" had just come to hand, and Dr. Sanford's article had been carefully read. We prescribed Sang. 200. The patient began to improve within twenty-four hours, and went on steadily to perfect convalescence. She took no more or other medicine.

Another case, in the practice of Dr. Robinson, of this place, is of great interest. A young lady had been sick for an indefinite period with "lung difficulty," as described by herself. She took all the indicated remedies with no beneficial result. Sanguinaria was finally given, and for this condition: there was complete hepatization of one lung; and, as has often happened in my experience when this has taken place, the fever subsided, and, to all appearances, she was better. There was no real improvement, however, and she began to sink from night sweats and prostration. In this stage, she took Sanguinaria, which arrested at once the downward tendency, and soon produced improvement.

The treatment of kindred cases had been unsatisfactory in the extreme. No remedy except Sanguinaria has seemed to excite a decided curative action.

The New-England Medical Gazette.

BOSTON, DEC. 15, 1867.

HOMŒOPHOBIA.—Dogs afflicted with a certain kind of disease froth and foam at the mouth, and at sight of water go into convulsions. So men sometimes froth and foam at the mouth like their prototypes, the dogs, and go into what might be called mental convulsions, at the word "homœopathy." This is undeniably a disease; and may, we think, be properly named *homœophobia.* The minor objective symptoms are well marked. These are anger, alternate pale or flushed face, short, snappish words, violent gestures, coherent and incoherent sentences, remarkable absence of reason and argument, and an astonishing surplus of gesticulation and emphasis. Then there is an uneasy flow of such words as quack, charlatan, scamp, villain, rascal, cheat, hypocrite, impostor, fool, knave; and, if the unfortunate subject of the disease happen to be a medical professor, he has been known to make use of such terms as wen, foul ulcer, cancer, or, if a philosopher, such expressions as decadent system, medical delusion, pseudo-science, and the like. Due allowance, in forming our prognosis, is of course to be made for congenital deficiencies, such as consuming envy and constitutional irascibility; but, generally speaking, the gravity of the case is correctly measured by the foulness and vulgarity of the terms made use of by the patient: and therefore when a professor rises from the ignoble depths of "ascarides in the rectum of medical science," to the respectability of "encysted tumor," he may be pronounced convalescent.

"THE NATION," of Nov. 26, contains a letter from an allopathic physician, a man of fierce ardor, but small discretion, in answer to the editor's comments on the Gardner expulsion affair. The truth is, the arguments of "The Nation" are unanswerable; and, of course, they remain unanswered still. The letter is trite in the extreme, and just as flippant as if it were not trite. Every point in it has been answered scores of times. The only lasting impression it is likely to produce upon anybody is, that the editor of "The Nation" is

very good-natured to have printed it at all. Its little sophistries about the successful charlatanry of homœopathic physicians, and the self-sacrificing virtues of the allopathists, are wiped away by a few editorial lines at the end, which, we almost regret to say, are of so discriminating a character, that we cannot hope to hear from this correspondent again for some time to come.

Homœopathic Dispensaries. — A new dispensary has just been organized in Albany, N.Y., with the following officers: William Lacy, President; S. A. Stratton, Vice-President; E. W. Keyes, Secretary; Samuel Moffat, Treasurer. Drs. E. D. Jones, J. W. Cox, and H. M. Paine are Trustees. Dr. Horton is the resident physician. Medical advice and medicines are given at the dispensary gratuitously. We doubt not it will prove eminently successful. Steps have also been taken for the establishment of a similar dispensary in Cincinnati; and we hope soon to record its success.

Worcester-County Homœopathic Medical Society. — At a recent meeting of this society, Dr. Richards, of Worcester, reported several cases of headache, rheumatism, and nervous exhaustion, cured by electricity; Dr. Whittier, of Fitchburg, several cases of gastric fever cured by Baptisia; and Dr. Chamberlin reported favorably in regard to the use of lime-water in diphtheria, as recommended by Dr. Neidhard.

Cause of Syphilis. — Dr. J. H. Salisbury believes that he has discovered the cause of syphilis in a peculiar algoid vegetation which he has found in chancres. A different species of algoid, which he has also remarked, he considers to be the cause of gonorrhœa.

Microscopic Toxicology. — Dr. Guy, of King's College, has obtained, by precipitation, characteristic crystals of strychnia, weighing only $\frac{1}{3000}$ or $\frac{1}{5000}$ of a grain. These, as well as the crystals of morphia, are sufficiently characteristic in form, as well as in the process of formation, to enable an expert to distinguish them readily from other inorganic substances.

REVIEWS.

Diphtheria, as it prevailed in the United States from 1860 *to* 1866, Preceded by an Historical Account of its Phenomena, its Nature. and Homœopathic Treatment. By C. Neidhard, M.D., of Philadelphia. 8vo. pp. 176. New York: William Radde.

It is no slight praise to say that this little volume is one of the most valuable monographs ever published under the auspices of our school.

The author, during the six years which this book covers, gave special attention to this disease, and spared no pains in his investigations of it. He says: "I have attended about one hundred and eighty malignant or severe cases of diphtheria and diphtheritic croup, and at least four hundred and twenty slighter cases of the disease, — including in this latter class all where the membrane, or patches of it, could be distinctly seen in the throat. This treatise is the result of my researches and subsequent experience." So extensive an experience would be interesting, even if related by a less keen and less careful observer than Dr. Neidhard.

The author gives a succinct history of the disease as it prevailed in various countries, and as described by different authors during the sixteenth, seventeenth, eighteenth, and nineteenth centuries. The etiology and nature of the disease, its symptoms, complications, and treatment, are carefully elucidated; and there is scarcely a writer on this subject, whose most valuable observations are not brought into these pages. The work closes with the following summary: —

1. It is the general, we may say almost universal, opinion of medical authorities, that diphtheria is a miasmatic disease of the blood.

2. There is a strong evidence that scarlatina, membranous croup, and diphtheria are only varieties of the same or a similar miasma in the blood.

3. There is little doubt that cold, damp air fosters the development of the disease.

4. Persons of a so-called scrofulous constitution are particularly liable to it, and are most fatally affected by it.

5. All *slighter* cases are cured by *various* remedies, having some affinity to the disease.

6. *Kali bichromicum*, *Kali chloricum*, *Ac. muriatic.* and *nitric.*, *Belladona*, *Cantharides*, *Lachesis*, *Crotalus*, and *Arg. nitric.*, generally in the lower preparations, are the remedies which have been used with most success in the most malignant cases by the great body of homœopathic physicians.

Some physicians speak favorably of their success in this disease with the *Iodide of Mercury;* others condemn it. The use of *Bromine* in diphtheria or diphtheritic croup has met with but little or no success.

7. During the last five years, I have made almost exclusive use of *Chloride of Lime* in slight as well as malignant cases of diphtheria, and with constant, sometimes almost wonderful success. This remedy is not merely similar to diphtheria in its production of a membrane, but also, and chiefly, in its innate resemblance to the disease, in its objective as well as subjective symptoms. On this account, it is superior to *Bryonia*, *Cantharides*, *Ammon. causticum*, and *Bromine*, which all produce similar false membranes.

8. The fact of lime-water being the best solvent of the diphtheritic membrane, cannot be without some weight in estimating the virtue of this agent in diphtheria.

We would recommend this book to all who desire a thorough and practical knowledge of this disease. It is a work of rare merit, an honor to the author and to our school.

The Application of the Principles and Practice of Homœopathy to Obstetrics, and the Disorders peculiar to Women and Young Children. By HENRY N. GUERNSEY, M.D., &c. With nearly one hundred illustrations. Large octavo, pp. 752. Philadelphia: F. E. Boericke.

WITH the exception of the "Comparative Materia Medica," published recently by the same house, there has never been issued to the homœopathic profession so handsome a volume. In the preparation of this book, Professor Guernsey has spent months, we may perhaps say years, of severe labor; and there is hardly a page that does not contain suggestions of great interest to the practitioner. The book must be, for years to come, a standard work in our school; and no physician, who wishes to be well informed in this branch of medicine, can afford to be without it. But, while we find so much to praise, we must confess to a feeling of keen disappointment that the book is sadly behind the times. With the exception of a very few remedies, which have received the especial sanction of Dr. Hering, there is hardly a remedy mentioned which was not well known to the profession thirty years ago. Where are the discoveries and observations which have been made in that time by the hundreds of provers and thousands of practitioners? Where are the remedies, Caulophyllum, Collinsonia, Gelseminum, Hydrastis, Sanguinaria, Erigeron Baptisia, Cimicifuga, Asclepias, Senecis, and many others, which are daily performing most brilliant cures in accordance with the homœopathic law? Strike out these from the materia medica, and many of the active, thinking, progressive minds of our school — those who do not believe that "*all* wisdom is buried in the past" — would feel that they had been despoiled of their most efficient weapons.

There is one other gross defect, which we must point out, — the apology for an index. There are less than *four* quite coarsely printed pages of index, for seven hundred and fifty pages of matter, when there should have been at least ten. Thus, necessarily, many important references are omitted. To illustrate: We have just returned from a case of painful urination in a young woman six months pregnant. We at once referred to this work to see what was said about it. We naturally looked for Dysuria: it was not in the index; and we were successively disappointed in not finding Ischuria, Painful Urination, Micturition, Ureteritis, &c. At last, we found it under the head of "Pregnancy, Urinary Difficulties." If space allowed, we would like to make some valuable extracts; but, for these, we must refer our readers to the book itself.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Semi-annual Meeting, Oct. 9, 1867.

MORNING SESSION (continued).

Dr. J. H. Woodbury, of East Boston, said he had had a great deal of experience with Hydras. Canadensis, and especially in cases of debility, ulceration of the os uteri and of the throat; in aphthous sore mouth; in catarrh, with offensive secretion; and in ulceration of the lower portion of the rectum, with discharge of muco-purulent matter. He had used it internally and locally in these cases with great benefit; had applied it in the form of powder to ill-conditioned ulcers of the os uteri and throat, and to the Schneiderian membrane, with the most satisfactory results. He was called, three months since, to see a gentleman residing in the country, in failing health, who had suffered almost constant pain in the epigastric region, — severe dyspepsia, pain after each meal, followed by an overpowering sensation of sinking, and faintness at the stomach. He also had frequent attacks of diarrhœa, with copious, black, painless discharges. His skin was yellow, but urine normal in quantity and appearance; had frequent attacks of vomiting, of colorless, glairy liquid, — never yellow, green, bitter, or sour. Three days before seeing him, he had been seized with severe, griping pain in the hypogastric region, which his physician at first thought to be bilious colic. He got no relief from the remedies used; and the pains, which were at first intermittent, now became constant, and gradually extended to the epigastric and hepatic regions. The liver was enlarged and hardened, so that its free borders could be easily defined. Nausea was constant, and distressing. For three nights, he had had no sleep, and his agony was so great as to frequently drive him from his bed, in the vain search for relief; but to which he immediately returned, in a state of utter exhaustion.

He had taken Nux vom., Coloc., Bell., Merc., Ars., &c., but without relief, when it was proposed to try the Hydrastis 1, which was accordingly administered in ten-drop doses, to be repeated hourly. Before the expiration of the first hour, the patient pronounced himself easier. He soon fell asleep, and awoke at the expiration of half an hour, with all his symptoms mitigated. From that time to the present, under the constant use of the Hydrastis at increased intervals and in higher attenuations, his improvement, though gradual, has been

steady; and he is now able to ride several miles, and is entirely free from pain, and also from all traces of his former dyspepsia. One noticeable symptom, which has been developed during this long-continued use of the Hydrastis, is an increased secretion of urine, the quantity at one time being nearly doubled; but, now the medicine is suspended, this is gradually diminishing.

Dr. O. S. Sanders, of Boston, remarked, that he could testify to its efficacy in ulcerated sore throat, hemorrhoidal tumors, and nasal catarrh. In the first of these affections, he uses it as a gargle; in the second, in the form of an unguent; and in the latter, in the form of a powder or snuff. He regards it as an important remedy, and deserving of a thorough proving.

The President here announced the presence, in the Convention, of Dr. C. M. Weld, of Jamaica Plain, who had recently returned from an absence in Europe; and called upon that gentleman for a statement of his observation of the condition of homœopathy in the Old World.

In reply, Dr. Weld remarked, that homœopathy was making steady progress there. In Paris, he said, there were about three hundred practitioners of the homœopathic faith, which was a large number, considering the opposition homœopathy had to contend against.

The emperor is an occasional patron of homœopathy, — is in the habit of taking homœopathic remedies for a sick headache, to which he is subject.

Homœopathic pharmacies are rapidly multiplying there. The pharmacy of the Catalan Frères is very extensive, and in a flourishing condition.

Physicians in Paris do not carry medicines with them, but write prescriptions, which are obtained at the pharmacies.

Dr. J. H. Woodbury, of East Boston, who has also lately returned from Europe, said he could corroborate the testimony of Dr. Weld, regarding the steady increase of homœopathy there. In Vienna, where homœopathy was once proscribed, the reports of the two schools are now published side by side. The cause is progressing less rapidly there than here, but is surely gaining ground. The contest there is now virtually between expectancy and homœopathy, — *i.e.*, between giving no medicine or homœopathic remedies.

Dr. Henry M. Smith, of New York, gave an interesting account of the introduction of homœopathy into the Ophthalmic Hospital of that city, and also spoke of the promising condition and prospects of the New-York Homœopathic College.

Dr. H. L. Chase, of Cambridge, chairman of the Committee on Materia Medica, was sorry that he had nothing interesting to report; had made some fragmentary provings, but they were not in a presentable shape. He thought it the duty, as it would surely be for the advantage, of every homœopathic physician to make careful provings upon himself. He related the case of a man who suffered with pain in the left popliteal space. He remembered that this precise symptom occurred with him while making a proving of the Physostigma (Calabar bean), which he accordingly gave, and the pain rapidly disappeared. He knew of no other remedy in the Materia Medica that met the case, and thought it showed the importance of provings. He urged members to give more practical attention to this subject.

Dr. Thayer, of Boston, said he wished to speak of the oil of yellow sandalwood, which he had used successfully in cases of gonorrhœa; also, of the Moose-bush (Dirca palustris), which he had found effectual in cases of sick headache, used in first, second, and third potencies, one to three drops every twenty minutes.

Drs. Woodbury, of East Boston, and Morrill, of Concord, N.H., remarked upon the popular use of a decoction of the Moose-bush, in New Hampshire, for sick headache. The latter gentleman observed, that he had known it to act successfully, and also had known it often to fail so to act.

Dr. A. M. Cushing, of Lynn, reported cases of rheumatism successfully treated with Artemisia abrotanum, a remedy which he recently proved; had also used it with good effect in scarlatina.

Dr. H. P. Shattuck, of Boston, testified to the good effect of Artemisia in a case of rheumatism under his care, in which other remedies had failed.

Drs. Thayer, of Boston, and Scales, of Woburn, also spoke of favorable experiences they had had with Artemisia in rheumatism.

Dr. H. L. Chase, of Cambridge, said, that, a few days ago, he was at the laboratory of Messrs. Henry Thayer & Co., and learned a little practical fact in regard to Podophylin. In sifting the drug, the workmen are liable to intense ophthalmia, unless great care is taken to shield the eyes. The head operator said that he suffered most intense agony for three days from this cause; all he could do was to lie on his back, and let the water run in a continuous stream from the eyes. He subsequently found that a weak solution of opium was an antidote;

and the workmen are furnished with this, with directions to bathe the eyes freely.

Dr. Chase said, that, whether Podophylin would be homœopathic as a local application in ophthalmia, he did not know, but should certainly try it if occasion was presented.

Dr. George Russell, of Boston, spoke of Oleum Origanum as an efficacious remedy in spermatorrhœa; had used it with excellent success; first, second, and third were the potencies he commonly employed, and made from the oil. He also mentioned Hydras. Canadensis as a remedy he had used with much benefit in leucorrhœa.

The morning session here, on motion, adjourned; and the Convention, on invitation, repaired to the social hall of the Temple, and partook of a bountiful collation, generously provided by the physicians of Boston and contiguous places, and served by Mr. J. B. Smith. An hour was agreeably passed in satisfying the creature cravings, introductions of guests and members, juniors to veterans, new members to old, and in hearty social civilities. Messrs. Perkins & Stern, agents for the sale of California wines in this city, sent in a full variety of samples of the California vintage, and solicited the opinion of the members upon their qualities, based upon practical tests. Many of the physicians present tasted the wines; and the opinion seemed unanimous, that the wines of California were of superior excellence, and that every loyal American physician should recommend them to his patients, in preference to those of foreign manufacture, when stimulants were needed.

Afternoon Session.

The members re-assembled at 2 o'clock. Dr. H. L. Chase, chairman of the Committee on Materia Medica, made the following announcement: —

The Committee on Materia Medica have been authorized to offer a prize of seventy-five dollars for the best, and twenty-five dollars for the second best proving, which may be presented them before the annual meeting in April, 1868, — provided there shall be at least five provers of the same substance.

In order to secure concerted action, and the best possible results, the committee, with the advice of the gentleman who offers the prizes, have decided upon proving Bromide of Ammonium and Dioscorea villosa (or Dioscorein).

The provings are to be written upon one side of the paper, to be

signed by some device, and be accompanied with a sealed envelope bearing the same device, containing the name of the prover, and must be presented on or before the 25th of March, 1868.

The prover shall state sex, age, temperament, color of hair, eyes, and complexion, and any physical peculiarities, and the form or preparation of the drug employed; it being desirable to have provings of preparations of different degrees of strength.

The symptoms shall be written down in the order in which they occur, preserving the natural groups, and shall afterward be arranged in the usual manner, according to the method of Hahnemann.

Each prover shall carefully analyze the symptoms, so that, as far as possible, only the pure effects of the drug shall be recorded. Any symptom concerning which the prover is in doubt shall be marked doubtful.

Any gentleman wishing to engage in this work will be supplied with either or both of the above-mentioned articles, upon application to Dr. S. Whitney, at the Dispensary Rooms, Tremont Temple, or by addressing either member of the Committee.

H. L. CHASE, Cambridge,
C. WESSELHOEFT, Harrison Square P.O.,
CHARLES CULLIS, Boston.
Committee on Materia Medica.

Dr. David Thayer, of Boston, read a very interesting paper, "On the Efficacy of Homœopathic Medicines in Certain Organic Diseases," which took the usual course of reference; and the subjects referred to were discussed by various members.

Dr. Russell, of Boston, remarked, that he had found Hamamelis Virginica, used internally and externally, an efficient remedy in varicose veins.

In qualification of the reputed efficacy of Bromine in heart-disease, Dr. Gregg, of Boston, related the case of a little child, three months old, that he was called to see some three or four years since, suffering with cyanosis, accompanied by distressed or difficult respiration. He examined the patient, and told the mother that medicine would do it no good, and none was given. A few days since, he saw the child, now four years old, perfectly well; and believes that a better result would scarcely have been attained, had he prescribed Bromine.

Dr. Chase, of Cambridge, mentioned the case of his own child, who, in infancy and early youth, was afflicted with curvature of the bones.

He gave neither Calc. c. nor any other medicine; but the child has grown up with perfect limbs.

Dr. Packard, of South Boston, spoke of the good effect of Bromine — a remedy suggested by Dr. Thayer, some three years ago — in disease of the heart, and related cases illustrative of its favorable action.

Dr. Packard also exhibited a gall-stone, an inch and three-quarters long, and more than three-quarters of an inch in diameter, passed by a patient seventy-two years of age, who subsequently did well.

Dr. West, of Boston, related the case of Jennie Jones, an insane girl, who, after an obscure and protracted illness, passed what was supposed to be a gall-stone, three by two inches in length and diameter, but which, upon analysis, was found to be *burned umber*.

It was supposed, that she got access to a paint-pot, and ate of the contents *ad libitum*, and that the substance concreted, and became the solid mass which passed her, and which presented the common appearance of a gall-stone. He thought this case was calculated to excite a doubt in the mind regarding the genuineness of other gall-stone cases, and should lead us to be extremely careful in our diagnosis of substances expelled from the bowels.

Discussion followed, touching the possibility of the expulsion of a stone of the dimensions of the one exhibited, through the biliary ducts, but several members testified to their having seen gall-stones within the cystic and common ducts, at *post-mortem* examinations, as large and larger than the one shown by Dr. Packard.

Dr. W. F. Jackson, of Roxbury, remarked, that there was a case on record where an enormous gall-stone was taken from the rectum. It did not follow, he thought, that it was of the same size when it escaped through the ducts. It might have grown after it passed the ducts. From the size and shape of the one shown to-day, he was inclined to believe that it had enlarged after its egress from the gall-bladder.

Dr. Thayer said that his observation disproved that jaundice was a universal concomitant of obstructed gall-ducts from passing gall-stones.

Dr. Carroll Dunham, of New York, said he wished to say a good word for *tobacco*, which he was not in the habit of using, except as a medicine. It deserved attention, he thought, in diseases of the heart, which it had not received. His attention was attracted to it by the case of a patient convalescent from a severe rheumatic endo-

carditis, which had left a lesion of the aortic valves. He began to suffer, as cold weather came on, from a growing and heavy sensation in the region of the heart, with sharp stabs, *especially on bending forwards.* He lost strength, appetite, and courage; at the same time, he experienced a craving for tobacco, which he had never used, and which had always been disagreeable to him. This craving was so persistent, that, after much hesitation, he began to smoke, but with the expectation of being made sick by it. On the contrary, it afforded him very great relief. He smoked one pipe daily for three weeks, at the end of which time he had regained appetite and strength, and had become free from pain in the region of the heart. At this stage of improvement, the tobacco produced its customary effect on novices, and he became disgusted with, and ceased to use it. The improved state of health continued for many months. Exposure to cold and wet produced, on several occasions, recurrence of the above heart symptoms, and, with them, the craving for tobacco returned, which was used as at first, and with the same relief. Finally, in 1863, after severe exertion and great exposure, the symptoms recurred, with such severity as to prostrate the patient completely. By advice of Dr. Hering, he took Lithium carb. 6 (the proving of which is published in the "American Homœopathic Review," vol. iv.), with the most gratifying result.

It was noteworthy that Rischoff and Bunsen have discovered lithium in tobacco.

This case called his attention to Lithium carb., and experience had shown it to be a most valuable remedy in chronic organic heart affections.

In a case of hemiopia, Dr. Dunham said he had used Lithium carb. with success. The patient, a book-keeper, had used his eyes too much. He had lost the use of the left eye entirely; could see with the right eye only the right half of objects, unless he looked long and intently, when he could finally discern the left half. Examination disclosed no organic change in either eye. Lithium carb. was prescribed, on the strength of symptom thirty-three (see proving). In three months, the patient had recovered full vision with the right eye; and, in six months, he could see perfectly with both eyes. The prescription was made four years ago, and the patient is still in good health. Before taking the Lithium, he had rested the eyes for four months; and, six weeks after taking it, he resumed work at his books. In the preface to the proving of Lithium carb., Dr. Hering says: "The great points of clinical value of Lithium will probably be found in the

heart, the eyes, and the urinary organs." During the year following the publication of this proving, Dr. Fanning, of Tarrytown, published a notable case of disease of the kidney and bladder, cured by Lithium.

"I cannot," said Dr. Dunham, "mention my cases above recited, and which illustrate its action on the heart and eyes, without recalling this prediction of Dr. Hering, and doing homage to the prescience and clinical sagacity of this brilliant and indefatigable worker in the field of the Materia Medica."

A paper by Professor E. M. Hale, M.D., of Chicago, a corresponding member of the Society, was read by the Secretary; and, on motion, a vote of thanks was passed to Professor Hale, for his interesting contribution; and the same was referred to the Committee on Publication.

In the absence of the chairman of the Committee on Clinical Medicine, Dr. Cate, of Salem, read a report on whooping-cough, which took the usual course of reference.

Dr. Gregg, of Boston, stated that he had used the Trifolium pratense in many cases of whooping-cough, with very satisfactory results. He thought it was valuable in controlling the spasmodic and paroxysmal cough in various stages of this disease. Chelidonium majus and Corallium rubrum he considered of importance in this persistent cough; and, where there were cephalic symptoms, or tendency to convulsions, Cuprum acetium.

In answer to an inquiry by Dr. West, in regard to clinical experiences with the Bromide of Ammonium in whooping-cough, Dr. E. P. Scales, of Newton Corner, said that he had used it in three or four cases, but without any satisfactory results.

Dr. W. E. Payne, of Bath, Me., read reports of several cases from practice, which were referred to the Committee on Publication.

Dr. Dunham related the case of a lady who called upon him for relief from a distressing neuralgic headache. The symptoms were peculiar, and, he thought, resulted from some drug she had been using; but, on questioning her, she denied that she had been taking medicine of any kind. He told her decidedly that he did not believe her; and she finally admitted that she had been using a hair-wash or dye, a prominent ingredient of which was wild indigo, — Baptisia tinctoria. This he at once recognized as the cause of her neuralgia, advised its discontinuance, and she was soon relieved. He also related a case of

diarrhœa of long duration, the patient supposed to be slowly declining, cured in two weeks by a single dose of Graphites 200, — a corroboration of the efficacy of this remedy, as reported in Professor Hale's paper. The indications for Graph., in this as in other cases in which he had used it successfully, are found in symptoms 310: "Very thin-formed stool, like a round worm." 324: "Dark-colored, half-digested stool, of an intolerably bad odor" (see "Chronic Diseases," 2d ed., 1837). The patients were flatulent, of lymphatic temperament, with sluggish circulation, and feeble digestions.

In diseases of the heart, he had found Lachesis a remedy of exceeding value. He feared that the preparations sold at many of the pharmacies under this name were not genuine, which, he thought, accounted for the non-success of others with the remedy, when using it according to well-established indications.

In laryngitis, he had also found it frequently applicable, and had used it with marked benefit.

Dr. Samuel Gregg, of Boston, read a paper on "The Use of Water as an Adjunct to Homœopathic Treatment," which, on motion, was referred to the Committee on Publication.

Dr. H. C. Angell, of Boston, read an elaborate and valuable paper, entitled "Remarks upon some of the more Common Forms of Conjunctivitis," which took the usual course of reference.

Dr. Gregg, in discussing Dr. Angell's paper, said, that, for many years past, he had not been in the habit of making irritating applications to the eyes, being satisfied of the impropriety of them. In ordinary cases of inflammation of the eye, he found warm water, as an external application, sufficiently stimulating; he rarely used cold water.

Dr. J. H. Woodbury, of East Boston, had prepared a paper on "Laryngoscopy;" but, on account of the lateness of the hour at which it came up in order, the reading of it was postponed. In order, however, that the members might have the benefit of Dr. Woodbury's paper at an early day, a motion was made and adopted, that Dr. Woodbury be requested to read his paper before the Boston Academy of Homœopathic Medicine, at its session on Monday evening, Oct. 28, instant. The paper was referred, as usual, to the Committee on Publication.

Nasal Catarrh was the subject selected by the Committee of Arrangements for discussion; but owing to the number of other subjects that had precedence of this, and the time occupied in considering

them, it was not reached till a late hour in the afternoon, and its discussion was therefore quite brief.

Dr. Chamberlain, of Worcester, stated, that, in cases in which the breath was very offensive, he was in the habit of using Chlorate of potash, — one drachm dissolved in a pint of water, — a teaspoonful to be taken before each meal. This would usually change the symptoms in a short time. He had employed this remedy for three or four years, and usually, though not always, with good success.

Dr. Gregg said he had used injections in catarrh, with variable results; he had employed solutions of Permanganate of potash, Chloride of zinc, Chlorate of potash, and Hydrastis Canadensis. He thought he had seen as good results from the use of Hydrastis as from either.

Dr. Woodbury, of East Boston, said he had employed Hydriodate of potash with satisfaction, in cases in which the secretion was thin and watery; had found Creosote an effectual remedy in many chronic cases, attended with offensive discharge.

Dr. Thayer had best success with *Baptisia* and *Sanguinaria Canadensis.*

Dr. F. H. Krebs, of Boston, read an interesting report of his visit to the Homœopathic Medical Society of Pennsylvania as a delegate from the Massachusetts Homœopathic Medical Society; which, on motion, was referred to the Committee on Publication.

Dr. J. H. Woodbury, delegate chosen to attend the meeting of the New-Hampshire Homœopathic Medical Society in June last, made a favorable report of the condition of the said society, and its zeal in the cause of scientific medicine.

The President announced, that, at the last annual meeting of the Society, a motion was made by Dr. N. R. Morse, of Salem, to amend the second by-law of the Society; but, through some oversight, the special committee to whom it should have been referred was not appointed. On motion, the President was requested to appoint the committee at the present time. He appointed Drs. Krebs, of Boston; Morse, of Salem; and Woodbury, of East Boston.

On motion, Dr. E. U. Jones, of Taunton, was appointed a committee to report upon the best method of keeping physicians' accounts and records.

Dr. F. H. Krebs, of Boston, moved that a committee be appointed to solicit subscriptions of physicians for the purchase of a durable album, or albums, in which to have arranged the photographic like-

nesses of members of the Society in the order of their admission; the same to be presented to the Society, and preserved in its archives. The motion was adopted; and, on motion, Dr. Krebs was appointed the committee, with warrant to procure subscriptions, purchase an album, obtain the likenesses of the members, and have them suitably arranged in the volume.

The President announced that no previous meeting of the Society had been so well attended as this, seventy-four out of a little over one hundred members having been present during the sessions; and also, that no previous meeting had been honored by the presence of so many visitors from abroad. He expressed the hope that members would exert themselves to make the next annual meeting more interesting and successful than this had been.

At 5½ o'clock, P.M., on motion, the meeting adjourned.

L. MACFARLAND,
Recording Secretary.

SUBCUTANEOUS INJECTION. — A special meeting of the Royal Medical and Chirurgical Society was held on Tuesday last, the 18th inst., to receive the report of the committee appointed by the Society to investigate the subject of the subcutaneous introduction of drugs into the system. The objects set before the committee were the investigation of both the physiological and the therapeutical effects of medicines thus acting upon the system, both as regards intensity and duration, and also in relation to rapidity of absorption. The following alkaloids were experimented with: Aconitine, atropine, morphine, strychnine, quinine; and the committee also investigated the actions of the following important drugs: Calabar bean, conia, hydrocyanic acid, iodide of potassium, podophyllin, colocynth, aloes, and Battley's solution of opium. The report, which was read in abstract, contrasted the effects of each medicine when taken by the mouth, injected into the rectum, and into the subcutaneous cellular tissue; and, when printed, it will form a valuable mine of therapeutical data. We congratulate the committee on the successful termination of their arduous labors. — *Lancet.*

THE TREPHINE AMONG THE INCAS. — At the last meeting of the Academy of Medicine, M. Broca laid on the table an interesting frontal bone, which had been removed from one of the tombs of the Incas at Cuzco, Peru, — tombs which existed prior to the expedition of Cortez. It bore undoubted signs of having been perforated with the trephine; and, although the great antiquity of the operation of trepanning has been well established, yet of its performance by the older nations of the New World we had hitherto no indications. The aperture is situated on the left side of the bone, and the condition of the surrounding bone does not admit of a doubt that the operation was performed during life. M. Nélaton is of opinion that the individual must have lived from a week to a fortnight subsequently. A white spot, and the greater porosity of this portion of the bone, would seem to indicate that the process of necrosis was about to be established. There is no trace of fracture; and the probability is, that the operation was executed for an internal lesion, which would imply a somewhat advanced stage of surgical diagnosis. The internal table exhibits a porosity and equality not seen at the outer table, and which give rise to the suspicion that a collection of matter might have existed. The hole is of about the same size as in the ordinary operation, but it is quadrilateral in place of being round. A careful examination of the edges of the aperture leads to the conclusion that it was not executed by any special instrument, but by means of a knife, graver, or chisel. — *Med. Times and Gaz.*

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