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OF

HOMŒOPATHIC MEDICINE,

SURGERY AND THE COLLATERAL SCIENCES.

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VOLUME XI.

“Die milde Macht ist gross.”

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[Vol. XI.

THE CURE OF NEAR SIGHT.

BY HENRY C. ANGELL, M.D., BOSTON.

It is not generally known, I think, by either the profession or the public, that near sight in youth is sometimes curable and always susceptible of great improvement by proper treatment. A reduction of the myopia in these cases, of from fifty to seventy-five per cent, is the rule, oftener than the exception. In the progressive myopia of youth (and myopia in youth is almost invariably progressive) there is present a more or less severe choroiditis posterior, and usually also a posterior bulging of the coats of the eye-ball, forming what is termed staphyloma posticum. If this bulging is considerable, of course the improvement in vision cannot be as marked as when this feature is inconsiderable or absent. In many cases in early life there is no decided bulging, this common characteristic of myopia coming on later, and increasing as the disease of the choroid increases. Amblyopia is also usually an accompaniment of myopia; *i. e.* the patient is unable, with such glasses as most nearly neutralize his defect, to see No. 20, at twenty feet. The amblyopia is due chiefly to the spread of the choroiditis to the vicinity of the sensitive part of the retina, — the yellow spot. When the amblyopia is marked, so that vision with the best glasses is not more than $\frac{1}{20}$ or $\frac{1}{40}$, the chance for great improvement is also lessened. Fortunately, in early life the amblyopia is often slight or entirely wanting.

THE TREATMENT.

According to my experience the improvement of progressive myopia in youth is to be sought in the prescription of

First: Rest of the eyes.

Second: The use of proper glasses.

Third: Attention to the general health.

I will give two or three illustrative cases of treatment, and present whatever I have to say further as regards treatment in connection with them.

January, 1875, Miss M. W., æt. sixteen, Boston, had noticed dimness of vision for distance during the past year, and lately it had increased greatly in the left eye. Neither her friends nor her physician suspected the nature of the trouble. The latter supposed some serious disease of the left eye, but no optical defect was thought of. This was not strange, perhaps, as Miss W. had always heretofore enjoyed perfect sight, so far as she knew. On testing her vision I found that without glasses $V = \frac{10}{200}$ left and $\frac{10}{15}$ right; but as she could read the finest type at ten or twelve inches from the left eye, I suspected myopia, and made a trial of concave glasses, with the following result:—

With — 12, $V = \frac{10}{12}$ Left.

“ — 24, $V = \frac{10}{10}$ Right.

There was, therefore, left, a slight amblyopia; right, none. I prescribed absolute rest for the eyes, so far as use for near objects was concerned. She promised perfect obedience; for she and her family were desirous, if possible, to have the defect removed, and so avoid the necessity for glasses as well as all future anxiety for the condition of her eyes. Her general health being perfect no medicine was given. The ophthalmoscope showed, right, an apparently healthy fundus; left, slight choroiditis near the optic nerve disk at the temporal side. She visited me every week or two, and on March 24, 1875, I find the following record of her sight:—

Without glasses, $V = \frac{10}{100}$ Left, and $\frac{10}{12}$ Right. Here was an improvement of fifty per cent in the bad eye. With — 18

she could see just as well with this eye as before with — 12 ; viz. through — 18, $V = \frac{1}{12}$ Left. Two months later, pursuing the same treatment, she could see just as well through — 24 ; so that, before treatment, the myopia, left, being $\frac{1}{12}$, it was, after treatment for five months, only $\frac{1}{24}$, and steadily growing less.

It was not necessary in this case to prescribe glasses, chiefly because the myopia was not excessive, and because the accommodative apparatus was unimpaired ; in other words, there was no asthenopia present, muscular or other, and no considerable irritability or inflammation of the eyes. Frequently, glasses are necessary as an aid in the removal of these symptoms, from the circumstance that the eye, armed with a suitable glass, sees with less exertion.

The next case, that of Miss K. P., æt. 9, of Winchendon, Mass., was of a severer type. She had been growing near-sighted for eighteen months, was not robust looking, had evidently been kept at school too steadily, complained of headache and fatigue. On July 9, '75, I found in both eyes a myopia of $\frac{1}{14}$; through — 14 and through no higher number, her $V = \frac{1}{10}$. There was considerable asthenopia and pain on use of the eyes in reading, and this had continued notwithstanding she had been using her glasses — 14 for two months. There was slight bulging and a beginning crescent to be seen on the temporal side of both optic disks. Her eyes felt better with the glasses on than off. Therefore, I permitted her to continue their use, although it occurred to me at the time that a weaker number would have been my choice. She was to be taken from school and not to use her eyes at all. *Nux Vomica*, internally.

July 24. Patient same. Substituted — 18 glasses. Gave *Gelsemium* internally and a collyrium of Atropine for the eye with the object of paralyzing the accommodative power, thus giving complete rest to the eyes.

Aug. 20. Better ; headache is disappearing. $V = \frac{1}{10}$ through — 20. Continue *nux.* and *gels.*

Sept. 18. Great improvement ; headache gone ; vision better ; through — 28 $V = \frac{1}{10}$. Omit the *Atropine*, and continue with the *Gels.* Change glasses to — 30.

Here we have a myopia of $\frac{1}{14}$ and constantly increasing, changed by three months' treatment into a myopia of $\frac{1}{28}$ and steadily decreasing. I have not seen the case since, but have heard that the eyes were not in the least troublesome. In this case I am not at all convinced that the *Nux Vomica* or *Gelsemium* were of aid. Probably the rest, the proper glasses, and the hygienic measures were the main factors in the improvement. I do not often use *Atropine* as in this case. Here I prescribed it because the patient was disposed to use the eyes some in reading, notwithstanding my orders to the contrary.

The next case was a very serious one indeed, — one which, without care, might easily go on to blindness; and yet the result of the treatment was quite as satisfactory as that of the others.

Sept. 17, '76. Miss M. R., æt. 13, Concord, N. H. This was a severe case of myopia, with choroiditis posterior and large staphylomæ of both eyes. She has been near-sighted from birth, with great increase since eighteen months from study. Complains of pain in the eyes, headache, and appears over-worked.

$V = \frac{1}{12}^0$ through — 5 Right.

$V = \frac{1}{12}^0$ through — 6 Left.

It will be noticed that a slight amblyopia was present, as vision would otherwise have been $\frac{1}{10}^0$. I ordered her to be taken from school, to give up all use of the eyes for near objects, to go to bed early and get up late, to play or work moderately, to drink ale at dinner, and to have plenty of meat at each meal. Her eyes felt better and less tired when wearing glasses, and I therefore prescribed for distance — 8, through which $V = \frac{1}{50}^0$, or a trifle less; that is, she did not make out the letters of No. 50 quite readily. I gave nothing internally and no collyrium externally.

Oct. 21. Here is the result of this treatment for one month and four days: through the same glasses — 8 $V = \frac{1}{20}^0$ instead of $\frac{1}{50}^0$.

Nov. 23. Vision same. She is languid, and not feeling as well as previously; but her eyes feel better, and she is elated at the prospect of better vision. Pres. *Quinine*.

Jan. 10. She has menstruated for the first time lately, and

this has produced some constitutional disturbance, — a little headache and pain in the eyes. Her mother informs me that she has also been using her eyes too much. Nevertheless, her vision is still $\frac{1}{2}0$, or more than double its acuteness in the beginning.

This patient will probably be under treatment for some months to come; but it is doubtful if the near sight will be lessened much further, from the fact that the congenital bulging posteriorly puts the retina so far behind the lens that the eye must always remain strongly myopic.

I am, finally, not prepared to say that specific medication directed to the diseased condition of the eye is, in these cases, of no use. It may be beneficial, but it is difficult to determine, after the exhibition of a small dose of medicine for its so-called dynamic action, whether there has been any action at all. Generally, if the patient improves we think it has acted, but if no improvement is noticed we think it has not acted. This kind of experimentation is pleasant, interesting, and doubtless sometimes profitable to both patient and physician. Still, in the class of cases presented in this article, I am sure that the treatment I have indicated will be the more serviceable. The specific treatment may be added, but the treatment I have indicated cannot be subtracted with safety. Rest of the eyes, the proper adaptation of glasses, and the restoration of vigorous general health will, in favorable cases, produce almost marvellous results, and in the worst cases so change the direction of the disease as to ensure immunity from the dreaded loss of sight.

THE MATERIA MEDICA OF THE PAST DECADE.

Abstract of a paper read before the Massachusetts Homœopathic Medical Society.

BY C. WESSELHEFT, M.D.

It is a matter of surprise, that among the great number of surgical specialties into which the old school medicine of the day is split up there should be either time or room left to devote to materia medica; in fact, we marvel that therapeutic

appliances still retain the name of medicine. Not that drugs have fallen into disuse — for great quantities are consumed, — but the attention paid to their study is trifling as compared with that given to other branches, especially the surgical.

Nevertheless, there is still a firm belief among old school physicians in the power of medicines to cure disease; for, notwithstanding numerous attempts to discredit pharmacodynamics, physicians do, after all, fall back upon medicines, and try again and again to accomplish the results which these substances promise. To recall the more important of these efforts I will briefly allude to some of the medicines which have received the largest share of attention of late years, and will also refer to the methods adopted in studying the effects and application of medicines.

Among those medicines which have received much attention I will name Arsenic and its preparations. Ch. Tryon studied its effects upon the nervous system. Papillaud: Arsenic and Antimony. Lolliot: Arsenious acid. Valette wrote upon Arseniated hydrogen; and last, but not least, the distinguished and ever industrious Imbert-Gourbeyre has furnished us with an excellent synopsis of the uses of Arsenic in its homœopathic application.*

Asafœtida, Ammonia, Aconite, have all received no little attention, but among the novelties is to be mentioned Nitrite of Amyl, upon which Dr. R. Peck published a monograph in 1874. The *Practitioner* of April, 1873, contains a description of which the following is an abstract: Nitrite of Amyl strangles the paroxysms of Angina pectoris. Its effects are: Bronchial irritation, cough, quickened circulation, sense of fulness in the

* See also Billroth, successful treatment of two aggravated cases of multiple lymphosarcoma of neck and uterus by Arsenic. Wiener. Med. Wochenschr, xxi, 44, 1871. Arsen. in treatment of malignant lymphomata. Fr. Tholin, *Ibid.*, No. 28, 1874. Dr. Decamp on treatment of nausea and vomiting in pregnancy. Phila. Med. and Surg. Reporter, xxvii, p. 131, Aug. 10, 1872. The effects of Arsenic on tissue change, A. P. Fokker, Schmidt's Jahr, No. 8. Martineau, Arsenic poisoning L'Union, Medic. 45, 1871. Du Jardin, Giov. Arseniate of Quinine in neuralgia of the brachial plexus. Roncati, use of Arsenic in nervous affections, headache, lumbago, hysteria, neuralgia, etc., in Schmidt's Jahr, Vbl. 157, No. 3, 1873, p. 241.

temples, burning of the ears, violent commotion of the chest, tumultuous action of the heart, and quick respiration.*

It deserves further proving, and is one of those substances which produce perceptible effects very quickly.

Another new discovery, although of much less importance, is the substance called apomorphine, a solution of muriate of morphia in concentrated hydrochloric acid. A sure and powerful emetic in doses of one fifth and one tenth of a grain. Recommended in alcoholic intoxication, acute mania, etc.†

It is indicated in all cases where it is desirable to empty the stomach alone of its contents, especially when the administration of an emetic by the mouth is difficult or impossible, as in mania, obstinate children; in poisoning where prompt emesis is called for; in croup, where it is greatly superior to the dangerous sulphate of copper or tartar emetic; in extreme intoxication with overloaded stomach; in accumulation of mucus in the bronchi; in whooping cough, with inability to expectorate; in bronchial asthma, etc. As an emetic it is used most effectually by subcutaneous injection of gr. 0,1 or 0,2. As an expectorant in the following formula: R. Apomorph. mur. cryst. 0,06 to 0,12. Aquæ destill. 140,0; Syr. Sacch. 15,0; M. D. S., a tablespoonful every two hours. It is in cases of poisoning that its action will be found most desirable, and its greatest advantage is, that it may be used with safety, even in debilitated systems, and in childhood.

The bromides have, as you know, received a very great

* See also Horatio C. Wood, on physiol. and therapeutic effects of Amyl Nitrite, *American Journal of Natural Sciences*, cxiii, pp. 39-65, July, 1871. Amyl Nitrite in Epilepsy, J. Crichton Browne, in the West Riding Lunatic Asylum Medical Reports, iii, 1873. Reports of marked beneficial results in the treatment of aggravated and hopeless cases by inhalation. Cases of tetanus cured by Amyl Nitrate, by Prof. Curtis, in the New York Charity Hospital, *New York Medical Journal*, Vol. II, No. 5, 1874. A very full and highly interesting article containing reports of physiol. experiments and provings of Amyl Nitrite, showing it to be a powerful antidote to chloroform, and a highly promising remedy in hemicrania. Berlin, *Klin. Wochenschr.*, No. 25, 1874.

† Saml. Gee, *Transact. of the Clinical Society of London*, Vol. II, p. 136, 1869. *Boston Medical and Surgical Journal*, Aug. 1871, p. 10. *Central Bl. f. in. medic. Wissenschaften*, No. 32, 1874. It has also been used with much success as an expectorant in doses of 00,001 to 0,003 in bronchitis tracheitis.

share of professional attention for the last ten years. They were studied by G. W. D. Williams, in 1863; by M. M. Damourette and Pelvet, in '67; by Voisin, Besuier, and others. The bromide of potassium is the one of these salts which has found the most extensive application; and the disease in which it has proved most serviceable is epilepsy. The common experience is that its effects are only produced in large and repeated doses. The subject is familiar to all; nothing new will be added to it until we obtain careful provings upon healthy persons. Such experiments may elicit some facts hitherto unknown. The most exhaustive treatise is that of Laborde.*

From carefully conducted provings upon himself, upon animals, and from an extensive use in disease, he comes to the following general conclusions:—

Bromide of Potassium possesses a predominating influence upon all kinds of reflex action, both in man and animals.

It affects, secondarily, those phenomena which are dependent upon the will and intelligence; this effect is most marked in man.

In both man and animals a period of excitation may be distinguished, extending mainly over those functions which consist essentially of reflex actions (the reproductive sphere, that of secretion, excretion, etc.), followed by a period of collapse in the same organs.

These phenomena depend upon a change wrought in those anatomical elements in which the reflex actions are produced; in the motor columns of the spinal cord, and in the ganglion cells of the sympathetic.

The hypnotic effect is merely secondary, and the result of a depression of those bodily functions which are independent of the will and dependent on reflex phenomena. The effect of the bromide upon these latter is to withdraw the nervous system from external influences, and thus to produce a quiescent state, which permits of sleep.

The effects of Bromide of Potassium are essentially different from the effects of other substances acting upon the reflex phe-

* Gaz. de Par. 39, 42, 45, 49, 52, 1869.

nomena : ether, chloroform, etc. These act pre-eminently upon the cerebrum and its functions ; their effect is to suspend primarily the intelligence, will, sensation, and they have only a secondary operation on the spinal cord, *i. e.* by the mediation of the brain, while the bromides act primarily upon the spinal marrow, and consecutively upon the brain.

To be continued.

TARANTULA: A REMEDY FOR INSANITY AND SPINAL MENINGITIS.

BY GEORGE F. FOOTE, M.D.

THE following case may help to establish a confidence in a remedy that has been denounced (singular to relate) on account of the "extraordinary pathogenesis" presented by its provers. If it is "a creation" of highly organized and imaginative brains, there seems to have been a remarkable harmony in the reports of the different provers. To condemn a pathogenesis on account of the minuteness of detail, or on account of its being unique, is certainly remarkable, and wholly becomes the material mind more than the one that acknowledges dynamic forces. Tarantula, as a remedy in mental diseases, is invaluable, and our experience with it in our "Dr. Foote's home" has established in our own mind the truthfulness of its pathogenesis, as collated by Doctors Nuncy and Perry, and translated by J. A. Lerry, M.D.; and Dr. Lerry is entitled to our thanks for the aid he has given us by this translation. The symptoms as given by the provers are certainly remarkable and singular. So very singular are they that I know of no other remedy that can supply its place, particularly as a curative, when indicated for mental alienations.

Miss M., aged 27, native American and Protestant, a confirmed dyspeptic for years, a musical amateur, has, within the past year, returned from Europe, where she had been studying music with great ambition for two years, — but with the great disadvantages of an imperfect vision, myopia, with amblyopia and incipient cataract, — and while in a highly nervous state from too close application to study, a German oculist operated

to remove the lens of the right eye by absorption. This was followed by great nervous depression and prostration, with occasional symptoms of mental aberration. In this condition she was sent home, and came into the hands of Dr. Pelitier of Hartford, who discovered a retroverted and inflamed uterus. After treating her some months, without mental improvement, he sent her to be placed under my care, with the following symptoms:—

Nov. 2. Severe pain through the right eye, the pain extending through to the occiput and nose; restlessness; cold feet; mahogany-colored and large papular eruption upon the face, particularly large in the region of the molar bone; sleepless and nervous, and very troublesome; retroversion, with swollen uterus. Gave her one dose *Gels.* 10^o. Slept well one night.

Nov. 3. Restless, changeable, and full of wants; no sleep.

Nov. 4. Violent,—screams, sings, strikes, bites, and throws things, destructive. Use *Camirole* and give *Bell.* 14^o, one dose.

Nov. 5. No better, violent; soils the bed with urine; furious. Gave *Hyos.* 3^m, one dose.

Nov. 6. No better, sings loud and continuously, with laughter. Gave *Stram.* 15^o, one dose.

Nov. 7. No improvement, no sleep since the 2d. In addition to all the above symptoms, with thirst, she would suddenly spring out of bed, if left untrammelled, breaking and destroying whatever she could get hold of. This was done so quickly that it was almost impossible, with two attendants, to restrain her, unless she was kept bound. At 12 o'clock gave her *Tarant.* 100^m (Dr. Swan's dilutions); fifteen minutes after, she was asleep, and continued in a quiet sleep until the 9th (two days), then she aroused about noon for a short time, with screaming. Gave one dose *Tarant.* 70^m; soon after, sleep, with catalepsy, for three hours. This was very marked; after which, continued quiet sleep until the 10th, in the P. M.; she aroused, and for a couple of hours was semi-conscious and got up to void her urine and fæces, which had previously been voided in bed. In the evening recognized and kissed her mother, as she was being changed and prepared for the night, and then went to sleep again.

Nov. 11. Slept well all night and still sleeps. Surface natural.

Nov. 12. Some restless; complains of pain in the base of the brain and nape, with transient pains in all parts of the body. Don't want to be touched; don't want sympathy; childlike irritability. Repeat *Tarant.* 100^m.

Nov. 17. Steady improvement since last date, and rational dyspeptic symptoms appearing as she begins to eat. Has had a little beef tea daily. Complains of toothache, nausea, and has eructations of wind after eating; uneasiness, and pains all over. Don't want to be spoken to; snappish; neuralgic pains here and there, moving about; heat around the epigastrium, extending through to the back. Gave one dose *Tarant.* 70^m.

Nov. 27. Has been about, apparently well, for the week past until yesterday, when she became restless after too much exertion in trying to read, and play the piano; erratic pains, with heat through the body; cold feet. Gave one dose *Tarant.* 100^m, followed by great excitement and apparent aggravations of the medicine, many of the former symptoms returning, lasting for a couple of days. Antidoted with *Puls.* 51^m (*Fincke*), after which, patient has continued to improve to present date, Jan. 1. Her old complaint, dyspepsia and want of vision, are now her only troubles: of the former she is gradually improving.

Some of the characteristics of this remedy are remarkable, and have been repeatedly verified by me. Restlessness of the hands and legs, constant movement, cannot remain in one place; restlessness, great and constant heat about the epigastrium; disposition to joke and laugh and to play tricks, with impulsive movements. *Sudden foxlike and destructive efforts, requiring the utmost vigilance to prevent damages, followed by laughter and then apologies.* This symptom, in several cases, has been the "key-note" to the remedy, resulting in prompt relief from a single dose of a high attenuation.

All the symptoms relieved by music.

There is an old Spanish legend that people who are bitten by the Tarantula spider have an irresistible desire that compels them to dance, and they are only relieved by exhaustion and

death. Hence the highly exciting and stirring tunes called Tarantula, arranged by several of our eminent composers.

There are many other valuable symptoms that have proven curative in our hands; but we have given sufficient to call attention to this valuable remedy, the provings of which are at present found only in the *North American Journal* for February, 1872.

CLINICAL CASES.

BY E. W. BERRIDGE, M.D.

(1). *Saccharum Lactis*.—Miss —— had much fatigue and loss of sleep through nursing a patient. On May 26 she had feeling of sickness and heat of head. The heat was objective and subjective, commencing in upper forehead and extending gradually all over head, and followed by tingling down *spine*, which made her move her back from side to side. During the heat in head, her stomach feels lifted up when she moves. These symptoms she is subject to from over fatigue, and they last till she has rest and sleep. I gave her one dose of *Saccharum Lactis*^{cm} (*Fincke*). She felt better in an hour (without rest or sleep), and was well next day.

This medicine I gave according to a clinical indication communicated to me by Dr. S. Swan. Clinical symptoms cannot take the place of the pathogenetic, but they are extremely valuable *in supplying the deficiencies of our Materia Medica*. When the latter is complete, we shall be able to do without them, *but not till then*.

This patient took the same medicine on subsequent occasions, when suffering from similar symptoms from the same cause, and always with prompt relief.

(2). *Colocynth*.—Miss —— ate cheese; after it she had (as she always has under similar circumstances) nausea, rising of wind, rising of sour water in throat, pain in left hypochondrium, and palpitation. Has had these symptoms all night. They usually last three or four days. One dose of *Colocynth* 3000 (*Jenichen*) cured her in an hour.

The indications for this medicine was found on p. 316 of Bœnninghausen's *Taschabuch* (Hempel's translation). *Colocynth* is the only remedy I can find that has "Aggravation from cheese." I cannot find it in the *Materia Medica*, so that it is very likely to be a clinical symptom. If I had neglected clinical symptoms where the pathogenesis failed, should I have cured the case so soon? This case is another proof also of the necessity of a collective of medicines, according to conditions generally. The aggravation or amelioration of one symptom by a certain condition very often applies to many others not yet noticed; it *may* apply to every symptom, though by no means necessarily so.

(3). *Conium*. Miss —, Nov. 6. Menses came on yesterday for half an hour, when she stopped them by putting hands into cold water (which always stops them with her). Since then has had pain as if there were lumps in abdomen, and as everything jarred inside it on walking. Sour risings after food (which she always has during menses), urine intermits. She took a dose of *Conium* 10^m (*Fincke*). In thirty minutes the symptoms were removed and the menses came on. Next day a little return of pain, and took another dose. Menses lasted the usual time, and the morbid symptoms disappeared and did not return.

The indication in this case was taken from Guernsey's invaluable work on obstetrics, viz. Urine intermits with amenorrhœa. According to Hempel's *Jahr*, "intermitting urine" is only a clinical symptom, and its combination with amenorrhœa is not given at all. Yet it proved reliable in this case.

In a recent number of a pseudo-homœopathic journal, this work receives several pages of thorough abuse, which, however, only serves to show still more (what every Hahnemannian knew already) the critic's thorough ignorance of true Homœopathy. On the other hand, more than one physician has told me that he has learnt more from Guernsey's key-notes than from any other work. But what has become of Guernsey's articles on characteristics commenced in the *Hahnemannian Monthly*? They were continued up to *Cicuta*, and the welcome

words, "To be continued," were attached. Let us hope they will be speedily resumed. They are so valuable that we cannot spare them, and I hope that the author will place us under still further obligations to him by publishing them in time for incorporation in Hering's *Analytical Therapeutics*, a work which I may mention I have already found invaluable at the bedside of the patient.

(4). *Sulphur*. Miss —, æt. 21. Sept. 29, 1874. For seven weeks, pressing pain and swelling of stomach and the same pain in back opposite stomach, coming on an hour or more after meals. The pain causes difficulty of breathing and speaking, faint feeling, giddiness, and weakness. For four or five days, feeling of coldness in centre of chest, which makes the mouth water. For about four weeks, cough only in the morning while dressing, with easy green sputa. Subject to headaches, which are now worse; she wakes with pain above left eye, *it increases gradually, is worst from 2 to 5 P. M., then decreases gradually* (but more quickly than it increased) after tea; sleepy during day, but sleeps well during night. When stomach swells, cannot bear pressure of clothes; shooting from centre of chest to between scapulæ soon after meals, generally before the pain in stomach; palpitation after meals. Has taken allopathic medicine without result, and is quite new to Homœopathy. I gave her one dose of *Sulphur*^{mm} (*Bœricke*). Sept. 15. Swelling of stomach much less; pressure in stomach and back less; coldness in chest better for last day or two; less watering of mouth. Cough better; less sputa; headaches continue; less sleepy during day; can bear pressure of clothes better; shooting in chest continues, but is felt less in back; palpitation unchanged; sore feeling inside lower chest (effect of *Sulphur*?) 28. Has felt very much better for ten days. Swelling, pressure in stomach and back, coldness of chest, and watering of mouth have gone; cough better; headaches less; no sleepiness during day; can bear pressure of clothes; no shooting or palpitation, or soreness in chest; feels strong.

1875. Sept. 21. Returned, having caught cold, and stated that about fourteen days after the last visit she was quite well,

and remained so ever since. This patient is therefore converted to Homœopathy by a single dose of what some of our friends are pleased to term a "moonshine potency."

(5). *Belladonna*. Mr. —, June 8, 1875, took some food which disagreed with him; got better, but on June 24 and 25 the pains returned as bad as ever. The pain is in abdomen; *coming and going gradually*. Has taken *Nux*,¹ *Merc.*⁵ and *Lycop.*³⁰ without relief, though administered according to the wretched works on Domestic Homœopathy by which the people are misled. I gave him a dose of *Bel. D M.* (Swan), to be repeated every two hours till better.

Aug. 3. Reports that the pain was very soon relieved; eating an egg brought it on again. He took the medicine at intervals, according to the pain, and in three days was quite well. He says he never knew medicine to act so promptly on him before.

Nov. 15. The pain has not returned.

(6.) *Podophyllum*. A gentleman had over fatigue of mind from business. When in bed, rolled his head both on waking and when awake. *Podophyllum*²⁰⁰ three times a day soon removed the symptom.

(7.) *Tilia Europœa*. Mrs. — had shooting from left hypochondrium to above umbilicus, worse by deep inspiration or walking. Cured by one dose of ²⁰⁰.

(8.) *Alumina*. Miss — had all day pain in vertex, worse on moving head or stooping, better by pressure; shooting in vertex on coughing. *Alumin C. M.* (*Fincke*) every two hours till better. Was better in ten minutes and soon well. Took two doses.

(9.) *Phosphorus*. Miss —. For five consecutive nights dreams of being pursued by wild animals, and wakes in a fright. No return after one dose of *Phosp.* 19^m (*Jenichen*).

(10.) *Graphites*. Mr. — had feeling of cobweb on right forehead and right temple, making him draw the hand over the part as if to wipe it off, worse when thinking about it; from over-study. Cured by one dose of 14^m. (*Fincke*).

ZINC IN THE TREATMENT OF MY FIRST PATIENT.

BY MARY A. GARRISON.

A WOMAN of forty-eight years, and an epileptic for more than three years.

The fits were increasing in severity and frequency. She had been a woman of great strength of character and mind, but now of great mental imbecility, almost amounting to dementia; so forgetful that, after spending weeks with friends, on returning to her home, could remember nothing she had said or done, etc. etc. The mental symptoms being of the greatest importance, I prescribed *Zinc 30th*, hoping to arrest further development of the brain trouble, but scarcely expecting to cure epilepsy. This was early in March, and she has had but one fit since, and that occurred in July, after spending over a week at a Methodist camp-meeting. She has only had a few powders of Zinc, with an occasional intercurrent remedy, — Ignatia and Belladonna.

There is a decided improvement in her mental condition, noticeable to her friends and neighbors, who think it quite marvellous.

The only credit I am entitled to in the case is that I have refrained from over doing and have adhered to the teachings of the *Materia Medica*.

[From the *British Journal of Homœopathy*.]

AN ADDRESS ON THE ORIGIN, CHARACTER, AND CONSEQUENCES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY IN GREAT BRITAIN.

Delivered at the Annual Assembly of the *British Homœopathic Society*, June 24, 1875.

BY ALFRED C. POPE, VICE-PRESIDENT OF THE SOCIETY.

GENTLEMEN, — In bringing the business of this, the thirty-first session of our Society, to a close, I propose in the first place to lay before you a short review of the work we have accomplished during the past eight months. The remainder of the time allotted to a president's address I shall occupy in tracing the origin, describing the character, and pointing out the consequences of the opposition Homœopathy has met with from the majority of the profession in this country.

The first meeting of the session which terminates to-night was held in October last, when Dr. Wyld read a paper in which he proposed the publication by the Society of an elaborate work on practical medicine, of which the homœopathic selection of medicines should be the distinguishing feature. At our next meeting Dr. Blackley, of Manchester, contributed an interesting paper on hydrophobia, basing his remarks on two fatal cases, one occurring in the human subject, the other in a dog, that had come under his observation. Dr. Croucher followed on the ensuing occasion with a paper on tetanus, illustrating his remarks by a case he had treated successfully. In January Dr. Carfrae read a very practical essay on metritis; and in February Dr. Edward Blake contributed one of a similar character on leucorrhœa. The following month the essay read was one by Dr. Dyce Brown on the physiological action of tobacco. In April the subject of dysentery was introduced by Dr. Hewan. At the meeting in May Dr. Wheeler communicated the details of some cases of exophthalmic goitre. On the 3d of this month Dr. Wyld drew your attention to the absence of professional intercourse between homœopathic and non-homœopathic members of the profession; while last evening you had the advantage of hearing a paper on ague, having special reference to the action of Sulphur in that disease, by Dr. Cooper.

From this list it will be obvious that all who have assisted in making our meetings both useful and interesting have been thoroughly practical in the choice of subjects upon which they have invited discussion. It does, I confess, seem somewhat strange that, in a Society so essentially therapeutic as ours is, or at any rate ought to be, only one of these papers has been of a purely therapeutic character. This deficiency has, however, been more than compensated by the work done in another part of the Society's field of operation during the last few months, to which I shall allude presently.

One subject which has been discussed here during the past session deserves at least a slight reference. Considerable anxiety has on several occasions been expressed to bring the country members of the Society into more intimate communication with those of us who reside in and around the metropolis, and to enable them to derive greater advantages from their connection with the Society than they do at present. As one step in this direction, a plan has been adopted and acted upon at some of our recent meetings of including a few questions bearing upon the subject of the paper about to be read in the *agenda* notice sent to each member a week or ten days prior to the meeting taking place. These questions it is intended should be briefly answered in writing by such members as may, by reason of the distance from London at which they reside, be precluded from attending the meeting. The answers sent are read immediately after the paper of the evening. Brevity in these replies is essential in order that they may be read, while conciseness and perspicuity are even more essential, to the end that they may be read with advantage. Too short a time has elapsed since this suggestion was first acted upon to admit of our drawing any conclusions as to its success. I trust, however, that it

may be found as advantageous as the excellent motive with which it was proposed by Dr. Vernon Bell deserves that it should.

The new edition of the "Pharmacopœia," which has been for some time undergoing revision, is, I am glad to be able to announce, in the press. Rather more than a third of the volume has been printed and is corrected, so that I trust we shall have this important and much-needed volume in our possession within a few weeks. How greatly we are indebted to Dr. Drury and his coadjutors, Messrs. Wyburn and Franklin Epps, I cannot easily express. The work they have accomplished in order to render our "Pharmacopœia" as perfect as possible has been of no ordinary character, and well deserves the very cordial thanks it has received.

During the past session a very important and I trust successful effort has been made by the Society to provide instruction in homœopathic therapeutics for those members of the profession who, being desirous of knowing what Homœopathy is, prefer to derive their information from the lips of those who have devoted much time and thought to its study, and who have had large opportunities of experience in its practice, to depending upon the *ex parte*, often garbled, and as a rule false or utterly ignorant statements concerning it met with in the columns of the medical press.

Dr. Dudgeon, in two lectures, briefly set forth the history and principles of Homœopathy; Dr. Hale on four occasions illustrated the practice of Homœopathy; and Dr. Richard Hughes, in a series of lectures, the first of which was delivered on the 18th of February, and the last on the 17th of June, has discoursed each week in this room on the physiological action and therapeutic properties of some of the most important and best proved of our drugs. Lectures better calculated to assist the practitioner in the treatment of the sick than these have been it is difficult to imagine. Each has been marked by conspicuous ability, most painstaking and fruitful researches, and excellent delivery. As an exponent, on behalf of our Society, of homœopathic therapeutics to those who are unacquainted therewith, Dr. Hughes is eminently entitled to the gratitude of each one of us. I trust that at the commencement of the next session these lectures will be recommenced, and that no effort to make the fact of their delivery known will be spared by the committee appointed to superintend them, so that large and encouraging audiences may be procured.

A few words must I say regarding the numerical strength of our Society, ere I pass to topics of more general interest.

Our members now number 113, of whom 42 reside within and 71 without the metropolitan postal district. During last session 4 new members have been elected, and 2 have resigned. I think that you will allow that, considering there are more than a hundred medical men openly practising Homœopathy within twelve miles of Charing Cross, there ought to be more than 42 who would embrace the opportunities presented to them in joining the only medical society in London willing to receive them; the only medical society within a reasonable distance of their residences which is free to discuss *every* theory of therapeutics, *every* mode by which disease can be efficiently

treated; the only medical society in which *no* scientific subject bearing upon medicine is denied a hearing. It is desirable that the list of our members should be extended. It is so because it is important that all who are so isolated from the general body of the profession as we are at present should have frequent opportunities of meeting and so of knowing one another personally, and of taking counsel together on those questions which have an especial interest for us. It is so, also, in order that we may as a Society be enabled to exert ourselves more fully than circumstances have so far admitted of our doing in the scientific development of Homœopathy. That our numbers may be increased, I would suggest that any of us who may have medical friends, who, while eligible for membership, have not hitherto joined us, should endeavor to influence them to do so. Having succeeded so far, we should further, both by precept and example, induce them to attend our meetings regularly.

The attendance during the past session has been perhaps as good as the great distance of the place of meeting from the residences of members allows of its being. At the same time I cannot but think that a little more *esprit de corps*, a little more anxiety to assist in promoting the progress of medicine, a little more earnestness in the cultivation of friendships and brotherly feeling, would, to a large extent, overcome any physical obstacles that may suggest themselves as rendering non-attendance excusable.

I shall now for a brief space ask your attention to a consideration of the circumstances which have led to the opposition Homœopathy has met with in this country, to the manner in which this opposition has been conducted, and to the results by which it has been signalized.

As we all know full well, the admission, honestly and openly expressed, that the homœopathic law presents us with the best indications for the choice of drug remedies has been regarded as a barrier to our entering the societies of our profession, to holding appointments at medical institutions, to co-operating with medical men of other therapeutic views in any way whatever. Lately, as you are aware, the formation of a Medical Institute in Birmingham has led to some discussion on the propriety of this barrier being any longer maintained, so far, at least, as medical societies are concerned. Fortunately for the honor of those members of the profession who regard Birmingham as their home, the invidious distinction it was sought to perpetuate was rejected by a large majority, while a more recent attempt to override the first decision was defeated by a vote of ninety-five to twenty. The importance of the majority on each occasion was enhanced by the eminence of those who constituted it, and still more by the eloquent and high-toned speeches and letters which were delivered and written in support of the great principle of freedom of opinion in the realm of medicine. During these discussions, for the first time in the course of the opposition to Homœopathy in this country, it was sought to exclude those members of our profession who practise Homœopathy from the institute, — not on the ground that Homœopathy was untrue, or that it was “a fraud,” or that it was a “folly,” neither, as previously, was this

attempt made on the ground that homœopathists were either "knaves or fools," but, as alleged by Mr. Oliver Pemberton, because we maintain a name calculated to mark us from the general body of the profession! This suggestion would seem to imply that we paraded the word "homœopath" and practised a profession called "Homœopathy" for the sole purpose of attracting patients by some high-sounding and not generally intelligible combination of Greek words.

That all who prescribe medicines homœopathically are homœopathists is incontestable. It is just as much so as is the fact that those who prescribe empirically are empirics, just as much so as that those who, at a former period, adopting the method of John Brown as the basis of their drug treatment, were Brunonians, or as that those who somewhat later directed their prescriptions by the principles of Broussais were called Broussaisists. But we do not make use of the words "Homœopathy" and a "homœopathist" in a vulgar, ostentatious, or unprofessional manner. Against any such charge as this we indignantly protest. That these words have ever come so prominently forward, or been used so frequently, or in so many relations as they have been, is solely to be ascribed to the action of those who, by excluding us from the ordinary societies of our profession, have compelled us to form societies of our own; who, having refused to publish our contributions to medical literature, have rendered it necessary that we should have special periodicals in which we could express our views; of those who, having deprived us of opportunities of filling hospital appointments, have made it incumbent upon us to institute hospitals and dispensaries where we could afford relief to the sick poor. In all this there is nothing unprofessional, nothing out of harmony with the strictest regard for medical ethics. The frequent use of the appellation "homœopathist" has been forced upon us by the unjust, ungenerous conduct of the majority of the medical profession. And now, forsooth, the employment of this word, in the manner I have described, is adduced by Mr. Oliver Pemberton as an argument for perpetuating this injustice, this lack of generosity.

Homœopathy is far from being our profession; the entire range of medicine and surgery is that. So far from Homœopathy supplying us with our only means of relieving disease, the entire range of therapeutics is ours. Within this range homœopathy holds, and I trust will increasingly hold, a conspicuous position; but we have neither done, written, nor said anything which restricts us to the use of homœopathically selected remedies in *all* cases under *all* circumstances. We are bound by no obligation other than that which calls upon us to do the best we can for our patients. In the discharge of this duty we avail ourselves in the treatment of disease of every measure by which the health of the body is capable of being modified. Experience has taught us that homœopathically selected medicines are those which as a rule assist more than any other in the cure of disease; but experience has also taught us that cases do arise where all the help that the physician can supply from his drug *répertoire* is palliative, and we have learned that in not a few such instances we must draw upon antipathic sources for our palliatives. Experience has further shown

that in many instances surgical interference conduces to more rapid recovery than medicines alone can do, while in others the operative skill of the surgeon is a *sine qua non* of cure; again, experience has taught us, as it has taught all medical men, the therapeutic value of dietetics, of water employed in different ways and at varying temperatures, of electricity, and indeed of the scientific regulation of all the conditions by which a patient is surrounded.

Therefore, gentlemen, while it is true, and I for my part am thankful that it is true, that we are homœopathists, we are, over and above that, physicians; we bring to bear upon the treatment of disease every means which has been *proved* to be best adapted to its cure.

There is nothing novel or strange in a body of physicians, from their avowed attachment to some distinct therapeutic principle, being known by an epithet more or less expressive of that principle. In nearly every instance in which this has occurred the central and distinguishing principle has had reference to the manner of prescribing drugs, not to the general treatment of disease. On the general principles of treatment most physicians are agreed. It is only when they come to writing a prescription that their differences make themselves apparent.

Passing over the Dogmatists, Empirics, Pneumatics, and Methodists of ancient times, as illustrations of this proposition, we find the most notable of modern instances in John Brown, Hahnemann, and Broussais.

Still more recently we have seen the rise and — I think I may add — the fall of the expectant school, of that called rationalist; and now empiricism of a somewhat singular type appears to be advancing in professional favor.

In the early ages of the history of medicine the disputations between rival schools doubtless led to exhibitions of very bitter personal feeling. But however acrimonious may have been the discussions between the Brunonians and the Cullenists of the latter part of the last and early years of the present century, for a physician to be a Brunonian, or, some thirty years later, to be a Broussaisist, was never held to exclude him from the public offices of his profession or from association with his medical brethren; still less would the holding and practising of the therapeutic views of Brown or of Broussais have been thought to justify such paltry and insulting, and in reality ignorant, abuses of power as the refusal to publish in the medical journals of the day essays on medicine proceeding from the pen of such a physician, or the compelling of medical publishers to decline to allow the works of authors of known Brunonian or Broussaisistic proclivities to issue from their establishments.

Yet it is such *onera* as these that have been imposed, and to this hour are imposed, upon all physicians who as a rule select their drug remedies upon the principle which is styled homœopathic, that principle the adoption of which has given to them the name of homœopathists.

It is true that the methods of Brown and of Broussais had in them much that was in harmony with the current drug therapeutics of the times in which they flourished: that of Hahnemann had little or nothing in common with the modes in which his contemporaries used

medicines. Again, the Brunonian and the Broussaisist proceeded upon speculative notions as to the nature of disease: Hahnemann protested against all speculative pathology. Further, the comparatively trifling knowledge regarding the actions of drugs possessed by the profession in the days of Brown and Broussais was nevertheless adequate to the carrying out of their therapeutic theories. For the practice of Homœopathy the *Materia Medica* required nothing less than a thorough reinvestigation, on a plan never more than hinted at in previous days.

In such demands as these there was without doubt much that was startling, much to excite criticism, much to warrant doubts and misgivings, much well calculated to provoke from the senior practitioner the indignant inquiry, "Are we all wrong in our methods of treatment?" — much to justify the young enthusiast fresh from the schools in asking whether it was likely that all the luminaries of the past, the Sydenhams, Meads, and Radcliffes, had been in error in purging, bleeding, and mercurializing their patients. So much I can both admit and sympathize with; but the apparent strangeness of Hahnemann's proposals, the simplicity of his art of prescribing, the severity of his critiques upon the character and complexity of the therapeutics of his day — in a word, the revolutionary nature of his method — did not justify that summary rejection without inquiry which it received, formed no sufficient ground for shutting out its author and its followers from all intercourse with their professional brethren, and were far, very far indeed, from being adequate as reasons for the infliction of all the many pains and penalties, all the cruel prosecutions, which have perpetually pursued them.

The mode in which Homœopathy has been dealt with from the earliest attack made upon it until the latest has been fundamentally wrong. The opposition has been wholly based upon assumptions. The arguments used against it have ever been *a priori*, not, as they ought to have been, *a posteriori*.

It has been assumed that the principle "*Similia similibus curantur*" is no guide to the selection of remedies. The inquiry whether it is so or not has never been made by those who, *ex cathedra*, have presumed to denounce it.

It has been assumed that the small or infinitesimal dose is regarded by homœopathists as adequate to the carrying out of every object with which a drug can be prescribed. No such proposition as this has ever been maintained by them. They know full well that, if it is necessary to purge a man, five or ten grains of the Extract of Colocynth will be none too large a dose for the purpose; but they are equally well assured that the 100th, 1000th, or 10,000th of a grain of the same drug will be amply sufficient to cure some cases of facial neuralgia.

It has been assumed that the records of physiological drug action constituting our *Materia Medica* are the vain imaginations of hypochondriacal men and hysterical women. They are, as you all well know, the carefully sifted results of experiments made by men and women well qualified for the task, and placed, while performing them, under competent observation. In addition to experiments voluntarily made, our *Materia Medica* has drawn largely upon the details of cases of

poisoning which have from time to time been published by trustworthy observers. The reliability of the symptomatology of our *Materia Medica* has been ratified by the experience of thousands of educated physicians practising in all parts of the world during the last seventy or eighty years, while the numerous illustrations of the value of the practical outcomings of these experiments which crowd modern text-books of *Materia Medica* are further and very satisfactory evidence of the accuracy of such experiments.

Once more, it has been assumed that the homœopathist depends for his therapeutic resources upon drugs alone. There was a time when it was the fashion to state that homœopathists were especially careful dieticians, that to the simple kinds of food and drink to which their patients were restricted and to the absence of all drugs they owed their success. Nowadays it is asserted that no homœopathist is honest who, under any circumstances whatever, endeavors to cure or relieve his patients by any other means than medicine, and that a medicine prescribed on the principle of similars. Possibly enough there are persons who would add that, for complete honesty, to be compatible with being a homœopathist, medicines must be prescribed in globules of the 30th dilution! Here is another of those false assumptions regarding Homœopathy which, for the sake of charity, I will ascribe to ignorance of what is really understood by that word.

As did the Brunonian and the Broussaisist in the past, so does the homœopathist to-day. He adopts that method of treatment implied in the term which has been used to describe his therapeutic views in every case in which his study and experience have led him to believe that it is available; but his treatment of disease does not, and never did, begin and end with a prescription: he knows, appreciates, and employs every therapeutic resource which modern research has shown to be capable of improving the condition of a patient and of assisting in the cure of his disease.

To the suppression, then, of all inquiry into Homœopathy, to the false assumptions which have been entertained regarding its meaning and place in therapeutics, and to the erroneous notions which have been allowed to obtain currency respecting the practice and opinions of those who have openly avowed their confidence in it as a general rule for drug selection, do I attribute the injustice and ostracism with which we have been visited by the majority of the profession.

Various and emphatic as were the denunciations of Homœopathy and of those who practised Homœopathy which were circulated in this country between 1827 and 1851, it was not until the latter year that the opposition we have had to encounter received any approach to an organization. I have no desire to recur to the circumstances which led up to this organized opposition; suffice it to say that such an organization was then formed. Brighton may be regarded as its birthplace, and the Provincial Medical and Surgical — now designated the British Medical — Association as its parents. At the meeting held in Brighton in 1851, that “tumultuous meeting,” as the late Dr. Conolly described it, eight resolutions regarding Homœopathy and homœopathists were agreed to. Some years ago I heard from the

lips of one of the committee appointed to frame them that they were the work of half an hour, and were drawn up by men who knew nothing whatever about Homœopathy, made no inquiry and had made no inquiry regarding it, but assumed, took it for granted, that it was some hateful form of quackery akin to Perkins's tractors.

The first resolution ran as follows:—

“That it is the opinion of this association that Homœopathy, as propounded by Hahnemann and practised by his followers, is so utterly opposed to science and common-sense, as well as so completely at variance with the experience of the medical profession, that it ought to be in no way or degree practised or countenanced by any regularly educated medical practitioner.”

The second charges homœopathic practitioners with having heaped contempt upon the practice of medicine and surgery as followed by the members of the association and by the profession at large. Much sound criticism of therapeutics doubtless did emanate from homœopaths, and the justice of these criticisms has been fully acknowledged by the almost total abandonment, in text-books and hospitals at any rate, of the kinds of treatment to which they referred. But it was left to others to express “contempt,” and of those who did so none was more emphatic than that distinguished ornament of the association, the late Sir John Forbes; no one in recent times has been more cynical than Dr. Moxon, of Guy's.

The third resolution asserts that it is derogatory to the honor of members of the association to hold any kind of professional intercourse with homœopathic practitioners.

The fourth declares that there are three classes of practitioners who ought not to be members of the association, viz. *first*, real homœopathic practitioners; *second*, those who practise Homœopathy in combination with other systems of treatment; and, *third*, those who, under various pretences, meet in consultation or hold professional intercourse with those who practise Homœopathy.

I am not aware whether this resolution takes effect now or is regarded as obsolete; but seeing that the association is a very numerous body, I should presume that it is disregarded, for the proportion of the profession who practise Homœopathy in combination with other systems of treatment has been increasing rapidly of late years. Dr. Ringer's *Manual of Therapeutics* is one of the most generally used text-books of its kind, and that teaches Homœopathy in combination with other systems of treatment to a very large extent indeed.

The remaining four resolutions bear upon little more than matters of detail, and therefore call for no special observation.

I think further that it has been proved sufficiently often that a line of policy framed, not upon positive knowledge of certain facts regarding the question it affects, but upon hypotheses without any foundation whatever, always has been and ever must be productive of nothing but evil. Such in very truth has been the result of the course pursued by the British Medical Association in regard to Homœopathy and those members of our profession who practise homœopathically.

Closely following the passage of these resolutions societies termed "medico-ethical" sprang into existence in all parts of the country, the *raison d'être* thereof was the binding of medical men not to practise Homœopathy, and not to associate or consult professionally with any who did so.

Thus it came to pass for the first time in the history of medicine that to pursue a certain course of therapeutic investigations, to entertain, or at any rate to express, certain views of the mode in which medicines act in curing disease, was declared to be professionally immoral! To consult with a physician or surgeon in charge of a patient respecting the nature of that patient's disorder and the most suitable means for restoring him to health was, if that physician or surgeon practised Homœopathy either wholly or partially, asserted to be an act of professional immorality!

To be continued.

METRIC SYSTEM OF WEIGHTS AND MEASURES.

THE undersigned, a committee of the Boston Society of Civil Engineers, were instructed, by a vote passed at the November meeting of the Society, to communicate with other organizations, with a view to securing united action in petitioning Congress to fix a date after which the metric weights and measures shall be the only legal standards.

After considerable discussion in our Society, we find ourselves unable to believe that the standards now in use in this country will continue to be employed for any great length of time; we have a needless multiplicity of units, often ambiguously named, and without simple relations to one another. If we had only to criticise the present state of things, we could hardly condemn it too strongly. A single illustration will present the case more clearly: Besides the old beer quart, we have now the United States liquid quart and the United States dry quart, all differing materially from each other and from the British Imperial quart. Not one of the four contains any integral number of cubic feet or inches, and only the British holds a weight of water that can be briefly stated.

In view of the amazing increase of international communication during the last half century, it is evident that in making any reform in weights and measures, steps should be taken towards uniformity with foreign countries. There does not appear to be any movement among other nations towards the adoption of our yard, pound, and gallon, nor among the English-speaking people themselves are we aware of any active efforts to make them more convenient. The European nations, however, with the exception of England, Norway, Sweden, Russia, and Turkey, may fairly be said to have united upon the metric system, which has also been adopted by our neighbors in

Mexico and South America. It has for some years been legalized in the United States and Great Britain, and the latter has adopted the meter gauge in the construction of some of the India State railways. Even Turkey has made its archine equal seventy-five centimeters. An international convention, in which more than twenty nations were represented, has prepared standard meter bars, and distributed them among the several countries taking part. The greatest precautions were used to ensure accuracy, and a permanent bureau has been established to make any comparisons that may be needed in the future for maintaining uniformity. If we appreciate the advantages, therefore, of having one system throughout the civilized world, our first work is to adopt the metric, even if we do not believe that that is the best which will ever be devised. If we should refuse to join in what has already received the approval of the majority of nations, we should not be in a favorable position, a generation or more hence, for urging the rest of the world to aid us in any further improvement.

The decimal subdivision of the meter is sometimes objected to as not being so simple as binary division would be; although it appears to us that halves and quarters of the meter might be used as freely as halves and quarters of a dollar are. In fact, its decimal character is one of the very greatest recommendations of the metric system (at least so long as decimal notation prevails in arithmetic, and this can hardly be changed for a century to come). That decimal division of weights, measures, and money is of the first importance in computation is shown by the praise generally bestowed on the Federal currency. It is on account of this advantage that engineers use decimals of a foot where they can; although, in doing so, they are at variance with the practice of the rest of the community.

The opinion is also expressed that the meter is not a convenient length for a standard. For some uses it may not be; for others it evidently is. No one standard could be expected to be perfectly adapted to all purposes. We must have several units, appropriate to different classes of measurement; and it is the merit of the metric system that its secondary units have the simplest of relations to one another. In the laboratory the millimeter may be the unit, in the machine shop the centimeter, and on a railroad line the meter and kilometer; but we can translate quantities from one to another by moving the decimal point; whereas quite a mathematical computation is required to reduce inches to feet, rods, and miles.

The real difficulty, we believe, is not with the proposed system, but with making the change. The cost of such a revolution, affecting so large a proportion of the transactions of life, will obviously be enormous; but it is equally true, if not quite so obvious, that it is costing us enormously to keep up the present confusion. The army of custom-house clerks employed in making transfers from one kind of weight or measure to another bears witness to one item of expense. The time thrown away in our schools in teaching innocent children that $7\frac{9}{100}$ inches make a link, a fact that surveyors have all but forgotten; is sad to think of and to pay for. Nearly every individual in his daily business has to undertake brain labor in dealing with our

present irregular weights and measures which could be saved by the use of a simpler system. It would be difficult to estimate in money the value of this work; but for our whole population it would amount in a long series of years to an immense sum, to say nothing of the vexation and the probability of being cheated.

Whether we like it or not, there are many indications that our people will at no distant day adopt the metric system. It is already used in the mint and on the coast survey. Men of science have used it for many years. It is used by analytical chemists, and a great many architects in our principal cities have indicated their opinion by agreeing that they will use it after next Fourth of July. The subject is constantly agitated by the public prints and by the discussions of various societies. The system is taught in our schools and colleges, and is imported with our merchants' goods and our foreign books, so that there are already many individuals among us who appreciate its advantages. One of the commonest remarks that we hear is that its adoption is only a question of time; if that is the case, the sturdiest opponent must admit that nothing is to be gained by postponement. As far as he is concerned, the older he grows, the harder he will find it to change.

The question before us, therefore, we understand to be, Shall we endeavor to bring about the change with as little inconvenience as possible, by studying the matter in advance and making careful preparations, or shall we wait to be driven into it by forces beyond our control?

To accomplish the result economically, it is obviously necessary to have concerted action throughout the community. Different classes of business are so related that they cannot be conducted independently of one another. Engineers, for instance, are not likely to make the change without the concurrent action of the manufacturers and contractors who furnish materials and execute their plans. Among the members of any one class, moreover, there is wanted the confident assurance of universal action: a mere majority might well hesitate to undertake a very expensive change, sure to be distasteful to some of their patrons, if a minority of competitors in the same business were left free to continue indefinitely in the old way.

With a powerful public sentiment in favor of the reform, it will still be desirable that some controlling voice should give the signal for a simultaneous movement towards the actual abandonment of the present measures and substitution of the new ones. That may evidently be done by Congress setting a time when the change must be made; and our business men are apt to say that this is the only way in which the change can be made. We suppose that eventually the metric system will be established as the law of the land, but that people will not make effective preparations for adopting it until Congress shall appoint some day in the future for such legislation to take effect. Congress may be expected so to fix a date if it can be convinced that public opinion will abundantly support it. To this end it is hoped that influential bodies throughout the United States, who are ready to welcome the change, will not fail to make their feeling known. We

suggest that the appropriate form in which to express it is an appeal to Congress for compulsory legislation; for this seems to furnish the key to the whole situation. Let the main attack be concentrated upon this point, though a rattling fire of efforts elsewhere may be of great service.

When people know exactly how much time they have before them, every one will readily decide, with reference to his own transactions, upon the successive steps by which the new measures can be gradually introduced and familiarized, and the present ones abandoned. Memorials have been presented to Congress by the American Metrological Society, pointing out what changes towards the metric system appear to be next in order in the management of the government business.

That the numerous and very great obstacles in the way of this reform can be surmounted by conducting it in a deliberate and judicious way is proved by the history of the recent adoption of the metric system in Germany. It is a most encouraging fact that a country so densely inhabited, standing so high in the scale of civilization, and having all the arts, manufactures, and commerce so fully developed, should have been able in the space of four years to effect the adoption, in nearly all the affairs of life, of a new system of weights and measures. The movement was begun there by societies of civil engineers, architects, railroad superintendents, foresters, and agriculturists, naturalists, chemists, and others, who passed votes and sent petitions to the German Congress to have some uniform and sensible system of weights and measures made the only legal standard in Germany. After some years this induced the appointment of an expert commission, which reported in favor of the metric system, and recommended immediate legislation. Accordingly, in 1868, the German government passed a law which made the new measures the only legal standard from and after Jan. 1, 1872. The expert commission was kept in existence, and made to superintend the innumerable details of the change. During the intervening time the greatest activity prevailed throughout Germany in making preparations, so that on Jan. 1, 1872, there was but little left to do. The principal changes had already been gradually effected, and what was left to be done was of slight relative importance, and was accomplished with very little disturbance to business. Let us profit by this example.

The Boston Society of Civil Engineers has also directed us to draw up a form of memorial to Congress; we have accordingly prepared the annexed draft to be submitted for the consideration of the Society at its next meeting. It is given here as a suggestion, and in the hope that you may be induced to aid in this work by presenting to Congress a petition of similar purport. We beg you will inform us of any action you may take in the matter.

Respectfully,

FREDK. BROOKS,
L. FREDK. RICE,
CLEMENS HERSHEL, } *Committee.*

To the Hon. the Senate and the House of Representatives of the United States, in Congress assembled:—

The memorial of the Boston Society of Civil Engineers respectfully sheweth:—

That the weights and measures now generally used in this country do not have simple relations to one another, are ambiguously named, and are inconvenient in computation; and that it is expected that they will be gradually abandoned, and that the only legal standards will be those of the metric system, which has been adopted by most foreign nations, has decimal subdivision like the Federal coinage, and possesses other advantages.

That, in anticipation of this result, it was enacted by the Congress of the United States, in 1866, that the metric weights and measures *might* be used in all business transactions.

That, nevertheless, the members of the above-named Society and others find it impracticable to avail themselves of the benefits of this permissive legislation by actual changes in the conduct of their business, for the reason that each and every class or profession is in such close relations with other classes in the community that in this far-reaching reform it is impossible for any one of them to act independently of the rest or to foretell when others will be ready to co-operate.

That they would welcome legislation which should result in a harmonious movement among all the people, every one knowing when to take the successive steps of change, and confidently relying upon the action of others at a time to combine economically with his own efforts.

The prayer of your memorialist, therefore, is, that your honorable body may enact that, after some date, to be fixed several years in advance, the metric standards in the Office of Weights and Measures at Washington shall be the sole authorized public standards of weights and measures.

And your memorialist, as in duty bound, will ever pray, etc.

Gentlemen who are desirous of pursuing the subject further may be interested in some of the following references. The list makes no pretension to completeness:—

- Report upon Weights and Measures by Hon. John Quincy Adams, Secretary of State. 1821. House Doc. No. 109. 16th Congress, 2d Session.
- Decimal System in Numbers, Coins, and Accounts, by Sir John Bowring. London: Nathaniel Cooke. 1854.
- Report of the Secretary of the Treasury on the Construction and Distribution of Weights and Measures. 1857. Senate. Ex. Doc. No. 27. 34th Congress, 3d Session.
- Report on Weights and Measures, by Alfred B. Taylor, published in the Proceedings of the American Pharmaceutical Association for 1859.
- Familiar Lectures on Scientific Subjects. By Sir J. F. W. Herschel. Tenth Lecture. The Yard, the Pendulum, and the Metre. Alexander Strahan: London and New York. 1866.
- Extract from a Lecture by Prof. Charles E. Davies. Van Nostrand's Eclectic Engineering Magazine. No. 32. Vol. V, p. 163. August, 1871.
- The Metric System. A paper read before the University Convocation of the State of New York. By F. A. P. Barnard, D.D., LL.D. Published in Van Nostrand's Eclectic Engineering Magazine. Nos. 35, 36. Vol. V. November and December, 1871.
- Maass-und Gewichts-Ordnung vom 17 August, 1868, nebst der Eich-Ordnung vom 16 Juli, 1869. G. M. Kletke. Berlin: G. Hempel. 1871.
- The Metric System of Weights and Measures. By F. A. P. Barnard, D.D., LL.D. New York: 1872.
- Works in Iron. Bridge and Roof Structures. By Ewing Matheson. Chapter XXXI, English and Foreign Measures. London: E. & F. N. Spon. 1873.

- The Metric System of Weights and Measures. By J. Pickering Putnam. New York: Hurd & Houghton, 1874.
- The Metric System in Our Workshops: Will Its Value in Practice be an Equivalent for the Cost of Introduction? A paper read at the Chicago Meeting of the American Railway Master Mechanics' Association, May, 1874. By Coleman Sellers. Published in the Journal of the Franklin Institute, June, 1874, and in the Railroad Gazette, Sept 5, 1874.
- Le Mètre International Définitif. Par Wilfried de Fonvielle. Paris: G. Mason, 1875.
- Report of the Committee on Weights, Measures, and Coinage to the American Association for the Advancement of Science. Detroit Meeting, 1875.
- Leading Article in Journal of Franklin Institute for September, 1875.
- Articles in Boston Medical and Surgical Journal, Oct. 14, 21, 28, Nov. 4, 1875.
- Weights, Measures, and Money of All Nations. By F. W. Clarke, S. B. New York: D. Appleton & Co. 1875.

The following are the principal metric tables:—

LENGTH.

10 milli-meters	.	.	.	.	.	make a centimeter.
10 centi-meters	.	.	.	.	.	make a decimeter.
10 deci-meters	.	.	.	.	.	make a meter.
10 meters	.	.	.	.	.	make a dekameter.
10 deka-meters	.	.	.	.	.	make a hectometer.
10 hecto-meters	.	.	.	.	.	make a kilometer.
10 kilo-meters	.	.	.	.	.	make a myriameter.

CAPACITY.

10 milli-liters	.	.	.	.	.	make a centiliter.
10 centi-liters	.	.	.	.	.	make a deciliter.
10 deci-liters	.	.	.	.	.	make a liter.
10 liters	.	.	.	.	.	make a dekaliter.
10 deka-liters	.	.	.	.	.	make a hectoliter.

WEIGHT.

10 milli-grams	.	.	.	.	.	make a centigram
10 centi-grams	.	.	.	.	.	make a decigram.
10 deci-grams	.	.	.	.	.	make a gram.
10 grams	.	.	.	.	.	make a dekagram.
10 deka-grams	.	.	.	.	.	make a hectogram.
10 hecto-grams	.	.	.	.	.	make a kilogram.
10 kilo-grams	.	.	.	.	.	make a myriagram.

The liter is a cubic decimeter.

The kilogram is the weight of a liter of water.

The New England Medical Gazette.

BOSTON, JANUARY, 1876.

THE ORGANON.

THE appearance of a new translation of the *Organon* at the close of the year just past constitutes, to our minds, an event of no small historical importance for the development of our school in America, and calls for more than an ordinary notice at our hands.

The literary merits of the translation will be discussed in the proper place, but here we desire to call attention once more to the fundamental principles of the *Organon* itself in some reflections, which we trust will not be inappropriate at the beginning of the last quarter of the century which has witnessed the birth and infancy of Homœopathy. In giving expression to these suggestions, we propose to fulfil the obligation into which we entered in our last, of discussing the principles of which the clear recognition is called for more imperatively from year to year by the rapid material progress of our school in this country.

Before entering fully upon the examination of the nature of those fundamental ideas upon which the reform wrought by the *Organon* is founded, we may congratulate our readers upon the fact that the year 1876 finds Homœopathy not only shorn of none of its strength, but actually in a more promising state the world over than ever before. Its vigorous life is attested by a not inconsiderable number of important events within the past year, among which may be mentioned the successful termination of the struggle between the homœopathic professors and the Rector and the remainder of the medical faculty of the University of the Hungarian capital; the even more successful and significant encounter between the homœopaths of Birmingham and the representatives of "conservative medicine," backed by the entire medical press of Great Britain; the no less important acquisition of the Charity Hospital in New York, by the members of our school, and the very favorable consideration given by the Boston municipal government to the proposal to establish the means of affording homœopathic treatment to the poor, in connection with the City Hospital. No one can doubt that these are occurrences of far-reaching conse-

quences, and, taken together with the successful and thoroughly earnest and scientific meetings of the American Institute at Put-in-Bay, of the British Homœopathic Congress at Manchester, of the Central Verein at Berlin, and the deep and active interest in our approaching Centennial Congress manifested by our colleagues in all countries, we may enter upon this centennial year with the consciousness that Homœopathy has taken deep and lasting root in the minds of men.

With all these indications of vigorous growth the demand for a new and accurate translation of the *Organon*, adapted to the requirements of the rising generation of homœopathic physicians in America, comes as an especially cheering sign if we reflect upon the fate of the most authoritative works of the foremost therapeutists of Hahnemann's time and the half century following upon it. Where, we ask, are the therapeutic doctrines of Hufeland, of Heim and Frauk, of Broussaais, Chomel, Barthez, Corvisart, and others, whose names we recall with profound veneration for the services they have rendered in their day to pathology and diagnosis, but whose theory and practice, like that of Brown and Rasori, scarcely have an interest to-day, except for the medical historian, and whose writings, it is not too much to say, can only have a value as affording gleams of evidence in favor of Homœopathy? The most enthusiastic follower of the physiological or rational school would hardly venture to prepare a new translation of their works, or even to resuscitate the great majority of the pathological views which were the pride and merit of their own day. What is true of the foremost teachers and practitioners of the beginning of the century applies with equal force to those upon whom their mantle has fallen in successive generations. Louis, Trousseau, Home, Krukenberg, and the giants of the modern Vienna school, have left names behind them justly celebrated, but, with few exceptions, not for their merits as physicians, — in so far as this term applies to those whose highest aim it is to heal disease. The majority, in the ripeness of their knowledge and experience, like the Nestors of medicine who still walk among us, Sir James Watson and Virchow, have testified to the vanity of all methods of medication with which they were familiar, and although they have left medical science more profound, they have widened and made more impassable the breach between it and the healing art. Therein lies the world-wide difference between their labors and those of Hahnemann. His main efforts were directed towards establishing the only possible connection between the auxiliary sciences and the art of medicine by creating the link, so long missing, which consists in an independent science of

therapeutics; and his followers can point admiringly to the fact that within the past century no truth relating to this science has been uttered by any of the leading minds in medicine that had not been already expressed more clearly and fully, or distinctly foreshadowed, by him. It is the creation of this therapeutical science that has produced a marked impression upon the age, and that causes the fame of Hahnemann to shine with increasing lustre, while the once brilliant names of his contemporaries are fast waning into obscurity. They sought the rules for the healing art exclusively in other sciences, in pathology, physiology, chemistry, in physics and mechanics: he reduced the scattered and fragmentary data of pharmaco-dynamics to law and order, and out of them organized a distinctive structure to serve as a firm and ever widening basis for the healing art. They despised and neglected the empirical facts which the experience of past ages had slowly brought to light: he gathered and sifted them, and showed the way in which they might be perfected and multiplied. While they were dreaming of an impossible therapeutic science of which the theorems were grounded on the problematical knowledge of the structure and functions of the organism, he elaborated an empirical science of therapeutics based upon experiment and observation, — the most essential sources of biological knowledge.

This creation of an independent therapeutic science is the fundamental idea of the *Organon* and of all Hahnemann's writings. It is the starting-point to which we must always return, and which we must keep steadfastly in sight in contending against the enemy without as well as in our dissensions within the camp; and it is doubly necessary to urge it again and again, both because its truth is rapidly dawning upon many leading minds in the old school, and because it is too often forgotten among ourselves. In this country, with our flourishing medical schools, we are especially called upon to bear it in mind. It is the one point in which our teaching is in advance of that of older and richer schools, and the very existence of our own depends upon our holding fast this vital truth and instilling it deeply and clearly into the minds of the students who are soon to constitute a formidable power in medical reform, or, if we fail to lead them right, a crushing weight which we have rolled to a dangerous height.

That the possession of a science of drug effects, and the law which is its practical fruition, are the bulwarks of Homœopathy, and differentiate it from all other schools and empirical methods, "as night from day," we all agree; but there is a wide-spread notion among many, which nothing in the *Organon* can justify, that the funda-

mental idea of the science and the law of cure are one and the same, and this is the main point upon which we must differ from Dr. Lippe and the homœopathicians. Although originally distinct, as the development of Homœopathy in Hahnemann's mind is of itself sufficient to prove, the one which is a deduction from principles reached by reasoning from experience has come to be utterly confounded with the other, which is a direct induction from facts observed; and the confusion of these two ideas, which has gradually grown out of an imperfect apprehension of the mutual support they give each other, is the cause of many serious errors, which we must beware of handing down to the next generation. An empirical science of therapeutics may be conceived to exist without the homœopathic law, — at least, there are innumerable unexplained instances of cure by means of drugs, which are not referrible to the operation of our law, and by their classification and analysis a scientific structure will one day be reared; but our law cannot exist without an empirical science of therapeutics, or, in other words, without the scientific study of drug effects, from which it naturally and directly follows. We cannot commit ourselves to the dogma that it is alone and exclusively the basis of all therapeutical, or to be more exact, of all pharmaco-dynamical science (we trust no one will fancy he sees the cloven foot in this sentence), but we are at all times ready to uphold that it constitutes to-day, as it will for many generations, by far the most valuable and important discovery relating to drug effects, both as a scientific fact and as a rule of art.

The error into which those have fallen who hold our law to be the Alpha and Omega of therapeutic science is founded originally on an entire misconception of its origin and nature. We beg to point out to them that the formula to which we all adhere, with more or less loyalty according to the lights we have, does not embody a universal, infallible and final law (for of such we know there are but few), but an empirical law of which the natural sciences, especially those dealing with the phenomena of life, recognize many of varying degrees of perfection and stability. Were our law one belonging to the first class, of which we could trace the operation from beginning to end in the phenomena it governs, as we can in the law of gravitation, therapeutics would be a positive science ready to our hands, and our art as definite and exact as that of the engineer or surveyor; but as yet our science is burthened with doubts and our art with uncertainties, and our law remains limited in its application to those vital phenomena we call morbid, Neidhardt* and others notwithstanding, and even here it is not unrestricted.

An empirical law, or, as logicians call it, an approximate gene-

* *Vide* Neidhardt: The Universality of the Homœopathic Law.

ralization, is distinguishable from a universal law or complete generalization by the fact that we cannot know of the cases governed by the former, what are their details of causation and succession in time, place, and circumstance, while all this is known of cases governed by the latter. "Empirical laws, indeed, are names given to those uniformities which observation and experiment have shown to exist. It is implied, therefore, in the notion of an empirical law, that it is not an ultimate law; that if true at all, its truth is capable of being and requires to be accounted for. It is a derivative law, the derivation of which is not yet known. To state the explanation *why* of an empirical law would be to state the laws from which it is derived, the ultimate causes on which it is contingent; and if we knew these, we should also know its limits: under what conditions it would cease to be fulfilled." *

The force of this quotation will be felt at once, and requires no further comment. It must be clear that to call the formula S. S. C. an "infallible, a fixed or universal law" is as unwarrantable as to call it a mere speculation. It is not infallible, because the cases it governs are surrounded and obscured by innumerable circumstances which we can neither ascertain nor control; it is not universal, because it is not unconditional, as *e. g.* the law of causation; and it is not fixed and immutable, not because it lacks the eternal elements of truth, but because it embraces but a fraction of them. It is within the range of possibility that, sooner or later, these imperfectly cognizable elements which unite to produce the phenomena of cure governed by our law may be so fully understood as to seek other relations in men's minds; that the special or more complex uniformity we observe among these phenomena may be resolved into simpler laws of wider application, as has often been the case with other laws supposed to be permanent, as science has advanced. But if our law cannot claim to be infallible, — by the way, a most obnoxious and justly proscribed word among physicians, — it may claim to be a very different thing from a mere theory or an hypothesis, as our enemies assert it to be. An hypothesis, it is to be remembered, is any supposition made, either without actual evidence or on evidence avowedly insufficient, for the purpose of affording a more or less perfect explanation of the cause of facts or of their mutual relations; and with any attempt at explanation our law has absolutely nothing in common, as it expresses nothing more or less than a uniformity existing among a large number of well established empirical facts.

* Mills's Logic, p. 366 *et al.*, American Education.

This definition of the class of laws to which ours belongs, and its differentiation from the vagueness of an hypothesis, is so plain a matter that it would be quite unnecessary to present it here were it not for the fact that, on the one hand, we are called upon to subscribe to a doctrine of infallibility where no infallibility can exist; and, on the other, that we are denounced as visionaries and doctrinaires, although ours is the only system of medicine founded on inductive reasoning.

Between the two it is indispensably necessary that we should take the only possible stand in order to strengthen the position of the younger and coming members of our school; to ensure that unity in sentiment and clearness of aim which alone can beget enthusiasm in science, and to place a broad line of demarkation between ourselves and the advocates of phrenology and other *pseudo* sciences, to whose level crude eclecticism on the one hand and blind adhesion to the purely theoretical teachings of Hahnemann, on the other, necessarily tend to drag us down. There is but one way of reaching the truth, and that is to take a truly liberal and, at the same time, a strictly scientific basis for all our efforts. Any other must be as ephemeral as the doctrines and speculations which the *Organon* has outlived, and which are yearly springing up and vanishing around us in multitudes.

In order to progress we have two tasks to perform, distinct in themselves, but leading to the same end, — to improve our art and to develop our science, or in other words, to extend our exact knowledge. The first we can do with ease, since we have the *Organon* and extensive provings, by faithfully and courageously applying the knowledge we already possess. The second must follow, — on the one hand, from experiment and observation, guarded from error by the methods of science, and on the other from deduction. The methods of experiment and observation alone are insufficient to advance our knowledge, as they only accumulate facts which remain barren unless we exercise our higher reasoning powers upon them. That these deductions must be largely hypothetical, and remain so until they can be verified, is a matter of course; but this makes them none the less valuable for the purposes of science, as they are the mental experiments by which we forecast approaching truths.

While we recognize the empirical basis of our science, we shall be in no danger of being led seriously astray by any speculation; and all verifiable deductions must help us on towards establishing the truth, wherever this may lie. It is the inestimable and enduring advantage of the teaching of the *Organon* — which, be it remarked, is an *Organon* of the *healing art* — that its practice not only would suffer no prejudice

from the modification or complete overthrow of any or all its theories, but is necessarily advanced in its original direction by every new truth which science may establish. If Dr. Lippe and his friends would but recognize the full significance of this proposition, so generally accepted among us, and proved by the historical development of Homœopathy through nearly three quarters of a century, they would take a long step towards becoming reconciled to the modern and scientific spirit now abroad, and towards weaning themselves of their dangerous and obstructive hobbies. The efforts of Hering, Drysdale, Grauvogl, Kafka, Schüssler, Hughes, Holcombe, and others, to place Homœopathy on a scientific, physiological, and philosophical basis, may not be wholly and permanently successful; but every man whose professional experience has enabled him to strip off his lay traditions and habits of thought must believe them to be nearer the truth than those who cling blindly to the hypotheses offered by Hahnemann tentatively, and with the full conviction of their insufficiency as a basis for practice.

In order to extend the range of our exact knowledge of pharmacodynamics, and to rescue this science from that *par-empiricism* which remains the most irreconcilable enemy of Homœopathy, it is indispensable that its phenomena should be analyzed with all the means at our command, their relations of cause and effect, their modifications and variations and the circumstances affecting these determined in detail. It is only in this way that we can advance from obscurity to light, from vagueness and uncertainty to precision and stability. Unless we do this, success at the bedside will remain nothing more than a test of individual skill and sagacity, not of the soundness of the principles professed by the practitioner. The theorizing incidental to the application of the deductive method in our inquiries need fill us with neither alarm nor indignation; for so long as we hold fast to the essentially empirical foundation of our science we shall not only have a standard by which to estimate the value of all theories, but we shall also be preserved from the danger of excluding from our consideration any well-observed fact which does not tally with our preconceived notions.

Measured by this standard, the labors of those whom Dr. Lippe anathematizes will be seen to have brought forth many most valuable suggestions and to stand in no antagonistic attitude to the fundamental ideas of the *Organon*; while the views of the homœopaths, if generally accepted, would be subversive of all homœopathic truth and progress. While they insist upon an inflexible adherence to an "in-

fallible" law, they quite lose sight of the fact that they are themselves carried away from all empirical principles by theories quite as vague as those which serve as arguments for the procedures of the so-called rational school, and that by their persistent attacks upon every real or apparent deviation from Hahnemann's subjective opinions, they place themselves on precisely the same level with the worshippers of that Baal, the code of ethics of the American Medical Association. Dynamization, in the most mysterious and obscure sense of the term, is the idol which fills their hearts, while outwardly they make loud protestations of belief in Hahnemann's law, and the law alone. Instead of taking for their guide, in the application of their remedies, the pathogeneses obtained by provings, they are foisting upon us an overgrown mass of clinical symptoms; and instead of viewing a morbid condition in the light of *all* its peculiar manifestations, they discriminate in favor of those which are most superficial and apparently clear to the uninstructed mind, losing sight of the fact that, in the majority of instances, these are most inexact and reprehensible generalizations. They forget that to limit and repress the mysterious element in medicine is the aim of medical science as opposed to popular and traditional medicine; that while clinical symptoms are admissible, under certain restrictions, for the completion of our knowledge of drug effects, none but a master of the healing art can be trusted to add one of these guardedly to our *Materia Medica*; and, finally, that the spirit and effort of modern pathology is precisely in the direction of the individualization which Hahnemann demanded, so that, to-day, the meaning conveyed by a nosological term, whether old or new, is wholly different from that formerly attached to the name of a disease, and presents to the mind a picture of exact and essential details not dreamt of in Hahnemann's day.

We have purposely avoided quotations and illustrations thus far, but on a future occasion we are prepared to give chapter and verse, as well as practical arguments for our views; meanwhile we point, without further comments, to the clinical cases by Dr. Berridge in this number.

AMERICAN INSTITUTE OF HOMŒOPATHY.

WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS.

We have alluded elsewhere to the profound interest shown by our colleagues of all countries in the approaching world's convention of homœopathic physicians, to take place in June next at Philadelphia.

Reports and essays have already been received from England, Spain, Italy, Sweden, and Africa, and we learn that similar papers in preparation in France, Germany, Hungary, and Russia, in South America and British India, are nearly complete and will soon be in the chairman's hands.

We are requested to remind those of our readers who are preparing reports and papers, that the time is at hand for these to be sent in for printing. As a truly herculean labor is still to be performed by the committee of the Institute before everything appertaining to the "centennial" literature of Homœopathy can be put into proper shape, contributors are earnestly desired to avoid all delay in sending in their articles.

The foreign papers and reports already received are said to be of a very high order of merit, as was to be expected from the able men to whom their preparation had been intrusted. It is unnecessary to point out to our colleagues in New England that solid work will be required to show that we have kept pace in the science and art of Homœopathy, not only with our brethren in Europe, but also with our great and rapid material progress at home.

We have called the attention of our readers from time to time to the importance of attending the meetings of the American Institute, and are conscious that too often our efforts have not been followed by the desired reaction; but we entreat our colleagues to give their most serious consideration to the coming centennial meeting. Unless we assemble on that occasion in truly formidable numbers to meet our distinguished foreign confrères and to show the world what our Institute is, we shall lose an opportunity to demonstrate the progress we have made such as will not present itself again for half a century or more. Let none forget his grave responsibility in this matter.

HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY.— The "Balance Sheet" of the Homœopathic Mutual Life is before us. The company richly deserves the co-operation of every homœopathic physician, because it presents not only the most forcible proof of the success of our medical philosophy, but because it has demonstrated its ability to attain success.

The interest earnings of its funded assets have more than paid the death losses for the last two years. On Dec. 31, of last year, it had not a single loss unpaid, while its mortuary record stands thus:—

MORTUARY EXPERIENCE OF THE COMPANY.

From July 18, 1868, to Dec. 31, 1875.

	No. of Policies Issued.	No. of Deaths.
To Homœopaths	6,061	52
To Non-Homœopaths	1,852	58

CORRESPONDENCE.

CHICAGO, Jan. 6, '76.

Editors N. E. Medical Gazette:

I was sorry to see in your December number a letter which I wrote the *Tribune* several months ago, for the reason that in that letter, written hastily, I made an inadvertent statement that the present incumbents of the Chairs in the Michigan Homœopathic College were "untried and inexperienced." Since that letter was written my attention has been called to the fact that Dr. Morgan's experience has been quite large, and that Dr. Jones has been a lecturer in one of our Eastern colleges. I had in my mind, when I wrote the letter, their experience as lecturers in the Chairs they now occupy, but did not sufficiently qualify my statement. My criticism of the action of the regents, however, holds good, as the homœopathists of Michigan will find to their sorrow.

E. M. HALE.

PHILADELPHIA, Jan. 1, 1876.

To the Editors of the New England Medical Gazette:

A Happy New Year is my greeting this day. Happy I wish you to be, because your humble correspondent is supremely happy himself, and he is so supremely happy because at last his prayers for an illustration of the therapeutics of the physiologico-eclectic branch (composed of men who *pretend* to belong to the homœopathic school) of our school has finally and at last been granted. True, Prof. Lilienthal tried hard, spared no time, and industriously presented a great deal of "dead wood," called a collection of facts, and he then drew his own deductions from them. We asked for nothing of the kind, and our learned friend might know just enough about the law of evidence that *hearsay* testimony is no evidence at all, and to draw deductions of facts not admissible as evidence is out of all question an impropriety. What we desired our learned but misled friends to do, was to give us an illustration of the *modus operandi* of applying their new-fangled physiological discoveries to the healing art; how they, by these new lights, were enabled to cure at all, or say better and surer, than men who were governed by the principles, and the well-known

homœopathie applicability of them to the cure of the sick, as promulgated and practised by Hahnemann.

It has been my humble effort to explain and illustrate in a professedly homœopathic journal his idea of scientific homœopathic progressive treatment. This brother physician says, "On the 4th of July I was called to see a five year-old boy who had diphtheria. The exudation was small, only on one tonsil, but both tonsils were swollen. In the forenoon I gave *Kali chloratum*⁶. At 10 P. M. I was again called on account of a general aggravation of the case. The patient had several times vomited a *watery fluid*. The tongue was dry, the face pale red. He had much fever; at times the arm twitched; when questioned he either did not answer at all or as if he were in a dream. This condition induced me to give him *Natrum mur.*⁶ and *Kalium chloratum in alternation*. They were given alternately every hour. The following morning I received a good report. After the first dose of *Natrum mur.*, the vomiting had ceased; the fever had first become much worse, but had abated after one or one and a half hour's duration.

The brain symptoms in the above case were caused in the following manner according to *my opinion*. A number of the tissue cells in the brain had lost their *Natrum mur.* and had thereby lost their ability to retain their watery contents; the ungoverned water affected the nerve-cells of the brain as a forcing body; therefore was *Natrum mur.* indicated as the curative salt of the brain affection.

Remarks. Will our learned friend, Prof. Lilienthal, and all others, in favor of covering the logical structure erected by Hahnemann, standing on the laws of nature, with a scientific-looking livery called modern science, progressive new discoveries, individual conceptions of our principles and their applicability to *our* successful cures, always very politely asking others to show us the errors of our ways and how to do it better. Why has there been no response? The response comes from parties we least suspected of gratifying us so highly.

Illustration 1. Dr. Morgan, M.D., endorses the vendor of an advertised drug as follows: "The numerous statements and letters relating to its (*Pyretic Saline*) marvellous effects as a *positive cure in scarlet fever* and other blood poisons are most remarkable, are painfully suggestive of great neglect whenever *Pyretic Saline* is not employed in the disease. *It furnishes the blood with its lost saline constituents.*

Remarks. If we rightly understand Dr. Morgan, he offers the following logical argument: The cause of scarlet fever is a loss of saline constituents of the blood; AND MODERN SCIENCE having discovered this fact, now surely experience is appealed to that, *Pyretic Saline* will furnish, has furnished, the blood with its lost saline constituents; and, says the sage M.D., you, healers, who do not take the hint and apply *Pyretic Saline* in the positive cure of scarlet fever and other blood poisons, you are guilty of great neglect.

Illustration 2. We give a *literal* translation of a paper by Dr. Schuessler we find in the *Homœopathische Klinik*, Sept. 15, 1875. Dr. Schuessler comes to us highly endorsed; we hope his aiders and abettors, the men who endorsed him and lauded him up to the skies,

represented him as a great and much-learned man, will not now "give him away." When he is summoned to testify before the medical profession — testify voluntarily — will his endorser and godfather stand by him who so unwittingly exposes the final destiny of all backsliders and of those who, not being blessed with a full comprehension of the fundamental principles of the healing art, begin to offer improvements, alterations, and siftings; will they stand by that great healer, Dr. Schuessler?

For our own individual part, we make free to say that we never heard of, or read, such a really unpardonable composition of trash; never did we expect to hear such absurdities uttered outside of a lunatic asylum. If that is Homœopathy, let the profession be enlightened on the subject by men who stand by Schuessler and applaud him; but we can see no Homœopathy in it, no more in Schuessler than in the vender of the Pyretic Saline; in both cases the very first proposition is — the language of a lunatic. And surely we are not ready to be classed with them.

Yours truly,

AD. LIPPE.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

ESSEX COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

MEETINGS AND COMMITTEES FOR 1876.

JANUARY MEETING. — *Clinical Medicine and Diseases of the Chest.* Drs. Cate of Salem, Gale of Newburyport, and Scott of Lawrence.

FEBRUARY MEETING, — *Laryngology and Zymotic Diseases.* Drs. Moore of Haverhill, Holt of Lowell, and Woodman of Lynn.

MARCH MEETING, — *Microscopy and Diseases of Genito-Urinary Organs.* Drs. Hunter of Lowell, Brown of Lynn, and Holt of Chelsea.

APRIL MEETING, — *Physiology and Diseases of the Skin.* Drs. Cummings of Newburyport, French of Lawrence, and Warner of Lowell.

MAY MEETING, — *Obstetrics.* Drs. Morse of Marblehead, Conant of Gloucester, and Sawyer of Haverhill.

JUNE, SEMI-ANNUAL MEETING, — *Materia Medica and Provings.* Drs. Cushing of Lynn, Thompson of Lowell, and Whiting of Danvers.

JULY MEETING, — *Annual Excursion and Field Day.*

AUGUST MEETING, — *Gynæcology.* Drs. Flanders of Lynn, Scales of Newton, and Wardwell of Beverly.

SEPTEMBER MEETING, — *Pædology*. Drs. Scales of Woburn, Moore of Haverhill, and Morse of Salem.

OCTOBER MEETING, — *Surgery and Electro-Therapeutics*. Drs. Foss of Newburyport, Worcester of Peabody, and Morse of Gloucester.

NOVEMBER MEETING, — *Diseases of the Brain; Nervous System and Psychological Medicine*. Drs. Lougee of Lawrence, Walker of Chelsea, and Cate of Salem.

DECEMBER, ANNUAL MEETING, — *Ophthalmology and Otology*. Drs. Whiting of Danvers, Scott of Lawrence, and Worcester of Salem.

Regular meetings, fourth Wednesday of each month.

NATHAN R. MORSE, M.D., *Secretary*.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

THE Regular Meetings of the Society are held on the second Wednesday evening of each month, at the Ophthalmic Hospital Building, corner 23d Street and Third Avenue.

OFFICERS, 1876. — E. M. Kellogg, M.D., *President*; John C. Minor, M.D., *Vice-President*; Alfred K. Hills, M.D., *Secretary*; Henry C. Houghton, M.D., *Treasurer*; Alfred Wanstall, M.D., *Librarian*.

CENSORS. — Drs. Chas. A. Bacon, Alex. Berchhaus, Francis E. Doughty, J. Antonio Terry, Wm. M. Guensey.

BUREAUX, 1876.

TO REPORT FEB. 9. — *Materia Medica and Toxicology*. Carroll Dunham, M.D., Chairman, 107 4th Avenue; Drs. T. F. Allen, Sam'l Swan, J. A. Terry, John S. Linsley, Constantine Lippe.

MARCH 8. — *Clinical Medicine and Psychology*. Sam'l Lilienthal, M.D., Chairman, 230 West 25th Street; Drs. Edwin West, Alex. Berghaus, C. E. Blumenthal, Mary E. Bond, Wm. L. Fleming.

APRIL 12. — *Physiology, Pathology, and Hygiene*. Chas. A. Bacon, M.D., Chairman, 36 East 31st Street; Drs. F. S. Bradford, A. P. Throop, G. C. Brown, J. R. White, H. I. Ostrom.

MAY 10. — *Surgery and Electricity*. John C. Minor, M.D., Chairman, 10 East 41st Street; Drs. W. Tod Helmuth, John H. Thompson, F. E. Doughty, E. Carleton, Jr., T. D. Bradford.

JUNE 14. — *Zymosis and Dermatology*. J. M. Schley, M.D., Chairman, 1 East 42d Street; Drs. J. H. Demarest, A. M. Woodward, M. Deschere, P. E. Arcularius, H. Amelia Wright.

SEPT 13. — *Obstetrics*. W. N. Guernsey, M.D., Chairman, 133 West 42d Street; Drs. S. P. Burdick, A. M. Piersons, Mary H. Everett, J. Robie Wood, Emma Scott, E. V. Buck.

OCT. 11. — *Eye, Ear, and Throat*. C. Th. Liebold, M.D., Chairman, 21 West 30th Street; Drs. Geo. S. Norton, F. H. Boynton, Alfred Wanstall, *Eye*. Dr. Henry C. Houghton, *Ear*. Dr. W. E. Rounds, *Throat*.

Nov. 8. — *Diseases of Women and Children.* Caroline Yeomans, M.D., Chairman, 400 West 22d Street; Drs. W. O. McDonald, M.D., Clara C. Plimpton, L. L. Danforth, Sarah J. White, P. J. B. Waite, Mary W. Noxon.

DEC. 13. — *Annual Election of Officers.*

STATISTICS. — H. M. Smith, M.D., Chairman, 107 4th Avenue; Drs. Benj. F. Joslin, C. B. Carrier.

LEGISLATION. — H. D. Paine, M.D., Chairman, 26 West 30th Street; Drs. J. W. Dowling, R. C. McMurray.

MIDDLESEX SOUTH, HOMŒOPATHIC MEDICAL SOCIETY.

THE Homœopathic Physicians of Newton and vicinity met at the office of E. P. Scales, M.D., of Newton, on Wednesday evening and organized a society, to be known as the Middlesex South, Homœopathic Society. It is proposed to hold the meetings of this society on the afternoon of the second Thursday of every month. But little was done at this meeting except to organize and make arrangements for future meetings. The following are the officers of the Society: President, F. E. Crocker, M.D., West Newton; Vice President, J. M. Coburn, M.D., South Framingham; Secretary and Treasurer, G. H. Hackett, M.D., Needham; Censors, E. P. Scales, M.D., Newton, S. A. Sylvester, M.D., Newton Centre, J. M. Coburn, M.D., South Framingham. — *Boston Journal.*

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner 3d Avenue and 23d Street. Report for the month ending Dec. 31, 1875: Number of prescriptions, 2,300; number of new patients, 238; number of patients resident in the hospital, 32; average daily attendance, 88; largest daily attendance, 148

ALFRED WANSTALL, M.D.,

Resident Surgeon.

ITEMS AND EXTRACTS.

SHALL WE HAVE A STATE SYSTEM OF MEDICINE?—The idea of a State religion is one that has been utterly repudiated in every American community from the earliest period of our history as a nation. The organic law of the United States, and of every one of the commonwealths that compose it, forbids any alliance between Church and State, and wisely leaves all sects, creeds, and philosophies upon terms of perfect equality. The principle upon which this policy of non-interference is based applies as justly to medical as to religious creeds;

doctors of medicine should be left, like doctors of divinity, to fight out their battles without any discriminating interposition by the State. It is no more the business of the Government to decide controversies between allopathists, homœopathists, and hydropathists than those which have raged so long and fiercely between Calvinism and Arianism, between Universalism with its free heaven and Orthodoxy with its brimstone hell. Yet just as rival religious sects have always sought the help of the secular power (where there was the slightest chance of obtaining it) to enable them to gain an advantage over their enemies, just so have the warring medical sects striven to invoke the aid of the secular sword to smite their antagonists. Nor is the bitterness of the animosities of the rival schools of medicine one iota less intense than the proverbial *odium theologicum* which finds a home in the hearts of devout disputants in regard to the attributes of Deity and "the plan of salvation." The feeling between the allopathists and the homœopathists has for some years been exceedingly hot, not only throughout the United States, but in England and on the continent. In our own State there have been, during the last six or eight years, a number of rather indecorous, not to say scandalous, exhibitions of this unlovely spirit; and now the disciples of Hahnemann are making loud complaint that their crafty foes have introduced an insidious bill in the Legislature which is designed to brand them as "empirics" and "quacks," and to establish allopathy by legal enactment as the State medical religion. The bill wherein the devout believers in the creed "*Similia Similibus Curantur*" fancy that they discover the evidences of the guile and malice of their orthodox persecutors bears the harmless title, "An Act to protect the Citizens of the State of California from Empiricism and for the Suppression of Quackery." The homœopathists, having examined said Act with the keen scrutiny engendered by suspicion, claim to have made the discovery that its innocent title is a delusion and a fraud, and that instead of being, as it purports, a measure for the protection of the citizens of California, it is in fact designed for the protection of the allopathic or old school practitioners against the competition of their dreaded rivals. They have accordingly addressed to the Legislature a spirited protest against the passage of the Act, which protest will be found at length in another part of to-day's *Chronicle*, and will be interesting and entertaining reading for all persons interested in the impending medical war which is sure to be waged with animation on the reassembling of our law-makers next week at Sacramento. The protest is accompanied by the draft of a bill which the disciples of Hahnemann propose as a genuine remedy for the evils of quackery, which bill we also publish for the benefit of our readers. The battle of the doctors may now be considered as fairly begun. Both sides are plucky, pugnacious, and thoroughly in earnest. The opposing powers are well matched in numbers and in prowess, and it would be extra-hazardous at this stage of the campaign to undertake to predict upon whose banners victory will finally perch.

In the parish of Isle-Brewers, in Somersetshire, England, in May, 1681, a woman was delivered of two female infants, whose bodies

were joined together from the navel upwards, but each with all its parts below proper to itself, and not only distinct all along, but separate. Upwards, beneath the breasts, these bodies parted again, and then all was as below, distinct and separate. When laid supine they seemed to have but one body where joined, but when turned, there was a deep furrow between both. Each had a distinct *spina dorsa*, etc., and nipples in their proper place respecting the several bodies. They did not always sleep at the same time; they "exonerated" apart freely, and lived for some time. — *Philharmonic Transactions quoted in Collinson's Antiquities of Somerset, England. 1791. Bath.*

HYGROSCOPIC PAPER. — The *Journal of the Franklin Institute* gives a mode of preparing a useful hygrosopic paper, by Percy Smith. A bibulous paper is impregnated with a concentrated solution of chloride of cobalt. It is very sensitive to atmospheric variations, being blue in a dry atmosphere, changing to red when the air becomes humid. Four observations a day, made for a year, with every precaution, prove that this paper may be employed to indicate readily and precisely the hygrometric state of the air.

REVIEWS AND NOTICES OF BOOKS.

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

BOOKS AND PAMPHLETS RECEIVED.

A SYSTEM OF MIDWIFERY, INCLUDING THE DISEASES OF PREGNANCY AND THE PUERPERAL STATE. By William Leishman, M.D. SECOND AMERICAN FROM SECOND AND REVISED ENGLISH EDITIONS, WITH ADDITIONS by John S. Torry, M.D. Philadelphia: Henry C. Lea.

ON THE RELATIONS BETWEEN DIABETES AND FOOD AND ITS APPLICATION TO THE TREATMENT OF THE DISEASE. By Arthur Scott Donkin, M.D. New York: Putnam & Sons.

ORGANON OF THE ART OF HEALING. By Samuel Hahnemann. Fifth American edition, translated from the fifth German edition by C. Wesselhoeft, M.D. Boericke & Tafel.

ON OVARIAN DROPSY AND ASCITES: THEIR DIAGNOSIS AND TREATMENT. ALSO ON PROLAPSUS UTERI. By Richard Epps, M.D., M.R.C.S. London: Simpkin, Marshall & Co.

INTRODUCTORY LECTURE TO THE XVI SESSION OF THE HAHNEMANN MEDICAL COLLEGE, OF CHICAGO. Given on the evening of Oct. 6, 1875, by E. H. Pratt, M.D., Professor of Anatomy.

MEDICAL REPORT OF THE NORTH HAMPTONSHIRE DISPENSARY, 57 Abingdon Street, Northampton, England, from Jan. 1, 1872, to Dec. 31, 1874. To which are added Medical Annals, 1872-75. Northampton: Taylor & Son.

METRIC SYSTEM OF WEIGHTS AND MEASURES.

DR. H. LENOX HODGE'S NOTE BOOK FOR CASES OF OVARIAN TUMORS AND OTHER ABDOMINAL ENLARGEMENTS. Philadelphia: Lindsay & Blackiston.

THE ADDRESS ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. By Wm. H. Byford, M.D. Philadelphia: Collins.

HERMAPHRODISM FROM A MEDICO-LEGAL POINT OF VIEW. By Basile Poppesco. Translated by Edward Warren Sawyer. Chicago: Keen, Cook & Co.

POPULAR HEALTH ALMANAC for 1876. Edited by Fred. Hoffmann. New York: E. Sterger.

THE HEALTH LIFT, 1876. New York: Health Lift Co.

THREE MONTHS IN THE HOSPITALS OF PARIS. By R. Ludlam, M.D. Philadelphia: Sherman & Co.

THE SANITARY CONDITION OF BOSTON. The Report of the Medical Commission appointed by the Board of Health of the City of Boston. Boston: Rockwell & Churchill.

ENCYCLOPÆDIA OF PURE MATERIA MEDICA. A record of the positive effects of drugs upon the healthy human organism. Edited by T. F. Allen, M.D. Vol. III. Bœricke & Tafel.

CATALOGUE OF BOOKS published by Hurd & Houghton. Cambridge: Riverside Press.

VICK'S FLORAL GUIDE for 1876.

OBITUARY.

DR. ADOLPH REISIG.

ADOLPH REISIG, M.D., a well-known medical practitioner of New York, died suddenly at his house, No. 54 West Thirty-Fourth Street, on Saturday afternoon, Jan. 1, 1876, at the advanced age of seventy-seven years. His health had been seriously affected by a paralytic stroke suffered during the summer, and his practice had devolved largely on his son, Dr. Richard Reisig; he was troubled, also, with heart disease. On New Year's Day, however, despite the efforts of his family to detain him, he insisted on making several social visits, and his strength was so overtaxed that death ensued soon after his return.

Dr. Reisig, who was a native of Prussia, began life as an allopathic physician, but afterward became a homœopathist of the most rigid type. Before migrating to this country he had established an extensive practice in Berlin, including in his list of patients several members of the royal household and a number of the most prominent families among the nobility. He was induced to leave Europe by Theodore S. Fay, who was for some years Secretary of the American Legation at Berlin, and who prophesied the successful professional career which was open to a man of his talents and learning in a rich and growing country. Dr. Reisig was an enthusiastic lover of the land of his adoption; and his death deprives New York not only of a physician of distinguished abilities, but also of an honored, patriotic citizen. His funeral took place from his late home the Wednesday following at half-past ten o'clock.

DR. RUDDOCK.

THE readers of this periodical will be exceedingly sorry to hear of the sudden death of its editor. On Friday, Dec. 17, he left his consulting rooms in London in his usual health, but on reaching home he complained of lumbago and fever. During the night rheumatic fever was developed, and he gradually got worse. On Friday night, Saturday, and Saturday night he suffered intensely with rheumatic pains in the back and limbs; then suddenly the pains left the body and went to the head. After that time he was unconscious, with but rare and short intervals of light. Every attention was paid to him, and the utmost efforts of medical skill were employed to afford relief. His professional friends in the neighborhood and in London rendered all the assistance in their power, some of them travelling from town to spend the night with him; but all in vain. He passed away on Thursday, Dec. 23, at 11 A.M. Further notice of his useful career must be reserved till our next number, when the distress occasioned by this most sudden and appalling shock has been in some measure abated. — *The Homœopathic World*, Jan. 1, 1876.

PERSONAL.

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[VOL. XI.

VERATRUM AN ANTIDOTE TO OPIUM.

BY J. S. TODD, M.D., ONE OF THE VICE-PRESIDENTS.

[*Read before the Atlanta Academy of Medicine.*]

THIS assertion is the result of the fact that opium is an antidote to veratrum. That it is, none who have had any experience with overdoses of veratrum will deny. Dr. Norwood, to whom we are mainly indebted for this valuable drug, recites several cases where large quantities of his tincture were given; in one instance as much as one drachm, which caused the most alarming prostration, vomiting, and general relaxation, all of which symptoms were almost immediately dispelled by opium and whiskey. I have in my own practice had frequent occasions to verify his statement that there need be no fear of a fatal result from veratrum if the antidote above mentioned is given. Indeed, the antagonism is as marked as that of acids and alkalies. The question very naturally resolves itself into this shape, Are antidotes reciprocal? The answer is obvious; it cannot be otherwise but in the affirmative; for an acid is no more incompatible with an alkali than an alkali with an acid. Belladonna, or its alkaloid, atropia, has for some time enjoyed the confidence of many of the most learned and distinguished in our profession as an antidote to opium. It is not my object or intention in this paper to attempt to prove that it is not an antidote; for, with Prof. Reese of Philadelphia, I am constrained to acknowledge that after a fair and honest review of all the cases, *pro* and *con*, as to the antagonism of belladonna and opium, the evidence in

their favor has preponderance. This testimony I give, in the face of the fact that experiments on the lower animals seem to show that where the two are given together, the effect of each is intensified. Dr. Harley, F.R.C.P., F.L.S., etc., in the Gulstonian Lectures of 1868, extended and including a complete examination of the active constituents of opium, arrives at a totally different conclusion. In this lecture the question of the antidotal action of opium and belladonna are considered at great length. The recorded cases are carefully examined, and classified in three tables: the analysis of these, in connection with very many and varied experiments, "justifies the conclusions that the evidences of antagonism are inconclusive; that belladonna has no influence whatever in accelerating recovery from the poisonous effects of opium; but on the other hand, the effects of the opium are intensified and increased. It is utterly powerless in obviating the chief danger of opium poisoning, the depression of the respiratory function." He states, however, that in doses of from the 1-96 to the 1-100 of a grain, atropia is the greatest and most potent of all agents, not excepting carbonate ammonia and whiskey, as a cardiac stimulus, and that in these doses it may, and doubtless will, do good, where the pulse is very slow or weak. How much atropia is necessary to counteract a given quantity of morphine has never been ascertained. We all give it with fear and trembling, knowing that the remedy, if pushed, is as bad as the disease; in other words, the remedy is too dangerous. If any of us were called to a case where an alkali had been given in hurtful dose, we would not administer nitric, chromic, or muriatic acids, but rather vinegar or citric acid, — something that would not destroy both the poison and patient. I propose, as a substitute for the too potent deadly nightshade, the milder veratrum. Beck, in his work on Medical Jurisprudence, classes veratrum and belladonna under the same head, — acrid narcotics, — both dilating the pupil, and killing by producing convulsions. There would seem to be from this some analogy between their action in poisonous doses. It is only by careful scrutiny of recorded observations as to the effects of drugs that any valuable contribution to therapeutics is obtained. With this view I present the following cases, the notes of which

were carefully and truthfully taken at the time. As to the *modus operandi*, I do not attempt to explain it. The very best reason that can be given why we administer this or that is, *it is successful*.

J. H., æt. thirty, dissipated, took, Oct. 26, 1872, in my presence, little over six drachms of *Tinct. Opii*. Assuming thirty drops of laudanum to be equal to a grain of crude opium, he took at one dose twenty-four grains. He had taken half an ounce of laudanum ten or fifteen minutes before this (sixteen grains), thus taking in all forty grains of opium, or 1,200 drops of the tincture. All persuasion to induce him to take an emetic being futile, I prevailed on several by-standers to throw him down, and then vainly attempted to give him a mixture of *Ipecac* and *Sulphate of Zinc*, aa. grs. xxx. I could not make him swallow, though his nose was held and threats used, until I poured some of the solution in his eyes, which caused so much pain that he came to terms, and took the emetic a few moments after. It not having the slightest effect, a drachm more of *Ipecac* was administered. In ten minutes he was asleep. I had him walked and shaken, thinking that the emetic would act could he be kept awake. There was no stomach-pump in the place. He soon ceased to step or exhibit any symptom of pain or sensibility whatever. Placed his head under a pump, and gave him the cold douche five minutes. Meanwhile the coma gradually and fearfully increased. Had him carried to Dr. McMillan's office, where there was an electric battery. I was here joined and assisted by Dr. Henderson. Under the electric stimulus he so far regained consciousness that Dr. McMillan and myself concluded to give him more *Ipecac*. This was eight o'clock. Suddenly, while taking it, he collapsed, and some of the fluid passed down the trachea. Respiration was kept up partly by artificial means, but principally by placing one pole of the battery along the course of the pneumogastric nerve, above the sternum, and the other at the pit of the stomach, for at least three quarters of an hour. At this juncture the glass of the battery containing the acid broke, and we had no substitute. Mustard was applied to the spine, chest, and abdomen, and friction used on extremities. Pulse slow, full, 30; respira-

tion stertorous, 8; face much congested; nose and ears purple; extremities cold. Had him moved to his room, sent for an old-fashioned friction magnetic battery, the only one in the town. The pupils were, of course, tightly contracted. We concluded to try *Hypodermic Injection of Atropia*; it was administered until the pupils were widely dilated. At 11 P. M. Drs. McMillan and Henderson left me, saying the man would die very soon; such was also my opinion, but I determined to give him every attention. The battery was used on him with occasional intermissions until three o'clock, when his breathing was 6, and the pulse suddenly ceased. I immediately injected under the skin a drachm of raw whiskey, and felt the pulse return before the syringe was withdrawn. After his pupils were dilated by the atropia his pulse became rapid and weak. Fifteen minutes later I injected another drachm of whiskey and two drops of tincture of *Veratrum Viride*. Five minutes after the dose his pulse became slower, but weaker, and there was paralysis of the entire right lung. No air whatever entered or was expelled from it for two or three respirations. I now had him violently rolled about the bed, slapping and compressing the chest. Five or six such turns caused a groan and an emesis of four or five ounces. He opened his eyes, but immediately closed them and relapsed into the comatose condition. This was at 3.15 A. M., just fifteen minutes after the first dose of *Veratrum*. From that time until five I gave him six hypodermic injections of a drachm each of raw whiskey; and two, an hour apart, of two drops each of *Tinct. Veratrum Viride*, with marked improvement each time. He was meanwhile persistently and continually worried, the battery applied to spine, the cold douche was used, and he was walked, slapped, whipped, tickled, etc. Any such procedure, however, after two or three repetitions, lost all effect. By 5 A. M. he was able to swallow a teaspoonful of very strong coffee, one cup of grounds to three of water. By eight he had taken four or five of such cups, and vomited freely. After this he vomited several times, but at nine he retained a tolerably stiff drink. Once, about half-past six, I let him take a nap. Whenever he was not worried he slept, and would, while sleeping, have general convulsive movements, and the breathing would fall from

14 to 8 per minute. I did not allow him to lie down at all during the day, although he was pretty thoroughly aroused by 10 A. M., and perfectly rational. I permitted him to take naps of from ten to thirty minutes, sitting. He vomited everything he took that day, except the toddy before mentioned.

Oct. 28. — Slept tolerably well last night, but was very nervous.

Nov. 1. — Has suffered considerably from nervousness and irritability of the stomach during the past three days. Gave *Laudanum*, *Bromide of Potassium* and *Quinia*, *pro re nata*.

On Oct. 29 he left for his home, and Nov. 2 he resumed his work. The whiskey did not cause a single abscess; all soreness about the chest, where injections were made, was superficial, and plainly attributed to the mustard, which blistered in several places over the thorax, and the skin is still highly inflamed wherever it was applied. He has complained always of his throat; described the sensation as brassy, and was, until to-day, hoarse. This is doubtless caused by *Atropia*. His bowels moved spontaneously on the day after he took the laudanum.

Nov. 12. — Been at work steadily since the 2d. No abscess has developed itself.

Remarks. — *Atropia* in this case certainly did no good; the *Veratrum* much. In fact, to it do I mainly attribute the recovery, but I do not believe it would have been sufficient in itself. My timidity in the use of the agent doubtless put off the good effect. This man was as persistently worried as three of the most obedient attendants could possibly perform such an office. They kept him alive from the combined effects of both drugs, until the *Veratrum* suggested itself. It will be particularly noticed that no emesis occurred until *Veratrum Viride* was given.

CASE II. Dec. 30, 1873. — B. R., æt. fifty-two, merchant. Had suffered from occasional mental derangements for eighteen months. During such attacks he attempted to take his life in various ways, by drowning, the razor, and phosphorus. To-day he procured from J. P. M. & Co., druggists, an ounce of gum opium, and before he was detected he had eaten the whole of it. This he did about an hour before I saw him. When I first saw him he was highly intoxicated from it, cov-

ered with a profuse perspiration, and somewhat sleepy. He persistently refused to take anything; was perfectly rational. About half an hour was lost in persuasion and force, endeavoring to get him to take Zinc and Ipecac; fully another half hour, in having a funnel made to fit the end of a catheter (male). Through it, introduced down the nose into the pharynx, I gave sixty or seventy grains *Sulph. Zinc*, and as much *Ipecac*. He almost immediately vomited. In the emesis there was much opium; the smell of it could be detected diffused over the room. During all this time he was of course worried and walked, but the coma continued to increase. I then gave him, every half hour, ten to twelve drops of *Tincture Veratrum Viride*, hypodermically, with an emesis or an attempt at vomiting after each injection of *Veratrum*. Everything not given by hypodermic means had to be given through the catheter inserted in the nose down the throat. He took the opium about 11½ A. M. Until 6½ P. M. his pupils did not contract, nor did he become so drowsy that he ceased to step, or give rational answers, or evince pain when flagellated, or when the battery was put to him; nor did his pulse become slow or respiration stertorous. About this time Dr. Griggs, family physician, came, and only one more dose of *Veratrum* was given, Dr. Griggs having no confidence or experience in the *Veratrum* treatment. He recognized Dr. Griggs, and spoke to him. His pulse at that time was 65; respiration 15 or 16. We commenced to use the cold douche, and at seven o'clock gave *Atropia*, which undoubtedly increased the coma. We gave it until the pupils were dilated, for they began to contract at six. Mustard was applied to chest, abdomen, spine, and extremities. His pulse never became *slow nor full*, but his breathing did after the *Atropia* was given. At eight o'clock exactly he died suddenly from asphyxia, the heart continuing to act for several minutes after respiration ceased. Artificial respiration could not be induced with the battery.

Remarks. — The large amount of opium taken, and the length of time that elapsed between the taking and the commencement of treatment, are sufficient to convince any thinking man that there could have been but one termination. The good effects of

the treatment are manifest by the length of time that intervened before death. Not only was life prolonged, but the usual effects of opium were long in showing themselves. According to Dr. Christison the usual duration of fatal cases is seven hours. This patient took hypodermically, in less than six hours, a drachm of *Tincture Veratrum Viride* without lowering the pulse; in fact, it seemed to keep the heart going.

CASE III. Feb. 2, 1873. — Was called, in consultation with Dr. McMillan, to see W., æt. 12, who was suffering with meningitis. We concluded to give *Morphine*. In fifteen minutes the symptoms were characteristic of opium poisoning,—contracted pupils, no pulse, stertorous breathing, and coma. Under the cold douche and three injections of three drops each of *Tincture Veratrum Viride*, he promptly vomited, pulse returned, and pupil dilated in from one and a half to two hours. The *Morphine* was given about 11 A. M. He died at 11 P. M. from the force of the disease, with no symptoms of opium.

Remarks. — The death of the patient in no way invalidates the conclusion that I am trying to prove. The epidemic of meningitis, which carried off this boy, was very fatal. The return of the pulse and dilation of the pupils from the effects of the *Veratrum* are particularly worthy of notice.

CASE IV. Dec. 23, 1875. — C., child six weeks old. Had taken five drops of a *Tincture of Opium*, which had remained unstopped until of a syrupy consistency. The dose was taken at 4 P. M. I saw it first at 6 P. M. The breathing was 12, and sighing; pulse 60; coma well marked; pupils tightly contracted. By vigorous flagellation or rude handling could be induced to open the eyes, but efforts to make it swallow anything were futile. Gave, hypodermically, one drop of *Tincture Veratrum Viride* in ten of brandy. One hour afterwards repeated the dose. In fifteen minutes it vomited slightly, about half an ounce of mucus. At half-past eight there was another slight emesis; the symptoms unchanged, except more mucus in lungs. The cold douche was used, but produced no evidences of sensibility. Injected from four to six ounces of strong coffee per anum, which was partially retained. This was repeated about nine. At half-past nine injected one half drop of *Veratrum* and fifteen

of whiskey. At quarter-past ten the child vomited freely, copiously, with instant improvement in every symptom. During the vomiting the coffee was passed from the bowels. It would cry and exhibit evidences of pain from slight inflictions, or even from loud speaking. At half-past ten respiration 24, pulse 100; pupils normal. Mustard was used to spine and abdomen.

Dec. 24. — Except from soreness, the child was in usual health.

Remarks. — Half an hour before the last emesis the child was excessively nauseated and much relaxed. How much opium there was in the five drops this infant took is not certain, but it is a well-known fact that alcohol, and not the opium, is the constituent which evaporates. It must have taken at least eight drops of the ordinary tincture. Was this amount sufficient to cause death?

Dr. Kelso, in the *London Lancet*, Vol. XXI, page 304, relates a case where four drops of laudanum to a child thirty-six weeks old was fatal. A case is mentioned in the *Medical Times*, Vol. X, page 436, where two drops of the tincture, given four times during eighteen hours, killed a child six weeks old. The cure in this case is to be attributed to the veratrum alone. Improvement in the pulse, after vomiting, is especially noteworthy.

CASE V. — Dr. E. H. Sholl, of Alabama, communicated to the *Philadelphia Medical and Surgical Reporter* a case of poisoning by morphine, which was cured by veratrum. The patient, a negro boy fifteen years old, took an overdose of morphine, which had been prescribed for hiccough. It was followed by stertorous breathing, contracted pupils, etc. Eighteen drops tincture veratrum, with two ounces of brandy, after one hour, caused all the symptoms to vanish.

CASE VI. — Dr. J. P. Logan, of this city, related before the Academy a case of opium poisoning, in which he gave tincture veratrum to control the cerebral symptoms. The result was an entire cure.

While I feel every confidence in veratrum as an antidote to opium, I would by no means neglect, under all circumstances, to give strong coffee when the patient could swallow it, and

when he could not be induced to take it per orem, I should give it per anum, and also place particular stress on having the unfortunate walked, flagellated, tickled, etc. Obedient, active attendants are a host in themselves, and in no other emergency does the physician need such allies more. Electricity is also an agent not to be neglected. Of course no one will neglect to use every means to evacuate the contents of the stomach.

EXTRACTS FROM CASES OF POISONING.

BY E. W. BERRIDGE, M.D.

PISCIDIA ERYTHRINA, or Jamaica Dogwood. (From *Pharmaceutical Journal and Transactions*. 1845. Vol. IV. pp. 76, 111.) By Dr. W. Hamilton.

THE bark of the root is used to narcotize fish.

Dr. Hamilton having been prevented from sleeping by toothache, took a drachm of the tincture in water on going to bed. Soon after taking it into the stomach, he had a violent sense of heat, which gradually increased, in intensity causing a suspicion that he had poisoned himself. The sensation of burning gradually extended to the surface, and while he was thinking what antidote he should take a profuse diaphoresis burst out from every pore, and a most profound sleep arrested him so abruptly that he remained motionless the whole night, with the uncorked phial in one hand and the glass in the other, till the sun was high above the horizon next day, a space of twelve hours, when he first returned to consciousness, quite well. The bark of the root should be collected about the full moon in April, when the tree is in flower, before the leaves have unfolded.

The large, spotted sea-eel was caused by it to swim about in a frenzy of intoxication, and rear its crested head high above the surface.

GYMNEMA SYLVESTRE, of India. (From *Pharmaceutical Journal and Transactions*. 1848. Vol. VII. p. 351.)

Capt. Edgeworth and his wife chewed some of the leaves, after which they could not perceive the taste of sugar. (Reported by Dr. Falconer to the Linnæan Society, Dec. 7, 1847.

ECHITES SUBERECTA, or Savanna Plant of Jamaica, etc. (From *Pharmaceutical Journal and Transactions*. 1847. Vol. VI. p. 23.) By Dr. W. Hamilton.

The milk of this plant is a most deadly poison, and often fatal to cattle which browse on it. Lunan says that two drachms killed a dog in eight minutes. He also gives the case of a doctor in Jamaica who was poisoned by it; it caused violent griping, nausea, and loss of appetite, followed by convulsive twitchings in various parts of the body, hectic fever, and emaciation. Lunan gave him the cocoons of the *Fevillea Cordifolia*, which cured him, though it was a long time before the tendency to spasms was wholly subdued.

Dr. Barham gives a case of some negroes who drank some rum, the jar containing which had been corked with a piece of the stem of this plant, some leaves also having dropped into it. They drank it in the morning, the jar having been left there all night. In a few hours they were seized with a violent vomiting and tremors, and some died. The juice of the root of the *Maranta Arundinacea*, or arrowroot, was given to the survivors, and saved them. [The works of Lunan and Barham should be carefully examined by compilers of *Materia Medica*. E. W. B.]

HOMERIA COLLINA, or Cape Tulip; from Cape of Good Hope. (From *Pharmaceutical Journal and Transactions*. 1852. Vol. II. p. 40. Abstracted from *Floræ Capensis Medicæ Prodromus*. By Dr. L. Pappé.) [Examine this work also. E. W. B.]

An elderly woman and three children, aged twelve, eight, and six, ate with their supper, Sept. 18, 1850, a small basinful of the bulbs. They supped between 7 and 8 P. M., and retired to bed about 9. About 1 A. M. the woman woke, with severe nausea, followed by vomiting, and found the children similarly affected. She tried to call for help, but was too weak to leave her bed. At 5 A. M. (when help arrived) the eldest girl was found dying, and died almost immediately. The boy, aged eight, died in another hour; the youngest was found in a state

of collapse, almost insensible, cold extremities, pulse scarcely fifty and irregular, pupils much dilated. The woman's symptoms were nearly similar, but in a lesser degree, accompanied by constant efforts at vomiting. These two recovered. The body of the eldest child was examined in twelve hours. Marks of intense gastritis were found, particularly about the cardiac and pyloric orifices. The inflammation extended throughout the whole course of the small intestines, and there was great venous congestion of brain. In the present case, obstinate constipation prevailed.

A POISONOUS LEGUMINOUS PLANT, from Swan River, New South Wales. (From *Pharmaceutical Journal and Transactions*. 1847. Vol. VI. p. 311.) By Mr. J. C. Walker. A paper read at the *Transactions of the Pharmaceutical Society*, Dec. 9, 1846. [Name of plant not given. It should be ascertained by our colleagues in New South Wales. Specimens are deposited in the Museum of the Society. E. W. B.]

Soon after a sheep has eaten of the plant, it assumes a wild appearance, holds its head high up, stares about it, then runs round in a circle, and drops down dead, foaming at the mouth. Horned cattle have a dull appearance, with languid eye; they seem to be in much pain, and lie down and die.

FURTHER NOTES BY DR. ALGERNON FRAMPTON.

About one and one half to two drachms of a decoction of one half ounce of the leaves, evaporated to about five drachms, was given to a doe rabbit. When set down it seemed giddy and feeble, made one or two ineffectual attempts to raise itself on its hind legs against the side of the box in which it was placed but fell; than sat on all fours, seemed weak and unsteady, and in five minutes was lying on its side insensible, the respiration going on feebly, but neither much accelerated, nor at all gasping; the pulsations of heart were also feeble. It lay in this state for a few minutes; the action of the respiratory muscles and of the heart became rapidly weaker, and ceased altogether in about ten minutes after taking the poison. Except one

slight retraction of the head, there was no convulsive movement whatever, and no discharge of stool or urine. The limbs became quite stiff in the course of an hour. *Post mortem* in twenty-four hours: Stomach full of food, and softened at its larger extremity, but no inflammation.

Another rabbit took a portion of the same decoction at 9.40 A. M., after which it seemed dull and panted violently. After thirty minutes it seemed well, except that it continued somewhat dull and refused food, and was in much the same condition on two or three subsequent occasions when seen. At a little after 3 P. M. it suddenly sprang forward, screaming at the same time, and when I saw it shortly afterwards it was lying on its side, with the pupils dilated, the limbs relaxed, and breathing very feeble. It died at 3.15 P. M. *Post mortem* in eight hours: surfaces of all the abdominal viscera moist; some serous fluid in abdomen; liver seemed somewhat gorged, and kidneys slightly so; stomach contained a good deal of food, and colon was full of a dark-green, pulpy mass; some suffering of the mucous membrane at cardiac end of stomach, supposed to be cadaveric; lungs collapsed on opening chest, and appeared healthy, except a portion of upper part of left lung, which was deep red and completely solidified. Heart felt firm, both auricles filled with firmly coagulated blood, and in both it was of the same dark color; right ventricle quite empty; left contained only a small clot continuous with that in the auricle.

Another rabbit took a third part of a thin extract, made from six drachms of the stalks, at 9.30 A. M. It had had no food for twenty-four hours. It seemed at first dull. In the course of an hour it took food, and then seemed quite well, but rather less lively than before. It was last seen at 4.30 P. M., and seemed to be unharmed; yet next morning at 9 A. M. it was found dead and quite cold and stiff. *Post mortem*: stomach and colon full of blood; liver very much gorged with blood, and kidneys slightly so; surfaces of abdominal viscera moist, as in the former cases; lungs collapsed readily, quite healthy; heart contained dark, coagulated blood in both auricles, that in the left being quite as dark and somewhat more abundant than that in the right.

Mr. James Drummond says of it that the finest and strongest cattle are the first to perish; breathing becomes difficult; they stagger, fall, and die. He also gives other experiments, which are not quoted here. [Where are they given? E. W. B.]

LIANA of LA PECA. (From *Pharmaceutical Journal and Transactions*. 1847. Vol. VI. p. 26.) By Dr. W. Hamilton.

Humboldt gives two instances of its action, one on himself: his hands were benumbed by friction of the twigs between his fingers; another was similarly benumbed by absorption.

ANGELICA and SUMBUL. (From *Pharmaceutical Journal and Transactions*. 1848. Vol. VII. p. 546.) Editorial.

Sumbul has similar effects to Angelica; it increases the energy of the digestive organs by a more active absorption and a more ready assimilation of the chyle into blood. It restores the hæmatose functions, increases respiration and the development of animal heat, accelerates the circulation of the blood, the assimilation, and the secretions.

NOTES ON UTERINE THERAPEUTICS.

BY R. LUDLAM, M.D.

Professor of Midwifery, Hahnemann Medical College, Chicago.

[Read before the British Hom. Congress, June, 1875.]

It is a remarkable fact that, in the treatment of the ordinary diseases of women, although the opportunity for observation by the medical men of our school of practice has been very extensive, the recorded results of that experience are comparatively limited. We represent a system of cure that is believed to be especially adapted to the treatment of this class of disorders, and *nolens volens*, must prescribe for them. Three fourths of a century has elapsed since this experimentation began. In that interval not an hour has passed in which some physician, had he been competent and so disposed, could not have noted a clinical fact that would have multiplied our

resources, and helped to develop an available system of uterine therapeutics.

I apprehend that the reasons for this singular anomaly in medical literature are worthy of consideration. Why is it that while nearly one half of our patients are women, whose diseases are more or less modified by the crises through which they are constantly passing, not one page in a hundred is devoted to their clinical history? And among the records that have been made in this department, why has so small a proportion of them been contributed by our older and more experienced practitioners? How shall we explain the fact that men who have achieved results which have made them famous in so many families have gleaned so little for our libraries?

I. Homœopathy and gynæcology are both of them comparatively new. In the remarkable development which they have undergone, each has been subject to a peculiar bias. Those who cultivated the former very naturally and very fortunately devoted their attention to the *Materia Medica*, while those who contributed to the latter, confined their researches to a limited department of pathology. Each worked his vein in his own way; but neither party has accomplished what their combined labors only can perfect.

The inference is a just one that, when applied to the treatment of the diseases of women, our therapeutical resources are incomplete because we have been so intently and so exclusively occupied with another branch of medicine as practically to have overlooked the fact that a new and kindred specialty has been developed meanwhile, and has therefore escaped the attention which it merits at our hands.

The growth of gynæcology has been equally one-sided. Uterine diagnosis and uterine surgery are rapidly approaching perfection; but the leaders in this department are confessedly ignorant of uterine therapeutics. Practically, they know as little of the adaptability of remedies *per se*, and of their curative capacity within the range of this speciality, as Hahnemann did of the clinical thermometer. For the best of them omit all internal medication, or nearly so, and trust exclusively to empirical expedients of various kinds.

These unilateral defects are obvious. A system of therapeutics that takes little or no cognizance of the peculiar clinical history of woman is equally imperfect with a system of gynæcology that rejects our provings and despises the law of similars.

Every woman who is to survive the climacteric must wage a thirty years' warfare, in which her physical experiences will be as distinctive as they are dangerous. And it would be unreasonable to suppose that nature disregarded this fact when she endowed our drugs with their curative properties. Although they are not convertible, each of these branches, therefore, has its counterpart in the other.

We do not need a *Materia Medica* for this class of patients especially; but there is a demand for such a modification, improvement, and adaptation of the old one as will include the whole gamut of their toxical susceptibilities through puberty, menstrual life, pregnancy, the parturient and the puerperal states, lactation, and the menopause. Moreover, it is requisite that we should institute provings upon women who have first been declared by competent examination to be healthy; that the symptoms gleaned shall have been subjected to the scrutiny of experts in this specialty; and that the clinical deductions drawn from the use of these drugs shall be stamped with the authority of those who have had an abundant experience in their employment.

It may answer to treat our domestic animals on the basis of provings that were made upon other creatures, and to come as nearly as possible to curing them with an approximate chart of their susceptibility to drug-action, and it may be allowed that the veterinary surgeons shall arrange and adapt a *Materia Medica* to the best advantage of their patients; but I submit that a *woman* deserves better treatment at our hands than either a dog or a horse.

II. I beg to offer another thought in explanation and in extenuation of the unfortunate defect referred to. Being "a new departure" in medicine, Homœopathy must first pass through a *controversial* period. And whatever doubts we may entertain with regard to the waste of words and of precious

time in further support of a form of truth that ultimately will prevail, we shall agree that the blood of the martyrs does not contain *all* of the elements of growth and of prosperity. Our being compelled to fight for a foothold has not only served to drain away our practical energy and to dwarf our productive capacity, but it has placed us and kept us in an attitude of antagonism with the claims of other branches of medical science.

Moreover, in view of the diversity of our gifts, and however skilful and successful our physicians have been in the general practice, it is manifest that only a small proportion of them are adapted to work efficiently in the department of *Materia Medica*. The consequence is that, as a rule, whenever these gifted persons have been diverted from their proper function to the defence of our doctrines, the dignity and value of our literature have suffered in a corresponding degree.

And, furthermore, those in our own ranks who may have had a special genius for the study of uterine therapeutics, and who might have given us the fruit of their labors, have been prevented, discouraged, and kept in the background by the smoke and din of the conflict. And what is true of this branch is true of all. Indeed, with noteworthy exceptions, the remark is equally applicable to the literature of separate diseases of whatever kind.

To attempt a verification of these facts would be to reflect upon the intelligence of this honorable body. If our literature is not so practical and creditable as we could have desired, it behooves us to recognize and to remedy its defects. If its first period has been of necessity controversial, its second should be clinical and demonstrative. If we would condense our records to "the posterity point," we must bring a larger share of the gleanings of actual, varied, and intelligent professional experience into view and into use.

III. Most of our knowledge of subjects connected with the diseases of women is derived from researches that have been made within the period of the present generation. Ovarian physiology and pathology; the whole philosophy of uterine lesions, whether acute or chronic, direct or remote; the con-

tingencies of pregnancy and of childbed; and the etiology and differential diagnosis of the puerperal diseases, have been studied as they never were before. The increased means of physical exploration, the disclosures of the sound and of the scalpel, the revelations of the microscope, the results of hygienic prophylaxis applied to this specialty, and the remarkable contributions of the clinical thermometer and the aspirator are not to be despised.

A few years ago meteorology and botany were studied separately; it was not even supposed that they had any especial relation to each other; in our day their union has furnished the practical and indispensable science of botanical geography.

It is said that the best quality of steel is made from a combination of several different kinds of iron, which have been brought from as many different countries. Certain it is that a bundle of wires will sustain a bridge which no single bar of iron, however large it may be, will support.

There is little doubt that the time has arrived when all physicians should avail themselves of whatever improvements have been made, or are making, in the realm of medicine and of surgery. If our friends on the other side of the fence, or rather in the next field, pay us the compliment, and are pleased to adopt or to adapt the whole or any part of our *Materia Medica* (with or without acknowledgment), it shows that they are progressive. We have no exclusive claim upon the writings of Hahnemann, of Hering, of Hughes, or Dunham, of Hale, or of other eminent workers in that department. If we make a good wire, and they want it to help humanity over the rapids, *let them have it*; and if they can furnish us one in exchange, *let us take it and use it properly*.

Because we accept the pathological views of Rokitansky or of Tilt on ovarian irritation and inflammation; or those of Scanzoni or of Gallard on sub-acute metritis; the ideas of Bernutz on inflammation and abscess of the broad ligament; of Thomas on areolar hyperplasia of the uterine cervix; or of Hervieux or of Barker on the puerperal diseases, it does not follow that we are committed or restricted to their clumsy therapeutics. An intelligent idea of the disease that is to be cured is fundamental,

even although it does not and can not furnish an exclusive basis for the selection of a remedy. By keeping these cardinal views in mind, testing them cautiously, and confirming them in our own observation, we shall be able to place a fixed and determinate value upon our curative resources, to do more good to our own patients, and to help those who shall come after us.

It is undoubtedly true that such lesions have sometimes been cured unwittingly; for under certain conditions, a medicine may act more directly, and more faithfully too, than the doctor himself. But where is the record of this experience, and what is it worth, if it is not seasoned with a discriminating knowledge of cause and effect? Unless it is based upon a proper and thorough appreciation of all the points involved, such an experience brings little or nothing into the store-house, and will only cripple our literature.

Indeed, in gynæcology the sources of fallacy are more numerous than our well-authenticated clinical facts; and so long as a majority of the symptoms of uterine and ovarian disease are remote, reflex, symptomatic, and sexual, without being objective and intra-pelvic, it can hardly be otherwise. It would come within the province of uterine therapeutics to weigh and establish the significance of these individual symptoms, both as they relate to the disease in question and to its remedy; and what is more, such a system would consider the modifying influences of the menstrual cycle, of each and all the crises peculiar to women, and especially of the hysterical diathesis.

IV. The proper management of these diseases is, therefore, very difficult, and should not be dismissed without careful consideration. With due deference to those who confide implicitly in what are called the "key-note" or "characteristic" indications for our remedies, I fail to see how these indications can be made to cover so wide a range of morbid possibilities as are included in the diseases of women. The truth appears to be that while there are so few *pathognomonic* signs of disease, there are just as few really *characteristic* symptoms of drug-action. And I apprehend that a forced extension of the meaning of either of these classes of symptoms (which are the natural and necessary counterparts of each other) is impracticable and mischievous.

To limit the range of indication of such a remedy as *Apis Mellifica* in ovaritis and cellulitis, to one, two, three, or even to ten symptoms, would be an injustice to the women of this or of any other community. And so likewise of *Calcarea Carb.*, of *Sepia*, *Belladonna*, *Ignatia*, *Alumina*, *Helonine*, *Gelseminum*, and of all the uterine polychrests. Such a restriction of their employment would narrow the range of their application; for we might be called upon to treat a great many cases of leucorrhœa, for example, before we could match one of the unified, isolated key-note (shall I not say arbitrary?) symptoms which are said to indicate these invaluable, every-day remedies.

And besides, looking towards the past, when a cathartic, an emetic, or venesection covered all the requirements of practical medicine upon a single indication, this plan of prescribing puts an extinguisher on the further development of special therapeutics, at least in so far as the old remedies are concerned.

It certainly is desirable to know upon what data we may rely, and to be able to select our drugs from among those symptoms, whether pathogenetic or clinical, which are trustworthy. In no department of the practice is this end more desirable than in the treatment of the diseases of women. But in perfecting our special therapeutics, we should proceed very cautiously, and with a full recognition of the possibility of finding newer and more valuable treasures than have yet been discovered in the *Materia Medica*. For we may depend upon it that, as the study of pathology develops from the general to the special (which is inevitable, if it continues to grow); and as this branch is raised to the dignity of a separate science and pursuit (which is already more than half accomplished), the demand for a thorough and complete record of drug-symptoms will be much greater than it is now. In this view I hail the good work of my American brother Allen.

V. With the reaction that is setting in against an exclusive reliance upon the more popular resources of uterine surgery, we should be careful not to "lose our heads," and go to the opposite extreme of theory and practice. For even in the light of the brilliant results that have already been obtained by internal and local treatment, it is unquestionably true that certain diseases

of the female organs will always require to be treated by manual operation. We may perhaps lessen the number of these diseases, but there will yet remain those which will demand a resort to the knife and its accessories.

That the general profession will one day, and very soon, concede and decide that the cauterization of the neck of the womb for ulceration is quite as indefensible and harmful as the cauterization of the throat and larynx in diphtheria, I have no doubt. In the study of uterine lesions, we are learning that its disorders of place most frequently depend upon avoidable causes, and that they are more amenable to proper internal and hygienic than to mechanical treatment. As a consequence of this increased knowledge and experience (but not of prejudice or abuse), the pessary bids fair to become as extinct as the dodo. In fact, it never was anything but a crutch, and yet I fancy that we are not quite ready to throw it away.

The success of Homœopathy in the treatment of the diseases that are incident to the puerperal period is acknowledged by every one who is acquainted with the subject. And bearing in mind the remarkable analogy between these conditions and those of surgical fever, so well portrayed by the late Prof. Simpson, it is obvious that this system of cure should be equally useful in the after-treatment of cases of gynæcological surgery; and so it is.

Upon this part of my subject there is great danger of an excess of enthusiasm. Our achievements in this line are comparatively new and fresh; for it is but a few years since we began to do for ourselves the more serious work that pertains to this department of surgery. But experience already warrants us in believing and in teaching that the risks and calamities of ovariectomy, and of kindred operations, have been greatly lessened, and will be still more decidedly reduced in the future by the proper employment of our remedies in their after-treatment.

The rivalry for success among eminent gynæcologists has hinged upon all sorts of expedients, of experiments, and of improvements in the mode of operation; and the outcome has been productive of the happiest results. The rate of mortality has already been reduced to a figure which is comparatively

low; and all that is lacking is to bring the resources of our therapeia to bear in a rational way upon the prevention and cure of the ills that more especially beset these cases after the operation has been concluded.

THE SCIENTIFIC ASPECT OF HOMŒOPATHY.

ADDRESS DELIVERED BY DR. SORGE AT THE FORTY-THIRD MEETING OF THE HOMŒOPATHIC CENTRAL SOCIETY OF GERMANY, HELD IN BERLIN AUGUST 9 AND 10, 1875.

AT the end of the last and the beginning of the present century the Brunonian theory of stimuli ruled in the medical world. Life was represented as being entirely dependent upon external stimuli. The origin of diseases was said to lie either in weakness (asthenia) or in an increased power of reaction in the organism (sthenia). Asthenia was regarded as the more common cause; hence by far the largest part of the sick were treated with opium, camphor, and strong spirituous liquors.

Many thousand small-pox and scarlet-fever patients died in consequence of this theory.

A variety of the Brunonian theory was that of irritation and counter-irritation, defended especially by Rasori and others in Italy. These men thought that superabundance of vital energy and supersensitive irritability gave nourishment to most diseases, and accordingly treated nearly all with copious blood-letting and large doses of medicine, for example Arsenic, which until then were entirely unheard of. Thousands of patients died from the violence of these methods.

The school of Natural Philosophy, which began in Germany, through F. v. Schelling, devoted itself to the most thorough study of the essence of life. It asserted that disturbances in electricity, magnetism, and chemism were the cause of many diseases, that in certain cases, too much or too little oxygen, hydrogen, or carbon is present, and founded its treatment upon these ideas. This school naturally found nothing useful for the cure of the sick, but spent its energies in unproven and useless suppositions.

At this time of the most arrogant theories came Hahnemann with the following teaching: We can recognize nothing of the nature of disease except its outward manifestations, the symptoms; these we must carefully seek in order that our efforts to cure may be guided by them. With this teach-

ing, Hahnemann directed physicians back to the path of natural science, to careful and unprejudiced observation; in this way he banished all supposition on the nature of disease. This teaching of Hahnemann must be regarded as an extraordinary advance beyond the other doctrines of disease.

A second claim of Hahnemann's was that the medicines must be proved upon the healthy; in this direction the celebrated Baron Stoerck (Vienna, 1762) had already preceded him. In order to satisfy this demand, Hahnemann and his pupils worked very diligently. He was followed in 1826 by Prof. Joerg in Leipzig; and Schroff and his pupils have obtained important results in Vienna in later times.

In the third place, Hahnemann taught: Choose, in order to cure well, a remedy which in the healthy body produces symptoms as like as possible to those of the case of disease to be cured. This sentence teaches the curing according to "Similia similibus" and founded Homœopathy, of which it is even to-day the corner-stone, with a signification much changed and improved.

The foundations of this axiom of cure have gradually become essentially changed. By the methods of physical examination we obtain a much more intimate knowledge of diseases in many cases; pathological anatomy has often shown the original seat of the disease, the hearth as it were; in examination of the sick, we now endeavor to find not only the organs primarily diseased, but also the other organs and tissues affected, and strive to ascertain the nature of the changes.

Homœopathic physicians follow these investigations gladly; we utilize the results of them in our provings of drugs and at the bedside.

As a proof of this, I may mention the provings of Aconite, Argentum nitricum, Bryonia, and Colocynth by the homœopathic physicians of Vienna, also the provings of Digitalis by Baehr, of Hanover, and those of Phosphorus; all these stand on the basis of pathological anatomy and the physical knowledge of disease. The provings of Joerg and Stoerck we gratefully use according to the axiom "Similia similibus." For our treatment at the sick-bed, I recommend the thoroughly scientific work of Kafka, "Homœopathic Therapie on the Basis of the Physiological School," and that of Baehr, "Therapie according to the Principles of Homœopathy." We no longer seek for the *complete* agreement of the symptoms in order to establish the similarity of the drug disease to that to be cured.

Following the advance in pathology, we demand that the remedy affect in the healthy body the same organ as that which

is diseased; we demand that the same *parts* of the organ be disturbed, and compare the peculiar symptoms of the case of disease with the special phenomena which appear during the proving of the drug upon the healthy system.

A few examples by way of explanation: Mercury produces, in large and poisonous doses, swelling (hyperplasia) of the liver, increased secretion of bile, and copious perspiration. Accordingly Mercury is for us a great liver remedy, but it is suitable only when enlargement of the liver is present, not from fat but from the superabundant formation of hepatic cells, when there is an abundant production of bile and a tendency to copious perspiration. Mercury is not suitable for the so-called nutmeg liver, dependent upon blood stasis in consequence of valvular insufficiency in the left heart. Chelidonium decreases the activity of the hepatic cells in the healthy body, recognizable by the gray color of the fæces with slight coloration of the urine, while at the same time yellowness of the skin and sclerotic is wanting. This same condition, which is often found in diseases of the liver, is frequently cured by Chelidonium. The venerable Rademacher referred to this curative power without knowing the effect of Chelidonium upon the healthy body, which Buchmann discovered. Diseases of the peritoneal covering of the liver are often cured by Bryonia.

From the many cases of poisoning, it is known by the aid of the microscope that Phosphorus quickly produces a marked degeneration of the heart muscle; hence Phosphorus is for us a great remedy in the frequent fatty degeneration and destruction of the muscular fibres of the heart; in the simple fattening of the heart, on the contrary, in which great quantities of fat lies about the heart and between the fibres of the heart muscle without destruction of the muscular fibrils, Phosphorus is much less suitable; here we give, according to Kafka, *Aurium Muriaticum*. We recognize and distinguish both conditions by all the means which modern pathology offers.

We find by the microscope that the urine of a man who complains of great pain contains fresh, undecomposed blood-cells but no tube-casts; here we give *Cantharis*. In inflammation of the kidneys, which is demonstrated under the microscope by an abundance of tube-casts in the urine, but no blood-cells, we give *Hepar Sulph*.

These examples, which I might easily multiply, may suffice to show how we apply in practice the principle "Similia similibus" in a purely scientific manner.

It is objected by our opponents that, at first glance, we

might expect only aggravation from our simile. This glance is certainly only very superficial. We have only to consider that the specific remedy meets with entirely different conditions of life in the diseased organ from those in the healthy; but that it works curatively we know by a thousand-fold experience, and this remains, after all, the best teacher of healing. Hence, I propose to our opponents some simple experiments.

We give for acute catarrh of the stomach, with vomiting and purging, very small doses of *Ipecac*; for watery, green discharges, with little pain, small doses of *Calomel*; the greenness of the stools after large doses of *Calomel* is due, not merely to the presence of some salt of Mercury, but also to an increased secretion of bile; for severe, painful diarrhœa, acute as well as chronic, accompanied with much thirst, *Arsenic* is often a valuable remedy, in small doses, of course; for nervous sleeplessness, with great restlessness, *Coffea Cruda*, first attenuation, is frequently of service; against threatened abortion, we give small doses of *Ergot*; for ovaritis, *Sabine*; for inflammation of the large intestine, or dysentery, *Merc. Corr.*; for severe and persistent, tearing tooth-ache, with heat in the face, *Aconite*; for severe, paroxysmal tooth-ache, worse at night, *Cham.*, etc. etc.

If the gentlemen disregard my recommendation of "Similia similibus," let them listen to what the famous Prof. Stoerck, in 1762, said of Stramonium: "All authors claim that Stramonium confuses the intellect, produces insanity, destroys the mind and memory, produces cramps, etc. Hence, I asked myself the question, If Stramonium produces insanity in the healthy by confusing the intellect, are we not at liberty to ascertain by experiment whether it will restore the intellect in those who are insane or weak-minded by distracting and changing the thoughts and emotions, and whether it will remove cramp from those suffering with it by an antagonistic disturbance?" This idea was far-fetched, and yet it is not without a happy result.

But Hippocrates, our master, declared more than two thousand years ago, in his book *περὶ τόπων τῶν κατὰ ἄνθρωπον*: "Another method is this: by certain things a disease is induced, if similar things are employed, the sick become well. That which will produce strangury will cure it; so with a cough; it is produced and cured by the same agents."

The efficacy of our small doses is most disputed: its explanation agrees exactly with the intimate relation which certain substances bear to definite localities of the organism. The great Paracelsus taught more than two hundred years ago

that every part of the human body has its *simplicia*; but he and his pupils fell under the ban of the dominant schools, and consequently into oblivion. Rademacher, in the early part of this century, brought from oblivion the doctrine of the old alchemists, and proved by large experience the truth of his organopathy, his liver, spleen, kidney, brain remedies, etc. He also fell under the curse of the university teachers, but found many adherents among practising physicians. At last, within about twenty years, by poisoning animals, we have come to recognize the fact that there are specific organ remedies. With great ingenuity, Kölliker, van Praag, and others have sought out the organs upon which the different poisons act; unfortunately the provings upon healthy men are still wanting. We speak now of "specific affinities," and mean the intimate relation of different poisons to special parts of the animal body; we are continually finding more of these affinities, and at the same time we are learning that very small doses are often sufficient to produce extraordinary effects.

Prof. Kölliker, of Würzburg, introduced beneath the skin of a large frog one ten thousandth part of a gram of Woorara, the Indian arrow-poison, and saw that it produced in the animal complete and general paralysis. The same experimenter has proved that Woorara paralyzes the extremities of motor nerves. Many thousand such nerve extremities are present in a single leg of a frog; an atom only of Woorara must have been sufficient, in the experiment mentioned above, to paralyze a leg, and much less will render a muscle useless.

The active principle of Woorara (Woorarin) has lately been obtained. Of this, the two hundred and fifty thousandth part of a gram is enough to produce complete paralysis of both hind legs of a frog; one and one half milligrams will kill a large dog.

Christison affirms that he has killed a dog in a few moments by injecting one one hundredth part of a gram of Strychnine into the thoracic cavity, and that he is convinced that one thirty-second part of a gram is sufficient, if introduced into a wound, to deprive a man of life in a quarter of an hour, with the severest symptoms of tetanus.

One drop of fresh Anhydrous Prussic Acid is enough, if introduced into a recent wound, to kill a large animal or a man in a few moments, by paralysis of the heart.

A few more examples, which can be easily proved; Schroff, of Vienna, introduced into the eye of a student one thirty thousandth part of a gram of Atropine in solution; forty minutes after, only a narrow strip of the iris was to be seen; the

dilatation of the pupil lasted forty-eight hours, the accompanying weak-sightedness, from a special effect on the optic nerve, lasted four or five days.

Inhalation of the Nitrite of Amyl produces in a few moments a most violent rush of blood to the head, with heat and redness of the face, drowsiness, and vertigo. These rapid results are explained by a paralyzing effect on the great sympathetic.

So in health we find proofs that it is not the quantity of the exciting agent which produces great results, but the inner force, the power of disturbance which is communicated even by the smallest doses.

Arnold, following Spallanzoni's example, attenuated frogs' semen to the sixth decimal, and found that frogs' eggs became impregnated even from that, and further, that it only required a few spermatozoa to produce new life.

By all these facts, the effect upon the healthy organism of very small doses of specific substances is proved; but the sensitiveness of diseased organs is often much greater (I will only cite the great sensitiveness of the eye to light, in iritis), so that we can only wonder that any one doubts the efficacy of our remedies when exhibited in the third or sixth attenuation; with this, we do not forget that the power of reaction in diseased organs may be lessened; naturally we give them stronger doses, even down to the tincture, for individualizing, even in the dose, is one of our essential principles.

Our opponents say, You do not stop at the sixth decimal; you teach attenuating to the twentieth or thirtieth. We answer: The use of such high attenuations and the potency theory of Hahnemann are not essential principles of the Homœopathy of to-day; there are, on the contrary, many of us — to which number I belong — who employ almost exclusively the lower attenuations; but I by no means dare to affirm that higher attenuations than I use are ineffective; here is another point which can be decided only by experience at the sick-bed and by careful observation.

To the question of the possibility of this effect, I answer, That which is effective and that which is actually observed must therefore be possible.

The *how* of the action of such small doses, I do not venture to explain, but there are many facts which cannot be explained. Allow me to offer a very common example: the magnet attracts to itself a steel needle, but what thread draws the needle?

However, there are some analogies by which the method of action may be made in some degree intelligible. Many substances evidently act by mere contact, without even undergoing

a chemical change; we call this sort of action catalysis. Sulphuric acid, for example, changes starch into dextrine and sugar without being itself in the least changed or consumed. The Woorarin above mentioned is excreted unchanged in the urine of the animals poisoned by it, and this urine is in turn capable of poisoning other animals. Also an organ may be put into extraordinary activity, through the spinal cord by means of so-called reflex action, from irritation applied at a distant point. Tickling the roof of the mouth with a feather may produce vomiting. The reflex action of the spinal cord may be much increased in sickness; in this way we may find an explanation of the manner in which the irritation of the extremities of a few sensitive nerve-fibres, by a suitable remedy, may produce extraordinary phenomena.

Hitzig has found that single points of the surface of the brain, no larger than the head of a pin, have control over entire groups of muscles; a very weak galvanic current which is scarcely felt upon the tongue is sufficient to produce very energetic contractions of the muscles of the arm, on the opposite side of the body. By the influence on these points of the brain may be explained the cure of toothache by small doses of Belladonna.

No man has a right to prejudge our small doses. Let them convince themselves by exact experiments under our direction. They condemn our method of cure, although we have a very rich literature; to be called rich, especially as we are all practising physicians who for the most part have plenty to do and yet must take time to prove medicines and record our experiences at the sick-bed.

Homœopathy is called unscientific. I believe I have proved that this charge is false; if I should examine the scientific aspect of allopathic therapy, I might say a great deal. One trifling example in conclusion: One of the practising physicians in this place, whose name is widely known, one of our bitterest enemies, prescribes the following recipe for pain in stomach:—

℞	Magisterium Bismuthi	.	.	.	ʒiij
	Pulv. Rhei	.	.	.	ʒjss
	Ext. Nuc. vom aquos	.	.	.	
	Extract. aloes aa ʒ ss	.	.	.	
	Extract. Belladonnæ	.	.	.	gr vj
	Ol. Menthæ	.	.	.	quitt v
	Extract. Trifolii fibrini	.	.	.	qs
	ut f. pilul.	.	.	.	

2-3 pilul. ter die.

I ask, without further comment, Where is the science here?

No more of this. To-day, I am merely on the defensive; the next time I shall act on the offensive.

[From the *British Journal of Homœopathy.*]

AN ADDRESS ON THE ORIGIN, CHARACTER, AND CONSEQUENCES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY IN GREAT BRITAIN.

Delivered at the Annual Assembly of the British Homœopathic Society, June 24, 1875.

BY ALFRED C. POPE, VICE-PRESIDENT OF THE SOCIETY.

[*Concluded.*]

THE nihilistic view of Homœopathy, whence came the expectant method, has been clinically proved to be untenable. It was a mere hypothesis, and, however plausible at first sight, would not bear the test of experience.

Out of the ashes of expectancy arose a revival of faith in the beneficial action of drugs. A number of earnest and highly cultivated English physicians determined on making it clear that in some way or other drugs could be rendered helpful in the cure of disease. New medicines, new preparations of old ones, and new methods of administration, were introduced to the profession. By the relief of pain and toning of the system it was sought to conduct a patient through his illness. These ends it was thought drugs could accomplish at any rate. Narcotics and stimulants were freely used. Their ultimate disadvantages were obscured by the temporary relief they afforded.

That the action of drugs might be more fully understood, proposals were made to experiment with them upon the lower animals and more lately still upon human beings. Foremost in undertaking the performance of these experiments, the original of which formed the very basis of Homœopathy, was the British Medical Association. This body voted a small sum of money, almost the only sum ever applied by it to scientific purposes, to an investigation of the action of mercury upon healthy livers. These experiments were undertaken by Dr. Hughes Bennett, who so surprised old-fashioned practitioners with his results as almost to give the *coup de grace* to this method of investigation, at any rate in their estimation. For what did he prove? He showed that mercury, which in certain forms of disease increased the flow of bile, in health rather retarded it! That these experiments were but crude and imperfect imitations of those performed by Hahnemann and his disciples was obvious enough to all who were acquainted with the history of Homœopathy. The task of studying medicines after this manner was, however, expensive, painful, and tedious. A method at once easier and more rapid was necessary to satisfy the desires which existed for better and more certain modes

of prescribing drugs. Experience, empiricism, now came to the front in therapeutics. Let us learn what is good in this disease, and what will cure that, was the principle upon which all who desired to see progress in drug therapeutics were urged to act. But where was this experience to be derived from? Traditional modes of prescribing the calomel and opium pill, the saline draught, the expectorant mixture, the tonic combination, the blue pill and its black corrective, venesection, leeching, and counter-irritation, comprised the bulk of the experience of the past. Preparations and measures of this order had been repeatedly tried as remedies and had been found wanting. The results which followed their use in disease compared very unfavorably with those obtained from homœopathically selected medicines. Then why not try such remedies as, to use the phraseology of the *Lancet*, “appear to be explicable only on a homœopathic hypothesis”? “Why” — adapting Rowland Hill’s query to the circumstances of his own position — “why,” said Dr. Wilks, “should the devil have all the *best* tunes?” Why, that is, should the homœopathists have all the best remedies? The admission conveyed in this interrogatory of Dr. Wilks’ is at least a gratifying one. The reason why is simple, if it has not proved convincing. To practise homœopathy, either wholly or partially, is “heterodox.” The British Medical Association has so declared it; the anathema has gone forth; the consequences of the curse have been declared and in some instances have been experienced. Let it but be known that you practise homœopathically, either wholly or partially, and your professor’s chair will slip from under you, your hospital appointment unquestionably lapses, your consultation fees will sink into insignificance, your weight and influence in the profession shall disappear. “Who is sufficient for these things?” A very simply process sufficed to cut the Gordian knot wherewith the British Medical Association had bound an unswerving opposition to Homœopathy to the chariot wheels of professional respectability. Here it is: Dip into homœopathic literature, read Hughes’s *Pharmacodynamics* and pass off your gleanings as recent discoveries; do no more than state the facts, give no explanations, no authorities. Above all, know nothing about Homœopathy; never mention the word unassociated with an opprobrious epithet; on the contrary, always represent it as “fraud and folly.” Should you ever hear of a homœopath giving anything but globules to his patients, denounce him as a dishonest fellow; should you happen to know of one who has ordered a dose of morphia, or a purgative pill, or fifteen or twenty grains of chloral, declare at once that all homœopathists have deserted the principles of therapeutics they have contended for. If it comes to your knowledge that one or more of them have protested against the supposition that their view of the practice of medicine consists in an exclusive adherence to homœopathically selected medicines in every case and under all circumstances, from compression of the brain down to a fretting corn, tell the world that they have given the death-blow to Homœopathy, that the bubble has burst, that Homœopathy has at last been demonstrated by its most devoted adherents to be a thing of naught.

Such, gentlemen, is the course that has been pursued by the cultivators of therapeutics outside the ranks of Homœopathy during the last ten years or so. That it has been a dishonorable course cannot be questioned; that it has been followed in consequence of the attitude of the great majority of the profession towards Homœopathy is certain; and that this attitude has been assumed in obedience to the instructions issued by the British Medical Association in 1851 is, I think, equally sure. I cannot believe that those who have acted in the manner I have described would have done so had they been free, had they felt that in honestly acknowledging the sources whence they drew the therapeutic facts they palmed off as novelties and as original matter, their professional positions would have been uninjured.

That men who in all other relations of life are animated by the keenest sense of honor can have been so influenced by these resolutions shows, I think, as clearly as anything can do, their demoralizing tendency.

Finally, while these resolutions have been found unjust to individuals, injurious to the interests of the public, and demoralizing to those who have come under their influence, they must also bear the reproach of having given rise to an amount of inhumanity which none would have supposed that any member of our profession could have been guilty of.

Instances of physicians and surgeons refusing to express an opinion on the nature of a difficult or dangerous case, solely because the medical attendant was known to practise homœopathically, have abounded. The friends of dying persons, who have sought to learn from men of large experience whether their anxieties might not be groundless, have been repulsed by consulting physicians with a rudeness and coarseness scarcely conceivable, simply because they refused to dismiss from his attendance one who had kindly, carefully, and satisfactorily ministered to their medical necessities through many years. "I would n't pass a catheter for the patient of a homœopath even if his life depended upon its being passed," said a provincial to a metropolitan surgeon not many years ago. The following illustration of obedience to the resolutions of the British Medical Association was brought within my knowledge some ten years back: A man sustained a severe accident. He was at once removed to a neighboring hospital, the medical officer of which was a well-known and much-esteemed member of our Society. At the moment he was engaged in professional duty elsewhere. His assistant, feeling himself scarcely equal to the emergency he was called upon to meet, requested that surgical help might be procured for him. A surgeon was found. He came within a short distance of the hospital and then halted. He was, he said, prepared to render what assistance he could, but the injured man must be brought out to him, for enter a homœopathic hospital he would not. The manager of the works where the accident had occurred begged him to go inside, assuring him that fatal consequences might arise were the man to be removed. But no; the patient might die, but enter a homœopathic hospital this unworthy son of Æsculapius, but staunch member of the British Medical Asso-

ciation, would not, neither did he. While this disreputable scene was proceeding in the street the assistant succeeded in doing all that was necessary for the patient's relief, and the member of the British Medical Association was able to return home without having crossed the threshold of a homœopathic hospital and without having incurred the ignominy he did so much to court, of having sacrificed the life of a fellow-creature in deference to the laws of his Society.

Instances of this kind are, I regret to say, by no means singular. They prove but too truly that men may perish and women may weep rather than that consulting physicians, surgeons, and obstetricians should help those members of their profession who practise homœopathically to save their lives or mitigate their sorrows. Let me not be misunderstood. I do not for one moment suppose, still less would I wish to assert, that *all* consulting physicians, surgeons, and obstetricians would in similar circumstances conduct themselves in the same manner. To such as are prepared to sacrifice everything to their prejudices against Homœopathy, there are, I rejoice to know, many honorable exceptions in the highest rank of the profession, — men whose anxiety to do good rides paramount over the obligations that have been imposed upon them by their societies. What I would have you remember is this, — that the lack of humanity, the absence of Christian feeling, the abandonment of professional duty, which characterize such cases as those I have alluded to, and many others which will be within the recollection of each one of you, are the results of the influence of the enactments of the British Medical and similar associations. Consultants have been compelled to act as they have done or submit to be deprived of their positions and their fees. Deeply to their dishonor they have, in many instances, repeatedly sacrificed their professional duty to their anxiety for professional gains.

The organized opposition to Homœopathy I have endeavored to describe was formed in ignorance of the subject it was instituted to extinguish and without adequate knowledge of the character of the men it set out to crush. Those who originated this organization asserted as being at variance with the experience of the profession a method of drug selection which has for all practical purposes been endorsed as true, to a large extent at any rate, by the experience of a very considerable number of those who profess to be opposed to it. Hence this method cannot now be said to be at variance with the experience of the profession; while the mode of studying the action of drugs which in condemning Homœopathy the resolutions I have quoted also condemned has been openly acted upon by the very association that carried them.

A further effect of this organized opposition to Homœopathy has been to deprive some three hundred British practitioners of medicine of their professional birthright, a deprivation which has excluded them from the most legitimate means of increasing their professional knowledge and of profiting as fully as they might have done by the experience of their professional brethren.

This organization has, also, been the direct cause of an amount of

plagiarism, of the grossest and most palpable type, unknown in any other department of science. The hatred of Homœopathy it has created and nourished has led men otherwise upright and honorable to make statements notoriously untrue, and to perform acts which in any other relation of life they would have scorned to be even remotely connected with.

Finally, this organization has been assigned as the reason, as the excuse, for much heartless and unprofessional conduct on the part of men who, of all others, ought to have set an example of those Christian virtues for the practice of which members of our profession have in all generations been distinguished.

Such are some at least of the injurious results which have followed the operation of the uncalled-for and utterly unjustifiable resolutions which formed the basis of this organization. Neither can I detect any good that has accrued from them. They present not one single redeeming feature. Not one iota of advantage have they conferred upon the profession, view them from what point we will. No one, either within or without the profession, has ever been one whit the better for them.

So long as they remain unrepealed, they are a standing reproach to that toleration of opinion in scientific pursuits without which scientific progress is impossible; so long as they remain unrepealed, they are a barrier to the development of that benevolence which ought to be the boast of our profession; so long as they remain unrepealed, they operate as a powerful incentive to dishonorable and degrading courses of conduct. Why, then, are such resolutions allowed to remain on the minutes of an association so large and powerful as is the British Medical? No apology can be offered for them. The value of medicines the action of which is explicable on a homœopathic hypothesis is no longer, whatever it may have been five-and-twenty years ago, at variance with the experience of the profession. In what way it becomes derogatory to the honor of one medical man to assist another in saving life, in assuaging grief, or in administering consolation, simply because these two gentlemen may differ more or less on some points of practice—points which, in some instances at least, would never present themselves for discussion—never has been stated. The idea of a surgeon refusing to sound for the stone, because the sufferer is the patient of a physician who believes that the law of similars is the best therapeutic principle known, is monstrous; it would indeed be equally so were this principle a mere hypothesis without a ray of evidence to support it. No less preposterous is it for a physician, whose opinion is regarded as exceptionally valuable in the diagnosis of some form of disease, to decline to examine that patient's condition because his medical attendant practises homœopathically. In what possible way can it be derogatory to the honor of a distinguished obstetrician to assist a homœopathist in completing a difficult or complicated delivery? On the contrary, it is the refusal to render the required aid that is derogatory to the honor of the consultant. It lays him open to the charge of being regardless of the life or suffering of his fellow-creatures.

A feeling that these resolutions are unjust and that their influence has been and is injurious to the highest interests of the profession is, I have reason to believe, on the increase. So carefully are all circumstances expressing it kept out of the medical press that it is impossible to estimate its extent by the contents of their columns. The recent meetings at Birmingham in connection with the Medical Institute of that town have proved its existence. The admirable speech of Dr. Heslop, the excellent letter of Dr. Johnstone, and the *apologia* of Mr. Crompton, gave evidence of its growth. That it should not seem to spread so widely as it has done the *Lancet* — the correspondence in which appears under the motto *Audi alteram partem* — refused to publish the letter of Mr. Clarkson, extracts from which are given in the last number of the *Homœopathic Review*. The same journal also declined to permit the appearance of a letter on the same side from a physician whose contributions to the *Practitioner* have proved his high professional culture and his devotion to scientific medicine. This feeling is not of recent origin. It had an existence in the minds of a few of the most highly cultivated physicians as far back as 1858, when these resolutions had only been in force seven years, as the following extract from a speech by the late Dr. Conolly at the Edinburgh meeting of the association in 1858 will show:—

“Dr. Conolly regretted exceedingly to see this great association attacking a small professional sect who professed certain doctrines, although he (Dr. Conolly) did not approve of or believe in these doctrines. There seemed to him to be no more reason for the proceeding, recommended by Mr. May against Homœopaths, than there was for making a demonstration against a set of men who should make a real discovery in science which should be unacceptable to the profession generally.

“If it were a delusion, it would die away; if there were any truth in it, they should give it the chance of developing itself.

“They had no right to say that what they thought was right, and that that which was not in unison with their opinions was false. He feared he was in a small minority, but he could not refrain from expressing what he felt on this subject. Nothing which had ever occurred in the association had filled him with so much disgust as the tumultuous meeting at Brighton when Homœopathy was denounced. He hoped there was to be no repetition of that scene.”

Surely, if in 1858 Dr. Conolly could express himself in such terms as these, there must after the experience of the last few years be many, even less elevated, less liberal, than he was, who would willingly assist in the removal of all impediments in the way of freedom of opinion and liberty of action among members of the medical profession.

In promoting the withdrawal of these resolutions, we can, beyond pointing out clearly and fully their injustice and the evils which arise from them, do nothing. In the taking of steps to speed the advent of the time when all invidious distinctions between one physician and another shall disappear, we as homœopaths can bear no active part. It is for those who have imposed these restrictions, or rather perhaps

I should say for their successors, to remove them. It is for those who have fulminated their anathema against the advocates of certain therapeutic views to dissolve the ban they have pronounced.

It is impossible that any body of men, however powerful, however bitterly prejudiced they may be, can for any great length of time obscure the great principle which lies at the bottom of all specific medication, — that principle which has brought to light, or at any rate explained, the *modus operandi* of all the most valuable curative remedies in use at the present day; that principle which will direct the use of all that will prove most serviceable in the cure of disease in time to come.

To be in opposition to many with whom it would be a constant source of pleasure to work in harmony may be painful; to be excluded from many professional privileges may be disappointing and wearisome; to be shut off from professional help in a difficult or dangerous case may add to our anxieties, materially increase our cares, and render professional life less enjoyable than it otherwise would be; but we must remember that we are pioneers in scientific therapeutics, that we are the vanguard of practical medicine; and we must with the honors of our position accept its dangers, its difficulties, and its responsibilities. And well may we do so! Surely we have already accomplished much. We have seen the extinction of nearly all those methods of treatment against which many years ago we so earnestly protested. One of our positions — the mode of studying the action of drugs — has been accepted as true by the very body that has branded us as unworthy of our profession. The principle of drug selection, for the truth of which we especially contended, has been admitted as an hypothesis capable of explaining the action of an increasingly considerable number of remedies; while we have also witnessed the great diminution of the dose in cases in which such remedies are prescribed.

Therefore, gentlemen, it is that I would urge you to bear with dignity what remains of the insolence of an intolerant majority, and, earnestly cultivating scientific therapeutics, diligently adding to our resources in the treatment of disease, patiently to wait for the time when a juster sense of what is due to carefully considered and honestly expressed opinions in scientific matters shall forever remove all existing restrictions upon freedom of thought in therapeutics, and all restraints upon professional intercourse and association. I do so in the full assurance that this time will come, and firm in the conviction that the day will arrive when those who endured so much of obloquy and reproach for their defence of Homœopathy will, on the very ground of their having defended it and contributed to its scientific development, be regarded with especial honor as men who have done more to advance the science of therapeutics, to render disease more easily curable, than any other members of our profession.

HEALTH, AS AFFECTED BY DRAINAGE, SEWERS, AND SEWAGE.

Report of Commissioners on the Sewerage of Boston.

BY OTIS CLAPP.

THE following paper was prepared and read on several occasions about fourteen years since. It is now revived and printed, not because it contains any facts new to those who have paid attention to the subject, but because it is new to most people, and is one of vast importance to the health and prosperity of this and other communities.

Certain districts in Boston, such as the Church street and the Northampton-street districts, here alluded to, have been raised and regraded since this paper was written; still the main difficulties alluded to have not diminished, but have increased, since the time referred to.

Boston happens to be the centre of a drainage basin for Charles, Mystic, and Miller's Rivers, and for Stony Brook, Muddy Brook, and other small streams. It has also thousands of acres of marsh and swamp land, surrounding the harbor and reaching several miles into the interior, on the borders of Charles, Mystic, and other rivers and streams. It has also an area of made land, composed in part of mud from the docks and flats with a covering of clean, loose gravel from the country, larger than the territory of old Boston. This large area of made land, marshes, and swamps, is well fitted to receive and to hold the poisonous gases which are emptied from the closets, with other filth, into the sewers.

There are four cities and some twenty towns, containing over 500,000 inhabitants, which contribute their drainage into Boston harbor. All the cities and many of the towns have introduced, or are introducing, water for domestic purposes. This is no sooner done than the water-closet is introduced, and the work of polluting sewers and running streams is at once inaugurated.

A case in point is afforded by the new city of Newton. A stream of pure water ran through the village formerly called "The Corner," and emptied into Charles River. It was taken forcible possession of by the authorities, and turned into a sewer. The banks of the stream below the village are lined with houses, gardens, and trees; and the blight cast upon them by the odors and gases of this sewer were painfully manifest. Remonstrance was of no avail, except to fasten the evil as a permanent fixture. Is this a demonstration of "good will to man"? Is it an exercise of the Golden Rule? Hardly. It is forcing a nuisance upon not only their immediate neighbors, but on their numerous neighbors in the towns and cities below. Charles River is in no condition to be turned into a cesspool or a sewer. Its bed is nearly bare of water twice in twenty-four hours, and if it is to be used as a reservoir for the filth of the towns on its borders, it is

quite time to arrange for increased hospital and cemetery accommodations.

This action of the citizens of Newton is a great injury not only to their own citizens, but to all the residents in all the cities and towns between them and the ocean. This case in Newton is simply a type of others throughout the country. Here are started the seeds of disease. Is there not a remedy? We answer, There is one, viz. obedience to the divine law of cleanness and uncleanness. These laws are specific and full on this subject. Among them are these:—

“It shall be a statute forever throughout your generations, and that ye may put difference between holy and unholy, between unclean and clean.” A part of the requirement is to “cover that which cometh from thee; for the Lord thy God walketh in the midst of thy camp, to deliver thee, and to give up thine enemies before thee; therefore shall thy camp be holy; that He see no unclean thing in thee, and turn away from thee. The prophet Ezekiel was commanded to say, “Thou art the land that is not cleansed.” “There is a conspiracy of her prophets.” “Her priests have violated my law; they have put no difference between the holy and profane, neither have they shewed difference between the unclean and the clean.” “Her princes are like wolves, . . . to get dishonest gain.” “Her prophets have daubed them with untempered mortar, seeing vanity, and divining lies unto them.” “The people of the land have used oppression, and exercised robbery, and have vexed the poor and needy.” “Therefore have I poured out mine indignation upon them . . . I have consumed them . . . their own way have I recompensed upon their heads.”

A regard to the statutes and laws revealed through Moses and the prophets regarding cleanness is sure to remove prolific causes of disease and death. A disregard of them is always followed by a low state of vitality, and an increased death rate, as records show.

EXPERIENCE OF LONDON.—Some third of a century ago the people of London began to discharge their excretory matter through the closets and sewers into the Thames River. From this time difficulties commenced. The sewers had a fall of only about two inches in one hundred feet. There should be at least twelve to fifteen inches. “Wherever human filth is deposited,” says an experienced engineer, “it principally remains; and that throughout every mile and yard and inch of its snake-like progress in a sewer, pestilence will be bred and nurtured.” “The laws of England forbid the casting of filth and animal refuse into streams, water-courses, or sewers.” Many persons entered the drain-pipe from their closets into the sewer surreptitiously, because the law forbade the act; but the authorities, having been among the first to break the law, winked at other delinquents; and therefore, by degrees the sewers became choked with filth, and produced the general wrong from which the public now suffers. In consequence, the Registrar General says, “The inhabitants of London are not in an average state of health,” and he gives figures to show the result. He then adds, “The diseases stated are natural to man, but their ravages are greatly aggravated by the physical impurities of the atmosphere. . . . The

dust of the principal streets may be got rid of . . . the smoke of our manufactories may be rendered less dense. . . . But the third class of impurity is invisible: it arises from the long retention of the excrement of London under the houses and in the sewers." Under the present arrangements some hundreds of thousands of tons of this matter lie in store in London, putrefying in cesspools and percolating the streets, while the residue is thrown into the Thames at great cost." He says, "According to estimates, London could supply the farmers of England daily with twenty-nine tons of ammonia, fifty-one tons of carbon, fourteen tons of phosphates, thirty-two tons of mineral matter, and fourteen tons of other matter, making in the aggregate one hundred and forty tons of dry manure. The country requires this precious manure, which London is anxious to get rid of at any reasonable cost, as it is now known to be as insalubrious as it is offensive . . . The problem for the engineer to solve is, How can this town guano be returned to the disinfecting soil, from which it was chiefly taken, with the least offence to health and with the least cost? Shall it be disinfected by water, earth, ashes, or any chemical compound?"

"Who will pretend to say that I," says the same engineer, "the owner of a house in London, have a shadow of justification in sending forth from it my filth, to place it at my neighbor's door; to send streams of noxiousness, daily, hourly, from my domicile, to foully impregnate the air which others must inhale; to produce the seeds of disease and death, and then to sow them broadcast around?"

"It is known to medical men that the *ejecta* of the diseased carries with it sure infection, more or less virulent, according to circumstances. It is the established rule in cases of illness to remove such matter as speedily as possible, lest it should impart disease. Are disinfectants applied to kill the virus? Is the matter "buried deep in absorbent earth"? No! It is at once cast into the drain-pipe, with a deluge of water, so that it may reach the sewer in the street, where its emanations may have full play to spread themselves on every side! Hence why fever and cholera are disseminated throughout so-called "infected neighborhoods"; hence why infections travel beyond these districts; hence why the rich catch the diseases of the poor; and worse again, why the poor take those of the rich,—why they have no means to battle against the infliction, are visited with the consequences of that which, from first to last, is the sin of the rich,—a sin emanating from selfish personal comfort solely, with utter forgetfulness of consequences to others."

"I assert my conviction that the use of privies with cesspools, as formerly arranged, even in their most primitive form, were less injurious to general health in cities than the existing sewers. My reasons for that conviction are: The surface only of the matter was acted upon to produce deleterious gases; the remainder, being out of the reach of atmospheric action, was but partially affected. The result was, therefore, that in a cesspool of four feet square, one hundred and twenty-eight solid feet, the surface only, sixteen square feet, yielded noxiousness, because that portion only was acted upon by the atmosphere.

“ Now, assume that this one hundred and twenty-eight solid feet of matter was deposited in the sewer, it may be supposed it would pass along that sewer in a stream about one foot in breadth and one inch in depth, in the usual way. There would then be about 1,500 feet of surface to be acted upon by the atmosphere, to produce poisonous gas; and it is to be recollected that the stream might have to pass through sewers miles in length and along rivers the extent of which we cannot estimate.

“ According to the facts I have stated, the original evil may be proportioned at *sixteen*; whilst, according to the present law [in England], it would be *many thousands*. Hence my conviction that the old cesspool, if so constructed that it did not allow the matter to escape into the soil around, was infinitely less injurious than the present sewerage system.

“ Next, observe that the kitchen and each floor where there is a closet pipe connects with the drain, and the drain itself communicates directly with the main sewer. One and all of these pipes and drains *descend* in order to carry off the matter to the sewer; but they also *ascend* from it, and carry back the poisonous gas generated throughout the whole series of sewers with which the drain communicates. Through every pipe it reaches the house, as well as through every sink and every rat-hole, drawn there continuously by the very means we use to rid ourselves of the filth, — no better could we devise to bring back to ourselves the consequences of that wrong which we are committing upon others; and not only does the evil reach the inmates of all houses through those channels, but it comes upon them through the wall by capillary attraction, and discharge themselves generally at night, when the house is closed, into whatever room presents the highest temperature.

“ The sewers have gullies to carry the surface water from the street to the sewer. Here ‘traps’ are made to prevent the escape of poisonous gases into the street. What, then, is the result? *All the gases generated in these sewers must find their way back into the houses.* They must go somewhere, and if shut off from the streets, they will return to the houses by the way provided for them. I could instance several cases where families have been bereaved, — two, three, and four children carried off by scarlatina within a week or ten days, — and where the whole cause has been proved to be the discharge pipe from the nursery to the drain, which drew back animal poison.

“ Permit me to warn my readers against the fallacious supposition that *siphon* water-closets, or *water in the pans*, will hold back the gases from the houses. It is no such thing. The noxious gas ascends through the water, as every one who thinks upon the subject can comprehend, simply because it is lighter than water.

“ Watch in your houses, and you will hear it bursting out in the closets, especially *at night*. All our doors and windows are then closed, there is no ventilation, the temperature within the house is greater than that of the sewer; and the gases ascend to the greater heat. Thus, while we sleep, we breathe from an atmosphere of poison, which our own selfish contrivances have brought around us.

“ Doctor Gray, an English physician, says that ‘ well-attested cases are recorded of fever following as directly from a blast of putrid air from a church-vault, a street-sewer, or a house-drain, as death follows from the passage of a bullet through the brain.’

“ Having endeavored to explain the many evils which the inhabitants of London have brought upon themselves by adopting the water-closet system, without at the same time devising means to separate its especial matter from the surface and other water, I would now point out the great wrong they have done in another way, and from which they are suffering infinitely more than perhaps they imagine.

“ Naturally, London leads, and all the cities and towns of the kingdom by degrees follow. The aristocracy of London introduced the water-closet system, stealthily broke the law of the land, and, as I have before said, higher laws also. The force of their example produced its certain effect, and the very act which they did with the expectation of ridding themselves, individually, of an evil at the expense of their ‘ next-door neighbor,’ and of thousands of next-door neighbors, has been visited back, — might it not be said. most justly?

“ How many towns now send their filth to London in return for its foul example? All that here follow.” Then follows a list of forty-four towns on the Thames, and twenty-five towns on nine streams entering the Thames, making “ sixty-nine towns discharging their filth above London into the justly-called ‘ noble Thames.’ ‘ The Queen of Rivers’ defiled by the filth of some 364,000 people, to be added to, as now proposed, by that of some three millions in London, concentrated into one monster stream!

“ Who can doubt that many valuable lives have been lost in consequence of this pollution of the river? Who will examine the list of deaths in localities supplied with water from the Thames, before the filtrations recently adopted had been put in practice, and say that those lives have not been sacrificed to the water-closet system, which now permits, nay, enjoins, that the foulest matter known shall be sent floating about our once limpid streams, making that element which was intended by nature to impart purity and health, disseminate impurity and the germs of death?

“ Let there be no mistake about it. Whenever the emanation from decaying animal matter is breathed, or imbibed by means of water, the evil consequence is as certain as the act. In one of Majendie’s beautiful experiments, he proves beyond a doubt how subtle and speedy is the effect. He placed beneath a grating in a dog-house a quantity of decomposing animal matter. Over the grating was laid the usual straw bed of the dog, which was in perfect health. He was not confined *in* the house, but simply *to it*, by the common length of chain, and was fed in all respects as had been usual. The first and second days there was no perceptible change, but the third he declined in appetite; the fourth and fifth more and more, becoming apparently listless and torpid; and on the sixteenth day the dog was dead. Although at liberty, so far as his chain gave him, he had ceased to avail himself of it for several days before his death, and lay on his bed breathing the air that produced his listlessness, as does many a child

and woman amongst us, though knowing not what produced the lassitude, and going back possibly to the very spot where the evil acts most.

“Now, pray think of this, and reflect upon the position of *your own house*. Is it very different from that of Majendie's dog? Does the Registrar General proclaim a falsehood when he speaks of ‘hundreds of thousands of tons of human excrement retained in the sewers and under the houses?’ Is not this a true type of the dog's house? And yet has any one proposition been made by those who have been in authority which will remove that matter and release you from breathing the poison?

“I say deliberately and advisedly, and I defy disproof, there has not. I tell you that not all the water which all the water-works of London can supply will ‘flush’ that matter out of the sewers. I tell you a greater fallacy has never been sent forth than that so-called ‘flushing’; and my belief is that few greater wrongs have been done to the public at large than the pertinacious promulgation of so mistaken a theory. I have said it before and I now say it again, human excrement is of that peculiar nature that it cannot be removed by water from the sewers as now constructed, and, in fact, by no other means now practised, than by scraping and brooming.”

Such is the testimony of some of the world's most intelligent engineers and sanitarians. The same evils are most destructively active in Boston and vicinity to-day. How can they be removed and cured?

The answer is plain and simple. There is one way that is effectual, and but one: that is to keep your filth out of the sewers and streams.

A commission was appointed early in 1875 to report on “The Sewerage of Boston.” They have made a report recommending the construction of two large intercepting sewers, with branches twenty-nine and one fifth miles in length, one reaching from Cottage Station, Brookline, to Moon Island, near Squantum; and the other, beginning on the north side of Charles River, opposite Cottage Station, and passing through Cambridgeport, East Cambridge, Everett, Chelsea, Breed's Island, to Point Shirley.

The cost is estimated, including pumps and engines, at about \$6,500,000. Some experts estimate the cost of fuel, running engines, repairs, superintendence, interest, etc., as \$1,000,000 per year in addition. My objection to this plan is threefold:—

1. Because it would not cure a gigantic evil, but perpetuate it.
2. Because the expense is enormous, and can return no corresponding advantages therefor.
3. Because there are other ways of removing the evil, vastly more effective and at one quarter the cost.

The way to remove this evil which I should recommend is that embraced in the laws given through Moses, viz. the use of earth as a covering instead of water.

The reason is because earth is a complete disinfectant and deodorizer of excreta, and water is not.

[To be Continued.]

The New England Medical Gazette.

BOSTON, FEBRUARY, 1876.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.

UNDER this heading the *Boston Medical and Surgical Journal* notices in a recent number the action of the Michigan State Medical Society in tabling the motion offered at the annual meeting, to censure the regents of the Michigan University.

The object of this censure was, as a matter of course, to reflect severely upon the faculty for "tolerating practitioners of a different belief," and to pave the way for more effectual steps towards bringing back the medical department of the university to its original state of orthodoxy. What the precise reasons may have been which prompted the State Society to take no action in the matter it is difficult to gather at this distance from the scene of the late conflict; but there can be no doubt that strenuous though futile efforts were made to unite the so-called "regular" wing of the profession into a solid phalanx against the regents and the faculty, and to bring a degree of pressure to bear upon the delinquents by this means which it would have been next to impossible to resist.

Whether this well-laid scheme failed of immediate effect in consequence of the unanimous conviction that the moment was unfavorable for a decided move and that at a future day a more crushing victory might be gained, or whether it actually miscarried, in consequence of a serious difference of opinion among the members on the main issue, is as yet undetermined. It appears, however, from the key struck by the *Boston Medical and Surgical Journal*, and from the direction of various other straws, that a majority in the Michigan State Medical Society has declined to be drawn into the vortex of a strictly partisan action and has dared to set aside the authority of the party leaders.

If this is indeed the "bottom fact," we hail it with joy as an augury of a better day, although it is to be feared that the dawn will be anything but serene and beautiful. The *Journal* broadly hints that there is a rod in pickle for the men of Michigan, to be brought into requisition at the approaching meeting of the American Medical Association unless the "irregularity" of which they have been guilty is corrected

by the election of delegates ready to swear by the "code of ethics." Like our neighbor across the way, we look forward with much interest to the discussion of this topic, both in the Michigan Society and in Philadelphia, as the result cannot fail to be of historical importance to the development of Homœopathy and the progress of medicine generally in the United States.

It is a matter of regret that the *Journal* should discuss this matter in a tone of irritation and menace. The prospect as it now presents itself is certainly not a pleasing one for medical conservatism; but it is none the less true that neither mere denunciations of Homœopathy nor threats of coercion can in any way further the elucidation of the principles involved.

It continues to be a matter of surprise that the great mass of allopathic assailants of Homœopathy should choose the course of loud invective and unaccountable misinterpretation of homœopathic aims and motives notwithstanding the utter failure of this course to stem the tide of the "exclusive dogma." They continue to disregard entirely the spirit of courtesy and candor in which their arguments have invariably been met by counter-arguments drawn from modern science and the recognized methods of scientific reasoning, and they persist in lashing themselves into most unseemly states of anger on every possible occasion, although the demoralizing influence of such exhibitions has long been manifest to all thoughtful men both within and without the profession.

The cause and the object of this pernicious and wide-spread animus among those who claim to rest their faith upon the "code of ethics" of the American Medical Association requires no comments, but its existence is of evil omen for the Michigan State Medical Society. There can be no doubt that machinations are already on foot to bring the recusant Society to terms, and to prevent effectually anything like a fair and open discussion of the fundamental principles upon which this question of the Michigan University has rested from the very beginning. This is sufficiently evident from the editorial declaration of the *Boston Medical and Surgical Journal*, which we quote *verbatim* as follows: "We would remind the members of the Michigan Medical Society that the question which they will be called upon to discuss is not whether it is 'a liberal policy' for the faculty of the university to tolerate the presence of practitioners of 'a different belief,' but whether they shall associate themselves with charlatans without rebuke. However indifferent American physicians may have been to standards of education and some other questions, there is one point upon which they have always held a pretty general and decided

opinion, and we feel quite sure that 'irregularities' of this kind will not be allowed to pass unnoticed."

This can mean nothing more or less than that the masses of the American Medical Association, of whom the *Journal* is a fair representative, are determined to admit of no inquiry as to whether the Michigan regents and faculty might possibly be justified in their course; whether it is within the power of any association, national or other, to frame a code of ethics in defiance of all recognized ethical principles; whether the vindictive aspersion of men of irreproachable lives shall be allowed to deprive them of the privileges and immunities of the profession at large, or whether the mere will of the majority shall prevail in the decision of questions of science as it does in political questions. "Rebuke" and the notice on the part of the association of "irregularities" must be construed to mean a blind and bitter opposition, with the alternative for the faculty and their friends of abject submission or expulsion.

It remains to be seen whether such threats have any terrors for the members of the Michigan Medical Society, and whether there is sufficient manliness, intelligence, and justice in the American Medical Association to limit the designs of its ambitious leaders and their over-ready followers. Meanwhile we recommend to the consideration of the first named body the careful study of the history of the Birmingham Medical Institute, which will supply a noble precedent in case the need of one should be felt; and to the last named body we suggest a faithful inquiry into the status of Homœopathy the world over. The approaching meeting of the American Institute of Homœopathy will be of material aid in such an inquiry.

ONE of our Western contemporaries expresses its abhorrence of all polemics by declaring it "disgraceful" to admit controversial matter into the columns of a scientific journal, — a sentiment which is shared, we are led to believe, by the great majority of American medical periodicals. It cannot be gainsaid that, for those who feel themselves unequal to the effort of upholding an opinion on strictly scientific grounds, or who have no opinions to uphold, the avoidance of all controversy shows a most commendable moderation. But since no truth of any value has yet found its way to general acceptance except through the thorny path of controversy, we do not hesitate earnestly to invite discussions on all subjects pertaining to our science and art; and so long as blows are well directed, we see no objection to any degree of force with which they may be delivered.

CORRESPONDENCE.

HOMŒOPATHIC HOSPITAL,
WARD'S ISLAND, Feb. 15, 1876.

EDITOR NEW ENGLAND MEDICAL GAZETTE :

Dear Doctor. — To the numerous readers of your magazine it may be a matter of interest to know that the Homœopathic Charity Hospital of New York is a flattering and constantly growing success. Already over seven hundred patients have claimed the hospitality of our wards, and into very many of these new life and hope has been infused under the benign influence of homœopathic medication.

Our hospital (that is, a hospital in which all good homœopaths have an *our-ly* interest) is delightfully situated on Ward's Island, some seven miles north of the City Hall. This island, rock based, crops out at the junction of East and Harlem Rivers, and is swept by life-giving breezes from both land and sea. The hospital structure stands on an elevation some forty or fifty feet above the water level, overlooking the city and Astoria, together with a portion of Long Island Sound. The building is plain but imposing in appearance; it is constructed of brick with heavy brown stone trimmings. It was erected in 1868, and was intended for and until recently has been used as an Inebriate Asylum. There is a frontage of two hundred and eighty-two feet, and a depth, in the main portion, of two hundred and twenty feet. The main block is four stories in height, the wings, three stories, and the corridors in the rear two stories high. The building is heated throughout by steam, lighted with gas, and supplied in every ward with hot and cold water. Its appliances are excellent for the care of the sick, and every convenience for a first-class hospital can, with little additional expense, be furnished.

The wards are not yet fully supplied with beds, there being a capacity for over six hundred. We have now four hundred and seventy-five beds, over four hundred and fifty being occupied.

The House Staff numbers five, a chief of staff and four assistants. The latter are Drs. Joel D. Madden, Richard B. Sullivan, Duncan Macfarlan, and Chas. H. Nichols.

The Medical Board is composed of the following well-known practitioners:—

Dr. Egbert Guernsey, *President*.
Dr. Wm. H. White, *Vice-President*.
Dr. Alfred K. Hills, *Secretary*.

Drs. Wm. Tod Helmuth, C. B. Currier, J. H. Thompson, F. S. Bradford, J. H. Demarest, Geo. S. Norton, McE. J. Wetmore, John C. Minor, Samuel Lilienthal, J. W. Dowling, E. Carlton, Jr., Geo. E. Belcher, Alex. Berghans, A. P. Thorp, F. E. Doughty, C. A. Bacon,

W. J. Baner, T. D. Bradford, H. D. Paine, S. P. Burdick, James Robie Wood.

There are six visiting physicians and two surgeons constantly on duty. These make regular visits to the hospital three times a week, for two months, when they are relieved, and a new set take their places. Each visiting physician or surgeon serves four months during the year.

Members of the House Staff are constantly on duty, and but one is allowed to be absent from the hospital at a time.

A full history of each patient is taken on his entrance to the hospital, and a daily record of the progress of each case is carefully kept. It is hoped that these clinical records, with the remedies and potencies used, will form a valuable addition to homœopathic literature and be a rare source of reliable information to the student of homœopathic medicine.

To all practitioners, everywhere, a cordial invitation is extended to visit this hospital and witness the progress that is being made.

Very truly yours,

SELDEN H. TALCOTT,

Chief of Staff.

Messrs. Editors.—I wish to say a few complimentary but just words of the well-known pharmacy of Messrs. Otis Clapp & Son.

I do this as it is but little known that the junior member of the firm, Mr. J. W. Clapp, has pursued and is still pursuing a course of study unusual among the pharmacutists of our school, including as it does the general studies for a degree in medicine (he has just completed his second course), and additional special studies in general and medical chemistry, botany, and pharmacology.

We all appreciate the necessity of purity and proper preparation in our medicines, and those who ensure this, deserve our best wishes and assistance.

Having for the past few months repeatedly inspected the workings and products of the above-named establishment, I feel competent to declare that the requirements of *integrity* and *capacity* are fully met. In the preparation of alcoholic tinctures, the drug selected is not only pure, but as far as possible taken in its best estate, and from this the tincture carefully and properly prepared.

In making triturations a new and powerful machine running by a "water motor" takes the place of the old-fashioned, unreliable method of "hired help," and I have demonstrated that it is efficacious by carefully examining the result under the microscope, the degree of comminution being, as it should be, the criterion; for example, triturating *Lycopodium* with nine times its weight of milk sugar for one hour has but little effect upon the spores, and with four times this amount of "grinding" they are still not sufficiently broken up. I think the Messrs. Clapp have done well in substituting the microscope for the

hour-glass. It is needless to say to those who have ever been there that cleanliness pervades the whole establishment.

As they merit, so I hope they will receive a liberal share of patronage.

E. P. COLBY.

SOCIETIES AND INSTITUTIONS.

*** Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.*

NEW YORK CITY, April 3, 1875.

Dear Doctor, — At a meeting of the American Institute of Homœopathy, held at Niagara Falls, June, 1874, the persons named below were appointed to constitute the Bureau of Ophthalmology and Otology for the ensuing year. At a meeting of the Bureau, held during the session of the Institute, the subjects for discussion were selected, and have been assigned by the chairman as follows: —

1. Retinitis Brightii, Geo. S. Norton, M.D., Ophthalmic Hospital, Corner 23d Street and Third Avenue, New York City.
2. Optic Neuritis, W. H. Woodyatt, M.D., 90 Washington Street, Chicago, Ill.
3. Acute Suppurative Inflammation of the Middle Ear, T. P. Wilson, M.D., 7th and Mound Streets, Cincinnati, Ohio.
4. Chronic Suppurative Inflammation of the Middle Ear. W. L. Breyfogle, M.D., Louisville, Ky.
3. Consequences of Chronic Suppurative Inflammation of the Middle Ear. W. H. Woodyatt, M.D., 90 Washington Street, Chicago, Ill.

The remaining members of the Bureau are C. Th. Liebold, M.D., 21 West 30th Street, New York City, and H. C. Angell, M.D., 16 Beacon Street, Boston, Mass.

The plan of sectional meetings for the various bureaux adopted by the Institute gives ample scope for special effort, and our last sessions were very valuable to us. In order to make our next ones fruitful, you are invited to send to the chairman or to any member of the Bureau any matter of value that has come to your notice in practice. *Confirmations of our remedies are specially desired.*

The chairman will endeavor to arrange material and present it to the Institute as an annual review. Please preserve this. Do not condemn it to the waste-basket or hide it in a pigeon-hole, but let it remain in sight, a constant reminder to you to do your best in collating facts which will be of great future value, and send reports to the chairman by May 15 at the latest. By all means let us see you at Put-in-Bay.

Yours fraternally,

HENRY C. HOUGHTON, M.D.,

50 West 33d St., New York.

REVIEWS AND NOTICES OF BOOKS.

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

A TREATISE ON DISEASES OF THE EYE: FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. 4th edition, enlarged and illustrated. New York and Philadelphia: Boericke & Tafel.

When this work first made its appearance, in 1870, it was warmly welcomed by the profession, and we feel sure that the new edition, enlarged and illustrated, will meet with a like reception.

It was not intended by the author to furnish a treatise for the specialist, but simply a compendium for the general practitioner and a text-book for the student. The study of the eye, its anatomy, physiology, and diseases, is a separate branch in medicine, requiring special works; the therapeutics of diseases of the eye requires special practitioners. But it is the duty of the general practitioner to have a general knowledge of the subject, for there are some cases which cannot be sent to the specialist, and which, indeed, can easily be relieved by proper treatment; there are many other cases, seemingly unimportant at first, which, through bungling treatment, become serious. We regard a physician as *culpably negligent* if he fails to so inform himself as to be able to discriminate between cases which he can cure and those which are beyond his skill. But where shall he obtain the necessary information? Treatises on the eye contain too much, and require too much study for their digestion; the common works on theory and practice contain too little to be of use. There is, therefore, need for a work which shall be less complex than the former, and more definite than the latter. To meet this want Dr. Angell's book was prepared, and it fits very neatly the niche for which it was intended.

The fourth edition is enlarged and greatly improved by the addition of a chapter devoted exclusively to the anatomy and physiology of the eye. Other treatises on ophthalmology have no such arrangement; the student is obliged to resort to a separate work, and this he will find so complex as to be of little service, unless he intends to make the study of the eye a specialty. Chapter I of *Diseases of the Eye* contains all that is necessary, and, moreover, it is written in an easy, conversational style, characteristic of the author, which makes its perusal pleasant as well as instructive.

We heartily recommend the work to those for whom it has been prepared, "general practitioners, and students intending to become such."

C. G. B.

BOOKS AND PAMPHLETS RECEIVED.

REPORT OF THE TWENTY-FIFTH ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY, held at Albany, Feb. 1 and 2, 1876.

SECOND ANNUAL REPORT OF THE ALUMNI ASSOCIATION OF THE BOSTON UNIVERSITY MEDICAL SCHOOL.

PETTET'S ANNUAL DIRECTORY OF THE HOMŒOPATHIC PHYSICIANS RESIDING IN OHIO. 1876.

ITEMS AND EXTRACTS.

IMPERFECTIONS OF THE HUMAN EYE. — Prof. McLeod, in lecturing on this subject, spoke of the chromaticity of the eye, and said there was abundant evidence of the defects of the organ in this respect. For instance, to short-sighted persons the moon appears to have a blue fringe. In using the spectroscope the red and blue ends of the spectrum cannot be seen with equal distinctness without adjusting the focusing glass. A black patch of paper on a blue ground appears to have a fringed edge if viewed from even a short distance; while a black patch on a red ground, when observed under similar conditions, has a perfectly distinct margin. Prof. McLeod then explained that the overlapping of images in the eye produces the mental impression that there is no want of achromatism. It is interesting to note that Wollaston considered that the colored bands of the spectrum were really divided by the black (Fraunhofer) lines, and his statement that the red of the spectrum does not appear to have a boundary line "because the eye is not competent to converge the red rays properly," shows that he had very nearly, if not quite, discovered the achromatic defects of the eye. Dr. Young ascribes to Wollaston the merit of having observed that when a luminous point is viewed through a prism, the blue appears to be wider than the red, the eye being incapable of recognizing that the spectrum has the same width throughout its entire length. An experiment was exhibited to show the relative distinctness of a dark line on grounds of various colors. A string or wire was so arranged that its shadow traversed the entire length of the spectrum, which was thrown on a screen by an electric lamp. When viewed from a short distance the edges of the shadow appeared to be sharp at the red end, but gradually became less distinct, until at the blue end nothing but a blurred line remained. — *Journal of Microscopy*.

PERSONAL.

REMOVAL. — J. W. STANIFORD & Co., manufacturers of homœopathic phials, and dealers in moulded phials, globules, corks, cases, etc., formerly of No. 10 North Street, may now be found at No. 23 Elm Street, two doors from Washington Street.

REMOVAL. — F. L. RADCLIFFE, from 77 St. Marks Avenue to 198 Carroll Street, New York.

THE
New England Medical Gazette.

No. 3.]

BOSTON, MARCH, 1876.

[VOL. XI.

A STRIKING AND INSTRUCTIVE CURE WITH APIS
MELLIFICA.

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

Translation from the Allgemeine Homöopathische Zeitung, Nov. 22, 1875.

HERMANN R., twenty-eight years of age, a disabled soldier, of good build, dark complexioned, was wounded in the year 1870. (Gunshot fracture of the upper part of the left thigh, with resulting anchylosis at the knee.) *From this time the patient had a yellowish complexion.* In 1871 he had true jaundice.

Very prone to colds and catarrh. Disposition cheerful, notwithstanding great irritability. The only trouble of which he wished to be cured was *swelling on different parts of the body*, especially on the face, and often so sudden that one could see the affected part swell.

The swelling begins with small elevations resembling blisters like nettle-rash, or erysipelas, with continual itching, but without producing any further pain. The single small spots then unite in such a marvellously short space of time that, after the lapse of scarcely half an hour, the whole face, or whatever part happens to be affected, is completely swollen. Very often the swelling attacks *the feet*, so that it is impossible for the patient to draw on shoes or boots.

The *weather* has a very great influence upon this affection; for with every change of the weather, the formation of these swellings follows more or less. They are worse from warmth (of the bed) and improve visibly in the open air. The swelling often disappears as suddenly as it came.

The physicians who had been previously consulted, comforted the patient by telling him that the affection was of no importance, that it would disappear in time, and that there was too great sensitiveness of the skin.

Besides this, since the wounds on his leg had healed, the patient had an herpetic eruption on both legs, which looked alternately better and worse. At its worst, there was considerable moisture, so that he had to bandage his legs; also great itching of the skin.

Soda-baths, tar-soap, and cod-liver oil suppressed the herpetic eruption but did not cure it. At present (Jan. 19, 1876), it appears again pretty severely.

Appetite, digestion, stools, as well as sleep, are normal, also the sexual functions.

After the use of *Rhus* and *Causticum* 3d, the condition is the same. Feb. 4. The swelling reappears every four or five days, and is mostly on the face. On the 3d of February, in fact, besides the face, the arms, legs and a part of the breast were "fearfully swollen." On the next day, everything had disappeared.

The sensitiveness to dampness and cold has already been mentioned, as well as the sympathetic affection of the liver, upon which most of those consulted had laid great stress. The patient never had facial erysipelas.

The eruption on the legs had increased latterly and extended from the knee to the ankle, and was so moist that he could not walk out unless his legs were bandaged. If the eruption became crusted over, a fearful itching followed, so that the patient "would like to scratch everything off."

He receives now (beginning of February) this prescription: for three days, every morning and night, *Sulph.* 3d, then for three days, *Graph.* 3d, then for three days, *Arsen.* 5th. This rotation to be repeated.

On the 24th of February, he writes, "I am pleased to inform you that the swelling has not appeared for a fortnight. It is true, there have been *signs* of the little blister-like elevations during this time, upon my breast, arms, and legs, but they have disappeared, for the most part, in a few hours."

Lately the patient has become aware of a yellowish-brown sediment in his urine, and he has to void urine oftener than usual.

The condition of his legs is the same; they still become moist and itch fearfully. For two days the eruption is dry, but on the third day the crusts drop off, and the "slimy, sticky" moisture again appears.

In the beginning of March the patient took for twelve days the first trituration (proportion 1-400) of *Hydrarg. præcip. rub.*, not only without good results, but the condition grew appreciably worse. Nearly every day he is swollen to a considerable degree. His limbs, on the contrary, grew better under this remedy, since they were no longer so exceedingly moist.

On the first of April, he reported that his urine (which had been examined at my request) was free from albumen; at the same time he gave a more minute description of the swelling. It is not doughy, but perfectly hard, and no impressions are visible. The extent is variable; at one time, the face, on one side, from the ala nasi up over the eye, is affected; at another time the neck and the breast, or the arms, or the other half of the face, and sometimes the whole face, so that he can use neither eye. The skin always looks red.

Sleep good; tongue heavily coated. "*Especialy when it is damp, I am swollen.*"

Perspires easily, especially under the arms, but also in the face and on the forehead, from the least movement.

Absence of fever, chills, thirst, indigestion, cold feet, pains in the limbs, epistaxis, and hæmorrhoids.

Up to April 1, the patient had taken again *Sulph.*, *Graph.*, and *Arsen.*, as before. He writes as follows in his letter of April 1: "Immediately after the use of the remedies the swelling disappeared, but appeared again day before yesterday. My whole face was swollen from mouth to forehead. On the next day the swelling disappeared, and to-day there is not the least trace to be seen."

Perhaps some of my readers have concluded from the above that here was a hydrogenoid constitution, and have asked

themselves whether the remedy corresponding specifically to that constitution, *Natrum Sulphuricum*, would not be in place.

The following communication from the patient (April 19) may serve as an answer to this question. (It must be remarked here, that up to this time he had taken, morning and night, four drops of the remedy, in the 3d cent. attenuation, in half a cup of warm water.)

On the 6th of April, his left eye was entirely closed, and his mouth so swollen that he could scarcely open his lips; on the following day, he was free from the swelling. Then on the eleventh and twelfth of the same month it appeared again, and this time to a far greater extent. The right eye, the neck and breast were swollen, some blisters also appeared on the arms and legs; but on the thirteenth, everything had disappeared. On the eighteenth, the swelling was on the left foot over the instep, to such an extent that he could not draw on his boot; the right hand was also swollen to above the wrist, so that movement of the fingers was difficult; some blisters showed themselves on the face, neck, and breast. On the nineteenth, the swelling had pretty much all disappeared.

The swelling lasts two or three days. Before it reaches its height there is terrible itching of the affected places, and painful tension of the skin; otherwise no pain. Finally, it may be mentioned that the patient never had anything to do with poisonous substances, nor had he lived in rooms with green hangings.

What was to be done? Should I follow the example of my allopathic colleagues and let the patient go, uncured, or should I dismiss him with the poor consolation that nature would sooner or later effect a cure?

But before a man gives this "testimonium paupertatis," he should cast one glance over the rich pathogenetic effects in our *Materia Medica*. And who does not obtain more satisfaction in this way than from outside help? I had almost decided, in the interest of my client, to make use of the columns of the *Allgemeine Homœopathische Zeitung*, in order to get advice. But I am glad to say that my own thought gained the victory. I compared the disease-picture, which was pretty well defined

by the patient, with the pathogenesis of *Apis*, and although as yet very inexperienced in the practical results of this remedy, so worthy of careful study and of persistent trial at the bedside, the theoretical grounds seemed sufficient to promise good results. The patient received then, *Apis* 6th c., four drops in four tablespoonfuls of water; dose, two teaspoonfuls, morning and evening. This was on the 21st of April. On the 25th of May he writes, "Inasmuch as the last prescription did me considerable good, I did not think it necessary to write immediately at the expiration of the fortnight, but continued the medicine and am much improved. At times, it is true, there are, here and there, symptoms of the swelling, but they are of no significance, and I am convinced that the disease has been cured. Heat has no ill effects upon me, and I take a great deal of exercise, which makes me perspire profusely, after which I feel very tired but soon am all right again. As a precaution I shall continue to take the last remedy for a while. For your successful attempts I return my heartiest thanks," etc. etc.

It may be of interest, in conclusion, to compare the most prominent *Apis*-symptoms with the disease-symptoms in question:—

DISEASE-SYMPTOMS.

Swelling appearing suddenly on different parts of the body, but mostly on the face.

The left eye entirely closed, the mouth so swollen that he can scarcely open it.

Before the swelling reaches its height there is terrible itching. Would like to scratch everything off.

APIS-SYMPTOMS.

Swelling, and a redness like erysipelas.

Swelling of the face, so that he can hardly see (after having been stung in the face).

Swelling of the face, especially about the eyes. The right eye entirely closed, the left nearly so.

Face swollen beyond recognition.

Swelling of the lips. Upper lip swollen as though the inner side was turned out.

Troublesome itching.

DISEASE-SYMP TOMS.

Swelling on the left foot, over the instep, so that he cannot draw on his boot.

The swelling (in the face and elsewhere) is described as *hard*. *The skin always appears red*.

Herpetic eruption on both legs.

Terrible itching as soon as crusts form.

APIS-SYMP TOMS.

Œdema of the feet and legs.

Large, *hard* elevations under the skin.

Hard, livid, purple-red swellings or small elevations on the forehead, face, and lower limbs.

Itching and stinging in the lower limbs.

We must confess that some single symptomatic peculiarities of the patient are not present in Apis, at least are not specially mentioned. For example : moisture, secretion of a slimy, sticky matter from the herpetic eruption, the easy perspiration, the regular exacerbation under the influence of damp, cold weather, finally, the disappearance of the swelling in the open air.

The propriety of the choice of the remedy lies in the fact that the swelling appears *very suddenly*, and again disappears of itself almost as quickly and unexpectedly. Who has not had an opportunity of observing this peculiarity, on himself or others, after a sting from a bee? We must emphasize, moreover, the erysipelatous redness, as well as the irresistible desire to scratch the affected parts in order to obtain relief. Finally, we must not overlook the fact that the patient had jaundice in 1871, and every one of the physicians consulted was able to verify the sympathetic affection of the liver, and that Apis has decided liver symptoms : vomiting of bile and of a bitter tasting fluid, great desire to sleep, despondency, sensation of fulness and distention in the abdomen, etc. Moreover, the connection between the liver and the erysipelatous process must be taken into account.

ARSENICUM ALBUM.

BY DR. A. CHARGÉ.

PATHOGENETIC EFFECTS.

Mind, Intellectual and Emotional Faculties. — Melancholy ; conscientious scruples ; he imagines that he has committed crimes ; fear of solitude ; disgust of life, even to suicide ; he despairs of ever recovering his health ; anxiety ; disquietude ; excessive anguish, especially in the evening in bed ; fear of immediate death, with weeping, shuddering, and weakness.

Head and Nervous System. — Frontal headache, with tearing in the brain, as though it was pulled in pieces ; squeezing in the temples, as in a vice ; painful lancinations in the temples ; frequent and periodical attacks of headache, either general or semi-lateral ; congestion ; vertigo, with falling to the right and dimness of vision ; great propensity to fainting ; he itches intolerably on the hairy parts ; hair sensitive and painful ; falling of the hair, particularly on the front of the head ; heat dry and burning ; sensation of burning heat over the whole of the body ; great prostration and marked weakness ; extreme anxiety, with oppression ; trembling and agitation of the whole body ; extraordinary anguish, with movements disordered and almost convulsive ; thirst very burning and nausea ; great sensitiveness to cold, and especially moist air, with irritability.

FACE.

Chlorotic or deadly pallor ; all the features of the visage express great anguish or even despair ; swelling of the face above all round the eyes ; erysipelatous redness reaching circularly the sides of the nose and forehead (painted spectacles, Dr. Noack) ; leaden, earthy complexion ; spots of eczema ; pustules, which change into ulcers ; lips are pale, cyanosed, cracked or thickened, and covered with crusts ; gangrene ; twitching of the face, occurring in periodical attacks.

EYES.

Scaldings in the eyes ; tumefaction and pain in the eyelids ; dryness of the interior of the lids ; lids spasmodically closed ; lively redness and very marked injection of the conjunctiva ;

flow of burning tears, which excoriate the skin; flow of pus; eyelids glued, especially in the morning; spots and ulcers on the cornea; photophobia; contracted pupils; the eyes are sunken in their orbits; the look is dim or fixed; icteric coloring of the sclerotic; contortions of the eyes.

EARS.

Burning and buzzing in the ears; hardness of hearing, especially for the human voice.

NOSE.

Nose red and swollen; burning within and without; violent hemorrhage; chronic redness of the pituitary membrane; ulceration, with ichorous and fetid discharge; violent sneezing; sensation of dryness in the nose, with watery, burning discharge, which excoriates the edges of the nostrils.

ORGANS OF RESPIRATION.

Sensation of heat in the chest; oppression; great difficulty of breathing in all degrees; *spirandi difficultas* (Sennert); attacks of periodical, nightly suffocation, having more often the character of a nervous affection of the respiratory apparatus, preceded and accompanied by cough; cough dry, violent, principally in the evening after he has lain down, with ardent desire to rise; cough excited by drink or cold air, accompanied by strong oppression and great weakness; cough spasmodic, like whooping-cough, and accompanied by painful oppression; very little expectoration during the attacks of cough; cough dry, whistling, especially in the middle of the night with difficult spitting; cough ceases only after the emission of some spatu; tickling in the trachea or bronchi from the least, change of temperature; burning and dryness in the larynx; voice hoarse, uneven, frequently trembling.

ORGANS OF CIRCULATION.

Palpitation throughout the night, especially on being laid on the back, with attacks of intolerable anxiety and dyspnoea; palpitation, as if one would suffocate, aggravated by movement; irregularity in the beatings of the heart; want of synchronism

in the pulse and beatings of the heart; pulse feeble, very frequent, small, accelerated, easily depressed, and sometimes hardly appreciable.

ORGANS OF DIGESTION.

Dryness of the mouth and pharynx, exceptionally ptyalims; aphthæ; ulceration of the gums; bleeding gums; fetid breath; dental neuralgia; tongue red, dry, brown or black, cracked, trembling; burning dryness of the throat; constriction of the pharynx; inflammation, ulceration, gangrene in the throat, on the tonsils, and internal surface of the cheeks; excessive pain in the epigastrium, especially to touch; heat and burning in the stomach; nausea and vomiting; vomitings take place immediately after having taken food or drink; want of appetite, but burning thirst, with disposition to drink constantly, and little at a time; colic; diarrhœa, with frequent fetid stools, which repeat themselves especially in the middle of the night or early in the morning; stools of all colors, watery, slimy, containing undigested food; during stool cutting, burning pain, and after stool tenesmus and burning in the anus; itching in the anus; congestion of the liver, with constipation and epigastric pain; distension of the liver; distension of the spleen; induration of the mesenteric glands; swelling of the belly, with an immense quantity of gas.

URINARY ORGANS.

Pressive pains in the region of the bladder, twinges in the same region; burning in the bladder, and frequent desire to urinate; burning in the urethra at the commencement of urination; urine scarce, burning, red, mixed with blood, with a yellowish, clayey deposit; urine of a dark violet, which takes a bluish tint after it has remained some time in the vessel; retention of urine, as from paralysis of bladder; abundant emission of urine; excretion frequent and more copious, especially at night; involuntary emission of urine, principally at night; powerful action on the urinary organs. The urine of Arsenicum, treated with nitric acid and heat, gives a precipitate of albumen; and when one examines with the microscope he finds numerous remains of epithelial cells, fibrinous cylinders, and frequently globules of pus and blood. Uræmia. In the autopsy of the

victims of arsenical poisoning, the kidneys have been found swollen and hyperæmic, the epithelial cells filled with fat and granulations.

GENITAL ORGANS.

Male. — Swelling of the penis; very painful swelling of the scrotum; all these parts are œdematous and of a bluish-red color, covered with vesicles and pustules; ulcerations; gangrene.

Female. — Idiopathic pruritus on the vulva and anus, or eezematous and papulous eruption; excoriation of the labia majora; gangrene in patches; acrid leucorrhœa, which excoriates; menses early and profuse, lasting too long.

TRUNK AND LIMBS.

Burning pains with or without paralytic weakness. In trunk: violent pains; drawing and burning in the back; herpetic eruption between the shoulder-blades. In the limbs: tearing pains with restlessness, which obliges one to move constantly; cramps; swelling; ulcers on the ends of the fingers, with burning pains; vesicles and ulcerations on the soles of the feet and on the big toes.

Paralytic Weakness. — Paralysis, complete or incomplete, partial or general; one hand only may be affected; at another time the paralysis begins at the fingers and ends by involving the whole side.

FEBRILE SYMPTOMS.

Pulse rapid, feeble, small, irregular, tremulous, or suppressed; coldness of the whole body with cold and clammy sweat; a typhoid condition should cause no surprise when we recollect that in cases of arsenical poisoning the characteristic lesions of typhoid have been established; periodical conditions are equally characteristic of its pure action.

SKIN.

Dry, cold, or bluish; insupportable pruritus, which is not relieved by scratching, and which is accompanied by a sensation of burning; all forms of cutaneous eruption from simple erythema even to the most extensive destruction; eruptions of all kinds and of all parts of body; erythematous, erysipelalous

urticarious, vesicular, papular, pustular, etc. ; ulcerations and rapid gangrene preceded or not by inflammation ; bluish spots ; dark, painful, burning pimples ; suppurations ichorous and fetid ; special action on the hair and nails ; falling of the hair and nails has been verified in a certain number of cases of arsenical poisoning.

Mode of Lying, Sleep and Symptoms of the Night. — The patient lies with his knees drawn up, his head and hands upon his knees ; agitation attended with anxiety, which will not permit one to sleep ; fright and apprehension, which make one fear to be left alone ; visions of death and robbers ; excessive anguish, especially in evening in bed.

CHARACTERISTICS.

Rapid failing of the powers, prostration, attacks of fainting ; emaciation ; burning heat in the interior of the affected parts or sharp pains, tearings so intense as to drive one to fury and despair ; aggravation after midnight ; amelioration from hot applications and from movements of the body ; agitation accompanied by anxiety ; repugnance for solitude ; fear of dying caused by sense of oppression ; intermittence, sufferings of all kinds return periodically ; general or partial dropsy ; mixture of excitation and weakness, or rather a strange succession of symptoms of depression and over-excitation, of cramps and of paralysis, of melancholy and of irritability, of anæsthesia and of neuralgia. In all affections which attack the organism profoundly and which tend to dissolution, where there are great weakness and emaciation ; in enfeebled subjects whose vital resistance is very low, especially when the digestive functions have lost their activity.

The inflammation caused by Arsenicum has a general tendency to ulceration with acrid and burning secretion. This particular explains the curative effect of arsenic in all ulcerations of the skin and mucous membrane. Arsenicum is of prime importance in the breaking down brought about by alcoholic excesses, by insufficient nourishment, by prolonged residence in damp, marshy localities, by endemic diseases borne for a long time, by the abuse of quinine.

[*To be Continued*]

DR. LIPPE'S REMARKS ON THE TRANSLATOR'S PREFACE
OF THE ORGANON.

IN the preface to my translation of the *Organon*, I used the following expression: As for the rule "*Similia similibus curantur*", physicians agree that it is the best practical guide to aid us in the selection of most, perhaps of all, medicines. We accept it as an unequivocal fact, not as a theory or hypothesis, as our opponents quite erroneously term it. The explanations of its workings are as numerous and varied as they are unsatisfactory, from Hahnemann to the latest expounder, yet the rule is a good and safe one, and though imperfectly explained, we may continue to apply it in practice, till at some future time we may enjoy the privilege, not only of contemplating what we have cured, but also how it was done.

Dr. Lippe, who read the new translation as far as the preface, takes exceptions* to the above expressions, and considers himself justified in drawing the following conclusions: That the translator was not altogether imbued with the "genius of the homœopathic healing art"; that he should have said less; that he did not state the truth, the whole truth, etc.

It is true the above sentence remotely hints that perhaps the homœopathic law might not pertain to the selection of all medicines, now counted by thousands and gathered from all kingdoms of nature. What if it did not apply to a few? There may be exceptions even to such a law. Why not?

But perhaps Dr. Lippe did not notice this or care much about it, for he dwells more particularly on other parts of the sentence, which he intends to refute by Hahnemann's note to the first paragraph of the *Organon*, in which the latter urges the abandonment of hypotheses and theories and to proceed to action.

What relation the translator's sentence objected to by Dr. Lippe bears to Hahnemann's observation, *except fully to agree with it*, is not to be discovered; and although Dr. Lippe says that comments are unnecessary, it seems as if a good deal of captious argument would be required to render any miscon-

* See article by Dr. Lippe entitled "The Bearing Question." *Cincinnati Medical Advance*, February, 1876, p. 447.

struction of that sentence plausible. Dr. Lippe quotes me as having said, "We may continue to rule in practice," and calls it weak. For the benefit of those who have not read the new translation of the *Organon*, and who might be persuaded not to do so, I would say that no such expression was employed by me.

The rule of similars is the best practical guide in the selection of medicines, and it is good and safe. There may possibly be an exception. Why denounce this expression?

It contains the whole truth as distinctly as it is possible to express it outside of a court-room. The truth is always better stated in plain words, with a little margin for possible exceptions, than by the employment of exaggerations, rhetorical flourishes, or oath-like declarations. Homœopathy has had to suffer from bald assertions and exuberance of language on the part of some of its defenders, who too often stand in their own light, if not in that of others.

So much for the preface. It is to be regretted that Dr. Lippe stopped in the middle of the translator's preface, instead of taking sufficient time to review the important part of the book. It is desirable to know whether those who are most competent to judge find it to be a good and intelligible translation, and above all, a faithful one. That is the true touch-stone of the translator's ability to master the principles of Homœopathy.

C. WESSELHOEFT.

HEALTH, AS AFFECTED BY DRAINAGE, SEWERS, AND SEWAGE.

Report of Commissioners on the Sewerage of Boston.

BY OTIS CLAPP.

[*Concluded.*]

The difference is radical: one effects the object desired, the other does not. The Creator and Law-giver has indicated the covering that is effective. The laws, precepts, and statutes given through Moses and the prophets relating to this subject were given for all time; and their violation now is just as sure to be followed by penalties as when they were given. Are we not now suffering some of these penalties?

Dr. Asa Gray's Botany tells us that "decomposing vegetable matter or manures in the soil are constantly evolving carbonic acid, and a large part of it remains there, in the pores and crevices, among

which the absorbing rootlets spread and ramify. . . . The plant's proper work is assimilation, viz. the conversion by the vegetable of foreign, dead, mineral matter into its own living substance."

This "dead" matter can change into "living substance" in earth, but not in water. Hence it seemingly rebels against being drowned as useless waste, and uses its poisonous odors to remind man of his mistake. The offensive and poisonous odor ceases the moment it is covered by its proper element, earth.

This excreta will not and can not be tampered with. If turned into the sewers, it carries its poison with it. It saturates the soil, then the air; and diminished vitality, sickness, and death are the natural results. It came from the earth to man in the form of food: when its function is performed, the earth requires it back again. The earth goes into bankruptcy for want of it when the higher and lower laws are violated. It is a valuable friend when rightly used and a deadly enemy when wrongly used, because it is among "the most pestilential matter known."

The commissioners say, "The point which must be attended to, if we would get increased comfort and luxuries in our houses, without doing so at the cost of health and life, is to get our refuse out of the way far beyond any possibility of harm before it becomes dangerous from putrefaction." This concedes the dangers, but does not remove them. The offensive and poisonous gases begin their work instantly; they are absorbed and disposed of instantly if covered with earth.

Again, the commissioners say, "The sewage should start from the houses, and go in a continuous current without stopping, until it reaches its destination, either in deep water or on the land." But as it has to travel several miles on nearly a dead level, it has abundant time to dispense its poisonous gases, and does so most effectually.

This subject seems to belong to the domain of medicine, agriculture, chemistry, and botany, rather than to that of engineering; although one of the definitions of engineering is, "The art of utilizing the forces and materials of nature." This would hardly apply in this case, because the effort seems to be to waste "the forces and materials of nature." The prodigal son also "wasted his substance." His example, however, in one respect, was a good one, viz. he repented, and changed his course.

Liebig has written much and well on this subject, and says it is only necessary for the engineer and agriculturist to come to a good understanding in order to solve the question. In the plan before us both chemistry and agriculture seem to have been overlooked.

Some time since the *New York Times* published the following article, which was reprinted in the *Boston Daily Advertiser*. Can facts like these be safely ignored by an intelligent public?

"SEWAGE vs. GUANO. — Liebig, the eminent chemist, lately startled the imperturbable gravity of John Bull by demonstrating the fact that the very marrow of the British Islands was rapidly escaping into the sea through the sewers of London, and prophesying that, unless he bestirred himself and stopped this waste, his fair territory would ere long be as barren and unproductive as a desert. A moment's reflec-

tion upon the increase of two articles of importation would have satisfied a political economist that the British soil was becoming impoverished, though the cause might not have been so apparent. We refer to the importation of breadstuffs as food for the people to supply the deficiency of their home agricultural productions, and of guano as a fertilizer of the soil.

“Liebig, however, has proved, by the most conclusive facts and reasoning, that the large towns, of which London is the type, are the great waste-gates of the fertility of the soil; and that through them the very essence of fertilization flows incessantly into the sea beyond the power of reclamation. Every farmer knows well that if he removes all his crops to the town for consumption and returns nothing back to the soil that produced them, his lands soon become unproductive. The same is true of a district and of a country. But if the town should carefully preserve all the material for fertilizing the soil which it is constantly engendering, the waste of its houses, yards, stables, streets, etc., and return it to the land that produced the food of its inhabitants, it is evident that the supply to the soil would be equal to the waste, and the reciprocal advantages of this relation of town and country would add to the prosperity of both alike, and beautifully illustrate that highest principle of political economy,—the mutual dependence of classes in community.

“An eminent writer recently entered into a careful estimate of the actual loss, in dollars and cents, to the country of fertilizing agencies through the sewers of London. Our readers will scarcely believe the grand total,—\$41,827,500. This estimate is based upon a careful analysis of the waters of the different sewers, and the proper valuation of the materials which they contain when applied as manures. Well may the writer add, —

“‘If this matter were collected and applied to agricultural purposes, and if the same course were adopted with all the other towns in England, not only would an annual revenue be raised sufficient to pay the interest of the national debt, but the agriculturists of England would then be on a par with the manufacturers, for they might then become exporters instead of importers. Not only would there be a cheap loaf, cheaply obtained, without having to send 10,000 miles for the manure, and leaving so much gold in its place, but increase of population, instead of being a curse, would then be a blessing; for the supply — at least of corn — would increase at the same rate.’

“There are some facts connected with this inquiry of great practical interest to the agriculturist of this country. Already has the importation of guano become an established business among us, and yet the refuse of New York City, if properly employed, would render this island more valuable than all the far-famed guano fields of the Pacific. If we estimate the value of the sewerage of New York by the same formula that was applied to London, the value of this material as a manure, applied to the soil according to the rates paid for guano, would amount to the round sum of \$16,000,000! These figures may appear fabulous, and yet it can be demonstrated, chemically and math

ematically, that our sewers are but immense conduits, through which flow with ceaseless current to the sea the very essence of the soil, and the best fertilizing agencies known to man.

“The warning of the German chemist to the inhabitants of the British Islands should fall with startling effect upon our own ears; for the same causes are operating to impoverish our lands, beyond the power of guano to restore them.”

Civilization seems to be constantly endeavoring to destroy itself, and in neglecting and tampering with its filth is harboring one of its most destructive agents. War, as a destructive power, will not compare with it. “My people,” says the prophet, “are destroyed for *lack of knowledge*; because thou hast rejected knowledge, I will also reject thee, that thou shalt be no priest to me.” A foul or “unclean” camp is more destructive to health and life than all the batteries that the enemy can employ. Any profession, therefore, that rejects or misapplies knowledge, would seem, by so doing, to place itself outside of the priesthood of science and truth.

A recent statement says the destruction of crops in the West by noxious insects or locusts the last year was \$200,000,000. Near \$100,000 was expended in attempts to destroy them, which resulted in gathering near 100,000 bushels. Between the destruction caused by a “lack of knowledge” in relation to disposing of noxious gases, and of noxious insects, the food and health of man seems in a very uncertain condition.

Has any school of medicine reached the point of definite results, so as to be an intelligent instructor on this subject? Have statesmanship, political economy, agriculture, engineering, reached a point from which they can lead the mind, “in freedom according to reason,” to intelligent conclusions, or are they content to lead and be led by a persuasive blindness, hoping to find, but not seeing, a way through the dark? Is this a leading through the light of knowledge, or is it “the blind leading the blind”?

Some twenty years since I was standing on the border of Lake Cochituate, in Natick, near the entrance of Pegan Brook. A resident called my attention to the facilities that were forming to pollute the stream. I saw at a glance that the work had commenced, and at once reported the facts to the Chairman of the Water Board. He had no fear, “water would cleanse itself,” etc. A subsequent chairman of the same Board told me he tried to obtain action to cure this evil, but could not. Now, authority has been asked of the Legislature to spend between \$200,000 and \$300,000 to turn the stream into Charles River. Residents on Charles River protested, and said it ought to go into Sudbury River. Here, too, there were objections, and there the matter hangs.

There is a way to remove this difficulty, at moderate expense,—not to exceed the interest on the cost of a sewer,—which would save both streams from pollution.

An appropriation of \$200,000 has been voted by the Boston City Council to build a sewer in Mystic Valley, to turn the drainage of the tanneries into Boston Harbor. There is also a cheaper and better way of disposing of this matter, by utilizing instead of wasting it.

An analysis of the sewage of London, taken at several of the sewer mouths on the river, proved that it contained only five per cent of nutriment for plants, while every drop of the water will disseminate gases destructive to human life.

Common stable manure is readily sold at the stables in this city, at an average of \$6 per cord. The excreta contains a greater amount of the properties essential to the fertilization of plants than any other substance; is less bulky, of greater value, and can be more easily and less expensively utilized than the former. In short, *saving* is less costly than *wasting*, financially, besides leaving our streams pure, the sewers free from poisoned gases, and saving the soil from bankruptcy.

Illustrations of this may be seen in the vegetable gardens of Arlington, where three and four yearly crops are raised, and where \$1,500 have been realized for these crops, on one acre of land, in a single year.

The plan of these commissioners is based solely on *waste*. The definition of this term in law, is "spoil, destruction, or injury done to lands, etc." According to Blackstone, "Whatever does a lasting damage to the freehold is a *waste*." "Little *wastes* in great establishments, constantly occurring, may defeat the energies of a mighty capital."

The manufacturer or merchant who conducts his business on such a principle of waste soon finds himself in difficulty. An intelligent wool manufacturer made himself rich by the saving gained in purchasing wool *after* cleansing instead of before. There is wealth even in these *cleansings*, to enrich soils, though not to make into fabrics. Governments are subject to the same laws. Prof. Palmer says, "If the rich materials which enter into the food of man be buried deeply, or washed into the sea, the ultimate exhaustion of that soil can only be a question of time. The Cloaca Maxima of ancient Rome, carrying the waste of that great city into the Mediterranean, and thus impoverishing of the soil, has been regarded as among the chief causes of the fall of the empire.

Dr. Stramm, a distinguished physician in Germany, who has given many years of his life to the study of epidemic diseases, believes that they can be nearly exterminated by proper attention to cleanliness and other hygienic measures. He says, "Before erecting statues, building museums, and buying expensive pictures, towns should be relieved of bad odors and fermenting putrescence," and adds that "good privies are far higher signs of civilization than grand palaces and museums of art."

He says wherever there is a bad odor from bad-conditioned water-closets and cesspools, poison will penetrate into dwellings, and epidemics will follow. He says that when the capital of Egypt was removed from Thebes to Memphis,—from the upper country to the marshy lowlands, where drainage was bad and the air infected,—the empire gradually declined.

Dr. Williams, in his "Principles of Medicine," says "Every ill-drained house has a Pandora's box ready to pour forth its evils. These materials continually poison both air and water, and disease results."

The water required for simply domestic uses in Boston is moderate as compared with that needed to remove filth. It is probable that if the dry earth system had been introduced twenty years ago, there would now be a sufficiency of water for some years to come, making a saving of several million dollars. The total cost of the Boston Water Works to May 1, 1875, was \$24,402,332.12, and net cost \$10,786,739.19. The total cost of the same to January 1, 1865, was \$10,366,641.83, and net cost \$6,031,190.22. This cost does not include the Mystic Water Works, which supply Charlestown.

It is often said that attempts to utilize sewage have proved a failure. This is easily accounted for, viz. because when taken from the sewer, it has parted with ninety-five per cent of its fertilizing properties.

When we consider that our Water Works have already cost the city over \$24,000,000, with a prospect of an expenditure of half as much more to obtain a full supply and to protect it, and then, after polluting it, of expending \$6,000,000 to \$7,000,000 in addition to pump and force it into deep water, it may be thought about time to look this matter square in the face, and faithfully test the question of advantage, as between the two systems of saving and wasting.

The English Parliament have been earnestly petitioned to exercise their authority to save their streams from pollution. The same necessity exists for the exercise of such authority here. In a recent discussion in the Board of Aldermen, it was suggested, in answer to a question, that if the towns bordering upon Mystic Pond insist upon their right of drainage into it—*i. e.* of polluting it—it might be expedient to abandon that pond and obtain a supply from the Shawshine River, which enters the Merrimac near Lawrence. Here, too, is a prospect for a few millions more of taxation! Does not this present a significant anomaly in our civilization, the right of towns to pollute and poison their own and their neighbors' water?

The dry earth system has been introduced into New Orleans from a sort of necessity, because the bed of the river is, fortunately, higher than the land on the sides, which saves it from pollution. A company has been organized under the statutes of the State, with a capital of \$500,000. A person thoroughly competent to form an intelligent opinion, writes thus: "When in New Orleans last, the company seemed to me to be doing a great and good work. Outside of the city they have large drying sheds where the earth is prepared, from which it is taken to the city by teams in twenty-gallon casks, with handles on the sides, easily handled by two men. Their carts and equipments are extensive and in excellent style, equal to any express wagons. Two men go with each wagon delivering the fresh-dried earth and exchanging for that which has been used."

Dr. A. B. Palmer, Professor of Medicine in the University of Michigan, and in Bowdoin Medical College, has published a pamphlet on "Dry Earth as a Means of Disposal of Excreta." He cites a great variety of cases, and quotes the views of numerous experts, at home and abroad, and gives the experience of those who have made trial of it in private houses and in public institutions. He says, "We have

seen the plan in operation upon a large scale at Fort Adams, Newport, R. I., where a large number of soldiers were using the earth closets, and where there was an entire absence of all those odors which we have never before failed to perceive even in well-regulated water-closets used by a large number of persons. We have seen the earth commodes in use in hospitals and private dwellings, and where proper care was exercised, with the most complete success." Col. D. C. Houston, U. S. A., says of the same, that they "give entire satisfaction," that "the soldiers' closet worked perfectly, and the commodes are of great advantage in cases of sickness and in hospitals." Gen. Jno. M. Cuyler, Surgeon, U. S. A., gives the system his unqualified approval.

Physicians of the Pennsylvania University, Maryland Hospital, Connecticut State Hospital, the Sanitary Superintendent of Chicago, and others, concur in saying that it "fulfils all the requirements of such a convenience for a hospital, as well as for a sick-chamber or for family use." Prof. Johnson, of Yale College, speaks of the efficacy of dry earth as a disinfectant, etc.

Large hotels and public buildings are now so arranged that earth is furnished and taken away without the knowledge of occupants.

Dr. Palmer sums up the objects to be gained by "the earth system" thus: 1. To afford a comfortable closet on any floor of the house, which may be supplied with earth and cleansed of its deposits without annoyance or inconvenience. 2. A portable commode, in any dressing-room, bedroom, or closet, the care of which is no more disagreeable than that of a stove. 3. Appliances for the use of immovable invalids, which entirely remove the unpleasant accompaniments of their care. 4. The removal of the most fertile source of typhoid fever and various other diseases. 5. The complete suppression of the odors, which, despite the comfort and elegance of modern living, still hang about our cesspools and privy vaults, and attend the removal of their contents. 6. The complete deodorization of the bucket so commonly used in jails and prisons. 7. The realization of a fertilizer of material value to the agriculturist."

HEALTH AS AFFECTED BY DRAINAGE.

THE subject to which I invite your attention at this time is health, as affected by drainage and ventilation.

One of the great objects to be attained in every civilized community is a sound mind and a sound body, — the latter being necessary to the possession of a sound mind *in* a sound body. Man was created to live a life of usefulness in the world, to fulfil a mission. It is a debt which he owes to society and his Maker. If this mission is disturbed or abridged by impaired health or premature death, the end of creation in this respect is not realized in this world. The loss to the community in one aspect is measured by the extent of this impaired life.

Writers upon vital statistics divide the community into two classes, viz. the Dependent Classes and the Producing Classes. The Dependent Classes include those under fifteen and over seventy years of age; and the Producing Classes, those between fifteen and seventy years.

The cost to the community for the support of each child is estimated by Dr. Jarvis at \$50 per year, and the pecuniary loss to the community by the death of a child can be determined by multiplying \$50 by each year of its age.

So in regard to preventable sickness.

It is estimated by a learned commission of the British House of Commons, after a careful survey of the whole question, that the loss to the community from this cause, in Great Britain and Ireland, is the enormous sum of \$100,000,000 per year.

Now the same causes are in operation in this country and in this city, and are producing similar results as in the Old World. Instead of learning by their mistakes we seem content to repeat them.

In the State of Massachusetts, in 1855, there was a population between the ages of fifteen and seventy years, of 743,523. The amount of sickness among them was 6,663,305 days, averaging 8.82 days to each person.

The report of the industry of the State for the same year showed the products of labor to be \$295,826,691. The loss by sickness, therefore, computed at the same rate, was \$7,129,422.

The number of deaths in Massachusetts in 1859, under fifteen years, was 8,953. Their average age was two years, five months, and twenty-one days, making 22,171 years. At \$50 per year, their cost to the community was \$1,108,550. Thus these vital machines, which had been thus far built, were lost to the force and capital of the nation.

Prominent among the causes of a loss of vitality, of sickness, and of death, are bad drainage and bad ventilation.

Of the total number of deaths which take place over the whole surface of the globe, it has been ascertained that nearly one half are caused by fever in its various forms. The principal cause of fever is a miasmatic state of the atmosphere, produced by an excess of moisture in the ground, from which poisonous exhalations arise, vitiating the air, and carrying into the system a virus which either produces fever or has a disturbing effect upon the organs, and weakens the general system, thus predisposing it to maladies to which the body is subject.

Hence the importance of preventing the aggregation of water in any particular localities and of removing such as has been allowed to collect. Neglect of these precautions is attended with fearful consequences, as the experience of the older cities of Europe abundantly shows.

The filling and grading of streets needs to be attended to with the greatest care, to provide for thorough underground drainage, as well as for the disposal of all surface water, and particularly that which drains through the animal and vegetable refuse which accumulates in all large cities.

A disregard of these conditions causes fevers; and the fearful scourges which sweep over Europe, from time to time, show that they break out in precisely those localities in every city where the underground soil was ready to generate the elements required to bring them into activity.

In the city of Glasgow, built upon made soil, in the five years ending in 1840, nearly 56,000 persons were attacked with fever, — every fifth person; and of these nearly 5,000 died.

London has probably suffered more than any city in the world from imperfect drainage. Large districts have been reclaimed, in times past, from swamps, which, being imperfectly drained, have been visited with plagues, scourges, and fires, until society has felt compelled to widen, grade, and drain the territory in a way to free them from these evils.

Hamburg, Berlin, and Vienna, all testify to the same effect.

To show the importance which is attached to this subject in London it is only necessary to state this fact: Her authorities, after most thorough examination and consideration of learned commissions, have proposed plans and estimates for two monster sewers, one twenty-three and the other twenty-four miles long, at an estimated cost of from \$35,000,000 to \$55,000,000, to relieve the river Thames, now a gigantic cesspool. The plans as described are from thirty-seven to thirty-nine feet wide, and sixteen feet deep. [These sewers have since been made at a cost of over \$20,000,000.]

Malaria, or bad air, is produced by the rapid disintegration of matter, where putrescence is favored by heat and moisture. It denies to man hospitality, and opposes the extension of his sovereignty or the evolution of his social forces. It proceeds from marshes, formed by the stagnation of water, occasioned by the absence of fall for its passage into streams; also by artificial dams, ponds, and basins, in which impurities accumulate; by mixture also of fresh with salt waters on flat sea-shores, followed by hot and dry weather. These marshes vary in their aspect with the climate. Some of them send out a poison of terrible power. The Roman States, with Tuscany and the Italian coasts, pay a death tribute of 60,000 annually.

A traveller asked one of the pale inhabitants of the Pontine basin, how they could live there. "We do not live," was the reply, "we are dying." The reaction of malaria on the human organism is such that children are born presenting its symptoms. They grow puny and sallow, remain sickly, puffy, dropsical, subject to fevers and ulcers, which heal with difficulty, they know neither the joys of infancy nor the spring of youth. Life is a prolonged agony.

Bishop Heber noticed in these regions a milky vapor, called the *essence of owl*. He asked if it was true that monkeys deserted these woods during the unhealthy months. The answer was, "Not the monkeys only, but everything that has the breath of life, instinctively." Horses, dogs, and domestic fowls are sufferers.

The instinct of monkeys, it seems, prompts them to avoid a poisonous malaria, while the pecuniary instinct of Yankees prompts them, at times, to create one.

An undrained district in a city is but a Pontine marsh in miniature.

But we need not confine ourselves to the Old World for objects of sympathy in this regard. Our own Boston bids fair to be a candidate for similar afflictions.

In the list of healthy cities in the United States, the old city of Boston formerly took its position at the head of the list. She has now lost that position; and what are the causes?

It is partly owing to the extension of the city by new-made land. This new territory is reclaimed from the sea, and a portion of it is laid out in narrow streets, so imperfectly graded as not to shed freely and readily its surface water. It is raised but two or three feet above common high tide. Its cellars are below tide-water, and the sewers for draining them and the streets run at nearly a dead level; they are so near low-water mark that they can only discharge as the tide goes out, thus causing wet cellars and damp houses. While some parts of the city are as healthy as the country, these sections present the city, as a whole, to disadvantage.

According to statements in the registration reports of Massachusetts, the average age at death in Boston, in 1857, was, for some cause, but twenty years, or seven years less than fifty years ago. If we take the deaths in Boston under five years of age, from 1820 to 1830, they constitute about one third; but at a later period it is increased to near one half. Again, the number of deaths in some wards is just about double, *pro rata*, that in others. What is the cause? The answer is, A difference in density of population, drainage, ventilation, and other sanitary laws, which are better observed in some localities than in others. Here is the solution of the whole matter: Physical laws are sacred and obligatory as well as the Decalogue. We hold the capacities of happiness, health, and life itself, on certain conditions, and forfeit them, without the right of redemption, by non-compliance. Every infraction is sinning on credit.

Jefferson said, "Great cities are great sores on the body politic." If they are so, it is only because of neglect: they need not be so; and if their organic laws, and the action under them are controlled by a sound judgment — the creation of an enlightened public opinion — there may be as high a standard of moral and physical health as in the rural districts.

Mr. Shattuck shows the density of population by a contrast between two sections, viz. between Beacon, Charles, Pinckney, and Joy Streets, which contained about one inhabitant to forty-eight square yards. While a section bounded by Hamilton Street, Humphrey Place, Oliver, Batterymarch, Broad Streets, and Washington Square, contained one inhabitant to every seven square yards. Each house averaged thirty-seven persons, to say nothing of the presence of fruits, vegetables, refreshments, &c.

It can hardly be surprising that the deaths should be more than double, *pro rata*, in a locality which allowed but seven square yards to a person to that which allowed forty-eight. Ventilation in such a

crowded condition is impossible. Dr. Southwood Smith estimated the quantity of air inspired by one person, each hour, as two hogsheads, twenty gallons, and ten pints; or over fifty-seven hogsheads per day. One pint of air is inhaled, and one quarter of it vitiated at every breath.

In addition to this, three cubic feet per minute of pure air is required to make good that vitiated by insensible perspiration. A candle also vitiates about three hundred cubic inches per minute, and a gas burner as much as eight candles. From these facts and considerations, it may be seen that the act of poisoning ourselves and each other is an easy matter and extensively practised. It shows that reform is needed; it is needed, too, among all classes. There is scarcely a church, hall, office, parlor, kitchen, or sleeping room that is thoroughly ventilated, and in which the poisoning process is not allowed.

Dr. Bowditch, of this city, has paid great attention to the causes which produce pulmonary complaints. They are found to prevail in locations affected by the miasma rising from swamps and undrained districts. He makes important suggestions on the selection of land for the erection of houses. Among the conditions are, a dry and well-drained soil, open to a free circulation of air and to the unobstructed rays of the sun. Any departure from these requirements is attended with danger to health.

What, then, can be done to change this downward tendency in the length of life, this impairing of the vital machinery? The answer is, Enlightened public opinion. It is through this agency that you can shape the legislation of the State and city governments; it is through this agency that private interests must be organized and shaped with reference to the requirements of humanity.

The community should thoroughly understand that in laying out cities, streets should be made wide, and at right angles, to admit of a free circulation of air: they should be well paved and sewered, and so graded as to afford perfect surface and underground drainage. Houses should be so built as to admit of thorough ventilation. And last, though not least, it is well for the inhabitants to live industrious and temperate lives, observing in all things the first and great commandment.

When these conditions are complied with, the average of age may be increased twofold, and we may begin to realize that part of the Lord's Prayer which says, "Thy will be done on *earth* as it is heaven." Until we can begin to recognize these principles in our private and public relations, it is unreasonable to expect either a high state of public health or of civilization.

The English registration report for 1853, says, "As a preliminary condition of the improvements which may be expected to flow from the cultivation of sanitary science, three things are indispensable: 1. Pure air for the people to breathe. 2d. Pure water; and 3d. A healthful soil to live upon." Pure water we possess; but pure air and a healthful soil are dependent upon conditions which invoke watchfulness.

In the Back and South Bays are some twelve hundred acres of territory, which either has been, or is proposed to be, filled up. The amount is much larger than the original city of Boston. A portion lies in Boston and a part in Roxbury. The problem to be solved in relation to it is, Shall it be "a healthful soil" or otherwise? On the correct solution of this problem hangs a sacrifice of lives greater than at the battles of Waterloo, Bull Run, or Vicksburg.

The same report for 1857 says, "The people of England do not live out half their days; 140,000 of them die, yearly, unnatural deaths; 280,000 are constantly suffering from actual diseases which do not prevail in healthy places; their strength is impaired in a thousand ways; their affections and intellects are disturbed, deranged, and diminished by the same agencies. Who will deliver the nation from these enemies? Who will give scope to the improvement of the human race, so that its fine qualities may be developed to their full extent, under favorable circumstances? His conquests would be wrought neither by wrong nor by human slaughter, but by the application of nature to the improvement of mankind."

"If people were shot, burned, drowned, poisoned by strychnine, their deaths would not be more unnatural than the deaths wrought clandestinely by disease in excess of the quota of natural deaths."

These remarks apply just as forcibly to us as to England.

The deaths in Boston in thirty-nine years, from 1811 to 1849, were 62,431. Of this number there died of old age but 2,079, or three and one third per cent. In Massachusetts, in seven years, out of 64,510 deaths, only 4,414 were from old age, or less than seven per cent. Over ninety-three per cent in one case, and ninety-six in the other, are to be included in the list of preventable sickness.

In England the deaths in each one hundred persons are about two and three tenths. But the division of these deaths is most suggestive; in the healthiest districts it is about one and five tenths in each one hundred, while in the unhealthy districts it is about three and six tenths in each one hundred.

In our good city of Boston the same principles and the same contrasts hold good.

In conversation with our City Registrar, he remarked that he had noticed that there were more deaths in some districts than in others; and, at my request, he indicated these districts by lines on the map. In all the localities indicated, these facts were strikingly manifest, viz. bad drainage, density of population, and bad ventilation.

When the Milldam was constructed, a large territory was reclaimed from tide water, called the Back Bay. On this territory streets have been laid out which would be from two to six feet under water, at every high tide, were it not shut out by the Milldam. Dover Street may serve as an illustration. Its lowest part, before being raised, would be some seven feet, and its basement thirteen feet under water, at extreme high tide. Hence the impossibility of draining its cellars and basements. As the drains are but a little above low tide, the tide water has to be shut out by gates, which shut as the tide comes in and open as it goes out. If a violent rain happens, there-

fore, when the tide is high and the gates shut, the surface water fills the sewers, and sets back into cellars and basements. The houses, being thus made wet and damp, are rendered hospitable abodes for disease.

The lower part of Fayette Street and other streets in that region, are but about five feet above low-water mark, which is thirteen feet below those filled up by the State.

The drainage of this district, viz. between Church Street and the old Back Bay, is soon to be dammed up by the filling of the State and Water Power Co.'s flats.

There is no possible way of draining it as it is when the surrounding flats are filled up; and there is a prospect of our having in the very central part of the city, not more than one thousand feet from the Public Library, a Pontine marsh with a malaria as effective in the way of destruction as anything in the Old World.

[This territory has since been raised.]

In the season of plagues, cholera, fevers, and various forms of disease which sweep over the earth, or, in other words, when Satan starts forth seeking whom he may devour, he finds in these localities such food as makes glad the heart of the destroyer. The extent and efficiency of his agency can be seen by those who note the loss of vitality, the amount of sickness, and the activity of the undertaker, within the sphere of his operations.

What is true of Dover Street is more or less true of a large portion of the South End. There are, south of Dover Street, some six hundred houses, with sub-cellars below tide water, which cannot, by any existing system, be properly drained; or, in fact, by any system, except at extravagant expense.

These cellars are now saved from flowage, at high tide, by waste-weirs, which empty into the Back Bay. As soon as these are cut off, as they soon will be, there is nothing to prevent their flowage, unless built water-tight.

Builders of houses have often been cautioned and warned of the dangers attending these sub-cellars; but they often resent it as an impertinent interference.

The only way open to reach such cases seems to be to enlighten public opinion in relation to the facts, and thus reach the conscience through the medium of the pocket.

When it is well understood that badly drained and badly ventilated houses are unfit for habitation, because of the presence of poisonous gases, which destroy health and vitality; and when such facts begin, as they should, to affect their pecuniary value in the market, we may confidently hope for a reform.

This whole subject requires a good understanding and cordial cooperation between individual citizens and the government. Their interests really are and should be regarded as identical, viz. "a healthful soil to live upon."

The great requirement of the time, in this matter, is a thorough and complete drainage system, reaching from Pleasant Street, in this city, to West Roxbury. The water-shed of a portion of Roxbury and

West Roxbury finds its way to tide water through Boston, on each side of Washington Street. A system which ignores this territory would be mere patchwork.

The city has but entered upon the verge of difficulties, now in store, if these requirements are longer disregarded. The system should be elaborated and carried into execution, with no unnecessary delay. My object at this time is rather to call attention to dangers than to propose remedies. When we come to the question of remedies, it is probable that a partial relief may be found in a double system of drains, one for the sewage and another for the rain water.

It is the opinion of intelligent English writers that no complete and permanent relief will ever be found, which stops short of relieving the drains from the excreta with which they are now burdened. We are now spending large sums of money to waste it, where it is sure to come back upon us from the sewers and docks, in the shape of poisonous and destructive gases. A weed is said to be only a plant out of place. So in relation to this matter. Among the laws and ordinances given to the Jews was one relating to civic cleanliness, providing for its restoration to the earth. When this can be done here, as it is said to be in China, one great instrument of destruction to health will be turned into an agent for producing untold riches.

We are told that our Lord "went forth and saw a great multitude, and was moved with compassion towards them, and healed their sick." No follower of his Divine Master can go forth in these days without being moved with compassion towards the multitude, and an endeavor to heal their sick and to remove the *cause* of sickness. The requirements of an enlightened charity go beyond furnishing the hungry with an occasional plate of soup. These requirements do not stop short of furnishing to all the facilities for building up "a sound mind in a sound body." "A good understanding," we are told, "have all they who *do* His commandments." This must be our ideal standard towards which all efforts should be directed.

In endeavoring to carry out these improvements, many errors will be found which need correcting, and private interests will interpose obstacles. This, however, should not discourage effort in a good work. True men and true women will regard themselves as watchmen to declare the truth and give warning in the presence of such dangers. Failure to do this may make one an accomplice. The Prophet Isaiah is not over-complimentary to "blind watchmen." He speaks of them as "ignorant, as all dumb dogs that cannot bark; sleeping, lying down, loving to slumber. They all look their own way, every one for his *gain* from his quarter." A "gain" which comes from the sacrifice of human life and health can hardly carry with it blessings.

The true interest of even the mercenary landlord in the long run, is to put his land and his houses in good condition, and to give in all things, for value received. Many a debt for rent goes undischarged, by reason of a loss of vital force caused by the unwillingness of an avaricious landlord to place things in a good sanitary or tenantable condition.

No landlord or city have a right to create, or to permit, abodes where "infancy is made stunted, ugly, and full of pains, maturity made old, and old age made imbecile, and pauperism made hopeless every day."

"Let my countrymen condemn me as they may," said Lord Morpeth to his constituents, "only do not let them hold me; do not let them hold the new Parliament; do not let them hold themselves absolved if they do not, either in their places as members of Parliament or as constituents keeping their representatives to their duty, insist upon early and efficient legislation on this subject of sanitary reform."

A NEW METHOD OF OPENING THE EUSTACHIAN TUBE. — Dr. Grüber, of Vienna, gives a new method of making pervious the Eustachian Tube, and of dilating the tympanum, which he finds much better than Politzer's.

The end of the nozzle-piece of a rubber bag, which the operator grasps in his hand, is introduced into the inferior nasal meatus of the patient for about half an inch, and the operator at once closes the nostrils on the nozzle-piece of the bag, and while the patient, at the word of command, pronounces one of the following syllables, *nack*, *neck*, *nick*, *nock*, *nuck*, the bag is squeezed. The pronouncing one of the above syllables with decided emphasis firmly closes the upper pharynx, and thereupon the air passes with a distinctly perceptible noise through the tube into the cavity of the tympanum.

The advantages possessed by this process as compared with Politzer's are summed up as follows:—

1. It is much simpler, the swallowing being no longer required; and patients are not very fond of drinking water in a doctor's office, for they have no idea who has had the glass before.

2. By keeping the throat structures for a more protracted period in the position of the ending syllable, *k*, one is enabled to let the air pass somewhat longer through the tubes into the cavity of the tympanum, which is perfectly impracticable during the short act of swallowing, which, as it is known, cannot be protracted.

3. Taking the above scale into consideration, the air may be pushed with any amount of power at choice through the tubes; and this advantage is to be valued the more from the fact that owing to the rapidity with which Politzer's process — if it succeeds at all — must be put into operation, the membrane of the tympanum has often been ruptured.

4. This process, if applied to self-treatment, is much more advantageous, since the patient, guided by his own feeling, may intensify at will the pressure of an entering into the cavity of the tympanum. — *Homœopathic Times*.

The New England Medical Gazette.

BOSTON, MARCH, 1876.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THIRD ANNUAL COMMENCEMENT.

THE exercises of the Third Annual Commencement of the Boston University School of Medicine were held in Tremont Temple on Wednesday afternoon, March 1, at 3 o'clock, P. M., that time having been selected in preference to the evening, as heretofore. The Temple was filled with a large audience, at least two thousand persons being present. The officers of the various departments of the university were seated upon the platform, together with the members of the Faculty of the School, and many physicians and other invited guests, His Excellency, Gov. Rice, being prominent among the latter. The exercises were opened with prayer by Rev. W. R. Clark, D.D., of Charlestown District. The Germania Band, which furnished the music for the occasion, rendered one of their choice selections, after which the Dean of the Faculty, I. T. Talbot, M.D., delivered the following: —

ADDRESS OF THE DEAN, I. T. TALBOT, M.D.

Mr. President, Ladies and Gentlemen, — To-day completes the third year of the Boston University School of Medicine. To you, Mr. President, as the head of the university of which this school forms a department, and to this audience, who show their interest by their presence on this occasion, — some of whom will, sooner or later, find their lives or the lives of their kindred intrusted to the care and skill of those who have gained their medical education from this source, — to you, it is alike my duty and my pleasure to give some report of the present condition of this school and of the amount of work accomplished by it. We present a class of thirty-one, whose names are before you, — twenty-three men and eight women, — upon whom is to be conferred the medical degree of the university. Most of them have spent the full term of study, three years, in this school, and by assiduity and earnestness have been able to pass with credit the most rigid examinations. They all go forth bearing the respect of the Faculty and earnest wishes for their prosperity and success, trusting

that their professional skill may be only equalled by their integrity and moral worth.

During the three years which this class has given to study there have been delivered in the school over sixteen hundred lectures, covering all the various departments of practical medicine, and many of the collateral sciences. Moreover, there have been several hundred recitations, besides numerous clinics, medical, surgical, and ophthalmic, and frequent reviews and examinations, written and oral. Added to this, many demonstrations of difficult points and much private instruction has been given. Extensive and thorough as this curriculum has been, comparing favorably with that of any other school in the country, the Faculty feels that it is none too much to prepare the student to understand and to intelligently and successfully combat disease in its many and changing forms. When we consider that the eye alone is subject to more than a hundred different forms of disease, and that every organ, bone, muscle, vessel, nerve, and tissue, has maladies peculiarly its own, we may well consider any life too short to completely master the whole science and art of medicine; yet the great principles pertaining thereto have been carefully taught and their application given to this class now about to graduate.

It is the aim and purpose of the Faculty with each succeeding year to add to the scope and extent of the instruction and to elevate the standard of medical education. The past year has been one of unexpected success to the school. The number of students has been unprecedentedly large, one hundred and seventy-three having been in attendance. Of these, one hundred and eleven are men, and sixty-two are women.

The Senior or last year's class numbers twenty-seven, the Middle Class forty-seven, and the Junior or first year's class, sixty-eight. In the general course, including those who have been educated in part in other medical schools, there are twenty-three, and eight students take only a partial course; eighty-two have entered the present year. Most of the students are residents of the New England States, though many of the other States and British Provinces are represented, and England, Germany, Russia, Asia Minor, and Eastern Asia have students here.

If the number of students is to be the criterion we may consider this among the most successful medical schools ever established; but there are other foundations, broader and more enduring, on which this school rests. Freedom of medical opinion and action, based upon a law of nature which governs the action of medicines in disease, is a principle which underlies all our instruction. The most progressive liberality pervades the teachings of the school, and each student who holds this diploma receives it with the understanding that he is shackled by it to no dogmas of the past; that he is to hold himself free from bigotry, and should be ready, yea, is bound to search for every advancement in medical science.

Another year's experience has been gained in favor of medical co-education, and has shown that the advantages are no less and the difficulties no greater in this department than elsewhere. Self-restraint,

which facilitates self-culture and increases self-respect, is greater when the two sexes associate, than with either alone, and the experience of this school has proved it to be eminently true in the study of medicine,

Fears were expressed when the New England Female Medical College was united with Boston University lest the opportunities for the medical education of women might be diminished thereby. Some thought that the interests of women might suffer in the stronger school; or, doubting the practicability of medical co-education, feared that the school would soon become practically one for men alone.

But the result has proved these fears groundless; for while as a school for women only, after existing for twenty-five years, there were but twenty-six women students, now, in three years of broader instruction and with co-education, their number has increased to sixty-two, thus forming one of the largest if not the very largest medical class of women in the world; and I am safe in saying that the character and standing of these students is fully equal if not superior to that of their predecessors. And here I may say that the scholar who takes the highest rank this year is a woman.

During the past year the facilities for teaching have been increased. The building is favorably located; the grounds about it are ample, and it is hoped, ere another year, will become an ornament to the city.

The Library has been largely increased by valuable books; the Museum has received many accessions, and additional apparatus for instruction in various departments has been obtained.

The beautiful structure of the Massachusetts Homœopathic Hospital is nearly completed on land adjoining the college, and the students, the ensuing year, will be able to learn much of clinical results in its wards.

The City Hospital has not yet fully opened its doors, but in time justice will surely prevail over prejudice, and our students will have free access to its wards.

I cannot close this brief report without referring to two honored men who are recommended for the honorary degree of the university,—Dr. John F. Gray, of New York, and Dr. Constantine Hering, of Philadelphia. Just fifty years ago this month these men received the full degree of Doctor of Medicine. For half a century they have both nobly sustained these honors, and by their skill and learning have done much to improve medical science and have restored to health many, many thousands. May they long retain health and strength, which they have so often and so freely given to others!

From the many medical theses of this class a few have been selected, from which, with your approval, the authors will now read a portion.

Mrs. Almena J. Baker, of Boston, a member of the graduating class, was, at the close of this address, introduced by Dr. Talbot, and read from a thesis upon "The Influence of the Mind in Causing and Curing Disease." She was followed by Mr. E. P. White, of East Boston, who read concerning "The Tuberculous Habit." The remaining theses were by Miss S. E. Sherman, of Fitchburg, on "Variola," and Mr. Edwin F. Vose, of Marion, on "Typhus Abdominalis."

At the close of these, after music by the Germania, the Rev. W. F. Warren, D.D., President of the University, delivered the following address:—

ADDRESS OF THE PRESIDENT OF THE UNIVERSITY,
W. F. WARREN, LL D.

Ladies and Gentlemen of the Graduating Class,—You reach to-day a new and interesting point of vision. Hitherto you have looked out upon life through a long, dim vista of preparation. Gradually, with the progress of the years and months and weeks, the vista has grown shorter and shorter and shorter, until to-day you emerge from it entirely, and stand face to face with the great waiting world. Henceforth you are to know life for yourselves; you are to see men and things, not through other people's eyes, but through your own.

Every first experience has its perils; so this. Bear with me, then, if for a moment I take the place of a professor of spiritual ophthalmology, and remind you of a few things against which every young physician, in taking first views of professional life, ought carefully to guard.

And, first, let me ask you now and ever to be on your guard against Professional Myopia.

With the physical myope you are well acquainted. To people gifted with normal vision there is something ludicrous about him and all his doings. How he gets laughed at as he goes blinking about in his purblindness, failing to recognize even his own wife, as she rides opposite him in the same street-car. And if to better matters he erect upon his nasal promontory an astronomical observatory for earthly purposes, and there mount a telescopic apparatus of sufficient power to bring his whole family circle within the range of vision, the ridiculousness of the whole contrivance is only lost to us by its exceeding commonness.

But professional myopia is worse than the natural variety. The professional myope is a public functionary without public spirit. His range of vision is so limited that he cannot discern the approach of society's friends or foes. He is wholly absorbed in his own matters; he can see nothing, care for nothing not directly and closely related to his own selfish self. Instead of taking all mankind and all ages into his plans and sympathies, he is a pitiful, pattering Betty, able to patter about all day in a half-bushel, with no sense of limitation or confinement. Of all men, a member of any of the liberal and learned professions can least afford to fall into such contemptible narrowness.

My second suggestion comes of itself. You cannot think of myopia without being reminded of the opposite defect. Undue far-sightedness is as bad as undue near-sightedness. I must, therefore, ask you to guard against the former as carefully as against the latter.

The professional presbyope is always overlooking near and immediate duties for imaginary ones in the distance. Hence he is visionary and impracticable. Instead of preparing himself for great achieve-

ments in future years by improving with all fidelity his present opportunities, he neglects these to dream of the things which he will some time do and the honorable posts which he will some time fill. People want no such physician as that. Such characters are always held at a very low valuation, even in their own professional brotherhoods. Alas! too many professional Micawbers are already standing around, hopelessly presbyopic, but hopefully waiting for something to turn up.

It is a little curious that, in the sphere of which I am speaking, the exposures of the individual to presbyopia at different ages are just the reverse of what they are found to be in the natural sphere. In the latter the infirmity, as even its name implies, is peculiarly the failing of the old; in the intellectual and moral sphere, youth is pre-eminently the time when we are most liable to it. The youthful student is proverbially inclined to look too eagerly at the far-off, to overlook the prose of to-day, to revel in the poetry of to-morrow. You, ladies and gentlemen, are not yet beyond this period of special exposure. Let me, therefore, emphasize your liability, and assure you that, as there is no future not connected with the present, so there is no mid-life renown which does not rest upon early-life industry and faithfulness.

But there is another grave defect of vision against which I would have you guard. You have read of the great English painter, Turner. Perhaps Ruskin's eloquent panegyrics rise to your recollection as I mention his name. Until about a year ago a great mystery hung over his last paintings. Not even the most sympathetic critics could seem to understand them; they were unlike any school or style which had appeared in history. The hanging committees at the Academy jocularly declared that they could not tell which side up he intended them to hang. They were a stumbling-block, and many declared that for Turner's reputation it had been far better if he had never lived to print them. On the other hand, a certain clique of admiring disciples found in just these works the truest expression of the genius of the great master. Here was the culmination of his art, the foundation of a new and truer view of nature, the dawn of an art-style of infinite and ineffable suggestiveness. This very mystification and prejudice of common minds, educated in the old art canons and ideas, were but evidences of incapacity to rise to the altitude of these new creations.

Unfortunately, however, for these enthusiastic disciples, a little more than a year ago a distinguished German ophthalmologist came to London. In looking through the treasures of the Royal Art Gallery, he noticed, as all visitors have, the striking difference between the successive styles of Turner, and especially the remarkable features of his final works. Instantly an explanation flashed upon his mind. He was confident that in the last years of his life the great painter had suffered from an unconscious astigmatism of vision, and hence while he continued to paint objects so that they appeared symmetrical and natural to him, they necessarily looked to sound eyes as reflections of our faces look in the bowl of a spoon. The German broached his theory to the authorities of the collection, and received permission to

test it by the construction of such spherico-cylindrical lenses as would correct the assumed astigmatism of the objects and their perspectives. On an appointed day, a great company gathered in a public hall to witness the result. A well-known picture was thrown upon the wall by means of a calcium light. Every feature of the blurred, unnatural, paradoxical original was reproduced to perfection. Then the corrective lens was inserted, and lo! there lay upon the wall a picture whose intrinsic harmony and correspondence to earlier style would have done the artist's earlier years immortal honor. To complete and even duplicate the demonstration, earlier pictures, by the corresponding lenses were reproduced, with all the features of the later. Wild and almost endless was the applause of the spectators, unutterable the dismay of the admiring disciples who had affected to see such infinite suggestiveness and beauty in these abnormal delineations.

Ah! friends, Turner is not the only great master who has gone down to his grave unconscious that he was a victim of astigmatic vision; nor were Turner's foolish disciples the only ones who have discovered in the very abnormalities of a master mind wonderful promises of a new revelation. Indeed, every partial and exaggerated theory in the history of science, be it theological science, or legal, or medical, or natural, — what is it but a picture, supposed by its author to be true to nature, but in reality, in consequence of imperfect mental vision, distorted and untrue? How many boasted schools of thought, how many wonderful systems of science and of practice, are simply monuments of the unconscious astigmatism of their authors!

Do you ask me how you may be guarded from falling into such errors as the admirers of Turner's blotches did? I know of no better method than that which careful astronomers have learned to pursue. You must correct one master's observations by another's; you must compare school with school, theory with theory, method with method, until you instinctively detect the personal and variable element. So doing you will learn to construct and eliminate the personal equation and arrive at true and trustworthy results.

But perfect vision requires something more than rightly adjusted focal distances, something more than an eye around whose axis the visual rays range themselves symmetrically. Life is not a thing of points and lines and angles: it is full of color; and the physician who is blind to these varied tints of character and experience will never achieve a high success. By the essential nature of his calling the physician is brought into constant contact with men, with families, with society. While most men work upon material substances with material means, it is his business to work directly upon men. He needs to understand all shades of character, all tints of life. As the great panorama of human joys and sorrows passes before him, he must not only be able to see and feel each passing shade, but also sympathetically to respond to it. A monochrome man is always a bore, — how emphatically so when he is a professed healer of body and soul! — and it matters comparatively little whether his monochromism is bright or dull. The man, particularly the physician, who sees

everything in an unreal *couleur de rose* is quite as intolerable as the one whose vision is jaundiced by peevishness or sombered by settled melancholy. People want sympathy as much as intelligence in their physician. Would you keep yourself in quick and living sympathy with your patrons, you must be sure and keep your vision free from all dyschromotopsia. And remembering that the physical defect, when not congenital, is oftenest due to cerebral congestion, let me ask you to keep yourselves from harmful stimulants and all unhealthy excitation.

Years ago, in the capital of Prussia, I was a frequent visitor at the *Augen-Klinik* of the famed Prof. Von Gräfe. I well remember the enthusiasm with which the students received the newly invented ophthalmoscope of Helmholtz, and plied it in their studies. There was given to me my first revelation of the living heart of the human eye. Then with a kind of fascination I studied up the derangements of vision caused by entozoa. I remember translating for a medical friend a dismal Latin disquisition of immense length and genuine German *Gründlichkeit* on the history of all known cases of ocular infestation by the horrid *cysticercus cellulosus*. The recollection reminds me that in this connection I ought to tell you that there is an infestation of mind and heart as fatal to true visions of life as entozoa are to normal natural sight. And as the latter seem to be taken up into the circulation from unwholesome diet, allow me to suggest such wise supervision of your future mental pabulum as shall preclude all similar dangers to your mental life.

Finally, never forget that as in natural vision all true light comes to us, not from within but from the heavens, so in the moral world. And as it is ever in our power to shut our eyes against the ingress of the blessed sunlight and its beauteous revelations, so only by a like unnatural folly can a man ever blind himself to God's light and the world of spiritual realities. In this world may your eye be single and your whole body full of light; in the life to come may you reach that fruition of human hopes which the fathers of our faith were fond of describing as the *Visio Dei*, — the Vision of God!

At the conclusion of the address degrees were conferred upon the following graduates of the Class of 1876: —

Almena Jane Baker,	Boston.
John William Bosworth,	West Newton.
Eliza Ann Ladd Campbell,	Derry, N. H.
Herbert Augustus Chase,	Cambridge.
John Lambert Coffin,	Wakefield.
Edward Alonzo Colby,	Lowell.
Benjamin Francis Eldridge,	Middleboro'.
William Otis Faxon,	Stoughton.
John Joseph Fox,	Boston Highlands.
Frank Albert Hale,	Newburyport.
Celia Elizabeth Harris,	Lincoln, Neb.
Thomas Hodgson,	Hutchinson, Kan.

Elisha Pinkham Hussey,	Augusta, Me.
Leslie Clifton Jewel,	Cambridge.
Evan Kennedy,	Port Philip, N. S.
William Elbridge Knight,	Reading.
Harriet Augusta Loring,	Boston.
Angus MacDonald,	Whycocomagh, N. S.
Nathaniel Royal Perkins,	Woodsville, N. H.
Emma Mary Eastman Sanborn,	Andover.
Frederick Appleton Sawtelle,	Charlestown.
James Stott Shaw,	Fremont, Nev.
Sarah Eva Sherman,	Fitchburg.
George William Spears,	Boston.
Cordelia Adelaide Studley,	Lowell.
Justin Morrill Swan,	West Bridgewater.
Edwin Faxon Vose,	Marion.
William Lane Watkins,	New Bedford.
Willard Choate Welch, Jr.,	Lowell.
Fidelia Jane Merrick Whitcomb,	Nunda, N. Y.
Everett Park White,	East Boston.

Honorary degrees were also conferred upon Constantine Hering, M.D., of Philadelphia, and John Franklin Gray, M.D., of New York.

Among the pleasant features of this part of the exercises was the presentation of bouquets of flowers to members of the graduating class as they passed across the stage to receive their diplomas. These flowers were the gifts of friends of the various members. Much credit, for the performance of this and other duties, is due to the ushers, selected from the various classes, who, by their careful attention to their duties, contributed much to the pleasure and comfort of the occasion.

At the close of this part of the exercises, His Excellency, Gov. Rice, was introduced, and responded as follows:—

REMARKS OF HIS EXCELLENCY GOV. RICE.

It is well known by those to whose courtesy I am indebted for the privilege of being present on this occasion that making an address formed no part of my engagement. If I were to select voluntarily any department of knowledge for discussion, I think I should keep clear of all the so-called learned professions; but if compelled to choose a subject among them I also think I would risk an argument in jurisprudence, or even a sermon in theology rather than a disquisition upon physics, about the theory of which I know very little, and whose practice, at least in some of its forms, is not at all to my *taste*. I am, however, glad to be here, and to give my approval and sympathy for

whatever they are worth to this noble institution ; and I do not know that I can say anything more commendatory of Homœopathy than that I have employed it, for the most part, in cases of sickness in my family for more than twenty years, with satisfactory results ; the trial of other systems during this period has been in cases requiring a special practitioner. I like the liberal and comprehensive plan of this school ; the freedom of its administration, its progressive and hopeful aims and aspirations ; and I join heartily with its Faculty, and with this large audience of its friends, in wishing the members of this graduating class the highest usefulness and happiness in their future lives, and the institution itself the continued favor and patronage of the public.

Gov. Rice was followed by Prof. Walter Wesselhoeft, M.D., who delivered the valedictory address from the Faculty. He spoke as follows : —

VALEDICTORY ADDRESS TO THE GRADUATES.

Ladies and Gentlemen of the Graduating Class, — The privilege of welcoming you formally to the fellowship of the profession, on the part of the Faculty, has fallen to me, and as the relations which have thus far subsisted between us are herewith brought to an end, it becomes my duty, also, to address to you such words at parting as the occasion suggests.

If it were possible for any course of medical training actually to complete your professional education, that is, to transform you wholly from laymen into skilful and thoroughly scientific physicians, ready for every emergency, your teachers might, in congratulating you on the successful termination of your studies, cheerfully bid you farewell, assured, humanly speaking, of a smooth and successful career for every one of you.

But the experience of the oldest and most perfectly equipped schools, in all countries, proves, as we have been recently assured on the highest authority, that even a curriculum of five and six years can do no more than prepare the student for a further and an infinitely more arduous discipline, which awaits him in active life.

The consciousness, therefore, that the position to which we welcome you to-day is one of trials, of difficulties, and responsibilities, such as fall to the lot of the beginners in no other profession, lends a deep solemnity to this occasion, of which we can have no wish to divest it.

That you might be prepared to meet these difficulties with as fair a chance of overcoming them as the majority of young physicians, we have done what it was in our power to do ; and that you have faithfully taken advantage of your opportunities, we gladly attest in awarding you your diplomas. It now remains for you to continue steadfastly in the way we have pointed out, and to prove that you can command resources which will enable you to stand the severe test of the struggle for professional existence.

As it has always been the right of the more experienced to counsel

and direct those newly entering upon the active duties of life, you must allow me to make use of my last opportunity of addressing you as a teacher to call to your minds some general considerations, the observance of which will aid you materially in steering your future course, and which a somewhat extended observation assures me will not be out of place here.

As you go out endowed with various measures of strength and energy, we who will continue to watch your career with much solicitude, shall see you presently occupying different positions in life. Be assured, however, that these positions are not wholly predestined, but largely of your own making. Even under circumstances much more favorable than those which surround your entrance into the medical profession, this calling offers scarcely any of those high places of influence and wealth open to the ambitions in other pursuits; and, setting aside some local traditions, its prominent names of one generation are speedily forgotten by the next. But if from the peculiar nature of its aims and its duties your calling debars you from the possibility of achieving power, wealth, and fame, it yet offers to all who loyally accept its obligations, lives of the most extended and honorable usefulness and a sufficient competence.

These obligations which your profession imposes upon you are twofold, — towards its art, and towards its science. To ensure success in practice it is imperative that first of all you should supply yourselves amply with all the implements necessary for your work. Those of you who will from choice or circumstances dispense your own medicines should obtain, at once, a moderate supply of all the best known articles of the *Materia Medica*, in preparations upon the genuineness of which you can implicitly rely; and here I may say that the most trustworthy are those which you have conscientiously prepared yourselves.

Furthermore, your outfit should contain the most necessary instruments and appliances of surgery, obstetrics, and diagnosis, without which you will be powerless to meet the ordinary cases presenting themselves in daily practice. Have in readiness also the antidotes of the most common poisons together with the remedies for such sudden accidents as burns, asphyxia, and others in which, if you stay at home faithfully while busier practitioners are out, you will be called upon to act with promptness and decision. Renew these substances frequently, and keep them where you can lay your hands upon them at a moment's warning, by day or night.

Whatever your circumstances may be, allow no motive of economy to limit your powers by depriving you of the means to apply your knowledge. Many a promising career has been seriously retarded, if not hopelessly ruined, by the neglect of these considerations; and let me add that no situation can be more painful and crushing than that of standing in the presence of suffering or danger without the means to aid.

If you have thus prepared yourselves for the contingencies of daily practice, you will have taken an important step towards fortifying yourselves in your new position, and can then proceed with easy

minds to perfect and extend the knowledge you have gained. Exercise your hands and eyes in the manipulations of minor surgery, bandaging, and obstetrics; in the use of the microscope and chemical analysis; but above all things, *read*. Make yourselves conversant with the history and literature of your profession. Grasp the spirit and the methods of modern inquiry, and make them thoroughly your own. *Study, investigate, experiment*. This is the duty you owe to medical science. Gratified as you well may feel to-day at receiving your diplomas, remember humbly at all times that the possession of these alone does not complete your transformation into true physicians. It is wholly impossible in three short years to shake off entirely those traditional notions, prejudices, and vague and erroneous generalizations concerning medicine, current in all the walks of life among mothers, nurses, and other "experienced" people. They have surrounded you on all hands from your youth up, and have necessarily constituted all your medical experience to the beginning of your professional studies, so that they are deeply rooted in your habits of thought.

The difficulty with which the human mind divests itself of early impressions is sufficiently known, and nowhere is it more apparent than in medicine. It is like a curse that broods over the profession, perverting the aims and achievements of medical science and staying the helping hand of the healing art. Under its blighting influence generation after generation of physicians of *all* schools waste their best energies in toiling around those vicious which have always been the favorite objects of ridicule for satirists and have afforded the best examples of fallacies for logicians; and under its tyranny the strongest and most famous seats of medical learning are driven to perpetuate in new forms numberless ancient theories and barbarous practices, long condemned by philosophy, by science, and by the most trustworthy experience.

These popular and traditional notions, the strongest allies of medical conservatism, will meet you at every step, will hem you in, will too often paralyze your best efforts; and if you are over-sensitive and timid, they will poison your lives, or turn you from the way of scientific progress and lasting usefulness into the obscure paths of a time-serving and destructive routine.

It is only by the most determined struggle against the retarding influences of preconceived notions and popular errors that you can fulfil your obligations loyally to your profession and to those who seek relief at your hands; and you will be successful in this struggle in proportion as you bear in mind that, although the logic of science is no other than the logic of daily life, it deals with wholly different and infinitely more numerous facts. Laymen necessarily construct theories on isolated and superficial observations regarding the phenomena of health, disease, and the effects of remedies; and these theories are so often mistaken for well established and available data for treatment that it will be by no means your lightest task at the bedside to prevent their misapplication.

But to oppose to these injurious views and habits of feeding, cloth-

ing, training, nursing, and dosing, sound hygienic measures ; to oppose to the crude conception of the origin and nature of disease the teachings of modern pathology ; and above all to supplant the gross empiricism of the people by the empirical methods of scientific therapeutics requires, at first, no little courage and self-sacrifice, especially from those who, like you, find no shelter under the ample wing of the conventional authority in medicine.

In the whole range of human experience no occasion calls for greater fortitude, firmness, and forgetfulness of self than the conduct of a grave case according to principles opposed to the prevailing popular notions. To refuse, for instance, to force the supposed obstruction in a case of typhlitis or enteritis, to deny the temporary and deceptive relief of palliatives (which are much oftener given to ease the friends and the doctor than the patient), and to direct your treatment against the morbid conditions as you know them to exist, rather than against the vague fears and assumption of all the host of extraneous advisers, medical and other, who invariably gather around every case of unusual difficulty, always requires the greatest courage and tact ; but to assume this responsibility while standing alone, fully aware that you may fail, although your course is the only warrantable one, and that your reputation may be seriously affected by such failure, demands a fund of moral strength and discipline which few can command.

This self-reliance can only come of the consciousness of skill and sound knowledge. Those who feel their own weakness, herd with the multitude, and go to swell the stagnant mass of commonplace, of pretension, and unreasonable imitation, which surges heavily across the path of progress, obstructing all reform and enlightenment.

For you who have voluntarily allied yourselves with innovations, which, though comparatively feeble and unrecognized as yet, are nevertheless the legitimate offspring of modern thought and modern needs, and have thus generously cast aside the luxuries of the traditions, the dogmas, and the authority of conservative medicine, — for you all retrogression or supineness is attended with dangers, exceptionally great. Unless you advance, you will find no place worth holding in a profession already overcrowded, and you will sink hopelessly between conservatism and reform, having the countenance of neither.

The path which you have chosen has been successfully trodden before, and much has been done already to smooth the way for you ; but much remains still for you to do. In bidding you farewell, therefore, as you set out, this is the *viaticum* we give you on your way, *Dare to know and dare to act!* Be patient, watchful, and gentle, remembering always that under all the diversities of opinion there is a medical science, and that to this and to humanity *only* are you answerable for all your professional thoughts and acts.

With our warmest wishes for your success, and the most sincere assurances of our aid and advice wherever you may desire them, we bid you Farewell.

Frederick Appleton Sawtelle, M.D., of Charlestown, a member of the graduating class, responded for the class in a valedictory address,

speaking in the highest terms of the pleasant experiences of the class during the period of instruction, of their satisfaction with the methods of the school, and their high appreciation of the efforts of the Faculty.

At the close of Dr. Sawtelle's address the Germania favored the audience with another choice selection, and the exercises were closed with the benediction, by the Rev. David Patten, D.D., of Boston. The arrangements for the Commencement were very complete, and everything passed pleasantly.

The annual Commencement supper was served at the Hotel Brunswick in the evening. A company of about one hundred gentlemen and ladies enjoyed an hour of social intercourse, after which an adjournment was taken to the dining-hall. The banquet over, Dr. I. T. Talbot, the Dean of the Faculty, made a brief speech of welcome and introduced the head of Boston University, Dr. Warren, who gracefully responded, expressing his pleasure at the growth of the school. Other addresses were made by Liverus Hull, Esq., of Charlestown; Jacob Sleeper, Esq., one of the firmest friends of the school; H. O. Houghton, Esq., of the Riverside Press. Among those present was Mayor Alden Speare, of Newton, and many other gentlemen interested in the school and its work.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MARCH MEETING OF THE MIDDLESEX SOUTH HOMŒOPATHIC MEDICAL SOCIETY.

THE regular monthly meeting of the Society occurred at West Newton, on Thursday, March 9, at 2.30 P. M., the president, Dr. F. E. Crockett, in the Chair. After reading of records, and some amendments to the By-Laws, Dr. C. H. Farnsworth, of East Cambridge, was elected a member, and the names of Drs. J. W. Bosworth and H. A. Chase were proposed for membership. Drs. Farnsworth, Chase, and Hackett were chosen a committee to select topics for discussion, and appoint essayists, disputants, etc., for the year. After the transaction of all necessary business, Dr. Farnsworth reported cases of diphtheria; Dr. Chase read an able article on "Scarlatina, and the Value of Belladonna as a Prophylactic." After this followed discussions of albuminuria, placenta prævia, scarlatina, and diphtheria, participated in by Drs. Farnsworth, Chase, Scales, Crockett, Sylvester, and Hackett. At 5 o'clock the Society adjourned, to meet at the call of the secretary.

REVIEWS AND NOTICES OF BOOKS.

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

FILTH DISEASES AND THEIR PREVENTION. By John Simon, M.D., F.R.C.S. Boston: Jas. Campbell. 1876.

This book, printed under the direction of the State Board of Health of Massachusetts, was originally offered in England as a preface to a volume of reports upon several epidemics which had occurred in that country. The remarks apply as well to Massachusetts, or to America generally, as to England; hence the book is earnestly recommended by the State Board of Health as being worthy of perusal, not only by medical men, but by the citizens at large.

The author refers especially to enteric (typhoid) fever and diseases arising from similar causes, and considers that these causes are removable, inasmuch as they are such as contravene public hygiene; he gives a definition of filth, as he makes use of the word, "in that sense which suggests subject-matter for sewers and scavenging."

He then calls attention to the fact that filth acts insidiously, and that a bad odor does not necessarily imply danger to health and life; that, aside from the chemical action of poisonous gases, there are "other and far wider possibilities of mischief which we recognize in filth, which must be attributed to *morbific ferments* or *contagia*,—matters which not only are not gaseous, but on the contrary, so far as we know them, seem to have their essence, or an inseparable part of it, in certain solid elements which the microscope discovers in them; in living organisms, namely, which in their largest sizes are but very minute microscopical objects, and at their least sizes are probably unseen even with the microscope."

He then goes on to say that these contagious elements are present not only in the air but also in the drinking water, which may become impregnated with poisonous principles from decaying matter which has soaked into the ground and so found its way into the wells.

He then mentions the diseases which are most liable to result from filth, and considers that the noxæ exert their influence, especially on the mucous membrane of the intestines, so the diseases most frequently met are diarrhœa, typhoid fever, cholera, etc.; he further asserts that the excrement of patients suffering from these diseases is capable of spreading the contagion, and hence he urges the necessity of having proper means by which the danger from this cause may be reduced to a minimum. He says, "When an epidemic of enteric (typhoid) fever, or of cholera or diarrhœa, has been traced (as in general it quite easily can be) to some gross excremental pollution of

air or water, the primary source of such pollution will usually be under one or more of the following three heads, viz. faults of public sewerage, faults of in-door water-closets and other apparatus of house-drainage, and the fault of bog-privies."

Under the first head, he considers absence of a proper system of drainage and defects of ventilation and proper water-flushing in existing sewers. Under the second, the conditions which will render the water-closet system a success, viz. "*First*, that the closets shall universally receive an unfailing sufficiency of water properly supplied; *Second*, that the comparatively large volume of sewage which the system produces can be in all respects satisfactorily disposed of; and *Third*, that on all premises which the system brings into connection with the common sewers, the construction and keeping of the closets and other drainage relations shall be subject to skilled direction and control." Under the third (the fault of bog-privies), he condemns the out-houses so common, especially in the country, and recommends, in cases suitable water-closets cannot be constructed, what are called pail (movable receptacles), ash, earth, or charcoal privies, always insisting that all arrangements of this sort should be under the careful supervision of the local authority.

He then considers the necessity of removing ash-heaps and such collections of refuse matter, and lastly insists upon the care of streets as a matter of paramount importance to the health of the people.

We heartily second the endorsement of the State Board of Health, and advise our readers to obtain this little book, and to put into practice, as far as possible, the ideas advanced.

INSANITY IN ITS MEDICO-LEGAL RELATIONS. By A. C. Cowperthwait, A.M., M.D.

A neat, comprehensive epitome of the leading principles in the pathology, diagnosis, legal responsibility, and treatment of the insane, based upon the opinions of Maudsley, Hammond, Ray, Wynter, and others, with some hints from the author's own experience.

In these days when insanity appears to be the *dernier ressort* of criminals, and since, as the author shows, the insanity of a criminal is a question *of fact* to be decided by the jury upon medical testimony and not a question *of law* for the courts, it behooves every physician to have some knowledge of the chief phenomena of mental disease. In obtaining such knowledge quickly and concisely, this little book would be of great assistance.

BOOKS AND PAMPHLETS RECEIVED.

THE MICROSCOPICAL EXAMINATION OF CRUDE DRUGS AND OTHER VEGETABLE PRODUCTS. By Mark W. Harrington, M.A., Assistant Professor in Charge of Botany in the University of Michigan.

REPORT OF THE COMMITTEE ON LEGISLATION TO THE AMERICAN INSTITUTE OF HOMEOPATHY AT ITS TWENTY-EIGHTH SESSION. June, 1875.

FILTH DISEASES AND THEIR PREVENTION. By John Simon, M.D., F.R.C.S. First American edition. Boston: James Campbell.

INSANITY IN ITS MEDICO-LEGAL RELATIONS. By A. C. Cowperthwait, A.M., M.D. Philadelphia: J. M. Stoddard & Co. 1876.

THE MEDICAL JURISPRUDENCE OF INSANITY. By J. H. Balfour Browne, Esq. Second edition. Philadelphia: Lindsay & Blackiston.

ITEMS AND EXTRACTS.

SODIUM SULPHO-CARBOLATE AS A PROPHYLACTIC AGAINST SCARLATINA. — Dr. Sansom fed two guinea-pigs “with pills composed of arrowroot mixed with sodium sulpho-carbolate. No other food was given. In four days the little animals had consumed two hundred and seventy-five grains of the salt. No obvious effect was produced, except a slight looseness of the evacuations.” The animals were then killed, and it was found that “the flesh showed a marked tendency to resist putrefaction.”

“It would appear, therefore, that sodium sulpho-carbolate administered to a living animal is rapidly absorbed and projected throughout the system. In the blood or the tissues the double salt is decomposed, the sodium sulphate being set free in the tissues, and ultimately excreted by the kidneys; the carbolic acid, also liberated in the textures eventually, for the most part escaping by the lungs. It is probable, also, that some portion of the carbolic acid is eliminated by the urine. It follows that the administration of sodium sulpho-carbolate is an indirect means of administering carbolic acid; and inasmuch as at least one fourth of the weight of the sulpho-carbolate employed consists of carbolic acid, we find that an amount equalling from fifteen to ninety grains per diem can be administered of the latter. It is obvious that the direct administration of this amount of carbolic acid would, from its nauseous character and its difficulty of manipulation, be not readily accomplished; and there would be a danger of the toxic action of the latter being manifest, — a result which does not occur when the sulpho-carbolates are administered. One would imagine that, in this latter case, there is a gradual evolution of carbolic acid, which at no time is in sufficient amount to manifest its poisonous action.”

Commencing with moderate doses of the sodium sulpho-carbolate, I soon found that, as stated by Dr. Sansom, from twenty to thirty grains, every two hours, could be easily taken by adults for a considerable length of time, without any inconvenience or physiological disturbance of any kind.

Up to this point, the results I have obtained by this method of treating scarlatina entirely support the favorable opinion which Dr. Sansom formed of it from his own experience. I have, however, ventured to go still further than, in so far as I am aware, any one who

has used internal disinfectants has gone. So marked an influence did this remedy seem to exert on the actual disease, and so well was it tolerated in full doses, and for a considerable period, by all my patients, old and young, without exception, that *I determined some time ago, whenever I met with the disease in my private practice, to give the sodium sulpho-carbolate to all individuals exposed to the infection who were not protected by a previous attack.* For I argued if by internal disinfectants we can destroy or inhibit fever-germs after they have multiplied indefinitely and produced their pathological effects within the body, may we not reasonably hope that by previously disinfecting the tissues of the body, the germs which first find their way into them will be much more easily destroyed or paralyzed? I therefore hoped thus to be able either to modify or prevent attacks of infectious disease.

To be able so to control the activity of the disease-germs on their entrance into the body that the resulting attack should with certainty be rendered mild and safe, instead of severe and dangerous, and the patient thus be protected against a future attack, appeared to me the more desirable end to be aimed at. For to prevent the attack altogether, however desirable this might be at the time, would be to leave the individual still liable to the disease. The results which I have up till now actually obtained have exceeded my utmost anticipations, and require, I am fully aware, to be recorded and received with due caution.

I have administered the sulpho-carbolate of sodium for the above purpose in doses varying, according to age, from five to thirty grains three or four times a day, and sometimes, when well borne, more frequently to those exposed to the poisons of scarlet fever, diphtheria, and measles. It was given in seven families to twenty-two individuals exposed to the poison of scarlet fever; in three families, to fifteen individuals exposed to the poison of diphtheria; and in three families, to eight persons exposed to the poison of measles. The diseases have not in a single instance extended beyond the individuals first affected. In the cases of scarlet fever, the patients as well as those exposed to infection were treated with full doses of the sulpho-carbolate; and in this way the infection may have been lessened. The cases of diphtheria and measles were treated on ordinary principles, and the absence of any spread of the diseases in these instances must be attributed either to accident or to the protection afforded by the sulpho-carbolate. I think it right, however, to mention that, although the mortality from scarlet fever has been considerable during the last eight months, I have been informed by several of my professional brethren that cases have not been uncommon in which the disease has remained confined to the member of the family who first took it, and that in some instances the other children, although freely exposed to the poison, have all escaped. I am therefore far from feeling that I have proved, even to my own satisfaction, that by the internal use of a disinfectant we can entirely prevent or modify attacks of infectious disease. The results I have obtained in the above cases are, however, I think, sufficiently remarkable to be recorded, and I now pub-

lish them in the hope that during the severe epidemic of scarlet fever which we are likely to encounter during the coming autumn and winter, the plan which I propose, and have to a limited extent tested, may be fully and fairly tried. The question has this further interest attaching to it, — that upon its success or failure hinges the whole question of the value of internal disinfection. For if this method is not decidedly effectual at the very outset of the disease, when the poison is small in amount and quiescent, can we expect much benefit from it after the disease-germs have multiplied enormously, and their mischievous effects upon the system have commenced? I have as yet employed only the sodium sulpho-carbolate for the purpose of internal disinfection. Other substances may yet prove equally or more useful, and the plan should be applicable to all the so-called zymotic diseases. — DR. BRAKENRIDGE, in *Medical Times and Gazette*.

USE OF QUININE AS A GARGLE. — For the last four months I have treated every suitable case of sore throat that I have met with, in my wards in the Royal Infirmary and elsewhere, with a gargle composed as a rule of two grains of sulphate of quinine and five minims of dilute sulphuric acid to each ounce of water. Sometimes I have been able to increase the strength, sometimes I have been compelled to diminish it. When well tolerated, the stronger it is the better.

The results I have obtained fully confirm my favorable anticipations. From a considerable number of cases I draw the following conclusions: —

Simple non-syphilitic ulcers of the throat, under this treatment, at once assume a healthier aspect and heal rapidly.

In syphilitic ulcers, the local treatment has always been accompanied by the internal administration of iodide of potassium, or some other suitable constitutional remedy; but my impression is that in these cases the cure is hastened by the quinine gargle.

Its effect in the sore throat of scarlatina is very marked, the pultaceous secretion being checked and the inflammatory swelling diminished.

It is of comparatively little use in the early stage of cynanche tonsillaris, over which tincture of aconite, in minim doses frequently repeated, has so decided a control. When, however, abscess followed by abundant discharge of pus results, its beneficial influence in checking the suppuration and promoting healing is marked.

In the slighter forms of diphtheritic sore throat it answers admirably, preventing the extension of the disease and promoting the separation of the membranous exudation.

It is, however, in severe cases of true diphtheria that I hope it will prove most useful. I have now employed it in three cases of this disease, and in all the result has been highly satisfactory. — DR. BRAKENRIDGE, in *Practitioner*.

DIET IN HEMIPLEGIA. — Lastly as regards food. If there is one thing which experience establishes more than another in the dietetics of cerebral disease, it is that patients having a cerebral lesion can get

on a very long time without azotized or carbonaceous food, provided a sufficient quantity of water and pure air is given; that nature, under the circumstances which attend upon coma or cerebral congestion of any kind renders the requirements of food of the most limited character. In the cases I am considering, it will be found most beneficial to limit the supply of all the highly nitrogenized articles of food; to forbid the use of beef, pork, veal, altogether; to allow but little fat and not much sugar; forbidding all rich made dishes and heavy pastry; limiting the meal to two courses only, and giving claret or some other light wine freely diluted with water in preference to a vintage which has had an incomplete fermentation, and also contains a large percentage of superadded spirit. In all the successful cases I have met with, the daily diet has been fish at least once, sometimes three times daily, occasionally a little mutton, chicken, or game, with simple milk or farinaceous pudding. If the skin has had a tendency to dryness, I have given weak tea with plenty of milk; if there is a fairly acting skin, coffee has been allowed. If the skin has been dry and the heart sensitive, I have found that tea does not digest well, and in such cases cocoa-nibs will suit better. In the earlier stages of the disease the food has been such as a child a year old might take. As the patient progresses, his appetite returns and becomes at times almost ravenous; notwithstanding that, I have only allowed such food as could not produce evil from its indigestible qualities. Mutton broth, milk, rice-pudding, and the various farinaceous dishes which a good cook can always alter, will be found most certain to lead to a good recovery, and if the patient is hungry he can eat these; but if the appetite of the patient is to be considered, if the causes are again allowed to come into operation which produced the gouty state in the first instance, it is scarcely likely that future attacks will be warded off. — DR. CARPENTER, in *Practitioner*.

A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY. — During a long professional life I have had much experience of this troublesome affection, and amongst medicines have found calumba and oxalate of cerium the most beneficial; but these and all other medicines often fail, and the treatment suggested by the following cases, discovered by accident as it were, and never as far as I know (although nothing is new under the sun) employed before, promises some chance of our being able with more certainty to overcome this very threatening concomitant of pregnancy.

On June 9, 1874, I was summoned to a lady, thirty-five years of age or thereabouts, to consult with two other practitioners already in attendance. She was about six months gone in pregnancy, and was so reduced by almost incessant vomiting that great fears were entertained as to her safety. I noticed there was slight uterine action accompanying the sickness, and, on examination, I found the os uteri partially dilated so as readily to admit the finger. I thought it right under the emergency to advise bringing on labor without delay; the gentlemen present, however, expressed no little apprehension as to whether or not she would have strength to undergo the effort of parturition on.

account of the very depressed and exhausted state of her system. They nevertheless concurred in the advisability of the course I recommended, and asked me to perform the operation. I at once dilated the os uteri as much as I could with the finger, and could feel the membranes and the head of the child. I tried to rupture the membranes with a telescopic female catheter (the only instrument at hand), but they were so flaccid and the head offered so little resistance, the catheter shortening itself also on my making pressure, that I could not succeed; and thinking it wise to wait a while before resorting to any other expedient, we retired to another room for further consultation. In about an hour, we saw the patient again, and were surprised to find that a longer period had elapsed without sickness than before; and we again waited, in the hope that she might be able to take a little nourishment, and so be better prepared to undergo any further proceeding. We waited another hour, and another, but there was no return of vomiting; and we spent the rest of the night in watching, during the whole of which time she was improving, and we determined to let well alone. I left her early in the morning, and had a favorable account of her a few days afterwards. There was no return of sickness; she went on to the full period of pregnancy, was then delivered of a healthy child, and made a good recovery.

This case made a strong impression on my mind; and I wondered whether the relief to the vomiting, so urgent and threatening to her life, could have been effected by my having dilated the os uteri, and thus removed any undue tension that might be producing sympathetic irritation. It was not very long before I was called some distance in the country to consult about another case of vomiting during pregnancy of great urgency, occurring about the second month. The surgeon in attendance had adopted the best acknowledged medical treatment, and had arrived at the conclusion that artificial delivery would be necessary to save her life. With the full recollection of the former case, I examined the uterus, and found some degree of anteversion, and the os patent enough to admit the end of my finger. I forthwith dilated it as much as I could, passing my finger all round, removing all puckering and making a smooth edge. She vomited only once slightly after this proceeding, and we left her with the understanding that if the sickness continued I should be summoned again in a few days to bring on abortion. This summons never came; but in about a fortnight I had a letter from the husband, stating that his wife began to get better an hour or two after I left, and that the sickness had entirely ceased. — DR. COPEMAN, in *British Medical Journal*.

IODINE AS AN ANTISEPTIC. — We have more than one substance — one in particular — that will not tolerate the presence of putrid animal matter or septic poison; this drug is iodine, which, as soon as it is brought into contact with septic matter, is converted into two harmless substances. Let any medical practitioner who has been in attendance on any case, whether a parturient female or any other, where there happens to be putrid emanation, wash his hands in water into which he has poured tincture of iodine, and I will answer for it

he has no septic matter under his finger-nails. Again, if he fancies that his clothes, hair, and skin are saturated with it, let him go into the water-closet (I mention that as the smallest room in the house), place a few scales of iodine on a plate and put a spirit-lamp under it, and he will soon find himself surrounded by a violet vapor which will fall upon him in a shower of minute scales, from which he has only to protect his eyes. If he then carries with him any of the puerperal poison, my whole theory of the disease must be wrong. One thing I can assert, that in my own practice I have never had a case of fatal puerperal septicæmia since I have used iodine as an antiseptic, now more than twenty years ago. — DR. WILLIAMS, *in the Lancet*.

INSOMNIA. — The combination of chloral, morphia, and atropia in certain relative proportions, used subcutaneously or by the mouth, is extremely well adapted to the treatment of insomnia, and is more effective in the relief of pain than either agent alone. This combination is especially suitable in cases of insomnia in the subjects of fatty and dilated heart, and in the irritable heart of the chronic smoker. One drachm of chloral is to be added to four of water, and thirty minims of this contain seven and a half grains. Into this solution is to be put one grain of morphia. Another solution may be thus made: Six drachms of chloral, four grains of sulphate of morphia, and a quarter of a grain of atropiæ sulphas in two ounces of water. — DR. BARTHOLOW, *in the Medical Press and Circular*.

OPIUM POISONING. — *Belladonna*. — In a case of poisoning by laudanum one sixth of a grain of atropine was administered hypodermically and repeated in a quarter of an hour. After the second dose the pupils, which were a mere point, began to relax, the pulse, which was 100, became slower and acquired more volume, and the patient showed signs of returning consciousness. The injections of atropine were continued at intervals, and the patient recovered. Previous to the use of the atropine it was the opinion of those around him that the patient was getting gradually worse, and that the case would prove fatal. — DR. HEATON, *of Leeds. Medical Times and Gazette*.

WOUND OF THE PALMAR ARCH. — When you cannot reach the cut artery and tie or twist it, it is not enough to bind a graduated compress on the wound, and put the hand and forearm in a sling; nor will you have taken every precaution against the recurrence of the bleeding, when, in addition to a well-adjusted compress, you have methodically bandaged the limb from the finger-tips upwards, a proceeding which may seldom be safely omitted; but you should also secure the hand and forearm upon a well-padded splint, reaching beyond the fingers and above the elbow, and strictly forbid the slightest attempt on the patient's part to actively move the limb. If he wishes to shift its place he must lift it upon the splint with his other hand. — MR. J. W. HULKE.

PERSONAL, — DIED. Samuel Bancroft, M.D.

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[Vol. XI.

BURNS AND SCALDS.

ABSTRACT OF A CLINICAL LECTURE BY I. T. TALBOT, M. D.

WHEN called to a recent burn there are three points which demand the special consideration of the physician, viz. first, the relief of pain; second, the healing of the wound, and, third, the prevention of eschar. If the burn is of very great extent, covering over one half or two thirds of the surface of the body, or if, with less extent, the vital organs are involved, or if complicated with fractures or other severe injuries, the saving of life itself becomes the first and important question. Those severe and terrible cases, which so often prove immediately fatal despite the surgeon's effort, I do not purpose to discuss at this time; but for the more common and remediable cases there seem to be as many methods of treatment recommended as there are patients to try them upon.

I need not specify the innumerable varieties of unguents, emollients, lotions, and stimulants which at various times have had local or general reputation in the profession; nor the various methods recommended in our own school for the treatment of burns. But taking the three points first mentioned into consideration in any burn either of larger or smaller surface, there is one rule of primary importance: it is to preserve intact, as far as possible, the greatest amount of cuticle. There is no artificial dressing that can equal this, and all applications which tend to its disintegration, however soothing they may be at first, will prove injurious in the end. Among these

I look with especial horror upon the time-honored "linseed oil and lime water," which, though it may give immediate relief, so softens the skin that before a new cuticle is formed the old one is frequently removed, leaving a raw surface, only to be healed by granulation and the forming of frightful contracting scars, which time does little to improve.

When, by a burn or scald, the cuticle has been removed or torn, the greatest pains should be taken by the surgeon to preserve every particle of it, return it *in situ*, and by some means keep it there. How can this best be done? The common animal glue, applied upon strips of cloth, may serve this purpose; another application is the common hatters' glue or gum shellac dissolved in alcohol. This latter was a favorite method of the late Dr. Gregg, who treated some of the most severe cases with remarkable success. It has also the advantage, important in some cases, of adding the stimulating treatment, which has sometimes found strong supporters, and in which alcohol, cantharides, spirits of turpentine, and even nitrate of silver have been freely used with good results.

In small burns, or those with unbroken skin, there is little doubt of the efficacy of the direct stimulating treatment. "Hold your burn to the fire" is a household maxim; every blacksmith and worker in heated metals takes advantage of it to obtain immediate relief by holding it before the fire until the pain ceases; and what might otherwise become a troublesome sore is thus prevented. But over large surfaces, and especially where the skin is broken, this treatment becomes too painful for the patient to endure, and he piteously begs for anything that will give him relief.

There is another important consideration, especially where the skin is broken: it is the exclusion of air from the abraded surface. If this can be done, not unfrequently a new and perfect cuticle may form without ulceration, and in the course of four or five days become sufficiently firm to bear exposure to the air. The undue inflammation which often follows burns may be relieved in various ways: by cooling lotions, cold applications, immersing the part, if it be an extremity, in cool water; the application of *urtica urens* lotion, hamamelis ex-

tract, or even the sprinkling of dry flour, which from its many points conveys caloric from the wounded part, and thus reduces the inflammation. All these, and many others, have been means used for this purpose; but of all applications to recent burns, I have never found any so satisfactory and so completely covering all the requirements in treatment as that recommended by Dr. Jackson in a paper on "Medical Expedients," read before the Massachusetts Homœopathic Medical Society some years ago. It consists in a dressing to the wound composed of equal parts of olive oil and the whites of eggs thoroughly beaten and mixed together. After the skin has been properly adjusted it may be applied freely, and is very soothing to the sensitive part. While it excludes the air, the oil prevents the albumen from drying and becoming too hard. Strips of paper, thin muslin, or cloth may be laid across the entire surface of the burn, and the mixture freely applied. After a time, if the edges start, the mixture can again be applied occasionally; and usually in from three to five days, under this application, the new cuticle forms entirely free from scar.

The amount of serous effusion connected with burns is sometimes very great, and needs to be carefully treated. Instead of opening the skin freely, to allow the serum to exude and the air to reach the blistered surface, incisions should be made through the live skin, when practicable, with a needle or narrow lancet, and when the serum has been carefully pressed out the opening should be covered with the dressing. The adhesive character of this exudation is quite remarkable, and if, as is often the case, the burn has been covered with cotton, wherever the serum exudes and dries, the cotton will become so adherent that it can scarcely be removed without destroying the skin, and in this case it must invariably be left until desquamation takes place. The fever and subjective symptoms which accompany burns are amenable to the proper remedies, Aconite, Arnica, and Belladonna proving very valuable to the surgeon. The fright which often accompanies burns, especially with children, is usually promptly relieved by Ignatia, while Chamomilla is very efficacious in restoring the impaired digestion.

JABORANDI.

BY W. L. WATKINS, M.D.

THIS drug is a Brazilian plant, and only recently introduced to the medical profession as a therapeutic agent. It is being used at present by physicians in the old school, and seems destined to become an important remedy in their practice.

It is described in the *Boston Medical and Surgical Journal* (Vol. XCII, No. 12) as a powerful diaphoretic and sialagogue. Its action in producing the sweating is described by Alber Robin.

He says that the sweating is not produced immediately, as some authors say, but is preceded by redness and heat of the face, beating of the temporal arteries, and swelling of the glands. The sweating may appear in from five minutes to two hours and a half, after ingestion of the drug, but generally it sets in in twenty or thirty minutes. The maximum is reached in from forty minutes to an hour and a half, generally in forty minutes.

The duration of the sweating is very variable, but usually averages from two hours to two hours and a half. The salivation commences before the perspiration, and usually ends before. During perspiration the mouth is very warm and the submaxillary glands very tense. The amount of salivation is usually in direct proportion to the amount of perspiration. The *Monthly Abstract of Medical Sciences*, Vol. II. No. 9, gives an account of it by Dr. Ambrosoli (from the *Gazetta Med. Lombardia*), who says that it is a plant of a bright green color, of a warm aromatic taste, and of a sharp, not unpleasant odor, resembling that of leaves of the laurel. It belongs to the family of *Rutaceæ*, and according to James was used in the last century in the treatment of various diseases, the nature of which, however, is not indicated. Prof. Garovaglio, the celebrated botanist, says that the name "Jaborandi" given to this plant is incorrect, since it is bestowed on a great number of varieties, each of which has its special name. It is therefore of importance to establish the particular one, the leaves of

which possess sudorific and sialagogue properties. In consequence of the fact that the variety of the plant which really possesses active properties has not been specified, different experimenters have failed to obtain corresponding results.

An infusion of five or six grammes in water drunk either cold or tepid, the patient being in bed and warmly covered up, produces in from fifteen to twenty minutes, and rarely over one or two hours, a profuse sweating over the whole body, which lasts from two to fourteen hours, and may be renewed on successive days without an additional dose having been taken.

Besides the sweating, there generally occurs, half an hour after taking the Jaborandi, an abundant, viscous, ropy salivation, which by the large amount in which it is produced in the mouth, impedes speech.

On examination of the saliva and sweat thus produced, urea but not uric acid is found in notable quantities.

In some individuals, besides the abundant and prolonged perspiration and salivation, a copious bronchial secretion is produced. When the salivation and perspiration begin to appear the pulse is increased by some beats, the temperature rises by some tenths of a degree, and the respiration is more hurried.

After one or two hours from the commencement of the administration of the dose, the pulse and respiration diminish in frequency, and the temperature becomes lowered even four degrees.

The same journal, Vol. II, No. 2, contains an account of its action given by Robin in the *Bulletin Générale de Thérapeutique*. He says that when an infusion of one drachm of the leaves is given to an adult, it acts upon the urinary secretions in the following way:—

The quantity of urine diminishes in a very noticeable manner on the day the remedy is administered, but on the following day there is sometimes a slight augmentation, sometimes the usual amount. The urea undergoes the same modifications in quantity; it diminishes on the day the drug is given, increases on the next day, then falls to the normal amount, so

that the drug cannot be said to increase combustion in the animal economy.

In thirty-two experiments he found the pulse and temperature increased at the moment the sweat was produced, and during the period of sweating, it was sometimes noted that these two elements remained at the same point as at the outset of the experiment. In some there was a slight diminution, but after the sweating, there was a *marked* lowering of the temperature, which remained for two days after the experiment.

Sphygmographic tracings taken at different stages of the administration of this drug showed almost complete asystolia, with a very noticeable diminution of vascular tension during the sweating stage. Robin therefore thinks that it has a quite special action on the vaso-motor nerves, which are paralyzed by it; hence the cardiac asystolia and the abundant secretion of saliva and sweat. He also says that given in small doses it is a powerful diuretic.

Vol. II, No. 3, gives some results of experiments of Dr. Sydney Ringer and Mr. A. Gould, published by them in the *Practitioner* (December, 1874). They say that it does not produce perspiration in every case, for in experiments upon four healthy lads, ages between eight and twelve years, to whom at the same time of day and in the same ward, was given an infusion of this drug, the skin of one remained perfectly dry, while the others were covered by profuse perspiration. The experiment was repeated upon the one whose skin remained dry, and even then there was no sweating.

In all three of the other lads it caused vomiting with scarcely any nausea. It caused drowsiness, which supervened soon after the flush disappeared from the face, when the face became very pale, and a little prostration set in.

The same volume, No. 5, contains an account of its action on the digestive system, published by Robin, in the *Gazette Medicale*, March 20, 1875. He says that when the subjects experimented upon are in *good health*, its action on the alimentary canal is very slight.

Subjects which are in good health when taking this drug have salivation, profuse perspiration, an increase of the nasal,

lachrymal, and bronchial secretions, which is the sole action belonging to it. But many circumstances may induce a deviation in the action of this agent from its habitual type, which may be manifested upon the alimentary canal. When the hyper-secretions are absent, there is generally diarrhœa and vomiting.

Thirst. — As a general rule, after swallowing a cup of the tepid infusion, a sense of warmth is felt in the stomach, then thirst supervenes and continues even after the sweating has terminated.

Appetite. — This is rarely diminished, but often increased. One patient, who in thirty days took Jaborandi fourteen times, became more hungry after each administration.

Vomiting. — Has been met with in forty per cent of all of those who have taken it. This, he says, might lead to the belief that vomiting was one of its *normal* effects. It is not so, and when the causes of such vomiting are known, it can generally be avoided. It may be caused by too *large a dose*, or the leaves may be too *fresh*.

Diarrhœa. — It generally accompanies vomiting, when there is *no* salivation and sweating, and is generally preceded by a severe colic. It ceases after some hours.

Dr. Laycock, of Edinburgh (*Lancet*, August, 1875), says that he has used it with success in diabetes insipidus.

Vol. II, No. 6, speaks of its being used by Czernicki (*Gazette Hebdomadaire*) very successfully in a case of mumps with metastatic orchitis. The patient was a brigadier, a vigorous and healthy man, who had mumps, and the swelling went to the testicles, which became very much swollen and gave him a great deal of pain. On the third day of the appearance of the swelling in the testicles, an infusion of Jaborandi was given, and in two days the swelling had entirely disappeared as well as the mumps; and on the third day he was discharged. In this case, Czernicki says that the testicle had swollen to twice its natural size.

Dr. Chase, of Cambridge, Mass., has used it with very satisfactory results in three cases of profuse night sweats.

The first case, that of a lady, Mrs. L., who had been sick

two weeks with typhoid fever. During convalescence had copious night sweats. After continuing five nights, *Jaborandi* was administered. 2d. dec. every two hours; the following night, the sweating was greatly diminished, and by the third night had entirely disappeared.

Second case. — Mr. H., colliquative sweating of phthisis, very profuse, causing great prostration. Was wholly relieved by a few doses of the same dilution.

The third was a young lady who had had scarlatina, and during convalescence had profuse night sweats. Cured by same dilution.

PROVING UPON MYSELF.

I began on the first of December to prove this drug, with the following result: —

Dec. 1. In the morning took about five drops of the fifth dilution.* As no symptoms were observed during the day I repeated the dose at night before going to bed.

Dec. 2. Having slept as well as usual the night before, I repeated the dose. In the evening, having obtained no effects from any of the doses, I took two doses, one before going to supper, and another before going to bed.

Getting no symptoms from the fifth I began on Dec. 3 to take the fourth dilution, which I took as before with no better result for three days.

Dec. 6. Began to take the third dilution. The first day did not notice any symptoms. The following day, an hour after taking a dose in the morning, felt a slight uneasiness in the head, which during the forenoon increased to a pain in the occiput, then extending to the forehead. This disappeared late in the afternoon. Did not repeat the dose in the evening.

Dec. 7. Took five drops before going to breakfast. In an hour afterwards began to feel an aching pain in the lower part of the occiput, which increased in severity for two hours, when it gradually passed off. During the forenoon my throat felt dry and inflamed. Everything swallowed caused a scraping

* The dilutions were all on the decimal scale.

sensation. In the afternoon the inflammation increased; the tonsils were slightly swollen and the jaws a little stiff. This soreness lasted for two days.

Dec. 11. Took a dose (9th v.) of the same dilution. Did not notice any symptoms during the day; repeated the dose in the evening. During the evening felt restless and anxious, dull pain on the left side of the head in the occiput; could not get asleep for two hours after going to bed, on account of anxiousness and oppressed feeling in the chest. After going to sleep dreamed of accidents and fights, which woke me up twice during the night. The next morning (Dec. 12) had quite a sore throat, smarting pain; headache, dull pain, mostly on the left side; breathing hurried. The sore throat and headache lasted all the day and evening until I went to bed. The next morning the headache had gone, but my throat felt so sore that for a time I seriously feared an attack of diphtheria. It gradually wore off, however, during the day, and the next day I was quite well.

Dec. 15. Took another dose (five drops) of the same dilution half an hour before going to breakfast. When I took the drug I felt quite hungry, but soon after taking it the hunger left me, and on sitting down to breakfast I could not eat. About two hours afterwards became very hungry. Headache came on towards dinner-time (noon), but did not affect my appetite. Pain in the lower part of occiput; did not sleep well that night, from restlessness, and on account of sensation of firm pressure on the chest, with hurried breathing; exhausted feeling next day.

Dec. 16. Headache had disappeared in the morning, but came on again during the day and lasted until I went to bed.

Dec. 19. Began to take the second dilution. Two hours after taking the first dose (ten drops) had a heavy, dull pain in the lower part of the occiput, worse on the left side. Prostration of strength, even a short walk, causing *weariness*, *hurried breathing*, and *palpitation of the heart*. These symptoms lasted for four days, the headache going off first.

Dec. 24. Same dilution, one dose of ten drops. The headache returned about noon. Dull, aching pain same as before, hurried breathing, pressure on the chest, and great anxiety with

palpitation of the heart, with pain in region of heart. These symptoms lasted five days, becoming less severe each day.

Jan. 5. Took a dose of the first dilution, and repeated it at night without any effect.

Jan. 6. Took another dose of the first. About two hours afterwards felt a dull pain in lower part of occiput, extending over the left side of the head to the forehead. Great weakness, palpitation of the heart, pains in the chest of a stitching character. These symptoms lasted all day. The weakness lasted for three days, after which I took another dose of the first dilution with the same result.

Jan. 13. Took a dose of the tincture, ten drops. This caused a headache and a suffocative feeling.

Repeated the dose the next morning.

About noon, suddenly came on a headache, throbbing pains in forehead and top of the head; next came pains in chest and around the heart; pain in the forehead became less but increased in severity in the chest and about the heart; sense of heavy pressure on the chest, hurried breathing, and great prostration. The symptoms became so bad that I was obliged to go to bed. For half an hour after going to bed I could only breathe with great difficulty; the pains about the heart were very severe, accompanied with severe palpitation. This condition lasted two hours in its severest form, then gradually abated, so that I was able to get up in the evening and study.

It has been over two weeks since I stopped taking this drug, but I have the headache almost every day, just about noon. The exhaustion has nearly disappeared. Before taking the drug, I perspired very easily, but I did not sweat at all while proving. My appetite was considerably increased and remains better now than it was before. Since I have ceased taking the drug, I have perspired even more freely than before I began the proving. Can assign no cause for this unless it is the action of the Jaborandi.

In conclusion, I should state that my age is twenty-three; that during the proving I took no other medicinal substances or stimulants, except the moderate quantities of tea and coffee to which I am accustomed, and that I began to take the drug

while in vigorous health, the bowels being regular and urine normal. These two functions were not noticeably affected during the proving, although from time to time the urine was darker than is usual with me, but showed no other change in quantity or appearance sufficiently marked to suggest an analysis. As a rule, drugs do not affect me easily. I have made three provings before, and in each case had to take the drugs in appreciable doses and for two weeks before getting any symptoms.

THE EFFECTS OF STRYCHNINE.

LECTURE BY DR. F. A. FALCK OF MARBURG.

[From *Volkmann's Saml. Klin. Vortr.*]

Gentlemen, — Strychnine was obtained in the year 1818, by Pelletier and Caventon, first, from Ignatia beans, the seeds of the fruit of Strychnine Ignatia, and from Nux Vomica, afterwards from different drugs of other species of the Loganiaceæ. In a pure state it forms small, white, inodorous, four-sided, prismatic crystals, having an intensely bitter taste; these are soluble in some degree in water, more so in alcohol, and still more in chloroform and benzine, but are perfectly insoluble in ether. The solution has an alkaline reaction and has the power of neutralizing completely the strongest acids, since strychnine forms with them well-characterized salts. The best known and most common of these salts is the nitrate of strychnine, which is obtained in small, white crystals, which have an intensely bitter taste; these are soluble in fifty parts of cold water and in sixty parts of cold alcohol.

To say more on the chemical relations of strychnine and its compounds would lead me too far. I shall refer later, in other places, to certain important reactions.

In order to study the physiological effects of strychnine and its salts, one must take care that they are applied where they can be absorbed as quickly and as perfectly as possible. There was never any doubt that poisons introduced directly into the circulation, *i. e.* into the veins or arteries, produced the best

and most reliable results; hence we were inclined to consider the absorption, especially of narcotic poisons, as being entirely dependent upon the presence of blood-vessels. This view, which emanated especially from Henle and his pupils, was first opposed by Bischoff, who proved experimentally that strychnine is absorbed and has an effect upon the whole organism, even when applied to an extremity from which the circulation had been cut off by careful ligation of the vessels. This controversy led to many arguments until the matter was decided by Ludwig in favor of Bischoff, since it was proved that the lymph-vessels assisted in the absorption of narcotics.

In the second place, as regards rapidity of absorption, may be mentioned the subcutaneous cellular tissue, the rectum, the conjunctiva; in the third, the stomach.

One place, which until now has been considered as capable of absorbing strychnine, is the urinary bladder. In this direction I made some experiments on female dogs, in whom I had previously made artificial perineal fistulæ. I fastened these animals upon the operating table, emptied their bladders by means of a catheter, injected through this an aqueous solution of the nitrate of strychnine, sewed up the urethral opening, and watched them carefully for a considerable time (about two hours). No symptoms appeared from which I might infer that the strychnine had been absorbed.

As to the quantity injected, it may be mentioned that with the same amount I could have fatally poisoned three or four such dogs in a few moments if it had been introduced into the cellular tissue. That the strychnine was not destroyed by the ingredients of the urine was proved in two ways; first, because I was able to kill frogs with parts of the liquid drawn from the bladder at the termination of the experiment; and second, because the presence of strychnine in the liquid was proved chemically.

Murders by means of poison have given us many very interesting examples of the effects of strychnine.

Another sort of intentional poisoning which was never brought to trial in 'courts' of justice, but on the contrary was done for the *sake* of justice, was the execution of criminals in Java, who

were stabbed with daggers impregnated with poisons containing strychnine. They died with all the symptoms of strychnine poisoning.

Suicide has furnished a great many cases of poisoning with strychnine. The majority of these have happened in England and America. The cause is undoubtedly to be attributed to those poisonous mixtures which are used in these countries to kill rats and other troublesome animals, and which hence may be so easily obtained by the people. Other suicides took strychnine or its salts, *nux vomica* and its various preparations. Some of the cases belonging in this category are worthy of note, from the fact that the suicides, in order to be perfectly sure, took other poisons at the same time, and often made so poor a selection that they did not accomplish their purpose. In this connection, the following case related by Tschepke is interesting: An apothecary's apprentice took about ten grains of strychnine nitrate in an ounce of bitter almond water. Half an hour after, as he observed no symptoms, he took ten grains of acetate of morphia, likewise in bitter almond water, and lay down on the bed; ten minutes after, in order to hasten his death, he poured chloroform on his pillow and lay down again. Some time after he had slight convulsions and recovered.

Unfortunately, the so-called medicinal poisoning has furnished us with a very large share of observations. This has happened sometimes through fault on the physician's part, who either overlooked the cumulative effect following the continued use of strychnine, or ordered too large doses, or else made mistakes in the prescription. Of this last there are two interesting cases. In one, the physician ordered nitrate of strychnine in solution, but ordered too little of the solvent; consequently a crystallized salt of strychnine sank to the bottom of the glass, which later, taken at one time, caused the death of the patient. A similar case happened, in which the physician prescribed nitrate of strychnine with iodide of iron in solution; the iodine united with the strychnine, forming iodide of strychnine, which, not being readily soluble, collected at the bottom of the glass, and ultimately caused death.

From fault of the patients, also, many deaths have resulted,

since they often take larger doses than are prescribed. But the majority of cases are the fault of the apothecaries, who sometimes dispense larger doses than are ordered, or else dispense strychnine or remedies containing strychnine instead of harmless or less intense remedies. There are cases where strychnine has been dispensed instead of morphine, quinine, jalapine, salicine, santonine, or zincum valerianicum; pills of strychnine instead of aloes; ext. nuc. vom. instead of ext. nuc. jugland: powdered *Nux vomica* instead of *Semen cinæ*.

The case of poisoning described by Prof. Mannkopff is unique: a Berlin physician received some Japanese arrow-poison (*Upas Tieute*), the effect of which he wished to ascertain. Instead of first experimenting on animals, he took himself three grains of this entirely unknown substance, and may consider himself fortunate to have escaped with his life, for it contained, as proved by chemical analysis, sixty per cent of strychnine.

What, then, are the characteristics of strychnine poisoning? The most common symptoms are somewhat as follows: the subjects begin to breathe more quickly, they become restless, start at the least noise or touch; the fear becomes more intense; involuntary startings, convulsions in the extremities which had previously become stiff, at last an attack of tetanus sets in, which usually takes the form of *opisthotonos*. The patients lie upon the heels and the back of the head, while the rest of the body is bent like a switch; the respiration is completely suppressed, the pupils dilated; *trismus* is usually present. The attack soon ceases, and the breathing becomes again very quick. Several attacks may follow, one after the other, but the first may prove fatal. After poisonous doses, death ensues either during a convulsion from asphyxia, or immediately after one, from exhaustion.

There are cases, however, which run an abnormal course. In these, there may be no decided tetanus, but general convulsions, which soon give place to collapse.

It would be of great advantage in rendering assistance if it could be definitely settled how soon the first convulsion appeared and how soon death ensued. Statements on these points

vary exceedingly. The shortest time before convulsions set in was five minutes, before death ensued, ten minutes; the longest time was two and a half and six hours, respectively. In cases which do not terminate fatally, the convulsions may last twelve hours.

On animals, the general effects of strychnine have often been studied, and it has been ascertained that the group of symptoms which appears in the experiments on the mammalia, the batrachia, and on birds agrees completely with that observed on man. According to my experiments, snakes and fish (white fish) form exceptions. In them there are no tetanic convulsions, but the following symptoms show themselves: disturbances of respiration; shaking and trembling of the muscles, adynamia, coma, death.

But men have not been contented to determine merely the phenomenology of strychnine poisoning, but have endeavored to learn the effect of strychnine upon single parts of the organism.

Matkiewicz proved by experiments on frogs (carried on according to Turck's plan) that strychnine does not paralyze the reflex inhibitory centre of Setschenow.

Mayer found lately in experiments on dogs that the arterial pressure was increased through violent tetanic excitement of the vaso-motor centre and limited tonic spasm of the arteries. Of the latter fact he convinced himself by observing that the intestines, which were previously of a reddish color, became pale during the attack of tetanus.

The nerves of special sense are also influenced by strychnine. Fröhlich found that small doses of strychnine, whether injected subcutaneously or applied locally, render the sense of smell clearer; Hippel and Cohn, that the acuteness of vision of a normal eye was increased by strychnine, and the field of vision for blue and red enlarged. I found in nearly all my experiments on dogs that they at first ran around the room, and finally lay down in the darkest corner. They were undoubtedly suffering from hyperæsthesia of the retina. Lichtenfels found in his experiments on the sense of touch that the tactile corpuscles were only slightly enlarged by the injection of strychnine.

The change in the pupil was often an object of experiment. Strychnine generally produces complete dilatation during the convulsion, but during the intervals the pupils are generally normal.

Upon the movements of the heart the drug has but little influence, as has been proved by the experiments on frogs. The heart beats on for hours while the sensibility to stimulation, mechanical as well as chemical, is lost.

As to the blood, according to Harley, its capability of absorbing oxygen is very much injured.

The influence of strychnine on the temperature of the body has frequently been the subject of experiment. Duméril, Demarquay, and Lecoq have experimented on dogs with sulphate of strychnine, but their results showed that the temperature was only slightly raised. Weysich likewise experimented on dogs, but put them under the influence of chloroform so that the results prove but little. In the year 1869 my father experimented on rabbits and found that the temperature rose, under the influence of strychnine, to 2°, 4 C.

Rochefontaine found lately that strychnine has a powerful influence on the spleen in dogs. Under its effects the diameter of the spleen was decidedly lessened. If the great splanchnic nerves had been previously cut, no change was observed, but the same effect was produced when the splenic nerves were galvanized.

Physicians assert that in paralytics who are being treated with strychnine the urine is greatly increased in quantity. Upon the fœtus in utero strychnine seems to have no influence. I poisoned a pregnant cat with strychnine, and examined her immediately after death, and found that the hearts of the embryos continued to beat for a considerable time.

[To be continued.]

SIGNS OF PROGRESS. — It is a fact worthy of mention that the Board of Directors of the New York Hospital have directed a list of the best books in homœopathic literature to be prepared, and also that they propose to purchase in accordance therewith, the same to be placed in the hospital library. — *Homœopathic Times*.

ARSENICUM ALBUM.

BY DR. A. CHARGÉ.

[Continued.]

CURATIVE EFFECTS.

Ephemeral Fever. — Great lassitude with prostration and marked weakness in the train of violent pain.

Typhoid Fever. — Collapse, eyes half open, the balls turned up; insensibility to light, tongue black, lips sooty; sudamina, petechiæ; burning pains in the stomach and intestines, colliquative diarrhœa, evacuations frequent and fetid, bloody, involuntary. Heat burning with ardent thirst, which nevertheless does not permit one to drink much at a time.

Typhus. — Sleepiness continuous, eyes fixed and without expression, profound alteration of the features, the forehead covered with cold sweat, the teeth and lips covered with a coat thick and sooty; tongue dry, black, and cracked. Prostration, the phenomena of decomposition of the blood, petechiæ, pyemic spots; pulse very rapid and irregular; hemorrhages from various organs; stools involuntary and bloody; aggravation of all symptoms towards night.

Purpura Hemorrhagica. — The frequency of petechial effusions in arsenical poisoning is an indication of the homœopathicity of arsenic in this grave affection.

Cholera. — Spasmodic and epidemic. The hollow eyes, the pointed nose, the pallor and coldness of the face, the cold tongue, the violent burning in the stomach and intestines, worse after vomiting the suppressed urine, great oppression with constriction of chest, the wrinkled, cold, bluish, and clammy skin, the clonic and tonic cramps in various parts of the body, are distinctive characters for the choice of arsenic and the best proof of its appropriateness is the reappearance of the secretion of urine.

Intermittent Fever of various forms, among them the gravest and most insidious; incomplete intermittence; the apyrexia are never free, the stages have lost their integrity and their rhythm;

violent chills, which are increased on drinking; dry and burning heat followed by little sweat and by cold and clammy sweat; anguish, vomiting, and cerebral symptoms; absence of thirst during the chills and during the heat; after an attack pressive pain in head, in the frontal region.

During the apyrexia the face is pale and swollen, the color yellowish and earthy; prostration; the stools are diarrhœic and fetid; the urine is thick and void in small quantity. Œdema of the feet or general infiltration. Scorbutic spots scattered over the whole body. Sleeplessness principally on the night which precedes the attack.

Atrophy of Children in its most advanced degree. Emaciation extreme, eyes hollow, face earthy; skin dry, wrinkled, and of a dirty gray; loss of appetite, but great thirst, especially for cold water; belly large, stools diarrhœic, abundant and frequent, watery, fetid, involuntary; cries and lamentations all the day; cerebral excitement.

Epilepsy, periodical in character without material lesions. The attack is preceded by a sensation of burning, which radiates from the spine to the part back of the ears and even into the brain; movements disordered and convulsive. After the attack the patient is for some instants and occasionally even for a long time, stunned. In the intervals between the attacks, pressive pain in the occiput, burning pain in stomach and intestines; stools irregular, more frequently diarrhœic with burning at the anus; frequent cramps in the calves.

Paralysis. — When there is mingled great prostration and melancholy temper. Paralysis complete or incomplete, partial or general, with neuralgic pains; lead paralysis; rheumatic paralysis.

Rheumatism. — Muscular and articular, acute and chronic. Heat dry, burning; thirst ardent. The patient is not able to rest tranquilly in his bed, on account of the twinging and burning tearing in the affected parts; he would constantly move the suffering limb; he cannot endure the heat. Exacerbation of pains during the night, relieved by warm applications. Anxiety, constant agitation, but by far more dreadful during night.

Gout. — Same symptoms, and especially the articular swellings more pronounced and more inveterate, with twinging from time to time. Another distinctive character observed upon the affected joint, or in the vicinity, are spots upon the skin, round and red, which cause a burning pain truly intolerable.

Arthritis Nodosa. — This affection, hopeless through its double character of being primarily chronic, or chronic at short notice, and following a course essentially progressive and general, finds in arsenic a powerful and precious alleviator. The pathogenesis of the medicine gives us the explanation (see Hahn. *Mat. Med.*), but still more, we have empirical proof of its efficacy. Dr. Beau said a dozen years ago in his lectures at Paris, in the *La Charité*, "Under the influence of arsenious acid internally the pains yield at once, the disappearance of the nodosities comes afterwards."

Anasarca. — Partial or general, with or without lesions, with or without albuminuria, following the repercussion of an acute exanthem and even under the influence of other causes, because serous infiltration is among the most constant effects of arsenic upon the healthy body. If there is diarrhœa, fever, restlessness at night, the indication for arsenic is still more positive.

Scorbutus. — Gums spongy, bleed easily, sometimes profusely; breath fetid; ulcers in the mouth; thirst ardent, which obliges one to drink frequently, but little at a time; the pain of burning in the stomach is present; diarrhœa intense; excessive weakness, stiffness, and immobility of the knees and feet, with violent and painful twinges; agitation and despair.

Scrofula. — Fetid, ichorous suppurations; otorrhœa, with ichorous, fetid discharge; prostration of the powers; *Tabes Mesenterica* in preference to *Sulph.* and *Calc. c.* in cases of excessive weakness, with very frequent diarrhœa, followed by burning in the anus. *Coxalgia* in the third stage when the powers of the patient are exhausted by the continued suppuration, and by a colliquative diarrhœa. The stools are more frequent after midnight; violent thirst.

Syphilis. — Secondary and testinary symptoms; eruptions in various parts of the body; ulcers on the skin and mucous mem-

branes; bubos, with discharge and threatening of gangrene; bone pains; caries of the bones of the nose, with fetid discharge; periostitis; arthritis, with bone pains and signs of a long-standing cachexia; amelioration from heat; aggravation during the night. (Ars. iod.)

Erysipelas. — Gangrenous; burning pain.

Anthrax. — For a great number of years, my whole preference has been for anthracene. But faithful to individualization, which I have never for a single instant lost sight of, I reserve arsenic for the case where burning predominates, when the tumor takes a blackish tint; the skin pierced with holes like a sieve; great prostration; diarrhœa and night sweats.

Measles. — Adynamic symptoms; great prostration of powers; face pale, earthy, swollen; pulse frequent, quick, and small; burning heat; great anxiety; agitation; palpitation of heart; aphthæ in mouth and pharynx; sudden disappearance of the eruption; thirst; vomiting and diarrhœa; aggravation after midnight.

Scarlatina. — Typhoid habit; the eruption pales suddenly, grows livid, and gives place to petechiæ; sore throat of a bad nature, with tendency to gangrene; urine passed, scanty, brown, with epithelial sediment, or deposit of blood corpuscles, and at the same time dyspnœa; dropsical swellings; extreme restlessness and anxiety; prostration; burning heat internally, cold externally; cold sweat; pulse lively and small; sensation with pericarditis consecutive nephritis.

Variola. — The eruption appears with difficulty. The pustules subside and their areola takes a livid tint. Great prostration of strength. Burning heat, pulse frequent and small. Lively thirst, agitation. Pustules black, suppuration sanious.

Miliary eruption with livid spots.

Urticaria. — Burning on the skin, frequently following indigestible food.

Anæmia with constant headache and dyspepsia.

Hysteria. — Agitation so great at night that she is not able to rest in bed, the horizontal position is insupportable.

Palpitation. — Burning in stomach. Frequent desire to urinate, and urine scanty.

Religious Melancholy of all mental maladies is the most homœopathic to arsenic by reason of the conscientious scruples which it causes in place of the sane state. Clinical medicine has reported cures, but it is to be noted that the mental affection supervened upon the disappearance of an eruption. The pathogenetic action of arsenicum is here brought into play, and under its influence the suppressed eruption has reappeared.

Rabies. — Dryness, heat, strangling in the throat accompanied from time to time with suffocation and convulsive movements at the sight of water.

In pluribus hominis arsenico venenatis symptomata hydrophobiæ similia oriebantur. (Wendland.)

Stings of Serpents and Bites of Poisonous Animals. — Energetic antiseptic. Parts very much swollen, with burning heat over the whole body; eyes red, prominent, painful; dryness of mouth; thirst, but aversion to drinking; pulse small and very frequent; face pale, without expression. Such is the totality of the symptoms which arsenic is capable of dissipating.

Hyperæmia of Brain following the abuse of alcoholic drinks. The physicians of the old school have lauded it as a prophylactic in all cases of cerebral apoplectic congestion.

Delirium. — *Convulsions* following a great loss of blood. Convulsions of children when they are preceded by a burning heat over the whole body. The lips are dry and cracked, and the child moves its tongue constantly; thirst ardent, child drinks little at a time; he is impatient in his movements, agitation, anxiety depicted on the countenance.

Cerebro-Spinal Meningitis. — When it presents one of the following conditions: Great agitation, thirst for little at a time; prostration, with cold sweat, intermittent type, complete exhaustion, involuntary evacuations.

Headache. — Violent, periodical, pulsative pain. Painfulness of the scalp, with whining, moaning, and nausea. Cold water relieves momentarily, but soon and always this amelioration is followed by aggravation.

Migraine in very painful attacks, with a sensation of icy coldness on the scalp, followed by itching. During the attacks the patient is very restless; he constantly moves his head and

limbs, and with this agitation is mixed extreme prostration; he thinks he is going to die; he refuses to eat because he sees an aggravation of his sufferings, and instinctively he covers up his head abundantly, because he knows very well that the heat relieves.

Facial and Temporal Neuralgia in periodical attacks on the right side; face pale, features distorted. Swelling of the face, especially under the eyes. Burning pain, as if red-hot iron traversed the parts; great restlessness and prostration; amelioration from warm applications.

Acne, punctata et rosacea. — Eruption around the mouth, with burning and bloody discharge.

Epithelial Cancer of the face and lips; cancerous and caneroid ulcers of the face, lips, and cheeks; "burn" is the expression for the sensation; thickening and ulceration of the lips; cancer of the lips among inveterate smokers; lupus and tubercles for the primary lesions.

Catarrhal Ophthalmia, with burning pain and swollen lids.

Ophthalmia of the new-born, if the pains are violent and burning, with serous discharge.

Serofulous Ophthalmia. — Eyelids spasmodically closed; secretion abundant, and very acrid, with burning.

Conjunctivitis Granulosa. — Chronic form, injection very pronounced.

Keratitis, with sensation of burning in the globe of the eye; burning vesicles; ophthalmia after measles, scarlatina, and variola; discharge acrid, excoriating; intermittent ophthalmia.

Inflammation of the Choroid. — Scorbutic ophthalmia. Makenzie says in speaking of arseniate of potassium, "Under the influence of this medicine, I have had the satisfaction of seeing in many a case the varicose vessels shrink, the bluish color become less, the swelling of the sclerotic and choroid diminish, vision become more clear, and the health of the patient become better." Ophthalmia with hypopion.

Traumatic Ophthalmia. — Pains, burning in the eyes.

Amaurosis continuous and intermittent, following the suppression of an eruption. The globes are constantly moved from side to side.

Epistaxis after an excess of anger or after efforts to vomit. As to the nasal hemorrhage of which Hahnemann speaks in his *Materia Medica pura*, and which is in truth a consequence of arsenical poisoning, clinical experience has also confirmed it, but in those severe fevers where the disintegration of the blood globules is an established fact, this essential decomposition of the blood responding completely to the proper character of arsenic.

Coryza with sensation of dryness in the nose; sneezing violent, and discharge watery, smarting, burning, excoriating; anxious restlessness; lassitude, weakness, restless sleep; aggravation at night; amelioration from heat and movement. *Coryza* returns every morning; ozaena.

Cancer of the Nose. — Ulcer with raised edges, covered in the centre with a thickened, horny crust, of a yellowish-gray color. Itching; acute pain of smarting and burning; discharge whey-like and bloody.

Cough, with arrest of respiration and difficult expectoration. Cough dry, violent, with burning and pain in the chest; cough continuous in the evening on lying down, with nausea and vomiting; respiration short, with great anxiety and restlessness.

Grippe. — When the cough is invariably worse at night, after midnight, with little expectoration. Prostration of the vital forces out of proportion to the benignity of the disease; painfulness of the limbs, sleeplessness, anxiety, pressive headache, epiphora, epistaxis, supra-orbital, temporal neuralgia, toothache.

Congestion to the Chest. — Especially in old people; extreme dyspnoea, thirst, collapse; antecedent catarrhal stage, with watery, glairy, abundant expectoration.

Laryngitis. — Burning and obstruction in the larynx, this double sensation extends into the chest. In subjects with an habitually weak voice.

Croup. — Great restlessness. Face is swollen and covered with cold sweat; aggravation towards night. An urticarious eruption is an excellent indication for arsenic.

Spasm of the Glottis. — At the moment when the anguish and

agitation have reached the highest degree. Arrest of respiration which is very rapid, but in the intervals the respiration is free; pressing in the chest.

Edema of the Glottis. — Arsenicum is so much the more valuable because serous effusion is one of its most constant effects.

Laryngo — Bronchitis. — Tenacious mucus in the larynx and bronchi. Dry cough, worse at night, after he has lain down. Attacks of suffocation, lassitude, and weakness.

Bronchitis of a grave form and of psoric origin, with attacks of suffocation and difficult respiration, continual tickling all down the trachea and sensation of constriction in the larynx; oppression as from vapor of sulphur.

Catarrh of infants and old people. Chronic.

Suffocating Catarrh. — Symptomatic of one of many lesions either of the bronchial mucous membrane of the lungs, of the pleura, of the heart. The vascular system is in a state of extreme excitation; the heart and the arteries beat violently, dyspnoea is extreme; skin cyanosed, especially on the face. Stupor, prostration.

Asthma. — Essential, congestive, through pulmonary emphysema; attacks towards evening or after midnight which last till the break of day, with short, whistling respiration, painful pressing, burning in chest and pit of the stomach, obliged to leave the bed. Dyspnoea to the last degree, anxiety, restlessness, fright. The attack subsides quickly when expectoration sets in. Attacks periodical, and brought on by change of temperature.

Hæmoptysis. — Periodical, symptomatic of cardiac affection. After a great loss of blood natural or acquired; after suppression of the catamenia. But the symptoms common to all these hæmoptyses ought to be, — burning in the chest and stomach, palpitations, agitations, great weakness, small, rapid pulse; heat burning over the whole body, aggravation in the middle of the night.

Pleurisy. — Chronic course, considerable effusion, extreme dyspnoea, great depression of the powers, cardiac affection. We all know that arsenicum is nearly indispensable wherever

serous effusion shows itself, but still more are we to remember the remarkably great affinity of arsenicum for the pleura in preference to other serous membranes. The inflammation of the pleura and the effusion which is the consequence have more than once been established in cases of arsenical poisoning.

Hydrothorax.—Dyspnœa which increases from the slightest movement and from the horizontal position. Cough short, great anxiety, palpitations of the heart; he drinks constantly, but little at a time. Urine scanty, paleness of the face; œdema of the feet and hands.

Œdema of the Lungs.—Cough dry, whistling; expectoration scanty; dryness prevails throughout the respiratory tracts. A concomitant hydrops removes all doubt as to the choice of the remedy.

Pneumonia.—The indication for arsenicum is drawn more from the general symptoms than the local thoracic symptoms. Great anxiety and restlessness with incessant cough; falling of the vital powers; thirst lively, but drinking little at a time; burning heat in the chest, suffocation; respiration always very rapid; face pale; extremities cold.

Phthisis Pulmonalis.—Right side more frequently, dulness and flatness under the clavicle; pain at the apex of the right lung; dyspnœa on movement; cough, particularly after midnight till morning; sputa muco-purulent or greenish and abundant; sonorous rales on inspiration, limited to the throat, larynx, trachea; rales dry and respiration prolonged through all the rest of the chest; extreme prostration; colliquative diarrhœa, very active thirst for cold drinks; intermittent chills; hectic fever, with exacerbation towards evening; nightly sweat after midnight; aphthæ in the mouth. It is here in combination with sulphur, lime, iodine, that arsenicum has shown itself powerful in phthisis.

Heart.—Hypertrophy, dilatation of the right ventricle; dilatations and valvular lesions; endocarditis; suffocation, especially at night; vertigo; œdema of the extremities; urine scanty without albumen.

Palpitation, nervous; aggravated by motion, after retrocession of cutaneous affection or after the suppression of an habitual sweat of the feet.

Pericarditis, sub-acute or chronic, with effusion, inexpressible anguish and restlessness, worse at night; palpitations excessively strong; suffocation all night; countenance ruddy, which is an exception for arsenicum; sensation of paralysis of the upper extremities; trembling of the fingers; cold sweats; pulse small, hardly perceptible; prostration.

Angina Pectoris. — Sharp pains in the region of the heart, which radiate up to the neck, the occiput, and along the left arm, even to the tips of the fingers, and downwards to the lumbar and femoral regions; palpitations tending to fainting, paleness of the face; the least movement causes extreme anguish, great thirst, aggravation after midnight.

Stomatitis, gangrenous.

Aphthæ, burning.

Odontalgia. — Amelioration from holding warm water in the mouth and from the outward application of warm bodies.

Pharyngitis. — Burning pain persisting even after the apparent disappearance of the inflammation.

Dysphagia. — Spasmodic contraction of œsophagus; burning on swallowing; thirst; anguish; agitation; the pharynx participates in the constriction.

Diphtheria. — Burning, which extends down the throat into stomach.

Gastralgia. — Pain, burning and excessively violent, which extends from the epigastrium into the chest and back; no appetite; dread of food; vomiting of food immediately after having eaten; anguish; anxiety; amelioration from warm applications and motions; aggravation after midnight.

Acute Gastritis. — Following the abuse of alcoholic drinks, of iced drinks, of vinegar, of tobacco; thirst ardent, but drinking little at a time; burning in the stomach following the vomiting; tongue red; nausea and vomiting are provoked by any movement of the body forwards; anxious restlessness, with rapid sinking of the powers.

Dyspepsia. — Burning and pains in the stomach; loss of appetite; vomiting after having eaten or drunk, however little; aggravation in the evening, at night; rapid evacuations; diarrhœa, although constipation may not be a contraindication.

Chronic Vomiting. — Repetition every morning, in subjects saturated with alcohol; unceasing pain accompanies these vomitings.

Hæmatemesis, with burning in the stomach; thirst violent; deadly paleness, countenance distorted; pulse filiform, trembling, great uneasiness; chilliness over the whole surface of the body; sweat on the forehead.

Cancer of the Stomach. — Burning, hot and stinging as from a pointed instrument; very painful eructations; black vomitings as of coffee; vomiting is followed by a mitigation of the pain.

Intestinal Colic. — Excessive burning pain in night or after having eaten or drunk, with great anxiety; thirst, diarrhœa or constipation; lead colic; colic after the ingestion of iced water or ice-cream.

Cholera Infantum. — Eyes hollow and look dull; coldness of skin; clammy sweats; pulse trembling and intermittent; violent vomiting; high thirst, burning pain; stools watery, glairy, undigested, brown. More frequent at night and after midnight.

Diarrhœa with or without pain; worse after midnight. Ardent thirst; sudden prostration; diarrhœa of a dark color, of a fetid odor, coming on suddenly especially at night or after having eaten, with thirst, vomiting, anxiety, excoriation of the anus, and considerable weakness; diarrhœa choleraic, serous, with weakness, pain, prompt emaciation. Diarrhœa unnoticed during the first dentition. Diarrhœa of pregnant women with frequent, feeble pulse, great prostration, restlessness; stools watery, undigested, followed by tenesmus and burning at the anus. Burning thirst; burning heat in the stomach and belly with nausea and vomiting. Diarrhœa following severe pains on the surface of the body.

Hepatitis. — Swelling and pain of a very marked, burning character in the right hypochondrium; thirst violent; burning heat of the skin, anxiety, agitation. Aggravation, after midnight. Hepatitis with jaundice among subjects who for a long time have been a prey to intermittent fever is more particularly the province of arsenicum.

Ascites. — Idiopathic or symptomatic of cardiac or renal affections more than affections of the liver, following acute peritonitis; ascites which accompanies or follows intermittent fever; the face is pale, earthy, bloated; great weakness, with sensation of exhaustion upon slightest motion; tongue dry, and thirst violent for a little at a time; attacks of suffocation throughout the night; great anxiety; internal heat, external cold constitute the totality of the symptoms most favorable for arsenic.

Cystitis acute and chronic. Burning pains especially in beginning to urinate; urine thick, like whitish pap; anxiety, vomiting, and cold sweats; face and extremities cold.

Hæmaturia. — Excretion not very abundant; symptoms of paralysis of the bladder; micturition very painful; burning in the bladder or any part of the urinary organs. In all cases when one is warranted in believing in a varicose condition of the neck of the bladder.

Albuminuria. — The presence of albumen in the urine is a phenomenon of arsenical poisoning so constant that the homœopathicity of arsenicum is here incontestable.

Bright's Disease. — Arsenic corresponds exactly to the characteristics of this grave affection, since, administered to a healthy man, it is susceptible of producing in the urine, independently of the albumen, cylindrical coagula of fibrin, epithelial cells, and frequently globules of pus and blood. This fact is established by a great number of observations and by direct experiments on animals, of which the most prominent are due to a physician of Munich. It is useless to seek elsewhere for reasons more conclusive for according to arsenicum the first place in the treatment of Bright's Disease: to do otherwise would be an unpardonable mistake.

The symptoms which come into account outside the similarity of the urine of the disease with the urine of arsenicum, to corroborate the choice of this medicine, are: respiration, short and rapid; loss of appetite and sleep; restlessness all night, and which increases after midnight; palpitation upon the least motion; urine bloody and sometimes involuntary. Bright's Disease grows more common every day; the reason, perhaps, it is not difficult to discover.

The arsenical treatment has within a few years been set down, and in large characters in common practice, under the medical name *Alterative*.

The arsenical treatment has passed into the daily routine has become fashionable, it obtrudes itself, and how?

Not merely at random do physicians daily give arsenic and its compounds, but they raise the dose day by day with increasing boldness. They advance, they go on, as if the treatises on Toxicology, which are by no means too scrupulous, did not exist. Under the pretext of rebuilding, they disorganize.

Fashion ought, for shame's sake at least, to place restrictions on itself. Time will come which will do justice to these whims and while waiting to struggle against its encroachments into the limits of the possible, let us remain faithful to good sense and defend the truth, — principles which we cannot disregard without danger to human life.

All medicine administered to man has necessarily for its purpose, because it is a medicine, either to produce some disturbance of sensibility or some derangement of function or some lesion of texture; without that, it would no more merit its name. Now, I, in all candor, ask physicians of good credit and capable of defending themselves from any extravagant notion, is it supposable even that a drug so powerful as arsenic should traverse the body of man without leaving traces of its passage?

One of the most formidable traces is the presence in the urine of albumen, of epithelial cells, of fibrinous cylinders, of globules of pus and blood; an alteration the most profound, a degeneration the most incurable of the parenchyma of the kidney.

Uræmia. — In the soporous condition, when the brain has become infiltrated; step is uncertain, as in amblyopia. (Kali Ars.)

Cancer of the Breast. — For nearly three centuries has been discussed the value of arsenic in cancerous affections. Its first use appears to go back to 1594, and nothing more is known but that by some it was exalted, by others again repudiated. The cause of our ignorance proceeds solely from lack of individualization.

The totality of the symptoms which justifies the employment of arsenic here, are : Relief from warm application, restlessness mingled with throbbing, which is occasioned by loss of vital power.

Amenorrhœa. — Paleness of the face ; swelling more marked around the eyes ; infiltration of the extremities ; prostration ; cachectic state ; defective appetite ; nausea after a meal ; pressure in the stomach as of a stone.

Dysmenorrhœa. — The pains are not localized in the hypogastrium ; they extend even to the rectum and anus ; they are violent, urging to desperation and despair ; relief from warm applications ; extreme agitation. Patient entreats not to be left alone.

Ovaritis. — Pains, with twitching and pricking from the ovarian region, even to the inner part of the thighs, which appear enlarged. This is the expression of the patient. Aggravation of the pains from movement ; countenance pale, yellowish ; agitation ; fever ; thirst for little at a time.

Metrorrhagia. — So prolonged that the patient is reduced to the last extremity. Eyes hollow and dull ; extremities cold. The Academy of Medicine, in a meeting on the 9th of last November, received a communication from M. Gueneau de Mussy of an observation taken in his practice. It is a question of an obstinate metrorrhagia, which in thirty-six hours had been subdued by warm applications and cataplasms of a given temperature. The Academy will doubtless ask itself what have been the decisive means of the victory in this case. To save time, Homœopathy answers, — Obstinate metrorrhagia ; relief from warm applications.

MICROSCOPICAL EXAMINATION OF THE PROCESS OF HEALING ULCERS BY THE TRANSPLANTATION OF SKIN.

M. THIERSCH, having a patient whose leg had to be amputated in consequence of a large and incurable ulcer, thought it a good opportunity to observe the changes that take place when portions of skin are implanted on granulating surfaces. For

three weeks previously he accordingly transplanted portions of skin day by day, the last pieces being applied eighteen hours before the amputation.

The chief results arrived at were:—

1. That adhesion occurs without the intervention of any intermediate intervening substance. The adherent parts are in immediate application or at most are only separated by a couple of blood corpuscles.

2. The adhesion, when complete, takes place by means of the inosculation of vessels, which may be observed even eighteen hours after the act of transplantation of the new skin. A connection is at this period seen to occur by intercellular passages, extending between the sharply-contoured vessels of the skin on the one hand and those of the granulations on the other, and these intercellular passages become proper vessels in a few days.

3. At the same time the vessels of the skin beneath the transplanted portion undergo secondary changes; they become wide, irregularly dilated, with prominences on their walls, and in fact, assume the characters of embryonal blood-vessels.

4. True, new formation of vessels may perhaps take place when the primary inosculation fails. In such cases the epidermis and the papillary bodies fall off after a little time, and the transplantation is believed to have failed; but this is not so, since the subcutaneous connective tissue with the remains of the sweat-glands remain adherent. After the lapse of some time new-formed epidermis appears where the transplantation was made, which may perhaps be due to the germination of the remains of the sweat-glands.

Thiersch finally recommends a modification of Reverdin's plan, namely, that the surface of the wound to which the skin is to be transplanted should have any granulations that may be found upon it shaved off, and the new skin applied in the course of a few hours. — *London Lancet*, July, 1875.

The New England Medical Gazette.

BOSTON, APRIL, 1876.

CONGRATULATION.

THE twenty-third day of March was a festive day in Philadelphia; it was the day on which Dr. Constantin Hering completed the fiftieth year of his professional life. We say that Philadelphia rejoiced, for the whole city knows him and wished him well, though only a small number of his professional brethren shared in the festivity and spent a few hours in his presence.

Dr. Hering was born with this century, and those of us who have seen him recently find him more active of mind than many a younger man; and though three quarters of a century have now silvered his locks, none can approach him without receiving new fire, energy, and self-reliance from his wonderful spirit and inexhaustible fund of learning.

Though Philadelphia has the honor of paying our venerable friend and colleague immediate tributes of love, his name is known far beyond the limits of that city. Not only does every disciple of Hahnemann throughout the length and breadth of this country associate the name of Constantin Hering with that of our great master, but every one of his followers throughout the civilized world knows his name. Nay, there are thousands in every land, thousands who are not physicians, upon whose lips the name of Dr. Hering is as familiar as a household word. We cannot say how many volumes his spirited writings would fill, nor estimate what his restless pen has yielded in the past half century. We only fairly express the universal conviction when we say that when Hahnemann ceased in his literary labors, none continued them so effectually and with such untiring zeal and unremitting industry as Dr. Hering. It was his broad intellect that upheld the heavy end of the new school, not only by filling physicians with inspiration, but as the stanchest of pioneers, who carried the safer, speedier, and gentler method of healing among the people. It was Dr. Hering who early recognized the truth that a science is no less a science, and art no less an art, for being fitted for the hands of the people; that the true test of the greatness of a principle is, that it becomes the property of all and capable of being understood by all.

In this sense, Hering's *Domestic Physician* has exerted an influence equalled by few books.

May its author live to enjoy for many years the fruits of his labors! Let not the readers of these humble lines misinterpret this commonplace expression. Few men have ever lived, who, like Constantin Hering, gave themselves wholly and unreservedly away, and remain the richer for their giving. Without formal and preconcerted action, we do not hesitate to congratulate Dr. Hering in the name of every disciple of Hahnemann in New England.

DR. HERING'S SEMI-CENTENNIAL.

THE COMPLIMENTARY BANQUET.

ON the evening of the 23d the homœopathic physicians of Philadelphia tendered to Dr. Hering the compliment of a banquet at the Union League House in commemoration of the completion of the fiftieth year of his professional life. About sixty gentlemen participated in this pleasant affair, including a delegation of prominent members of the Faculty of the New York Homœopathic College. Among the invited guests present were Drs. Henry Detwiller, of Easton, Pa., C. Dunham, J. W. Dowling, S. P. Burdick, S. Lilienthal, of New York, Dr. P. P. Wells, of Brooklyn.

A short speech was made by Dr. R. J. McClatchey, tendering the banquet to Dr. Hering in behalf of the physicians of Philadelphia.

After an hour or two spent in the discussion of a handsome Union League supper, the company was called to order by Dr. J. C. Guernsey, who introduced Dr. J. K. Lee, of West Philadelphia, who in a brief speech presented to Dr. Hering an elegantly engrossed and framed testimonial of the occasion, expressive of the respect and esteem of his professional brethren.

“TESTIMONIAL.

“To our revered and beloved Colleague, CONSTANTIN HERING, who, having received the degree of Doctor of Medicine from the University of Wurzburg, March 23, 1826, to-day, by the favor of Heaven, witnesses the FIFTIETH ANNIVERSARY of that occasion, we, the Homœopathic Physicians of Philadelphia, in mass meeting assembled, offer our affectionate congratulations and good wishes.

“To his exceptional intellectual ability, untiring industry, broad culture, and liberal spirit, Homœopathy pre-eminently owes her firm establishment and vigorous growth in America. The year of his jubilee finds him still occupied in the same spirit in labors for the same end.

“Passing in review the forty-three years of his fellow-citizenship with us, we regard with grateful admiration his labors in the broad field of science, his unselfish devotion to the advancement of the art of

HEALING, his generous demeanor towards his fellow-workers, and the pure record of his spotless life.

“ May a kind Providence long spare him to a profession which he honors and to colleagues in whose hearts he is cherished.

JACOB JEANES, M.D.,

AUG. W. KOCH, M.D.,

C. NEIDHARD, M.D.,

H. N. GUERNSEY, M.D.,

C. G. RAUE, M.D.,

RICH'D GARDNER, M.D.,

} Committee.

Attest:

A. R. THOMAS, M.D., *Pres.*

R. J. McCLATCHEY, M.D., *Sec.*”

Letters of regret were then read by Dr. J. C. Guernsey, Master of Ceremonies and Toast-master of the evening, from Drs. John F. Gray, of New York, and John Romig, of Allentown.

Prof. John W. Dowling, Dean of the N. Y. Homœopathic Medical College, then presented Dr. Hering with an honorary degree from that college.

Prof. A. R. Thomas, Dean of the Hahnemann Medical College of Philadelphia, presented Dr. Hering with the honorary degree of that college.

In response to toasts, brief addresses were delivered by Dr. P. P. Wells, of Brooklyn; Dr. H. N. Guernsey, of Philadelphia; Dr. C. Dunham, of New York; Dr. Gause and Francis Wells.

REMARKS OF DR. GUERNSEY.

Dr. H. N. Guernsey's response to the toast “ Homœopathy ” was as follows: — *Gentlemen*: It is with feelings of veneration that I rise to respond to the toast “ Homœopathy,” — that cause for which our distinguished colleague, Dr. C. Hering, in honor of whose jubilæan we have assembled to-night, has devoted so much of his life-time, so much of the severest labor, mental and physical, and for the advancement of which he has accomplished so much, that his name must be co-identical with the science for all coming time.

All diseases are morbid effects of disordered dynamic forces, and to cure such an effect we must seek a dynamic force from the medical kingdom, whose subtilty in degree and quality equals the subtilty in degree and quality of that dynamic force producing the disease.

This science, based upon the law “ Similia similibus curantur,” is as true as the Bible. It comes from the some source, and must ever shine as the great beacon-light in medical science, as the Bible is the great beacon-light in the science of theology; it must ever continue to heal more and more the sufferings of the human race as we come more and more under its real influence; it must ever and ever continue to overcome all other methods of medical practice until Homœopathy reigns supreme as the grand and only law of cure for all manner of diseases in all varieties of living creatures.

REMARKS OF DR. DUNHAM.

Dr. C. Dunham, of New York, responded to the toast "Visiting Friends," as follows:— *Gentlemen of Philadelphia*: An invitation to Philadelphia, the Mecca of American Medicine and especially of American Homœopathic Medicine, could not fail to meet a cordial response from every homœopathic physician. An invitation from so numerous a body of our colleagues, representing so worthily our schools, our literature, and our press, and on an occasion so interesting as the celebration of the jubilee of our venerated colleague, Dr. Hering, so touches us that I am sure I utter the sentiments of all of my associates when I thank you, in their name and my own, with my whole heart, for this opportunity to unite with you in your graceful testimonial of homage and love to our honored friend.

If the opportunity has been as great as your large-hearted hospitality, and could have embraced the wide expanse of our country, these walls could not have contained the legion of those who would have come up hither to honor themselves by honoring your venerable guest.

Gentlemen, this banquet, which your hospitality and good taste have crowded with viands from the end of the earth, and decorated with flowers of every variety of loveliness and fragrance, constrains me to speak of the banquet at which our friend Dr. Hering has been entertaining us all, and all of our school in every part of the world, for a far longer time than my personal memory can recall.

For forty years the feast of reason has been spread in his study. The bill of fare, in our English and in his native German, has been widely distributed. The strong meat of scientific reasoning, the choicest fruits of keen and sagacious observation, the wine of a cheerful, hopeful confidence in the unity and consistency of natural law, the salt and spices of a pungent wit and a wholesome satire, the milk of human kindness, and the flowers of poesy have loaded the table, at which every student has met with a princely welcome, the only condition being that he should *be hungry and should eat*.

Twenty-eight years have passed since I, a hungry student, knocked at Dr. Hering's door, asking for mental food, and daring to expect at best a crust or a soup-ticket, directing me to some college. I was welcomed to his festive board, and there I have feasted ever since.

There is this peculiarity about his banquet, — that, whereas, *here*, what was order an hour ago is now confusion and a mass of *débris*, his table, spread for forty years, is now fuller and richer than ever, though so many have partaken of his cheer! Nay, he has assured me that though guests come lean and hungry, *as I did*, and take their fill, as I did, yet they rather add to than diminish his store.

To one thing I *know* they add, — to the blessed consciousness of having done great good, of having made the rough paths smooth for multitudes of his colleagues, and, through them, to multitudes of the people, — a consciousness, which, under whatever trials, must gladden these years of our dear friend's life!

At a time when many men give up their labors, Dr. Hering is crowding his table with choicer viands than he has ever offered us; and his welcome is still extended as heartily as ever to those who hunger for knowledge.

Gratefully acknowledging the courtesy of your entertainment, we utter our fervent gratitude to him in whose honor you give it, and pray for his health and welfare among you in the many years which we hope are still in store for him.

REMARKS OF MR. WELLS.

Mr. Francis Wells, in response to the toast, "The Press," referred to Dr. Hering's career as that of a man who had pursued a single abstract principle for half a century with extraordinary devotion and success, winning for himself the degree of *facile princeps* in his profession in America. Mr. Wells then alluded to the impoverished condition of the Homœopathic Hospital in this city, and called upon those present to signalize Dr. Hering's semi-centennial year by a vigorous and united effort to put it upon a footing worthy of their profession. A lively debate sprung up at this suggestion, which was participated in by Drs. Dowling, Dunham, Wells, and Lilienthal, of New York, the general expression, in which Dr. Hering heartily joined, being in strong approval of the suggestion.

The company broke up at a late, or rather early hour, after a very delightful and interesting evening.

In the early part of the same day Dr. Hering had received his friends at his own house, and on that occasion Dr. John F. Gray, of New York, in an admirable address, congratulated him, and expressed the esteem and good-will of all his colleagues, for him, our chief.

Dr. Gray's jubilee occurred on March 29, and the occasion of his presence at Dr. Hering's celebration was seized to present him with the diplomas of the University of the State of New York, and of all the homœopathic colleges, which had been conferred on him as well as on Dr. Hering.

DR. JOHN FRANKLIN GRAY'S FIFTIETH ANNIVERSARY OF GRADUATION.

DR. GRAY'S "Golden Anniversary" of the doctorate was celebrated in New York on March 29, 1876, he having graduated from the New York College of Physicians and Surgeons on March 29, 1826.

A hundred or more of the most prominent members of our school from New York and vicinity assembled at Dr. Gray's rooms in Fifth Avenue Hotel, and having given warm greetings, presented, by the hand of Dr. J. A. McVickar, an address expressive of most cordial and friendly feeling, and bearing the signature of all present. Congratu-

latory letters were presented from many who were unable to be present, but who heartily joined in expressions of deepest respect and regard for one who was almost the pioneer of Homœopathy in the New World, and who for nearly a half century has been its stalwart defender and supporter. On the 23d of March, at Philadelphia, on the occasion of his presenting honorary degrees to Dr. Hering, Dr. Gray himself received similar honors from Boston University, the University of the State of New York, and from all the medical colleges of our school in this country, — a combination of testimonials of respect and professional worth which has never before been awarded to any physician.

Besides Dr. Gray, the only surviving member of the Class of 1826 is Dr. L. Hallock, of New York, who, in the midst of the cordial salutations, was himself surprised by receiving from the hand of Dr. Gray an honorary degree from the New York Homœopathic Medical College. This surprise from his former classmate and life-long friend was gracefully acknowledged by Dr. Hallock by feeling and appropriate remarks.

After some time spent in cordial and informal discourse, the company were invited to well-filled tables, which by reflex action upon the brain through the gustatory nerve, wakened the memories and loosened the tongues of the guests, and from several of the “veterans” came most interesting reminiscences of the early days when Homœopathy was getting its first foothold on this continent, and, aided by Gram and Gray, and their associates, Wilson, Channing, Hull, and others, was fighting for toleration and a chance to live. Altogether the evening was a memorable one to all who were fortunate enough to be present.

The practice of conferring the honorary degree on such as have worthily held the doctorate for fifty years is quite common in Germany, and the centennial is a very fitting year to introduce this custom here. Moreover, it would be difficult to find two more appropriate persons on whom to confer such honors than Dr. JOHN FRANKLIN GRAY and Dr. CONSTANTIN HERING.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

This building is rapidly approaching completion, and we hope, in our May number, to give a full description and engraving of it. It will contain about fifty beds, and be ready for occupancy on the 1st of May.

On Saturday, March 25, the Ladies' Aid Association met and arranged for a coffee party and reunion of the friends of the Hospital, on Thursday evening, April 20, in the new building on East Concord Street. Various committees were appointed to have charge of the matter. Music, refreshments, and dancing will add to the pleasure of this reunion, which will attract many of the friends of this Institution. Notwithstanding the severe storm, this preliminary meeting was largely attended. This Hospital appeals strongly to the homœopathic physicians of New England for their hearty support and aid.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.

THE summer term of this school opened on Monday, March 13, 1876, with a large class, and many new additions to the school. The term, which closes the last of June, is devoted to recitations and readings under the direction of the professors, interspersed with lectures not included in the winter course, and many demonstrations, clinics, and practical illustrations. Medical Chemistry will be taught in the laboratory, where each student will familiarize himself with those tests and manipulations required in the daily practice of the physician. This can be done better in the summer term than in the winter or lecture season. This practical study will soon become an essential to graduation in this school, the standard of which will be raised higher with each succeeding year.

THE *Cincinnati Medical Advance* will issue a special centennial number for May, 1876. It will contain some elegant illustrations, and an original poem by the editor, entitled "The Romance of a Poor Young Doctor."

LIST OF GRADUATES

AT THE TWENTY-EIGHTH ANNUAL COMMENCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA, HELD AT THE ACADEMY OF MUSIC, MARCH 9, 1876.

Regular Degree.

Adams, George S., Maynard, Mass.; Bishop, Frank A., Medina, N. Y.; Borden, George F., West Farmingham, N. Y.; Bruce, William F., Philadelphia, Pa.; Buck, Michael J., M.D., Carrollton, Pa.; Burck, Francis T., Frederick, Md.; Chew, Edmund, Mantua, N. J.;

Coleman, Francis D., Portland, Me.; Cunningham, William, East Saginaw, Mich.; Deardorff, Jacob H., Dillsburg, Pa.; Dehoff, John W., Manchester, Md.; Diehl, Howard L., Littlestown, Pa.; Dinsmore, S. W. Scott, Punxutawney, Pa.; Dungan, George W., Germantown, Pa.; Earle, Frank H., Philadelphia, Pa.; Eden, Samuel, Coatesville, Pa.; Felch, Albert H., Castile, N. Y.; Fellows, William E., Athens, Me.; Frantz, Jacob F., Wilmington, Del.; Gale, George G., Quebec, Canada; Gardiner, George W., Frankford, Pa.; Gilbert, Charles B., Bath, Me.; Glidden, Charles H., Craftsbury, Vt.; Glover, William A., Woodbury, N. J.; Griffith, Horace G., Manayunk, Pa.; Hall, Charles H., Madison, Wis.; Hathaway, Wm. E., Tioga, N. Y.; Hetrick, Jacob A. W., Lancaster, Pa.; Isett, Joseph F., Hamburg, Pa.; Kelley, Lewis E., Magnolia, Iowa; Kirkpatrick, Horace B., Burlington, N. J.; Lane, Charles F., Lowell, Mass.; Lovett, Alfred A., Oxford, Ohio; Manson, C. Franklin, Philadelphia, Pa.; Martin, Alden E., Philadelphia, Pa.; McGranaghan, William H., Jr., Maysville, Ky.; Mifflin, Robert W., Columbia, Pa.; Moat, Wm. S., Philadelphia, Pa.; Nichols, William S., Faribault, Minn.; Nogueira, Diego P., Brazil, So. A.; Parke, George F., Westmoreland, N. Y.; Rockafellow, Lavergne L., Warsaw, N. Y.; Saylor, George W., M. D., Schuylkill Haven, Pa.; Sharp, Edgar B., Berlin, N. Y.; Shoemaker, Wm. L., Philadelphia, Pa.; Smith, Charles H., Frankford, Pa.; Smith, George W., Philadelphia, Pa.; Smith, Linnæus A., Sylvania, Pa.; Swan, Frank S., Phelps, N. Y.; Williamson, Alonzo P., Philadelphia, Pa.; Wiest, Harry G., Minersville, Pa.; Wadsworth, Robert, Warsaw, N. Y.; Wurtz, John B., Philadelphia, Pa.

Special Degree.

Dr. Frederick Bruns, Athol, Mass.

Honorary Degree.

Constantin Hering, M. D., Philadelphia, Pa.; John F. Gray, M. D., New York; Dr. Joshua Matthew Cowell, Shortland, New Zealand.

Total, fifty-seven.

Prizes.

First-prize, gold medal, awarded to George S. Adams, Massachusetts; second prize, silver medal, awarded to Francis T. Burck, Maryland; third prize, bronze medal, awarded to Frank A. Bishop, New York; Prof. Thomas's prize for best dissection, a case of surgical instruments, to Horace G. Griffith, Pennsylvania.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner 3d Avenue and 23d Street. Report for the month ending Feb. 29, 1876: Number of prescriptions, 2,438; number of new patients, 268; number of patients resident in the hospital, 35; average daily attendance, 102; largest daily attendance, 166.

ALFRED WANSTALL, M. D.,
Resident Surgeon.

CORRESPONDENCE.

BOSTON, March 28, 1876.

EDITOR OF THE GAZETTE:

Dear Sir, — In looking through the *United States Medical Investigator* of March 1, I found the questions propounded to the graduating class of Hahnemann Medical College, and was particularly struck with the examination in *Materia Medica*.

With the exception of that part which includes the new remedies, the examination was conducted on the so-called “key-note” system. Now it seems to me that such “key-notes” are not safe guides for prescribing remedies; a man, with these points in his mind, is exceedingly prone to disregard all other indications, provided he can obtain *one* of these peculiar symptoms. Further, it does not always follow, as the advocates of this method of prescribing affirm, that if these “key-notes” are present all the other symptoms will correspond with this or that drug.

I think, moreover, that such things should not be regarded as *key-notes*, but I fully agree with the definition of what really constitutes a key-note, given by one of the professors of the Boston School, as follows: “The only thing worthy the name of a key-note is a symptom, or still better a *group* of symptoms, always produced by a drug in proving, and frequently known to have been relieved by the same.”

Such a plan as the one above is neither rational nor scientific, nor is it in accordance with the teachings of Hahnemann; for he insisted upon the necessity of prescribing according to the *totality* of the symptoms.

If you will allow a suggestion, I think it would be an excellent plan to publish the list of questions which the recent graduates of the Boston School were obliged to answer. Judging from those which I have seen, I think they will compare favorably with those of the Hahnemann or any other college in the country.

I take the liberty of sending the questions in *Materia Medica*, a copy of which was given me by one of the class of 1876, of the Boston School: —

1. What do you know of the principles of Homœopathy and of its historical development? What are its leading principles? Why is the Galenic law “*Contraia contrariis*” objectionable, and what is its relation to the dose?

2. What are the principal clinical uses of *Conium maculatum*?

3. State the pathogenetic action of *Cicuta* on the cerebro-spinal axis; character of the convulsions?

4. For what mental disturbances, and on what special indications are *Cocculus* and *Nux Vomica* employed?

5. Compare the delirium and soporific sleep of *Belladonna* and *Hyoscyamus*.

6. What are the characteristic effects of Mercury, in poisonous doses, especially on the skin and mucous membranes?

7. State the leading indications for the use of Muriatic Acid in fevers.

8. What are the effects of material doses of Opium upon the brain, the pupils, and the organs of secretion and excretion?

9. What remedies would be thought of in acute cardiac rheumatism?

10. What remedy in the following case?

Patient has periodical or daily attacks of violent, constrictive pain in the region of the left false ribs, with twisting, cutting pains in the abdomen, from which he writhes, kneels in bed, or bends double, with the thighs flexed on the pelvis; intestines feel bruised; abdomen sensitive to contact; food and drink taste bitter; partial amelioration from coffee. Pain may leave the abdomen; if so, the chest is seized with excession constriction; pulse small and irregular; surface drips with cold sweat; unutterable anxiety. A.

REVIEWS AND NOTICES OF BOOKS.

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

THE MEDICAL USE OF ALCOHOL AND STIMULANTS FOR WOMEN. By James Edmunds, M.D. New York: National Temperance Society and Publication House.

A series of three addresses delivered in Association Hall, New York, upon invitation of the National Temperance Society. The author shows that the use of alcohol, either as a beverage or otherwise, is not a question of moral wrong but of physiological wrong. Whether we drink malt liquors, wines, or spirits is immaterial: the poisonous principle is one and the same in all. He endeavors to prove, by citing experiments on animals and by the intoxicated state in man, that it is a poison, and that its effect is to paralyze and stupefy; whence he gives it as his own opinion that in any form or dose it has more or less of this action. Upon this point he thus concludes: "I merely say this: that down to the point in which a man takes what is called 'more than he can carry,' the effects of alcohol are undoubtedly those of a narcotic, of a paralyzer, a stupefier; and I say to you that, until you have some reason to assume the contrary, you are bound to assume that the other and lesser effect is an effect of the same kind and varying only in degree." He then takes up the question as to whether it is a food or not. He defines food as "that substance which, being innocent in relation to the tissues of the body, being easily digestible and absorbable into the blood, is

capable of being oxydized in the body and giving up to it forces which the body will afterwards expend in its action." As regards alcohol fulfilling these condition he shows that medical science is unable to give an absolute verdict.

Under "Stimulants for Women," he treats principally of the use of malt liquors and wines with nursing women for the purpose of strengthening and assisting in the supply of milk. The author does not think these drinks do this, and recommends in their stead plenty of good milk thickened with a little barley or oatmeal. The addresses are worthy a careful perusal.

ON OVARIAN DROPSY AND ASCITES: THEIR DIAGNOSIS AND TREATMENT. ALSO ON PROLAPSI OF THE UTERUS. By Richard Epps, M.D. (Cl.). London: Simpkin, Marshall & Co., Paternoster Row.

This book contains in a condensed form much that is valuable on the pathology of ovarian tumors, and on the differential diagnosis between them and other conditions liable to be mistaken for them

The authors condemns the indiscriminate performance of ovariectomy on account of the great risk, and also because in cases where the tumor is successfully removed, there is often but very little benefit obtained. He recommends the use of the pneumatic aspirator, and reports many happy results.

The suggestion is certainly worthy of the careful consideration of surgeons.

On the subject of prolapse of the uterus, the author considers the main forms of pessaries, and gives his preference to those which get their basis of support external to the body.

The book is a convenient little manual.

H. A. C.

ORTHOPÆDIA; OR, A PRACTICAL TREATISE ON THE ABERRATIONS OF THE HUMAN FORM. By James Knight, M.D. New York: G. P. Putnam & Sons.

Under this title the author treats not only the deformities of children, but also those of adults, and many other affections which hardly come under the head of deformities.

The book, inasmuch as it gives the personal experience of the writer, has some value, but we cannot recommend it as indispensable, since it contains very little which cannot be found in the standard works on surgery, unless it is the medicinal treatment and the mechanical appliances: the former would be of no use to the homœopathic practitioner, and the latter appear to have very little, if any, advantage over those in common use among orthopædist.

BOOKS AND PAMPHLETS RECEIVED.

HOMŒOPATHY IN THE LIGHT OF COMMON SENSE AND MODERN SCIENCE. 2d ed. By D. Dyce Brown, M.A., M.D. London: Longmans & Co.

HOMŒOPATHY IN ITS RELATION TO DISEASES OF FEMALES, OR GYNÆCOLOGY. By Thomas Krimer, M.D., Liverpool, G. B. Liverpool: Adam Holden. 1875.

A TREATISE ON SURGERY: ITS PRINCIPLES AND PRACTICE. By T. Holmes, M.A., Cauteo Surgeon to St. George's Hospital. Phila.: Henry C. Lea. 1876.

ITEMS AND EXTRACTS.

ON APOPLEXY FROM MILIARY ANEURISMS. — The views advanced a few years ago by Charcot and Bonchard, and which were confirmed in Germany by Zenker, viz. that spontaneous apoplexy of the brain depends on the bursting of small "miliary" aneurisms, has recently received the support of M. Roth, who has based his conclusions on eight post-mortem examinations. These aneurisms never exceed the size of a pin's head, and are often strung along on the vessels in great numbers, something like beads.

They occur most frequently in the corpus striatum, including the nucleus lentiformis and in the thalamus opticus, next in frequency in the cortical part of the cerebrum, next in the mensencephalon and gray substance of the cerebellum, but very seldom in the white substance of the cerebrum or cerebellum.

Spontaneous recovery by thickening of the intima sometimes occurs, and ordinarily follows a rupture which does not involve the whole wall of the vessel, or only determines the effusion of a small amount of blood, but which frequently, and, indeed, most frequently in the corpus striatum and optic thalamus, occasions abundant hemorrhages, in the midst of which the aneurism which is to blame is not to be found, but only the place of rupture. Increase of pressure of the blood from hypertrophy of the left ventricle, without valvular insufficiency, is a frequent but not constant cause of this development, and can be anatomically demonstrated.

The most important cause, however, consists in alterations in the walls of the vessels, the origin of which the author does not find, as other authors do, in a periarteritis or an endarteritis, but in a state of diffuse cylindrical dilatation, with hypertrophy of the wall of the artery; and this condition he has often observed in advanced age in the artery of the fossa of Sylvius and its branches and in other arteries of the body. There now follows, when the process is much advanced, a shrinking of the media, accompanied in some cases by amyloid degeneration of the muscular coat. Subsequently, as a result of this shrinking, the circumscribed protrusions occur, and not until this period do we have the thickening of the intima or adventitia, constituting endoperiarteritis, which in some measure compensates for the shrinkage of the median coat. — *Berlin Klin. Woch.*

SOLAR LIGHT AND ITS EFFECTS ON LUNATICS. — Some interesting experiments in the treatment of lunatics have been made recently by Dr. Ponza, director of an asylum at Alessandria, Piedmont. Having conceived the idea that solar rays might exert some curative power, he communicated with Father Secchi, of Rome, in regard to the matter. The latter encouraged an investigation, and suggested that solar light, filtered through violet-colored glass, might calm the nervous excitement of patients, violet having a depressing influence. He also suggested that Dr. Ponza should perform his experiments in rooms the walls of which are painted of the same color as the glass panes of the windows, which should be as numerous as possible, in order to favor the action of solar light, so that it may be admissible at any hour of the day. The patients should pass the night in rooms oriented to the east and the south, and painted and glazed as above. The results, as described in a French medical journal, were as follows: —

“ Dr. Ponza, following the instructions of the learned Jesuit, prepared several rooms in the manner described, and kept several patients there under observation. One of them, affected with morbid taciturnity, became gay and affable after three hours' stay in a red chamber; another, a maniac, who refused all food, asked for some breakfast after having stayed twenty-four hours in the same red chamber. In a blue one, a highly excited madman with a straight waistcoat on was kept all day; an hour after he appeared much calmer. The action of blue light is very intense on the optic nerve, and seems to cause a sort of oppression. A patient was made to pass the night in a violet chamber; on the following day he begged Dr. Ponza to send him home, because he felt himself cured; and indeed he has been well ever since. Dr. Ponza's conclusions from his experiments are these: ‘The violet rays are, of all others, those that possess the most intense electro-chemical power; the red light is also very rich in calorific rays; blue light, on the contrary, is quite devoid of them as well as of chemical and electric ones. Its beneficent influence is hard to explain: as it is the absolute negation of all excitement, it succeeds admirably in calming the furious excitement of maniacs.’”

PLANTAGO AND PICRIC ACID. — *Plantago majora* is invaluable in otalgia, by which we understand neuralgic earache. The proving published by Dr. F. Humphreys, of this city, in 1871, is one of the most valuable ever given to the profession, and I am glad to be able to confirm the associated symptoms of the ears and teeth. In a very large number of cases seen at the Ophthalmic Hospital Clinic, otalgia neuralgica, associated with odontalgia, has yielded, with magical promptitude, to *Plantago*. In the proving, the pains are described as darting, running, twinging, sharp, stabbing. The tri-facial nerve seems specially selected. One prover writes, “ Along the course of the superior branch of the tri-facial nerve, etc.”

Picric Acid is a new friend, whose acquaintance every practitioner will do well to cultivate. It will be found curative in *otitis externa circumscripta* (furuncle). In the proving, this condition occurred in

a number of the provers. My attention was called to its value by Dr. Clara C. Plimpton, of this city, who obtained prompt relief from the above-mentioned condition by a single dose. During the past year, and particularly during the last three months, I have had a number of confirmations of this remedy. Furuncle is the result of an excess or a diminution of nutrition. Picric Acid corresponds to diminished nutrition; and if given at the first appearance of furuncle, it aborts the process at once. In one case that had existed three weeks, the effect was to relieve the pain; and the tumors (three) ruptured, but evacuated only serum, showing no signs of pus. In the asthenic patient, Picric Acid will take first rank for this affection. — DR. HOUGHTON, in *Homœopathic Times*.

TREATMENT OF HAY FEVER. — Relapses of hay fever will happen quite as easy as a fellow may break his leg twice. But I challenge a fair trial of my treatment, and every one will be convinced of the quickness and thoroughness of the cure. Young men come frequently to my office for “hay-fever powders.” The disease, if properly treated, lasts about ten to fourteen days, if taken in an advanced state, longer. The greatest fault lies (especially in this annoying disease) with the haste of the physician, remedies given too low, too often, in alternation, besides a hundred different other remedies. I give *Arum mac.* 30 in solution or in powders every two hours till the mouth and throat troubles get less and the eyes get lachrymose, when I give *Euphorbin officinale* 30. For gargles cold water. For the eyes, wet compresses moistened by a weak, watery distillation of semen fœniculi. These are my outward remedies. It is true sometimes you need intercurrent remedies, especially if you get a patient out of the hands of the allopaths. — TH. MEURER, M.D., in *Medical Investigator*.

GLONOINE IN EPILEPSY. — Last year I had a case where the subject had premonitory symptoms of the fit when awake, resembling very much the effects of *Glonoine*, such as sudden quickening or excitement of the heart's action, and a rush of blood to the left side of the head, with fulness and throbbing of temples, etc. The general condition of the patient calling for *Nux Vomica*, I gave that remedy, morning and night, and supplied him with a powder of *Glonoine*, 2d decimal, to carry in his vest pocket and to take upon the first approach of a fit. He improved finely. In place of a fit every week, or two or three times a week, he went two or three months without one. Several times, when threatened, he took his preventive powder with entire success. Not all epileptics have warning sufficient to enable them to take a powder. In some cases the *Nitrate of Amyl* may also be used as an immediate preventive. — J. P. DAKE, M.D., in *Medical Investigator*.

DYSPNŒA AT NIGHT. — It will be noticed that the patient (affected with croup) became worse at night, the attacks of dyspnœa being very distressing. This agrees with what is usually observed in these

cases, but as far as could be ascertained from physical examination there was nothing to account for the exacerbation. Here, however, physiology comes to our assistance, for it has been ascertained that during the twelve hours from six in the morning till six in the evening, a healthy man absorbs only 230 grammes of oxygen, whilst in the twelve hours from six in the evening to six in the morning he absorbs 471 grammes, just twice the quantity. Hence, it may be inferred that the increased dyspnœa at night is in some measure due to the increased demand for oxygen. — *Hœmœopathic World*.

PORRIGO AND TINEA FAVOSA. — *Petroleum.* — Petroleum is a safe and simple remedy for the cure of parasitic cutaneous affections of the head. Having clipped, or better still, shaved the head, let poultices be applied a few times, then let the petroleum be applied twice daily in the form of one part petroleum to two of lard, and a few drops of oil of lavender. The ointment may be moderately warmed before application. After the application a piece of dry, soft, clean linen rag may be laid on, — an old cambric handkerchief answers very well, — and over all, a soft, clean linen cap. Before the next application of the petroleum ointment, the head must be thoroughly but gently washed with black or fish soap and fresh, warm, soft water. The ointment is then to be reapplied as before. Every rag or cap, once used and past further use, should be thrown into the fire, but if intended for further use, plunged in a hot soda ley, and after being well washed, finally rinsed in water containing a little carbolic acid. — **DR. H. MACCORMAC**, in *Practitioner*.

SALICYLIC ACID. — *To render it soluble.* — Salicylic acid is insoluble in water in a larger proportion than one part in three hundred, and the alcoholic solution and the pure acid are both too irritating to be applied to a wound. It has, however, been recently discovered that ten parts of the acid can be dissolved in one hundred parts of water, provided eight parts of borax are present. The borax must first be dissolved by the aid of heat, and then the acid added gradually to the boiling liquid. The most suitable strength in which this solution can be used for wounds is one which contains from two and one half to five per cent of salicylic acid and two to four per cent of borax. — **DR. H. BOSE**, *Berlin*.

THE KENTUCKY SHOWER OF FLESH. — In regard to the shower of flesh in Bath County, Ky., Prof. J. Lawrence Smith, the scientist, says in his analysis of the specimens examined, "In my mind this matter gives every indication of being the dried spawn of batrachian reptiles, doubtless that of the frog. They have been transported from the ponds and swampy grounds by currents of winds and have ultimately fallen on the spot where they were found. This is no isolated occurrence of the kind. I have come across several in the course of my reading. The only one I can now fix the date of is recorded by Muschonbroeck as occurring in Ireland in 1675."

WINTER COUGH. — A mode of treatment productive of much benefit in chronic winter cough is the administration of tar internally, combined with the use of ipecacuanha spray. The tar may be given in small capsules, each containing two to three grains. Tar water, or *eau de goudron* is also made, which contains two grains in the drachm, and may be taken in sugar and water, or with claret at dinner, the combination being almost tasteless. The ipecacuanha wine for use as spray should be diluted with at least an equal quantity of water, and Richardson's double-bailed spray-producer may be used for the purpose of atomizing it. — DR. W. MURRELL, in *British Medical Journal*.

TOOTHACHE. — I have for a long time very frequently been successful in giving patients relief by stopping the hollow tooth by a paste made in the palm of the hand, by dropping on to a good pinch of the bi-carbonate of soda as much tincture of opium or of the vinum opii as the soda will take up, working the whole into a paste, and putting into the tooth. — DR. W. B. HOLDERNESS, *Practitioner*.

COMPARATIVE ACTION OF JABORANDI AND BELLADONNA. — Drs. Ringer and Gould proceed to contrast the action of Jaborandi with that of Belladonna, to which it seems an antagonist; thus, Belladonna checks the secretion from the skin, the salivary glands, the mucous membrane of the nose, bronchial tubes, stomach, and intestines, and dilates the pupils and contracts the arterioles. Jaborandi, on the other hand, increases enormously the perspiration and saliva, and in a much less degree the secretion from the mucous membrane of the nose, the bronchial tubes, and the stomach and intestines. Robin asserts, moreover, that it lowers the arterial tension, probably by paralyzing the vaso-moter nerves, and thus causing dilation of the arterioles. Belladonna excites delirium, whilst Jaborandi often produces sleep. On three occasions, to three different men, these writers administered sixty grains of Jaborandi, and when the perspiration and salivation were profuse, they injected sub-cutaneously one one-hundredth of a grain of Atropia. In five minutes the perspiration and salivation were considerably diminished, and in from ten to twelve minutes the skin was preternaturally dry, and salivation was checked, but in our case continued a little after the cessation of the perspiration.

A lad was admitted into University College Hospital poisoned by Atropia, having taken one grain five hours before. His tongue and mouth were quite dry. A quarter of an hour after taking thirty grains of Jaborandi his mouth became much less dry, and in an hour he was sweating freely and his mouth was naturally moist.

Belladonna arrests the secretion of milk. Thirty grains of Jaborandi were given to a woman thirty-eight years old, confined of her ninth child four months previously, but who had very little milk. In ten minutes the drug produced its usual symptoms; in half an hour her breasts, which previously were flaccid, became tumid and distended, and on pressure yielded considerably more milk. In forty minutes the

increase was still more marked, jetting forth in four or five streams. In eighty minutes the milk was less abundant, though considerably more so than before the experiment, which was confirmed by another case.

In some of their effects, however, Jaborandi and Belladonna agree. Thus, both flush the face and quicken the pulse; and both affect children much less than adults.— *Nashville Journal of Medicine and Surgery*.

Drs. Sidney Ringer and Gould having discovered that Atropia arrests the salivation and diaphoresis produced by Jaborandi, a fact which Vulpian has also observed; the latter has performed experiments to see if Atropia has also a similar effect on other secretions increased by Jaborandi. He first demonstrated in a very clever manner, by means of canulæ introduced into the canal of Wirsing, ductus choledochus; and the ureter in dogs curarized and subjected to artificial respiration, that the pancreatic, biliary, and urinary secretions were increased to a very notable degree by an infusion of Jaborandi leaves into the crural vein in the direction towards the heart. He then observed that the pancreatic secretion was completely arrested a few minutes after the injection of one third to one half a grain of Atropia in an aqueous solution.

The biliary and urinary secretions were diminished considerably under the same conditions, but they did not stop altogether. In one of his experiments where the stomach was opened before the injection of Jaborandi (an infusion of a little less than a drachm of the leaves to an ounce of water) he saw a certain quantity of fluid flow from the mucous membrane of the stomach. After observing the fact, he shortly afterwards injected another similar infusion of Jaborandi, but followed it by an injection of from one third to one half a grain of Atropia, and the appearance already noted did not take place.— *Saz. HEBELOM*. — *Richmond and Louisville Med. Jour.*

DIABETES MELLITUS. — A case was considerably benefited, in addition to ordinary treatment, by breathing nothing but warm air. Use a respirator and a knitted woollen cloth over both respirator and nostrils, and always keep the mouth closed as much as possible.— *DR. CHARTERIS, Lancet*.

PERSONAL.

H. R. Stout, M.D., formerly of Chicago, has removed to Jacksonville, Florida, where he intends to remain permanently. He will be glad to enter into correspondence with Northern physicians, and have patients recommended to his care.

J. B. Owens, M.D., has removed from Lebanon, Ohio, to Los Angeles, California. It speaks well for the intelligence of this new town that Dr. Owens has already obtained a large practice in the few months he has been there.

Dr. George S. Norton has been appointed a surgeon of the New York Ophthalmic Hospital.

Dr. Geo. H. Hackett has removed from Henniker, N. H., to Needham, Mass.

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AFFECTIVE SENSIBILITY AND THE FUNCTIONS OF THE
GANGLIONIC NERVOUS SYSTEM.

BY SAMUEL WORCESTER, M.D., BURLINGTON, VERMONT.

[*Read before the Champlain Valley (Vt.) Homœopathic Medical Society.*]

THE paper to which I call your attention to-day makes no claim to originality either in its ideas or the manner in which they are presented. It is a translation or adaptation of views found in the French works of M. Antoine Cros, Claude Bernard, and others, with comments of my own.

In the course of my studies, I was impressed by the clearness with which M. Cros expressed his views of the functions of the ganglionic nervous system, its peculiar sensibility, and its relation to the emotions; and although the investigations of Bernard, Cros, Brown-Séguard, and others have not placed this part of the nervous system outside of the obscurity and doubt involving the system in general, yet the views now to be set forth seem worthy of our attention.

The existence of a peculiar sensibility, which shows itself in the midst of the functions of organic life and seems inherent in its instruments, is generally acknowledged. It appears, also, that the ganglionic nervous system, the seat of this sensibility, is closely united by functional relations to the cerebral centres, and that from these relations arise the affective manifestations of the individual, and those instinctive impulses which we call affections, emotions, or passions, when they are directed toward some object.

The numerous connections between the ganglionic nervous system and the peripheric or spinal system are formed by a succession of fibres going from the symmetrical ganglia of the great sympathetic to the spinal cord. Those which attach the ganglionic system to the intra-cranial masses are much more simple in appearance, although perhaps more important in their functions. They are formed by cords or strands of fibres, which, running from the viscera, are united into two trunks under the name of pneumogastric or par vagum nerves, and continued upward to the intra-cranial masses.

Ever since the existence of the human race the relations existing between the nervous system distributed to the viscera and the emotions have been acknowledged, at least in their most evident forms; but the learned have known but little, if any, more than the illiterate as to the real nature of these relations, especially since the former class have been so influenced by the doctrines of Gall and his school, who considered the cerebral hemispheres to be the sole seat of instinct, sentiment, perception, and the emotions.

The vast amount of facts accruing from the labor of physiologists and other experimenters will greatly aid us in our present observations, even though their investigations were not undertaken with these questions especially in view.

The experiments with vivisection always present great difficulties, especially when the parts wounded in the operation are deeply seated and intimately connected with the organs essential to life; thus we find great divergence of opinion among physiologists who have investigated as to what functions are carried on through the mediation of the sympathetic nervous system.

Although most of the involuntary and unconscious movements of the viscera are, by the consent of all, under the control of the great sympathetic nerves, these nerves are generally considered as endowed with an obtuse and ill determined sensibility; but it is acknowledged that they preside over the functions of nutrition and secretion, and that the circulation of blood through the visceral organs is also in a measure under their control. It seems evident that the sensations of need, as of

breathing, of food and of drink, connected with the nutritive functions can belong to no other part of the nervous system, and that it is in the visceral region of this system that we are to seek the source of the affective impressions. These last must indeed depend upon the same nerves which provoke the secretion of tears, which govern the hepatic and gastric secretions, and by the influence that they exercise over the capillary circulation produce redness or pallor of the face.

The nervous system of the ganglia appears, then, as a sensory apparatus in connection with the functions of nutrition, and at the same time in relation with the moral and emotional sensations. But these two kinds of relation appear almost contradictory, and no one has thus far presented either experimental or theoretical data which enable us to distinguish the parts of the ganglionic system which correspond to the organic needs, from those connected with the emotions. Let us now strive to solve this question and distinguish these relations, as far as may be possible, from the mass of confused facts and observations at our command.

As we have said, there are two sets of attachments binding the visceral ganglia to the cerebro-spinal axis, viz., the fibres running to the spinal cord and the pneumogastrics to the brain. But the experiments of M. Sedillot and others show that the need of respiring, of hunger, and of thirst are still manifested by animals after section of the pneumogastric nerves. Since, then, these nerves do not establish the relations of organic sense with the encephalic centre, the question arises, Are they the paths by which certain cerebral actions arouse the emotions? This theory becomes plausible when we notice how closely approached to each other are the insertions in the brain of the pneumogastric and facial nerves, this latter being an essential instrument in physiognomical expression, and also notice that these nerves are united near their origin by a small, nervous branch. Moreover, experimental physiology does not allow us to doubt the action or influence of the pneumogastrics upon the movements of the viscera, both as exciting and repressing.

Physiologists, having for the most part admitted that it is from the spinal cord that are derived the sensory and motor

properties of the great sympathetic, ask why the impressions caused by visceral lesions are generally unnoticed, and why the movements presided over and guided by the nerves of organic life are almost always involuntary. Before seeking for positive answers to these questions, it will be well to examine the facts themselves concerning which they are asked. It is true that the division of a nerve of organic life by a knife, or any other method of producing organic or material lesion, awakens but little, if any, painful sensations, properly so called. But are the cutting instruments and the various methods of irritation employed in vivisection proper agents to determine the sensibility which resides in all the nerves? Does the section of the optic nerve, for example, occasion acute pain? Does it elicit screams from the animal experimented upon? Not at all. But no one would then say that the optic nerve was destitute of sensibility. It is needless, then, to invoke that obtuse sensibility of which authors speak, to explain these questions, when we see so many and clear evidences of another, special and peculiar in its nature. We should also remember that involuntary movements do not belong exclusively to the organs of vegetative life, while facts permit us to assert that voluntary movements are only particular manifestations of peripheral locomotion and activity. Habits constitute acquired predeterminations very similar to the natural predeterminations that we notice in the viscera. They form the co-ordinated whole of reflex movement, that the will has arranged in certain orders and relations, that it commands at certain times, but guides and directs no further.

In these questions, as in many others, the scientists of the present day, in their admiration for those methods of research requiring great skill and care, neglect the object and end. But thus far we owe little to the scalpel or microscope in the solution of such problems as we are now considering. We may compare the anatomists, who describe the numerous details of the organic forms in the encephalon, to travellers, who, passing through a city, see clearly the dwellings, streets, and public squares, but know nothing of what takes place in the interior of the houses. What more can those physiolo-

gists know who rest themselves only upon anatomy, and assert *a priori* that all mental activity is *only* the product of a microscopic mechanism, or who, while professing a holy horror of hypothesis, compare *thought* to a *secretion*? It is not merely from anatomy that we should demand an explanation of the phenomena of sensation and intelligence, but also from all the ways of observation and experiment that human knowledge can suggest.

Having shown above that impressions are continuously transmitted to us by the ganglionic system, and that these impressions are of two kinds, — first, the sensations and needs of organic life; and second, the emotions and impulsive affections, — and having shown the directions in which are produced the one and the other of the inmost movements or nervous currents in relation with the different sensorial changes, it will be easier for us to appreciate the theory of Winslow and Béchat, who, to explain the apparent independence of the ganglionic nervous system, conjectured that the ganglia, acting as “*little brains*” developed nerve force, and communicated it to the viscera, without the co-operation of the cerebro-spinal axis.

Modern physiology, in attributing to the spinal cord the work of receiving and transforming into reflex movement the visceral impressions, obliges us in a manner to place the great sympathetic system in the common lot of peripheric nerves, for the muscular and tactile fibres occupy the same relations to the cord. Their impressions, as are those of organic life, are constantly transformed into reflex motion, and yet are transmitted to the higher centres under certain conditions, and can there be transformed into recorded sensations.

The sense of touch and the organic sense have consequently this in common, — that their impressions arouse, in the organs where they are conveyed, the precise movements required that life may be in some manner guarded without the constant interference of the will. In those conditions, in some respects exceptional, where these safeguards no longer suffice, these two senses manifest their interest in preserving life intact in other ways, — the one, by ordinary physical pain so-called; and

the other by the requirements of the organism, which are sufferings of another kind, but, like the former, appeal to the higher centres for relief and aid.

As to the ganglia, it does not seem as though they were serious obstacles to dynamic communication, and although the part they play in the vital economy is not clearly proven, yet the following appears a probable hypothesis: They serve as regulators of the action of the nervous force employed in the functions of vegetative life, — functions that the will could not control. They serve to modulate this action as fast as the nervous force accumulates, — a force derived, it may be, from the cerebro-spinal source, or it may be from the functional activity of the organs, or the dynamic changes of every kind that take place in the liquids and tissues. If we question the facts offered us by science, we find everything in accord with this hypothesis. Let us consider one of the most complex, viz., the circulation.

No one to-day would ascribe the contractions of the heart to the direct influence of the cerebrum. With the acephalous and anencephalous fœtus, and indeed in those cases where the entire spinal cord is wanting, the heart beats as well as with others, and the circulation keeps on as usual. It is noteworthy that in such cases the ganglia of the great sympathetic are greatly developed. In the experiments of M. Brachet, at the veterinary school at Lyons, the heart of animals continued to beat after all communication with the brain had been interrupted by the section of the cord in the cervical region, and of the hypogastric nerves; life was sustained long enough by means of artificial respiration to render the experiments decisive. On the other hand, the pulsations of the heart have been abruptly stopped by the careful removal of the cardiac and coronary ganglia. We might also cite the well-known experiments of Brown-Séguard upon pigeons, which show that a large tract of the spinal cord can be destroyed without perceptibly impairing the circulation, respiration, digestion, and other functions of organic or vegetative life.

We may conclude from the above that the nervous system of the great sympathetic exercises an influence, independently of .

the will, upon all the muscular fibres of all the organs to which it is distributed; excites and directs the activity of all the organs of secretion; acts upon the lachrymal secretion, the aqueous and vitreous humors, and the liquid filling the vestibule and labyrinth, and that its regulating influence, considered by Claude Bernard as a motor faculty, extends to all the inmost acts of nutrition.

We have shown, moreover, that this part of the nervous system is the seat of two essentially different kinds of sensibility. First, the organic sensibility, which may be considered in the same class with the other peripheral senses, since it gives its immediate impressions in the same manner as does the touch and sense of locomotion, and because it transmits its changes to the higher centres by the mediation of the spinal cord. Second, the affective ganglionic sensibility, of a totally different nature, since its impressions are in the normal state only produced by stimulants, coming *from* the superior or cerebral centres.

These preliminaries being well understood, let us determine the manner and order in which the emotional impressions are distributed among the divisions of the sympathetic or pneumogastric system. Although we know that extensive lesions of the cerebellum may occur without greatly modifying the emotional sentiments, it is certain that the parts of the brain from whence run the nerves presiding over the facial expression are in relation with the emotions of affective sensibility; and we will now try to ascertain the exact nature of this relation, first premising that these movements of facial expression are of two kinds, voluntary and involuntary, and the former are often antagonistic to the latter, — that is, they strive to conceal what the latter seeks to express. It is probable that these two orders of movement do not come from the same source. The one would have for their basis the higher conceptive faculties, the other would be aroused by external stimuli.

At present we have two methods of solving or investigating such physiological problems. First, vivisection; second, observation of the viscera, as delineated on the surface of the body, by the aid of certain points that may be determined by

mediate percussion. The results, as shown by vivisection, are borrowed from Claude Bernard's work on the nervous system, and may be summed up as follows: The muscles of the different regions of the face, instruments of expression of the sentiments or affective impressions, are placed under the control of the par vagum or pneumogastric nerves. The evidence is conclusive, so far as the involuntary movements are concerned, to establish the relation supposed by us to exist between the emotions and the organic conditions of the viscera, and consequently with the dynamic states of their nerves. If the emotional movements which form the different physiognomical changes have their first origin in the brain, they only manifest themselves upon the countenance after the cerebral stimulus from which they arise has called into action in the viscera the affective impressions of which they are the visible representation.

The following interesting observations of the different states or conditions of the abdominal and thoracic viscera, which correspond with the different emotions, are given by M. Cros in his work on the "Higher Functions of the Nervous System." As was said before, the relations that we are now considering were clearly perceived in former years, and have been ignored and forgotten by physicians since the time that thought, instinct, sensation, volition, and even organic control of health and life, have been exclusively located in the brain.

The principal point of novelty in these observations is the special mode of exploration furnishing them, viz., the use of the pleximeter as applied to the study of the abnormal relations of the internal organs. When one of these organs is diseased, or its relations to the rest of the organs changed, or there is an undue predominance of its histological or vegetative life, or when the viscus in question tends to depart from the general agreement or co-ordination and assumes a larger volume than normal, many of the affective conditions also are changed, and the passions or emotions corresponding to the disagreeing organ are excited or disturbed in a uniform manner. This uniformity is such that the measurement of the organs, whose shape has been traced by points determined by percussion, can furnish a

sure means of diagnosis upon the tendency to anger, sadness, despair, fear, or enthusiasm that the patient presents.

It is true that we can no longer locate in the different viscera the various passions, as did the ancients; but facts such as are here adduced do not allow us to doubt the part played in the emotions by the nerves, ganglia, and plexuses, which convey life into the principal thoracic and abdominal viscera.

CASE I. A tailor, habitually morose, was one day attacked with violent anger from some trifling cause, after which an intense jaundice showed itself at once. Before the accession of the anger M. Cros had examined him, and found that his liver had a height of more than seven and three fourths inches (20 cent.), instead of being from 4.72 inches to 5.9 inches; also that this organ extended to the spleen, which latter organ was about six times its usual size. A few days of treatment reduced the size of both the liver and spleen, and was followed by the departure of the excessive irritability as well as the morbid sadness.

CASE II. M. C., teacher, age fifty, very thin, and of a feeble constitution, has for several years been attacked by disturbances of his digestive functions, occurring every two or three months. The spleen appears normal, but the liver is greatly enlarged. Generally an access of anger, caused by trifles that under other circumstances would scarcely attract his notice, warns him that his abdominal viscera are disturbed and that he may expect a few days' illness.

Facts of this kind, where we see disorders of the digestive organs or appendages produce an irascibility which surprises even the patient, are quite common, and have been noted by many ancient writers.

CASE III. Mary P., age four years, a brunette, usually in good health, and said by her parents to have a *charming disposition*, was taken sick Sept. 10. M. Cros was called on the 12th, and diagnosed a quotidian intermittent fever, with diarrhoea, a constant pain in epigastrium and right hypochondrium, and a headache beginning in the morning and lasting nearly all day, involving many of the branches of the fifth pair. The spleen, as examined by percussion, has a volume of at least four times its normal size at that age, and the liver is also very

voluminous, extending above the level of the nipple, and below, reaching much lower than the borders of the false ribs; it also extends far toward the left, and is separated from the spleen by a very narrow interval. The child willingly submitted to the examination, answered questions with much intelligence, and manifested no cerebral disturbances. She smiled occasionally, but there seemed to be an air of sadness pervading all her actions. The following days, attention was strongly called to the extreme disposition to anger manifested by the patient. The lightest trifle, the least contradiction, sufficed in a moment to bring on a violent attack of rage. The attack would disappear in a few moments, sometimes spontaneously, and sometimes under the influence of some pleasant emotion. In this case, as in many others that might be adduced, the relation between the visceral disturbances and the emotions is clearly shown.

CASE IV. Mme. M. C., a young lady of a delicate complexion, lymphatic and slightly nervous temperament, habitually very gay, was in 1865 attacked with quotidian intermittent fever, and at the same time the spleen was greatly, and the liver somewhat enlarged. This latter measured, the patient lying down, from 5.9 inches to 6.29 inches, which is considerable for an anæmic person, and later, when in a state of health, the normal size was from 3.14 inches to 3.93 inches. The spleen measured 3 inches instead of a little over 1.50 inches, as normal with this patient. From the beginning Mme. C. has had unusual disposition to anger, and often fell into conditions of melancholy. As the organic changes disappeared, the affective dispositions went also.

CASE V. That of a cabinet-maker is very curious. This man was a member of the Society for the Protection of Animals, and as his shop opened directly upon the street, he had every day occasion to see his *protégés* abused by the drivers in a cruel manner. The cabinet-maker never failed to work himself into a fit of righteous indignation at the sight so often repeated. But these attacks of anger were frightful to behold, and his liver had a measurement of 11 to 12 inches, greatly impeding respiration and occupying three-fourths of the abdominal cavity.

Cases could be adduced, were it needful, where the accidental predominance of the hypogastric organs, with weakening of the circulation in those organs, produces a disposition toward fear, so that the least sudden noise produces a sensation of danger. In these cases the spleen is always involved, and sometimes the liver.

When the most of the viscera of the thorax and abdomen are in this condition, we notice a profound discouragement, and often a true and unexplainable feeling of despair.

These facts, although not presenting the clearness of distinction which characterizes the peripheral nervous system, suffice to render it plausible that the ganglionic nervous system is in direct relation with the passions; that to this system is to be referred the sensorial side of the affections, and that it is the seat or organic cause of the *emotions* of every kind, or of the *sentiments*, properly so-called.

These facts also prove that the various parts of the ganglionic nervous system are not in relation with the same kind of affective impressions.

Those distributed to the liver correspond to the emotions of anger.

Those distributed to the spleen are in more intimate connection with sadness.

Those to the lower parts of the hypogastrium are in evident relation with emotions of fear.

Those which give to the heart vitality and motion govern the emotions of enthusiasm, love, etc.

The common characteristic of these emotions is to mingle and become confused when they are violent, — a fact easily explained by the anatomical relations of the viscera, ganglia, and plexuses, and the numerous communicating filaments uniting the different portions of this system. It is thus that violent love often resembles sadness, anger, and fear; that all the emotions, wherever located, manifest themselves by a reaction upon the heart, the central organ of the circulation.

If not trespassing too much upon your time, I would like to add a few remarks, applicable to this subject, taken from Claude Bernard's "Lectures on the Living Tissues." He says, —

“Physiological science teaches us that, on one side, the heart really receives the impression of all our sentiments, and on the other hand, the heart reacts to furnish to the brain the conditions necessary for their manifestation.

“Sometimes a word, a souvenir, the sight of an event, awakens in us profound grief. When one says that the heart is *bruised* with grief, such may actually be the case. The action of the heart has been arrested, if the painful impression has been too sudden; the blood no longer arrives at the brain; and syncope and other nervous troubles follow. We should always, therefore, keep in mind the importance of caution in communicating startling news.

“We know by experiments upon the nerves of the heart, that gradual irritation disturbs and weakens the sensibility without arresting the beating of the heart. When one says that the heart is *swollen*, after having suffered feelings of anguish and other painful emotions for a long time, a physiological truth has been stated. The prolonged painful impressions become incapable of arresting the heart, but weary it, and retard its beatings, prolonging its diastole, and causing in the præcordial region a sensation of fulness and of pressure.”

Agreeable impressions also correspond to determined states of the heart. When a woman is surprised by some soft emotion, the words causing it have flashed across the mind without stopping; the heart has been attacked before time has elapsed for reasoning or reflection. The emotion begins to manifest itself after a slight arrest of the heart, imperceptible, except to the physiologist. The heart, pricked by the nervous impression, reacts by palpitations causing it to bound and beat against the chest; at the same time it sends more blood to the brain, from whence result the flushed countenance and particular expression of countenance corresponding to the sentiment of pleasure felt. Thus, to say that love makes the heart palpitate is not merely a poetic figure of speech, but a physiological reality. When one tells another that he loves him with all the heart, it signifies physiologically that his presence or memory awakens in the speaker a nervous impression, which, transmitted to the heart by the pneumogastric nerves, causes

the heart to react in the manner most suitable to provoke in the brain a sentiment or affective emotion. I suppose, be it understood, that the avowal is sincere, otherwise the *heart feels nothing*, and the *sentiment is only upon the lips*. When one says that great thoughts come from the heart, it is equivalent to saying that they come from the sentiments; for these latter, having their physiological point of departure in the nervous centres, act upon the heart as peripheral sensations.

Philosophers say that man can rule his heart, and silence his passions. These are expressions which physiology can interpret. We know that, by the exercise of the will, man can gradually control many reflex actions due to sensations produced by physical causes. The intellect may, doubtless, acquire the same control over the moral sentiments. Thus, man might eventually prevent certain reflex actions taking place in his heart; but in proportion as the intellect gained sway, the sentiment would die out.

The nervous power capable of arresting reflex action is, in general, less with woman than with man. This it is which gives her the supremacy in the domain of sensibility, both physical and moral, and causes it to be said that she is more tender-hearted than man.

THE EFFECTS OF STRYCHNINE:

BY F. A. FALCK.

Translated from the Sammlung Klinischer Vorträge.

[*Concluded.*]

At this point, I think I must give a theory of the action of Strychnine according to the facts already known, especially since the idea previously held of the primary effect of Strychnine on the spinal cord can no longer be entertained. On the *contrary, Strychnine acts primarily on the brain*, since it exerts its influence on the *vaso-motor centre*, on the *inhibitory centre* for the heart, on the *respiratory centre* so powerfully that the stimulation is transmitted to all the transversely-striated muscles in the body, and finally on the *central reflex apparatus* of the spinal

cord. Then, secondarily, in consequence of these effects, new reflex-innervations, proceeding from the spinal cord, are added to the cerebral excitement. After this effect has lasted for some time, there comes a new element, namely, *the gradual impoverishment of the blood in oxygen.*

This agrees with the idea that those who are poisoned with Strychnine die from asphyxia.

Since all cases do not terminate fatally, it is proper to ask the question, What becomes of the Strychnine taken into the organism, and absorbed? For a considerable time the view was held that the Strychnine in the blood was destroyed by the oxygen, and the effect of artificial respiration was adduced as proof; but since it has been proved experimentally that Ozone introduced into blood mixed with Strychnine does not destroy the effect of this substance, this view has been abandoned. It has been proved, however, that Strychnine is eliminated by the kidneys, since it has often been detected in the urine.

How large is the dose which is fatal to men and animals? There are cases where five milligrammes produced symptoms of poisoning (opisthotonos) in an adult. The smallest dose which produced death amounted to four milligrammes of the nitrate of Strychnine, in a child (Taylor); in an adult, between fifteen and thirty milligrammes of the sulphate. (Warner.) On the contrary, there are cases where much larger doses, even up to five grains, were borne. (Williams.)

It is a principle derived from experience that men seek for protective means and weapons against an enemy the more earnestly, the more dangerous and hostile that enemy is. This we find confirmed as regards Strychnine. The number of antidotes is already very great, and increasing every year.

Among the mechanical means employed, emetics and the stomach-pump occupy the first place. Kermes, which was recommended by Thorel, has been proved ineffective by Bellini's experiments; milk and fats are likewise useless. As to animal charcoal, recommended by Garrod, more exact experiments should be made.

Among chemical means chlorine-water was early recommended. According to Dumas, this decomposes the Strych-

nine, but Boudet thinks that it acts favorably only when emetics are given at the same time. Bromine-water is similar. Tincture of Iodine and the solution of Iodide of Potassium form with Strychnine precipitates, which are soluble in hydrochloric acid and water; Darby was able to poison cats with very small doses of the Iodide of Strychnine.

The oldest chemical antidote is tannic acid, which is used mostly in the form of a decoction of nutgalls. It forms with Strychnine a nearly insoluble salt. Gallic acid, on the contrary, recommended by De l' Arbre, as well as tungstic acid, mentioned by Husemann, form soluble, poisonous compounds.

Since I am now speaking of the means which are said to exercise a so-called physiological antidotal effect against Strychnine, I must mention the work of Kaupp. He studied the influence of venesection in poisoning by Strychnine, and found that poisoned rabbits, on whom he practised venesection, were convulsed about forty-three seconds later, and died about eighteen minutes later than those on whom venesection was not performed. Eulenburg and Landois have obtained by depletion and transfusion very favorable results in strychnine poisoning.

The German Aconitine is, according to Schroff, powerless. In England, a man was saved by the subcutaneous injection of Atropine; but Chloroform was used at the same time, so that this case proves nothing. The same is true of the cases where, with other remedies, Nicotine or Tobacco clysters were used with good results.

Bromide of Potassium, recommended by Husemann, suppresses the tetanus, according to Lewizky; but Schroff found it useless.

Calabar has saved some lives, especially in England. Since Schroff ascribes to Physostigmine a modifying influence on the Strychnine convulsions, something may be expected from the employment of this remedy.

It is somewhat different with a remedy which was formerly valued as the true physiological antidote of Strychnine. Woorara, although employed with Morphine in one case with good result, is said by Schroff to stop the Strychnine convulsions, but to produce death by its own effect.

Tracheotomy has been advised, and performed by Rosenthal and Leube with good results, but later by Rossbach without result.

Richter proposes a combined use of Woorara and artificial respiration; he has obtained good results from the injection into the veins of large, paralyzing doses of Woorara and by keeping up the respiration.

Opium and its alkaloid, Morphine, have been used more than any of the remedies belonging in this category. Many cases are mentioned in the literature of the subject where this remedy has helped to recovery. Unfortunately, there have been no corroborative experiments on animals.

Next to Opium may be mentioned the Tincture and Extract of Cannabis Indica, which were given in two cases with success.

Soon after the introduction of Chloroform as a therapeutic agent, it was employed against poisoning by Strychnine. Although according to the experiments of Pillwax, Chloroform is useless as an antidote to Strychnine poisoning in dogs, there are still many cases of cure on record, so that its use is warmly recommended. It is, of course, necessary to continue the inhalations for many hours, in order that the poison may be eliminated.

Chloral hydrate has a similar effect, as experiments on animals, as well as its use with men, have proved.

I must also mention Camphor, which, combined with other remedies, has been used against Strychnine.

From this large number of antidotes, we see that the experimenters have been very active in trying to find remedies which would be of real use against Strychnine, and I think that the limit has not yet been reached. A proposition was made in the year 1870, which must be called, at least curious, if not laughable. An Englishman (Eames) recommended that people poisoned with Strychnine should be hung up by the heels, in order that the rush of blood to the brain which would result might work favorably, and he claims to have saved a dog poisoned with Strychnine in this way.

How should we proceed in a case of poisoning? Which of the many means should we use? I answer, that, in the begin-

ning, before cramps have set in, we should remove the poison from the stomach by means of emetics, or, in case these fail to act promptly, by the stomach-pump, washing out the stomach with a decoction of nutgalls; the cramps, which set in later, should be treated with inhalations of Chloroform. If convulsions are present when we are first called, we should combat them with Chloroform, and then cleanse the intestinal canal *ἄνω καὶ κάτω*.

If the poison is introduced into a wound, we must treat locally, by washing, cutting, cauterizing, cupping, etc.

After fatal cases, medical jurists are interested in the examination of the cadaver. Inspection shows an early-appearing, long-lasting, strongly-marked *rigor mortis*. The autopsy shows no important results. The contraction of the bladder, regarded by Gallard as pathognostic of Strychnine poisoning, is purely accidental, as experiments on animals have shown. A constant phenomemon mentioned in all records of Strychnine poisoning is the *dark color of the blood in the left heart and the arteries*. But since this condition is peculiar to many other poisons, we can confidently affirm that the condition of the body after poisoning by Strychnine gives only negative evidence.

With such a result justice is never satisfied, and it is left for chemical experts to prove whether there is poison in the body, and if so, what it is. For this purpose, they examine the stomach, intestines, liver, blood, and, if possible, the contents of the bladder.

After Stas succeeded in obtaining from the body of a man an organic poison, by the famous process of Bocarmé, chemists and pharmacists began to consider how to apply those methods to the alkaloids, and how to improve them. From the year 1851 up to the present, many methods of obtaining Strychnine have been published; none of them are so exact and none yield such fine results as Dragendorff's method, by which he can separate even $\frac{1}{5000}$ of a grain of Strychnine, and by which Gay succeeded in detecting the poison in the medulla oblongata of animals. The essential points of this method are, in short, as follows: The substance to be examined is first boiled with water containing sulphuric acid, the decoction is treated with

three or four times its volume of alcohol, the liquid filtered from the precipitate, from the filtrate the alcohol is separated by distillation, the residue mixed with benzine and digested at a temperature of 50°–60° C. The latter procedure is repeated with fresh benzine until the liquid becomes colorless. Then, after removal of the benzine, the liquid is mixed with ammonia until an alkaline reaction is obtained; a fresh supply of benzine is then added, and it is again digested at 60°–70° C. The benzine is then separated, washed carefully with water, and allowed to evaporate in several watch-glasses.

If a residue has been obtained in this way, it must then be proved that we have to do with Strychnine. This may be done in three ways.

Chemical tests are then made with parts of the residue. Although attempts have been made to improve these tests, the color test, proposed by Marchand in 1844, with concentrated sulphuric acid and double chromate of potassium, is still regarded as the finest. A solution of Strychnine mixed with this becomes at first violet, but soon changes to blue, red, and finally to yellow. By this method Dragendorff was able to detect $\frac{1}{50000}$ of a grain of Strychnine.

A small part of the residue may be employed in the physiological proof on living frogs, first mentioned by Marshall Hall (1856), only it must be borne in mind that very sensitive frogs may become convulsed from small injuries.

Since the microscope has been adopted among the auxiliary means for detecting poisons, a microscopic object may be obtained by sublimation of a part of the residue. But it must be mentioned that other substances, *e. g.*, Santonine, have the same crystalline form as Strychnine. According to Guy, the sublimed preparations are more sensitive to the color-test than the residue of the benzine decoction.

We have as yet considered only those cases of the chemicolegal investigation in which the autopsy is made immediately after death. How is it, you may ask, with the chemical test for Strychnine, when the bodies have been buried for some time, when the organs to be examined have already undergone the process of decomposition? Does not the Strychnine become

destroyed by this process? This question seemed justifiable, until it was settled by the experiments of Maier, Cloëtta, Rieckher, and Heintz. Rieckher mixed small parts of the intestines of an animal with small quantities (five grains) of Strychnine, and allowed the mixture to stand wet, in open vessels. Eleven years after, he examined one vessel and obtained the most beautiful Strychnine reaction. Hence it is evident that putrefaction does not destroy Strychnine very quickly, and that it is possible to detect Strychnine, if present, in exhumed bodies, provided there is anything left to examine.

In Strychnine and the preparations which owe their effects to it, nature has given us a remedy whose use and importance are increasing more and more.

One of its chief applications is for motor paralysis of various kinds, especially paralysis of the extremities, incomplete, paralytic, or hemiplegic, whether dependent upon rheumatism, apoplexy, or chronic poisoning with lead, alcohol, or mercury. It has also been used with good results in paralysis of the face and of the vocal cords. It is also especially employed for the consequences of paralysis of the sphincters: prolapsus ani, incontinentia urinæ, etc., etc.

Strychnine is also used, especially in later times, for paralysis of sensitive nerves, and with good results. Edwards was the first who employed *Nux Vomica* successfully, for amaurosis (1821). Since this time it has come more and more into use for amblyopia and amaurosis of all kinds, as the writings of Nagel, Hippel, and others, prove.

It has also been recommended for other diseases of the nerves, with more or less success. In this connection, chorea and epilepsy may be mentioned. Last year a case of writer's cramp was reported by Rossander, which he claims to have cured by injections of Strychnine.

The first use of remedies containing Strychnine was for different affections of the intestinal tract, hence it is ranked by Werber among the so-called "Amara Alkaloïdea," with Quinine. It is given for dyspepsia, chronic catarrh of the stomach, atonic conditions of the intestinal canal, diarrhœa, and even dysentery. It has also become celebrated for constipation, in combination with purgatives (Aloes, Rheum, Calomel).

Of Strychnine and its various salts, the nitrate is in most common use. The *Pharmacopœia Germanica* gives, as the highest allowable dose, .01 gram. But it is better in practice to give even less than this, two or three milligrammes to begin with, and increase by $\frac{1}{2}$ or one milligramme, if the effect should not be lasting.

Pills have proved to be the most common and the best form of administration; if solutions are desired, water, alcohol, or glycerine may be used as solvents; but this form is unadvisable on account of the intensely bitter taste.

Strychnine is used more frequently externally than through the mouth. The endermic method was early employed, later the hypodermic method. For subcutaneous application more than eight milligrammes must not be used. (Eulenberg.) The epidermic method is now seldom used.

I will here call attention to a phenomenon which appears oftener from the internal than from the external use of the remedy. This is the *ant-like formication*, which is especially experienced in the paralyzed extremities, along the course of the nerves, and which is accompanied with disagreeable sensations of drawing and twitching, compared by the patient to electric shocks. This agrees with Hippel's statement, that the effect of Strychnine on paralyzed nerves is similar to that of the constant current on paralyzed muscles. These symptoms have often been regarded as favorable signs, and improvement has been looked for, but frequently in vain.

ON THE DIFFERENTIAL DIAGNOSIS OF ULCER AND CANCER OF THE STOMACH.

BY J. MEYHOFFER, M. D.

THERE is, perhaps, no physician who has not been made aware, at the very beginning of his professional career, of the want of harmony existing between the symptoms of a disease as brought under his notice, and descriptions of it in standard works on pathology. It would appear that the authors of the latter have taken as models the works in jurisprudence, rather

than the human being exhibiting morbid manifestations of life. Hence the frequent errors in diagnostics, the differences of opinion, and the variety of terms used to describe one and the same disease.

Perhaps none of the "ills which flesh is heir to" give rise to so much hesitation and doubt in their diagnosis as do ulcer and cancer of the stomach. They have so many analogous symptoms; both are sometimes equally fatal; while, in some instances, *post mortem* examination alone has revealed the real nature of the disease.

It may, therefore, not be superfluous to point out a few of the symptoms which are characteristic of these two maladies.

The following extracts are from the records of nineteen cases of cancer and seven of ulcer of the stomach which have come under my personal observation, not counting, of course, such patients as I have only seen once in consultation.

TYPES OF CANCER.

I. — A German woman, of forty-six, who had been suffering for eight months, presented May 14, 1868, the following symptoms: Her skin was of that peculiar, pale, yellowish color, considered so characteristic of cancerous cachexy, and she had vomited nearly every day for several months. She habitually ejected food, and occasionally a mucous, slimy fluid. Emaciation had made great progress. Within the last three months the nauseated patient had taken food with the greatest repugnance, and then it gave rise to great weight at the stomach. Pressure on the epigastrium was painful, but there was *no* corresponding *pain in the spine*, neither was any induced by pressure, nor had there ever been any, as I was repeatedly assured by the patient. The most careful palpation could not detect any induration or swelling; the dimensions of the stomach were rather reduced than otherwise. The patient died after having been five months under treatment. The vomiting increased in frequency, though food was only given in a liquid form. Towards the end the ejected matter assumed the color of coffee-grounds. Post-mortem examination was not permitted.

II. — A French officer, aged sixty-seven, came under my care Jan. 6, 1863, when he declared himself to have been suffering for nearly a year. He was reduced almost to the appearance of a skeleton, covered with a dry, straw-colored skin. Though his appetite was fair, he complained of indigestion, great weight and dull pain at the stomach after taking food, which increased gradually with each meal until he vomited, which he did about every third or fourth day. He then threw up an enormous quantity of pulpy matter, of very offensive and acrid odor, mixed with *sarcina ventriculi*. Sometimes he had very violent, spasmodic pain in the stomach lasting from a few minutes to several hours. This pain *never* corresponded with any pain in the back, nor was the spine at any place sensitive to pressure. Local examination ascertained the presence of a smooth, hard tumor, on the right side of the epigastrium, of the size of a small egg. The stomach was extremely dilated, as was demonstrated by the particularly deep tympanitic sound, so distinct from that of the intestines. The exclusive use of milk diet, with the occasional addition of a teaspoonful of brandy and the application of ice-bags, relieved him considerably from his indigestion and gastralgia. He died during the following summer in the north of France.

III. — A tailor of Nice, aged sixty-two, of sober habits, complained, March 9, 1873, of *vomiting a mucous matter every morning before taking any food*; this had existed for about six weeks, within which time he had also grown considerably thinner. What brought him to ask for advice was, that he had begun to eject his food after each meal. He had relatively not much pain in the stomach, and yet pressure on the epigastrium was very painful, and there could also be felt a tumor, of an unequal, knotty surface, about the size of a small child's fist. He remembered having had *feverish attacks* even before the mucous vomiting had set in, but *no pain in the back* either spontaneous or on pressure. When I first saw him his pulse varied between 100 and 120; the latter rate was in the evenings, accompanied by increase of temperature, with profuse perspiration during the night. In April he began to vomit blood, retained nothing on his stomach, and by the end of June

— less than four months from the beginning of the vomiting — he had breathed his last.

TYPES OF CHRONIC ULCER OF THE STOMACH.

I. — A chambermaid, aged twenty-six, very chlorotic, disposed to hysteria, and complaining frequently of gastralgia, was taken in June, 1874, with a profuse hæmatemesis, nearly filling a large bowl with dark blood. This hemorrhage was inaugurated by acute pain in the epigastrium, extending to a part of the spine on the same level. The patient described the pain as a feeling of the flesh being torn and lacerated. Pressure near the xyphoid process was extremely painful; the spine was free from any morbid sensation on pressure. Appetite fair, tongue clean, bowels costive, menses regular but scanty, pectoral organs sound, anæmic murmur in the large blood-vessels. The treatment presented no difficulty: iced milk for food, an ice-bag on the epigastrium, *Arsenic* and *Iron*, rapidly restored the health of this patient.

II. — Another female, aged thirty-four, in easy, independent circumstances, of a placid temperament, regularly menstruating, had suffered for about two years from indigestion, gastralgia, and pain in the spine. On the morning of May 15, 1871, after taking her breakfast as usual, she was seized with violent pain in the stomach and back, and, after a time, vomited all the food she had eaten. From that day forth she was unable to take nourishment without vomiting; after some delay part or all of the food taken, or, less frequently, only a bilious liquid was vomited. On the 22d of the same month she came to see me. Her general nutrition was unimpaired, but as the suffering had become more or less permanent, her features looked drawn. The pain was just under the xyphoid process, limited to a space not larger than a sovereign, and extremely sensitive to the touch, so that she could not bear the pressure of her clothing. The pain extended from the epigastrium to a corresponding point in the spine, where pressure aggravated it. The suffering became more acute the longer the vomiting was delayed, lasting sometimes the whole night. The pain was described as burning, shooting and gnawing. *Nux vom.*,

Argent. nitr., and *Arsenic*, with milk diet, restored her, and she has not suffered any relapse.

III. — An American gentleman, thirty-nine years old, came to me for advice on Oct. 29, 1869. Until within nine months of that date he had enjoyed perfect health, when one evening, after his usual dinner, he threw up his food. The following evenings he ejected part or all of his dinner. He did not remember feeling any pain at that period; but about a month later, he, one day, vomited a bowl full of blood, experiencing at the same time an acute pain in the epigastrium, extending to the first and second lumbar vertebræ. He compared this pain to a grinding of the textures. Under the action of milk diet, *Nux vom.*, and *Phosphor.*, every symptom vanished within two months, and he left Nice in the spring of 1870 without having had a relapse.

We have in these cases two very distinct types of invalids before us.

They first complain of their stomach alone, and have no pain in the back; their suffering, though sometimes very great, never extends to the spine. Moreover, in the great majority of instances, they begin to emaciate before they complain of gastric disorder. A no less important symptom, mentioned in no medical work on the subject, is fever; it existed in fourteen out of the nineteen cases. This fever, in the earlier stages of the disease, appears in the form of ague. The attacks are intermittent, but not always regular in their periodicity. Sometimes they consist only of a slight shiver, cold hands and feet, without being followed appreciably by heat. These feverish attacks are sometimes so slight as not even to attract the notice of the patient unless his attention be directed to them. In the majority of instances, however, there is a regular shiver, followed by heat and perspiration. We have seen these feverish attacks occur long before any cancerous disease could be suspected. An English lady came under my care, sent with a letter from her physician, saying that she had repeatedly suffered from intermittent, feverish attacks, which had given way to *Cedron*. She then presented simply the symptoms of gastric catarrh, and only vomited after having eaten fat or heavy food.

In the course of the winter she had, now and then, a return of feverish attacks, but left Nice in the following spring apparently much better in health. Pressure on the epigastrium had always been painful, but no swelling could be detected. She returned the next autumn to Nice in the last stage of cancerous cachexy, being unable to keep down any food whatever. She had a large tumor in the epigastrium.

These feverish attacks, so common in the earliest stages of cancer of the stomach, are not to be confounded with the cachectic fever of its ultimate stage; the latter is permanent, with tendency to exacerbate.

When, therefore, a patient who has never been under the influence of malaria exhibits intermittent, febrile symptoms, and grows thinner, while no other lesion can be discovered except gastric catarrh, the physician will do well to be very circumspect in his prognosis. The latter will become still more serious, I should say *pessima*, when the patient begins to vomit a slimy mucous matter *in the morning before breakfast*. This symptom in itself is very characteristic, when happening to an individual past middle life and of sober habits; while, if associated with emaciation, there can be no doubt as to a cancerous condition.

Another not less valuable element of diagnosis is the age of the patient. According to statistics, in the large hospitals of Hamburg, Breslau, and Vienna, the largest numbers of ulcer of the stomach occur between the ages of twenty and fifty, *i. e.*, seventy-five per cent; whereas cancer is, at that time of life, comparatively rare, *i. e.*, twenty-five per cent. These numbers have only to be reversed for persons after fifty, to show that cancer of the stomach follows on the decline of life.

The second type, suffering from ulcer of the stomach are subject to more acute and permanent pain than the first — this pain extending to a corresponding point in the spine, where it is sometimes quite as acute as at the epigastrium. Moreover, the pain in the vertebral column is not only spontaneous, but is also habitually aggravated by pressure. Permanent pain at the xyphoid process, pain in the spine, and violent gastralgic attacks are characteristic of ulcer of the stomach. These patients show

no signs of emaciation unless arising from habitual vomiting of their food, frequent hæmatemesis or other diseases, independent of the gastric functions.

Ulcer of the stomach affects more generally individuals under the age of forty; after that period its frequency diminishes rapidly, while cancerous products increase in the same ratio.

Unfortunately, all cases are not of equal simplicity, as will be seen by the following instance of ulcer of the stomach simulating cancer: —

A lady, aged forty-nine, still regularly, though scantily menstruating, came under my care in the beginning of December, 1872; the winter previous she lived in besieged Paris, and went through the horrors of the Commune. During the siege she began to suffer from her stomach, and for some time had vomited, besides her food, black matter. She was much emaciated, hollow-eyed, her skin presenting the appearance of dirty parchment. A little above the navel there was a nodulated tumor of the size of an egg, which was not painful on pressure. The stomach was dilated. The patient related that about four months previously she had felt a violent pain in the stomach, and since then had begun to vomit, at first only her food, and soon afterwards the black matter above mentioned. The pain originating in the epigastrium, extended in a *straight line to the spine*, and had increased sometimes to an unbearable degree. It was described as burning, but when more acute, as shooting, cutting as with a knife, and lacerating. The slightest pressure under the xyphoid process was extremely painful. She had never had any febrile symptoms. The treatment to which I submitted this patient consisted of small doses of milk every two hours — every other kind of food was prohibited — and *Arsenic 6th*, one drop every four hours.

For the first five days there was no change; she ejected the milk, mixed with black matter. I next applied a small ice-bag to the epigastrium every day for several hours; same medicine and milk. She still continued to vomit, but no longer after *each* portion of milk or medicine; and, a few days later, only threw up her milk, mixed with mucus, without any blood.

The application of ice was persisted in for several months;

vomiting occurred less frequently and ultimately entirely ceased. The medicines most useful in this case were *Ars.*, *Argent. nit.*, and *Phytolacca*.

Now, after three years, this lady is living without suffering, and in a better state of nutrition. The tumor still exists, though diminished, and she is obliged to content herself with liquid food. It is almost superfluous for me to say that, notwithstanding the *characteristic pain in the spine* and the *absence of febrile symptoms*, I considered this case as one of cancer of the pylorus when it came into my hands. There was the tumor, the peculiar color of the skin, and the black color (like coffee grounds) of the matter ejected from the stomach. The favorable course of the disease alone convinced me of my error by revealing its true nature; *i. e.*, ulcer of the pylorus, and confirmed the great diagnostic value of spinal pain in this disease.

Post-mortem examinations published by Cruveilhier, Lebert, Virchow, and Revillout have shown that simple ulcers of the pylorus sometimes cause considerable hypertrophy and stricture of this part of the alimentary canal, simulating thus, during life, all the symptoms attributed to cancer. Though such cases are rare, they may occur, and it will be well then to remember that the presence of *spinal pain*, and the absence of *intermittent febrile symptoms* will enable us to give a more favorable opinion of a patient, than indications of confirmed cancer would allow us to do.

The prognosis of chronic ulcer of the stomach depends on the organic alterations which it may have induced, as well as on its treatment.

Stricture of the pylorus necessarily leads to imperfect nutrition with all its consequences. The more active the treatment, the less chance has the patient of recovery.

The treatment which I recommend as the most satisfactory is, 1st, Exclusive milk diet; 2d, Ice-bags applied to the epigastrium, when there is a tendency to hæmatemesis and great pain; 3d, As principal medicines, *Arsenic*, *Argent. nitr.*, *Phosphorus*, and *Nux vomica*.

ON DIPHTHERIA.

BY W. BRYCE, M. D.

[*Read before the British Homœopathic Congress, June, 1875.*]

As the treatment of diphtheria has been so ably discussed within recent years, by several of my colleagues, I shall attempt, in these few notes, to bring forward only one or two points, which may, perhaps, help to make more exact the treatment of this disease, always a source of much alarm to the public, and anxiety to the medical attendant. The time at my disposal to-day is so very limited, that I can make only a very few general and preliminary remarks in a very imperfect and sketchy way, without attempting to adduce much of evidence or argument in support of them. I can do nothing more than throw into a few fragmentary statements the ideas that have occurred to me from time to time, hoping they may be sufficient to indicate what I mean, and elicit the opinions of those present. I can give, as it were, only a few detached links, because want of time prevents my giving anything approaching to the whole chain of evidence. For the sequel, however, I consider it necessary to say,—

First, That, as far as my observations have gone, I have seen no evidence for the statement that the disease is very infectious. I shall afterwards try to show that there is another form of the disease, possibly communicable from one person to another through the medium of the intervening atmosphere, which, to all outward appearance, is the pure disease, but in reality is not, and requires a different treatment.

Second, That the disease is capable of originating spontaneously by the operation of some specific and as yet unknown miasm, generated either in a local atmosphere vitiated by the neglect of proper hygienic arrangements, or in a peculiar condition of the general atmosphere of the place.

Or, again, that the disease may be produced by the effects of such states of the general or local atmosphere on an organism predisposed, or much subjected to the deleterious influence of such conditions, whereby the system becomes poisoned, and specific asthenic disease is the result.

One or two illustrations on each of these points must suffice.

In my frequent experience several members of a family may be attacked simultaneously, and the disease spread no farther in the household; or, there may be only one seized in a large family, or in a boarding-school.

In most of my cases, there could be no exposure to infection traced. In one outbreak I calculated from report that a very great many seizures must have taken place simultaneously, or at most within a day or two of each other, at widely distant places. On this occasion I myself was called, on the same morning, to seven cases at distances varying from one mile to five, one locality at least having been long exempt from the disease. Three of these cases were in the outskirts of the town; one was in a large roomy house on the top of a hill; and the three others were in a large country house situated on a rising ground, and sparsely surrounded with trees. This outbreak — and it was a very extensive and a very fatal one, though I was fortunate enough to lose only one patient — was preceded, for several weeks in the month of June, by a heavy, humid, and enervating state of the atmosphere, with a dense covering of thick clouds close overhead, but no rain falling, except a few drops now and again when the clouds were overcharged.

We have long been familiar with the fact that certain states of the general or local atmosphere tend to the production of diseased action by their insidious and poisonous workings on the delicate organs which, by harmonized union, make up the sum-total of the human sufferer.

The disease-producing effects of humidity combined with heat we see on a large scale in the extensive prevalence of abdominal complaints in summer and autumn. To take an illustration from the vegetable kingdom, we know that the potato blight has always been preceded by the prevalence of warm, humid weather. Every one knows that typhus originates from over-crowding. A very remarkable instance of the spontaneous origin of specific disease occurred to me three years ago in the case of a lady, who spent the greater portion of the first four days she was in town, after coming fresh from the country, in the house of a deceased relative, an aged lady who abhorred

fresh air. This house had been closely shut up for some months from the time of the old lady's death, and for years before that event had not known an open window. This lady was soon after attacked with typhus of a bad type, and died on the fifteenth day. There had been no exposure to infection.

Finally, I think evidence is against the supposition that the disease is produced by bacteria, or other minute organisms. If so, few cases, I should think, would recover. Blood-poisoning after a surgical operation, we may look upon now as most probably caused by these organisms; but when do we find such cases recover? The presence of these bodies in the exudation of diphtheria is, I consider, no valid reason for supposing that they are the cause of the disease. They are the result, and constitute a symptom of the asthenic condition of the patient, but are not necessarily the cause of that condition. I am inclined to account for their presence in the exudation on the throat during life, to the fact of the exposure of that part to the external air. The exudation, though within the substance of the mucous membrane, is, as it were, no longer a part of the living body, and being of low organization, soon tends to putrescence. Hence the presence of these bodies.

In the following notes, I shall speak of the disease in three stages. The division is arbitrary, but I make it for the sake of brevity in dealing with the treatment. In what follows, I speak only of the dangerous form of the disease. I feel I cannot state too strongly that a case may be attended with great danger, though the early symptoms may be only slightly marked, — in this resembling scarlet fever. The more violent or inflammatory form is not attended with much danger, though often followed by great prostration of strength.

The first stage is seldom seen. When it is, I have found a few hours of *aconite* useful.

The second stage is that in which we generally find the patient at our first visit.

Here my first medicine has always been *Belladonna*, which I have invariably given in the first decimal. I rarely continue it longer than twenty-four hours, and often not more than twelve. I have always found it do great good.

MURIATIC ACID

to follow *Belladonna* on the second day was my medicine-in-chief when I first attempted the homœopathic treatment of diphtheria, nineteen years ago. I gave it internally in the first decimal dilution. As I was just then emerging from old-school routine, it was pleasing to my old ideas and habits to brush the throat every three hours with glycerine to dissolve the false membrane. This operation over, I applied with a camel-hair brush some of the same dilution of the acid. I fancied that my success with this treatment entitled me to look upon muriatic acid as an undoubted antidote to the poison of the disease. I tried this treatment faithfully for some years; but eventually some deaths, but more especially one case of partial paralysis which recovered, and one case of progressive that died, led me to see that in this view I was in error. The torture given to the little sufferers by the local treatment helped on the relegation of this remedy to neglect. Still I am not quite sure if it is perfectly wise to abandon it in all cases. I tried *Mercurius solubilis* and *corrosivus*, but with no good result.

The following case will give an idea of how I was led to place some confidence in the early stage of the disease in the

MERCURIUS BINIODATUS.

Miss M — I found necessary to treat for the whole of the first day with *Belladonna*. On the morning of the second day, finding the tongue white, thickly coated, and mercurial looking, and no further good to be expected from the *Belladonna*, I prescribed two grain doses of the *biniodide* third decimal trituration every two hours. On entering the bedroom at my evening visit on that day, I found the patient with her head over the side of the bed, and a basin set on the floor to receive the water that was running from her mouth. I, of course, stopped the medicine; the salivation gradually subsided, and in a few days she was up and about, quite well, — no other medicine having been given for the disease. Here we must, of course, grant the existence of an idiosyncrasy; but, at the same time, I think we must allow that the medicine manifested a

wonderful power over the disease in this instance. I may mention, that, when I first saw this case, I gave a very guarded prognosis. To all appearance it was quite as bad at this stage, as another that died that same day with all the worst symptoms of blood-poisoning, the fatal issue being preceded by vomiting and diarrhoea, and finally by melaena: Now and again I find it necessary to continue the *Belladonna* longer than twenty-four hours, and when I do I find it answers quite well to alternate the *biniodide* with it.

In the non-malignant forms of the disease I seldom prescribe any other medicine than *Belladonna* followed by the *biniodide*, finding these sufficient to combat the whole attack. The action of the *biniodide* in these cases, and the decided effect produced in the case of Miss M —, give me confidence in it in this stage of the severer forms, unless there are very decided indications for the employment of some other remedy, such as

KALI BICHROMICUM,

which I have used several times in some of the milder types, but only in one anxious case, and in all these this medicine alone has been sufficient to remove the disease. It was selected solely on account of the presence in them of the characteristic yellow-brown fur on the tongue. In these cases, as in all others of any kind in which this remedy is decidedly indicated by the above condition of the tongue, it acts with wonderful rapidity and power.

In addition to the internal remedies I frequently order a gargle made by adding the tincture of *Phytolacca* to glycerine. If the child is too young to gargle, I order it to be applied to the throat with a brush. I have sometimes used the *perman-ganate of potash* as a gargle, and now and again *muriatic acid* spray.

HEPAR SULPHURIS

I have never used for the disease, but I always prescribe it during convalescence, and with marked benefit to the throat.

Though *Belladonna*, the *biniodide*, *muriatic acid*, and *Phyto-*

lacca are useful in their own spheres, and though the *permanganate and Chloride of Lime*, both of which I have also used, may act with decided benefit as superficial disinfectants in preventing re-poisoning, yet they all so often fail in the malignant form of the disease as to force upon me the conviction that as yet we have no real specific for this malady.

In all the fatal cases among my own patients, excluding the laryngeal variety, there has always been within the first few days a very decided improvement in all the symptoms, but before the end of the first week a re-poisoning or re-infection has taken place, and after that a rapid retrogression, and a free and fresh invasion of the throat. I have therefore chosen to call this

THE THIRD STAGE, OR STAGE OF RELAPSE.

For some years I have had no faith in any remedy for this stage, though I have tried *Phytolacca*, *Permanganate of Potash*, and *Chloride of Lime*. The only remedy I have faith in now is removal of the patient from the poisoned atmosphere of the house to as pure, dry, and cold air as possible, that it may effect the destructive oxidation of the noxious materials against which we are contending.

I went one morning during the outbreak in 1866 to perform tracheotomy in a bad laryngeal case. The house was so bad that I thought the child would have no chance in such a place. I therefore sent it off at once to Edinburgh to be operated on in a large, roomy ward. It was so much relieved when it reached Edinburgh, or rather by the time the surgeon saw it, that he did not think it necessary to operate. In a few days it was brought home quite well. This case made a deep impression on me. Dr. Hilbers, I believe, advises removal. I became aware of this through Dr. Hughes's writings; but I am now speaking of events that led me to a similar treatment before I could be aware of Dr. Hilbers' view, as Dr. Hughes's book had not then appeared:—

In the following case I put this treatment to the test:—

Miss L—— and her two brothers were attacked at the same

time with diphtheria in a severe form. On the fifth day all three were much improved, the girl especially, who was feeling so much better that she could not be kept lying down, but insisted on sitting up in bed to arrange wools for some canvas work. Sixth day, stationary. Seventh day, not so well. Eighth day, decidedly much worse. Ninth day, getting rapidly worse. On the second day of her relapse I found symptoms of re-infection showing themselves in both her brothers, who, during the next two days, got steadily worse. After the relapse I changed to the *Permanganate* internally, and made into a gargle. The condition of the girl on the tenth day at noon was this: Pulse 170; fresh invasion of the throat, and the voice now gave evidence that the exudation had invaded the larynx also; the skin presented the dark, dirty look of severe blood-poisoning. The patient could not be prevailed upon to taste food, and had taken nothing since the relapse. Too frequent and sad experience of such cases compelled me to predict not only the worst, but that I feared death must take place within twenty-four hours or forty-eight at most. I fortunately, however, remembered the happy effects of the accidental cure by the removal of the child to the Edinburgh Infirmary. I therefore had all the three patients wrapped up and removed to the seaside, where we found an empty house. The girl I enveloped in blankets and placed in a chair, during the hours of daylight, at a large open window, with a crisp, cold, and very keen east wind blowing full upon her. The next day there was a wonderful change in her condition; and after that she gave me little anxiety. They all made a good and perfect recovery, though the girl was long in regaining her voice.

Perhaps it was unnecessary to go to the length of this sudden and extreme exposure to so cold and dry a wind; but it must be remembered that the case was *in extremis*, and that therefore some rapidly-acting remedy was necessary to give her a chance of life. Curiously enough she did not contract even a cold in the head by this sudden change from ten days in bed. It seems necessary to give the remedy a fair trial, and to award to her the full benefit of the ozone we had

providentially supplied to us, in abundance, at the opportune moment.

The good effects of the removal in the cases of these three patients was so very decided, and the recovery after it so rapid, that since then I endeavor to *ward off* the third stage. If the case is not improving satisfactorily by the third or fourth day, I send out the patient in an open carriage once or twice a day for a lengthened drive, if circumstances prevent complete removal, as they often do from the difficulty of getting any one to consent to take such patients in. In cases of post-diphtheritic paralysis, removal, especially to the seaside, is almost indispensable. Why, then, should we not ward off all by an earlier change? I have not seen any injury to the patient by sending him out on the third or fourth day of the disease.

I have recorded how an accident led me to see the good effect produced by the removal of the patient to a pure air. I shall now bring these notes to a close by relating very briefly the history of two characteristic cases which may help to a more correct treatment in some instances. For some years before this I had often thought over the relationship that appeared to me to exist between scarlet fever and diphtheria: the albuminuria, generally temporary, — the parts of the body generally invaded, — but in particular the great tendency in both to a special localization of the eruption, and its peculiar product on the throat. Is not the odor also of the breath similar to that of scarlet fever and rōtheln?

I was called to visit R. L. on the 6th. His illness had set in a day or two previously with some fever, accompanied with vomiting and swelling of the cervical glands. To all appearance it was now a case of diphtheria in its malignant form. No eruption could be discovered. The throat and fauces were extensively involved, not with the superficial croupous exudation often seen during the progress of a case of scarlet fever, but with the special product of diphtheria deeply imbedded in the mucous membrane. My first feeling was that I had before me a case combining the two diseases. Influenced, however, by the opinion of medical friends, I had not the courage to treat

the case as one of scarlet fever. The remedies most in favor with me for diphtheria were tried, but made no impression on the disease, and the case ended fatally on the 8th, or the third day of the treatment.

The only other case that I shall relate is one which I regard with special interest. It came under my care not long after Mr. Pope's paper on the *Ailanthus Glandulosa* was published — in 1867 — and soon after a fair trial had shown me that this medicine was destined to be our sheet anchor in scarlet fever.

I was called to visit J. G. on the 10th. This case was in every respect similar to the fatal one just recorded. Had some fever, accompanied with vomiting on the 7th, but no history of any eruption. Now, the fourth day since the seizure, no trace of eruption on the skin, and scarcely any fever, but the throat extensively invaded with diphtheritic exudation.

On careful inquiry I found that, during a short absence from his mother's house, he had been within the circle of a local outbreak of scarlet fever. I ordered the patient to be carefully and warmly wrapped up in bed, and to have three drops of the mother tincture of *ailanthus* every half hour. On the second day of the treatment an eruption, scarcely possible to recognize as the pure scarlatinal, appeared on the lower part of the body. I have known the eruption appear only on the legs, and hence it may often be overlooked. On the third day I was able to say that all danger was past. In the treatment of scarlet fever by *Ailanthus* I always look for marked improvement by the third day, when the medicine has thrown the eruption well out on the external skin. The recovery was rapid and complete. No other medicine was given, and no other treatment employed, save keeping the patient in bed till desquamation was effected. There were no sequelæ.

Your time does not permit of my adducing further proof of the existence of this form of the disease; I consider, however, that the two cases given above will be sufficient to justify the statement already made, that there is a disease, possibly infectious, which passes for diphtheria, but which is in reality what I am disposed to call Scarlatinal Diphtheria. The existence of an offensive odor would of itself incline me to suspect that the case was one of this variety. It is not so decidedly infectious

as to incline me to look upon it as a form of undeveloped scarlet fever. I prefer to look upon it as a hybrid caused by the simultaneous operation of the poisons of both scarlet fever and diphtheria. In analogy with this we have r otheln, a disease produced by the combined action of the poisons of scarlet fever and measles. In measles the eruption tends to develop more on the external than on the internal skin, and hence its milder form and greater immunity from grave sequel e; while in scarlet fever, though more nearly balanced, there is rather a greater tendency to develop on the internal. We have thus a hybrid in r otheln, with a predominance of measles externally, while the throat is more that of scarlet fever. The eruption in diphtheria is thrown entirely on the internal skin, with concentration for the most part on the throat; and when conjoined with scarlet fever, though there is a slight eruption externally, the great force of the eruption in the hybrid — scarlatinal diphtheria — is cast upon the mucous membrane, with a great tendency to have its special product localized on the throat; hence its malignity.

For many years past, when called to visit a case of diphtheria, I have always made careful inquiry, even before the above cases occurred, with the view of finding out whether the attack set in with vomiting along with the fever, and whether there was any history of exposure to scarlet fever infection. On finding these conditions to exist, I have always prescribed *Ailanthus*.

I ought to mention here that I should not be inclined, however, to order the removal of a scarlatinal case as I do one of the pure disease.

Had I time to give all my experience of later years, particularly in Edinburgh since my removal here in 1869, it would be found that the whole of that experience supported the conclusions already stated.

It is with diphtheria as it was with scarlet fever up till the time of the *Ailanthus* — we have as yet no medicine that excites a condition analogous to that produced by the diphtheritic poison. Till some fortunate accident reveals to us such a remedy, we must content ourselves with meeting, as best we may, the separate conditions presented to us in this dire disease.

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MEDICAL LEGISLATION.

EXTRACTS are given below from the Report of the Committee on Legislation to the American Institute of Homœopathy, a document having the strongest claims upon the attention of every citizen. Although we are not of the same mind with the author of the paper preceding the preamble and resolutions, on some points of detail, we earnestly recommend to our readers a careful consideration of the principles represented by the report, and the dangers this is intended to avert.

It scarcely admits of a doubt that the power of both the great associations representing the dominant party in medicine in this country is on the point of being put to uses which will seriously threaten the liberty of the citizen as well as the rights and privileges of individual opinion on the subject of therapeutics. It is quite too evident that the leading spirits in both these bodies are not only men of the rankest conservatism, but of that ambitious sort as well, which is most out of place and most dangerous in an assembly or organization for scientific purposes. Were the advancement of science and the public welfare the only motives from which these societies draw their inspirations, it is highly improbable that the men who are already in possession of every needful power and of every position of advantage from which to apply effectively the best professional knowledge, should strenuously endeavor to obtain unrestricted control of *all* the medical schools, hospitals, asylums, posts, camps, etc., before they can fairly begin to execute their beneficent designs. As, with very few exceptions, these institutions are, to all intents and purposes, entirely under the direction of the American Medical Association, and open to every improvement the Public Health Association can suggest, as they are officered by members of those influential organizations, and governed by laws and rules of their own making, and by circumstances which it will be wholly impossible to change at once by any proclamation or fiat of the central government, it is difficult to understand what additional power could be granted but that, of forestalling the possibility of introducing into these centres of medical influence anything which the present generation of self-styled "regulars" considers heresy.

All the outcry about raising the standard of medical qualifications, so freely vented at the meetings of these two powerful bodies and in their journals, is wholly unable to disguise the fact that the enemy they are so fiercely girding themselves up to meet is neither quackery, nor ignorance, nor human suffering, but the force which threatens the traditional authority of their practice and their standing. Obnoxious "dogmas," which have demonstrated their right to be considered calmly and to be met in a humane and scientific spirit, throw these societies into a perfect frenzy of indignation, while all the mass of acknowledged errors, crude theories, and abominable practices with which conservative medicine affiliates freely; all the destructive and illegal quackery everywhere practised openly; the unrestricted sale of patent medicines; and similar crying abuses scarcely call forth as much as a murmur.

The power now demanded is the arbitrary power to determine authoritatively what is and what is not "irregular and irresponsible practice"; to declare any reform that will not adapt itself readily to the dominant prejudices and traditions to be quackery, and to crush it out the more effectually by classing it with everything that is vile; in a word, to make a narrow and paltry code of ethics, framed for the guidance of a clique, the law of the land, and thereby to wrest from the people the power of chartering medical institutions, of choosing their own doctors, and above all, of standing as the sole and final arbiters between the conflicting demands of professional sects and parties.

The idea of raising medicine to "imperial rank" is not only a shallow absurdity, but viewed in the light of the history of human progress it assumes the form of a preposterous piece of arrogance, involuntarily suggesting Cæsarism, nepotism, and every other abomination which is or ought to be execrable in our republic as well as in the republic of science. That such an idea should have been broached and eagerly received by the members of a liberal profession at the present day and in this country, is anything but an edifying reflection, and has significance, as showing the growth of an utter indifference to those higher laws which should govern the public actions of scientific men and bodies, and which have always been supposed to suffer the least restriction under a free government.

In spite of the obstructive professional mannerism begotten by their code of ethics and passing current everywhere among the rising generation of allopaths for scientific merit, and in spite of their unreasonably conservative and unscientific exclusiveness, which stands in the way of all needed reform in the healing art, — both the

American Medical Association and the Public Health Association contain many elements of great promise for the good of the public and the profession. But to place unlimited and irresponsible power permanently into the hands of even the most virtuous, and for the most salutary purposes, is a proceeding fraught with so much danger and so entirely at variance with the principles, as well as the best traditions and sentiments of the nation, that the idea cannot be seriously entertained for a moment in the legislatures. Some three years ago, when we heard much of a National University, President Eliot, of Harvard, — to whom, by the way, the credit of raising the standard of medical education is solely due, although he stands quite outside of the profession, — raised his voice so powerfully against such a centralization of educational power and influence, that from that day to this the subject has scarcely been mentioned. As his arguments were precisely the same as those which homœopaths have at all times opposed to State medicine and personal ascendancy in matters pertaining to science, and as his reasons at once sank deep into the most intelligent minds in the country, we are confident that in the face of the two most powerful medical organizations, and of their determination to knock loud and long at the doors of the State and national legislatures, there will be no “imperial rank” for medicine in this generation.

With all the deplorable evils which too often arise from making matters as vitally important as those of public health and medical education “everybody’s business,” these evils are obviously very much less serious and much more easily remedied than those which invariably grow out of the usurpation of “imperial” power by individuals or societies having aims and objects distinct from those of the people at large. That the two associations clamoring for unlimited power to control all the medical thought and action of the country have private aims and objects is sufficiently apparent; and in view of the existence of the most bitter and implacable party spirit their unanimity can no more be accepted as evidence of an urgent need for their particular demand, than the respectability of the names heading the movement can be accepted as a guarantee for the carrying out of none but wise and beneficent plans.

That there is urgent need for reform and progress in most of the matters indicated in the programme for the creation of State and national Boards of Health has long been painfully evident; but it is no less clear to all outside of the allopathic party that equally urgent needs exist for other searching reforms, which, as yet, this party most strenuously resists. It is for the purpose of securing unfettered

progress in all directions, and in no factious or obstructive spirit, that the American Institute calls upon all interested in Homœopathy and free inquiry to stand by the right of the people to control the institutions they are taxed to support, and to hold their servants responsible for the powers given into their hands. None could welcome the creation of efficient Boards of Health more gladly than we, or desire more earnestly the establishment of proper Examining Boards, with power to license well-qualified practitioners; but until the proposal for their creation comes in perfect good faith and with the evident intention of benefiting only the public and science, we must resist it as we have done hitherto, and there can be little doubt of our being able to do so with success.

“It has been apparent to every reader of medical literature and to every observer of legislative doings in our country, during the past few years, that a new and vigorous effort is being made on the part of the American Medical Association and its offspring, the American Public Health Association, to have a new department of government erected, under their control, the officers of which shall reside at Washington and at the several State capitals, to supervise and regulate the medical and sanitary interests of the country.

“At the annual meeting of the American Public Health Association in Philadelphia, in November, 1874, the retiring president, Dr. Smith, in a formal manner, said:—

““Those who have carefully observed the progress of events during the past few years must have recognized a new element in our political system, which is destined to become a power of no mean import in the Public Health Service. In every State the agitation has begun which can only terminate in the incorporation of this new element of administration into State and municipal governments. Already in no less than seven States has State Medicine found an abiding place, and in the central government; and there can be little doubt that within every State the Union will inaugurate its sanitary branch of this general government. We recognize in this new element in the State the same power which, in the Roman commonwealth and empire, gave medicine *imperial rank*.

““Every State ought, under the guidance of competent medical authority, to take charge of all the schools of medicine and surgery within its borders, regulate their courses of study, and confer degrees upon candidates, and thus establish a standard of medical qualifications.’

“In his peroration the president had been tracing the progress of medicine in ancient Rome, showing how it had struggled up through difficulties to imperial greatness and power.

“After picturing those halcyon days in Roman history, when political, religious, and medical forces were correlated in the hands of the Cæsars, when the organized medical authorities ‘were fully empowered to enforce the most thorough medical education and to *suppress all forms of irregular and irresponsible practice*,’ he says, —

“‘This review of the state of the medical art during the early periods of Roman history conveys a suggestive and useful lesson. The century which is about to close has been, like the first period of ancient Rome, the *unorganized laity phase* of the medical art in this country.’

“And at the annual meeting of the American Medical Association in Louisville, last month, Dr. Bowditch, of Boston, read a paper on Public Hygiene, in which he said, —

“‘He thought there should be a department of hygiene created by the government, which should be represented in the presidential cabinet. This would embrace the oversight of hospitals, insane asylums, forts, camps, barracks, medical storerooms, etc.

“‘In the event of the establishment of this great enterprise, every State should have a counsellor, and all be present at any meeting.

“‘Each counsellor should hold office five years, and be re-elected if such should be thought desirable. In addition he suggested that this (American Medical) Association should have the right to select, every five years, four men as counsellors at large for the nation.

“‘And, finally, the national government should be represented in the council by the Health Secretary, Surgeon-General, and Signal Officer.

“‘This Health Association, composed of one from the medical organization of each State, would be of national significance.’

“At the conclusion of Dr. Bowditch’s paper the following resolution was adopted: —

“*Resolved*, That each year, until otherwise ordered, the president elect and the Permanent Secretary be directed to appeal, in the name of this Association, to the authorities of each State where no State Board of Health exists, urging them to establish such Boards.”

The views of the American Institute of Homœopathy are expressed in the following: —

“The Committee on Legislation respectfully submit the following preamble and resolutions for the action of the Institute, as expressive of its views and of the course of action to be taken by the homœopathic medical profession of the United States with reference to the above subjects: —

“‘*Whereas*, A vigorous effort is being made for the erection of a standard of medical orthodoxy that shall be authoritative in the general government and in the several State governments, and for the enforcement of which medical Examining Boards of a sectarian character are proposed, with power to license or prohibit practitioners of the healing art, at pleasure, or upon conditions inconsistent with the freedom guaranteed by our form of government; and whereas each effort at the establishment of authoritative or State medicine has appeared under the guise of sanitary science, and as if designed for the promotion of the public health; and whereas in States whose legislatures have already been induced by such effort to appoint Boards of Medical Examiners and Boards of Health, it is apparent that not the advancement of medical learning, nor increase of medical skill, nor

yet the protection of the public health, are paramount objects, but rather that these are secondary to the promotion of sectarian purposes and the aggrandizement of certain medical associations, to the disparagement of others; and whereas all such efforts are subversive of proper individual freedom and of the true interests of science and of the people, deserving the earnest condemnation of this body, which owes its existence and wide-spread influence to the entire absence of a governmental medical censorship, —

“ ‘Resolved, 1st. That we regard it as a fundamental principle that the State has no right to erect a standard of medical orthodoxy ;

“ ‘2d. That the appointment of State Boards of medical examiners, with power to discriminate among medical practitioners, on account of medical opinions, or credentials of scholastic attainments in student life, or answers to such questions as they may choose to propound during an examination, conducted to suit their own preferences, is wrong, and should receive our earnest and unceasing opposition ;

“ ‘3d. That in States where such Boards already exist a fair representation should be demanded by each medical sect till the whole scheme is abolished ;

“ ‘4th. That while now, as in the past, we are decidedly favorable to an enlightened hygiene for individuals and for the public, we are earnestly opposed to all Boards of Health and all sanitary laws created under the auspices and for the benefit of certain medical associations and certain individuals, to the exclusion and detriment of all others ;

“ ‘5th. That, the better to carry out the views and wishes of this body, its Committee on Legislation be instructed to appoint a sub-committee of three physicians in each State, who shall act in conjunction with them in their respective legislatures, and also to issue a circular of instructions to the State committees and such other circulars as may be deemed best, to enlighten the profession and the public, and to influence legislation in the directions indicated by these resolutions.’ ”

The utter fallacy of Dr. Stephen Smith's argument will be seen by recalling the historical fact that under the Roman commonwealth, medicine was exclusively in the hands of slaves, mainly Greeks, who sold drugs, officiated at the baths, and occupied a position even less honorable than that of the despised barber-surgeons of the Middle Ages. It was not until about the year 50 B. C. that the rights of citizenship were granted by Julius Cæsar to those exercising the healing art; and it was fully two hundred years after this that medical officials were appointed, — the *archiatri aulici* and *archiatri populares*, the former corresponding to the court-physicians or perhaps medical privy-counsellors of Europe, the latter to local health officers. In the absence of adequate sanitary legislation and of intelligent public spirit, they were called upon to propose and execute measures for

the public health, to watch over the practice of midwives, surgeons, and dentists, to direct medical education and to treat the poor gratuitously. It was under that eminently humane and enlightened ruler, Nero, that the honorary distinction of *archiatrus* (chief physician) was first created, and much later, long after every vestige of popular power and wisdom had been blotted out, and imperial Rome was rapidly approaching its downfall, that any offices or responsibilities were attached to the title. There can be no doubt, as Bandl points out in his recent work on poisons, that the time and talents of the highest medical functionaries of the Roman court were occupied with the preparation of subtle and certain poisons, with which it was the fashion to expedite the "rotation in office" of certain court-ladies, and to remove inconvenient husbands and other relatives, or troublesome reformers and the like. In connection with the growth of "ring" power, third-term agitation, the somewhat marked tendencies of our civil service, and the peculiar distribution and application of political power in this republic at present, the demand for medicine with "imperial rank" is highly appropriate. Let us have *archiatri* by all means.

For proof of the undisguised reactionary principles of the American Medical Association, see, among others, the paper read by Dr. E. H. Clarke before the American Medical Association, in which the "continued and frequent dose" of drugs is advocated, *i. e.* "keeping the blood *continually* charged [the italics are ours] with a medicine, by a succession of single doses." — Vol. XCIII, No. 6, *Boston Medical and Surgical Journal*. The idea is clearly taken from Homœopathy, but it is to be observed that the object is not to obtain the curative effect for which all enlightened therapeutists are contending to-day, but the physiological effect,—in other words, the crude, primary, toxic effect.

At the same meeting, the venerable Dr. S. D. Gross strongly advocated the rehabilitation of blood-letting as a powerful and effectual procedure in inflammatory diseases, and we are assured by the correspondent of the *Boston Medical and Surgical Journal* that the proposal was received with great applause. It is not stated whether this general and warm approval arose from the delight experienced by the delegates at the fact that the profession possesses in Dr. O. W. Holmes a real, genuine prophet, or from the conviction that modern allopathic practice has yielded quite too much to the influence of Homœopathy.

HOMŒOPATHY VS. ALLOPATHY, IN THE MICHIGAN STATE PRISON.

A LETTER FROM DR. J. B. TUTTLE, LATE PHYSICIAN TO THE STATE PRISON AT JACKSON, MICH.

IN October, 1859, the authorities of the Michigan State Prison, taking the lead of all similar institutions in the United States, first adopted the homœopathic treatment in the Prison Hospital. Thinking it may be useful and interesting to the profession and the public, to know something of its success during the years in which I was in charge, I will give a summary of the comparative results, which are to be found recorded in the Annual Prison Reports.

Taking then, first, the facts for three years under each medical system, we have the following result:—

	Average No. of Convicts per Annum.	Total No. of Deaths.	Total No. of days' labor lost.	Total Cost of Hospital Stores.
Under Allopathic treatment in 1857, 1858, and 1859	435	39	23,000	\$1,678
Under Homœopathic treatment in 1860, 1861, and 1862	545	20	10,000	\$500

This improvement was obtained, notwithstanding I had to contend during the years 1861–2 with epidemics of small-pox, of which there were thirty-two cases; of measles, of which there were thirty cases, and of cholera, of which there were forty-four cases. Many of these latter were of a very severe type; but all were successfully treated and speedily cured by infinitesimal doses, and without any resort to any kind of “heroic medication.”

And here I may remark that the success of the homœopathic treatment was so great, that many of its opponents attempted to account for it in other than the right and legitimate way. They affirmed that the good health of the inmates of the prison was owing entirely to the abundant supply of pure artesian water, which had been introduced a short time previous to my appointment. But they failed to see that the water lost its efficacy soon after homœopathic practice was abandoned, and that it did not regain its virtues until that system was again adopted in 1872; all which may be seen, by referring to the prison reports for the next ten years, when allopathy was “in” and Homœopathy was “out.”

Taking another and later comparison, we find that, in round numbers, —

	Days' labor lost by sickness.	Cost of Hospital Stores.
Under Allopathic treatment in 1870 and 1871	24,000	\$1,800
Under Homœopathic treatment, in 1873 and 1874	11,000	\$900

While the average number of convicts during the last two years was greater than ever before in the history of the prison.

I have omitted the year 1872, because my attendance began in the middle of the year, and I wish to compare only full years.

Thus it will be clearly seen that Homœopathy is far in advance of the ordinary method of practice in saving life, in abbreviating suffering, or in diminishing expense.

The people of Michigan, in looking over these facts as contained in the prison reports, cannot fail to perceive the great advantage of the new practice, and yet it is well known that, in obedience to partisan prejudice and political pressure, an allopathic physician has lately been placed over these unfortunates, who costs the tax-payers of the State larger sums of money, and who keeps the prisoners upon beds of sickness many days in the year when they ought to be at work. And thus, in spite of demonstrated facts, this institution is managed without due regard to the best interests of the State, in either an economical or humanitarian point of view.

All which is respectfully submitted.

JACKSON, MICH., *February*, 1876.

SOCIETIES AND INSTITUTIONS.

****** Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MIDDLESEX SOUTH HOM. MED. SOCIETY.

THE April meeting of the society was held at the office of Dr. E. P. Scales, Newton, on Thursday, the 6th, and was a very interesting meeting. Drs. J. W. Bosworth, of West Newton, and H. A. Chase, of Cambridgeport, were elected members. The society, though only four months organized, is now in a flourishing condition, and the monthly meetings are becoming very interesting and instructive. After the transaction of business, one half-hour was devoted to the relation and discussion of interesting and peculiar cases. Dr. S. A. Sylvester read an interesting essay upon bronchitis, and that subject was then open for discussion, which was participated in by nearly all the members. The discussion closed the meeting.

G. H. HACKETT,

Secretary.

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner 3d Avenue and 23d Street. Report for the month ending March 31, 1876: Number of prescriptions, 2,814; number of new patients, 381; number of patients resident in the hospital, 34; average daily attendance, 95; largest daily attendance, 162.

ALFRED WANSTALL, M. D.,

Resident Surgeon.

REVIEWS AND NOTICES OF BOOKS.

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

DIABETES AND FOOD. On the Relations between Diabetes and Food, and its application to the treatment of the disease. By Arthur Scott Donkin, M.D. New York: G. P. Putnam's Sons.

Dr. Donkin, the advocate of the strictly skimmed milk diet, as the most possible means of cure in diabetes, has at various times advanced ideas on the nature, origin, and conduct of this disease altogether at variance with existing opinions. It is for the further elucidation and support of these ideas, and for the advocacy of certain dietetic rules, that this book is written.

The author first investigates the current theories on the pathology of the disease, which he by no means endorses. He does not believe that the urine-sugar in diabetes is due to an exaggeration of the normal production of glycogen by the liver, as advocated by Bernard, Pavy, and others, but that "the disease is one of morbid nutrition and morbid secretion." In conclusion on this point he says, "According to this view, the healthy function of the liver in secreting glycogen is suspended or, for the time, abolished, and the liver cells secrete diabetic sugar *directly* as a morbid product instead: this diabetic sugar being a *new formation* foreign to the organism, and therefore without a function to discharge; in fact a morbid growth differing from other diseased growths of cellular origin in one essential or specific character; namely, that it is a *crystalloidal* substance, which, instead of accumulating, or growing, as it is termed, among the tissues, where it is formed, like ordinary *colloidal* formations or products, and leading to the enlargement or destruction of organs, as the case may be, is subject to the laws of *osmosis* with a strong affinity for water, its endosmotic equivalent. Therefore it passes into the current of the circulation as quickly as it is formed, leaving the tissues in which it is generated intact, uninjured, and unenlarged; hence the difficulty of detecting the seat of its formation."

The author then considers the misappropriation of food in diabetes, and shows the order in which the different principles of food are appropriated as the disease progresses. He first considers the "first stage," where the starchy and saccharine principles of the food are misappropriated; here, in opposition to Bouchardal and Pavy, the author does not think that *lactose* or milk-sugar has any injurious effect on a diabetic, while he does think that the fatty matters are convertible into sugar; next, the second stage, or the condition of affairs when the disease may be said to be confirmed, is considered; the misappropriation of the three albuminous principles of the food, the emaciation of the patient, state of blood, increased excretion of urea

and diabetic coma are investigated; to the latter condition (diabetic coma) the author gives Cantani's name of "Acetonæmia," a condition due to the decomposition of the sugar in the blood with the production of *acetone*, a volatile, chloroform-like fluid, under the influence of which "the patient falls unconscious, and presents all the appearance of being under the influence of chloroform." The last chapter is devoted entirely to the consideration of diet, and cases illustrative of the efficacy of the skim-milk regimen, from which he draws the following conclusions:—

1. "That this treatment will, *as a general rule*, remove the sugar from the urine and completely remove the disease, if the second stage be not too far advanced: the time required to free the urine entirely from sugar varying from twelve days to five or six weeks, the usual period of its removal being about the fourteenth day.

2. That if the disease be of long standing and the second stage too far advanced, with much emaciation and the general injury inflicted irreparable, success will be only partial; in the *majority* of such instances the excretion of sugar will be greatly diminished but not prevented. The progress of the disease will be held in check for an indefinite period, so that patients will acquire a comparative feeling of health and comfort."

The author presents his ideas in a clear and plain manner, and where he criticises the existing notions and theories he does it from a scientific standpoint, and in presenting his own theory, he subjects it to the test of established data and practical, clinical observation.

J. L. C.

ITEMS AND EXTRACTS.

ON THE DURATION OF QUARANTINE REQUIRED AFTER PUERPERAL FEVER.—Dr. Braxton Hicks states it has frequently been urged that an opinion should be authoritatively pronounced for a guide to the profession generally, as to the length of time an accoucheur should abstain from midwifery practice after attending a case of puerperal fever. The public, he thinks, have acquired an idea that it requires three months' purification before a medical man is fit again to attend confinements. It is obvious that no statement of this kind can have originated from the profession, as, were the same rule to exist after all cases of zymosis, the impossibility of practice is clear. He has always held himself that *three weeks' absence*, and purification, are the best approximation to the requirements of the case, giving ample time—probably more than what is actually necessary—to discharge the poison from the system and clothes. This was also Dr. Lever's opinion, and its soundness has been borne out by long experience over very large fields of observation.—*British Medical Journal*, Jan. 22, 1876.

PERSONAL.—Through inadvertence, the address of F. L. Radcliffe, M.D., was given at New York City. The correct address is 198 Carroll Street, Brooklyn, N. Y.

THE
New England Medical Gazette.

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BOSTON, JUNE, 1876.

[VOL. XI.

REPORT OF COMMITTEE ON PHARMACY.

BY E. P. COLBY, M.D.

[*Read before the Massachusetts Homœopathic Medical Society, April 12, 1876.*]

Mr. President and Members of the Society: It is useless to expend time in trying to impress upon people that which is already realized as existing. No physician expects satisfactory results from impure or improperly prepared drugs, a fact preventing the necessity for further remarks bearing upon the need of integrity in our remedies.

Nearly all crude drugs, as found in commerce, require more or less preparation to convert them into remedies. Vegetable drugs must first have the active ingredients separated from the inert matter, or in case the whole is to be used it must first be reduced to a fine powder; metals and their derivatives must be purified and prepared, either by solution or comminution, for the further process or processes previous to their becoming adapted to administration as curative agents. Another and important step in the preparation of remedies is the process of dilution or minute division; this process of the division of the particles is mostly employed by our particular school of medical practice, but is by no means wholly confined to us.

Dilution of a medicine either by solution or by trituration with some inert, hard substance, like milk-sugar, serves two purposes: first, it decreases the strength of the substance employed; and second, it reduces it to a state of more minute division, thus exposing a vastly greater surface to the action of

the system. The substances usually employed as solvents are distilled water, alcohol, and glycerine; for dilution and attenuation, alcohol, distilled water, and milk-sugar.

Tinctures and solutions. — Tinctures of drugs derived from the vegetable or animal kingdoms are prepared in various ways, according to the requirements of each individual case, but as a general rule, the following method may be safely adopted: If the drug to be acted upon be in a dry condition, and does not contain a notable proportion of volatile oil or other ingredient soluble only in strong alcohol, it is best to employ the "diluted alcohol" of the United States Pharmacopœia, as being a better general solvent than strong alcohol; if, however, the drug is in a fresh condition and contains a large percentage of aqueous matter in its natural juices, or if the dried substance contains much volatile oil or gum resin, it is customary to use strong alcohol, about eighty-five per cent. By the earlier experimenters, the vegetable tinctures were generally prepared by expressing the juice from fresh plants, and adding thereto an equal amount of alcohol which has stood for a few days in contact with the drug from which the juice was expressed; this made a preparation similar to but much stronger than the "preserved juices" of England. This method of preparing tinctures or essences is supposed by many to be peculiar to Homœopathy, but it is known to have been long in common use among the apothecaries of continental Europe. It is doubtful if any advantage is thus gained over the common practice recognized in the various national pharmacopœias; it is certainly often accompanied with a great waste of material.

The chemical drugs may be prepared by solution in distilled water, dilute or even strong alcohol, or by trituration with milk-sugar, according to the nature of the drug. In this connection, it should be borne in mind that certain chemicals, like *Argentum nitrate*, *chromic acid*, *permanganate of potash*, etc., undergo a change when mixed with milk-sugar, and likewise that it is unsafe to attempt the solution of *permanganate of potassium* and many of the mineral acids in alcohol; especially is this true of *chromic acid*.

For certain purposes many physicians prefer a solution of

some medicines in glycerine, either as a better special solvent, or to obviate the irritation which would arise from the local use of alcohol. Water would not answer, as it does not exert any preservative influence against fermentative change.

Tinctures are prepared by three methods: First, from dried vegetable and animal substances, by macerating the coarsely-powdered drug in dilute alcohol for two weeks, and then filtering through paper (the process of percolation may take the place of maceration); second, from fresh vegetable or animal substances, by maceration in strong alcohol for two weeks and filtering; third, by expressing the vegetable juices, and adding to them an equal amount of alcohol, after which the mixture is to be filtered.

In estimating the strength of medicines, it is necessary to assume some definite basis from which to compute. Confusion has heretofore arisen on account of the solution of various chemical drugs being taken as equivalent to a tincture. It hardly seems well to adopt this course, as a tincture is made simply to extract the active portion of a drug, and preserve it in a convenient form, and it merely represents the active power of the crude drug, while a solution of a salt, or any chemical compound which is wholly soluble in the solvent used, is only the first stage in the process of dilution.

Oils or resins wholly soluble in alcohol are, when so dissolved, solutions, and should not be reckoned as tinctures; therefore, the zero in the scale, the basis from which to compute, should, in one case, be the tincture; in the other, the crude drug. In regard to dilution, it certainly seems advisable to adopt the decimal, as giving a twofold greater range. In the centesimal scale, there are but three grades of dilution in reaching the $\frac{1}{1,000,000}$ degree of attenuation, viz. 1 to 100; 1 to 10,000; 1 to 1,000,000, while in the decimal scale there are six grades in the same degree of dilution, viz. 1 to 10; 1 to 100; 1 to 1,000; 1 to 10,000; 1 to 100,000; 1 to 1,000,000. Attention has been called repeatedly to this fact by various prominent persons, and the decimal scale is quite widely adopted. The first degree of dilution of tinctures should be performed by using alcohol of about the same strength as that

of which the tincture is composed, thereby avoiding the danger of precipitating those ingredients not entirely soluble in spirits of another density; in the succeeding dilutions, the specific gravity of the diluent may be decreased or increased according to the demands of the case, *i. e.* whether alcohol or distilled water is to be further employed.

In making triturations the traditional plan is to add a certain amount of the drug to a given quantity of milk-sugar, and triturate for one hour, occasionally scraping it together. It is evident that such a general rule cannot be satisfactorily applied to every case, as some substances can never be reduced to a proper degree of fineness in that length of time, and for the purpose of minute division only can the process of trituration be demanded.

It would therefore be advisable so to modify this common rule as to ensure the more complete comminution of all the particles of the drug substance. First, the drug should be as finely powdered as is practicable, and next, have added to it the required amount of moderately coarse milk-sugar, the whole to be triturated until reduced to a fine powder; the second trituration is to be made in the same way, except that the sugar may be somewhat finer. By using the coarse sugar we utilize the disruptive, tearing properties of the hard particles of the milk-sugar, while the particles of the drug are of appreciable size; if the work is conscientiously performed, the particles of the drug will be so reduced in size by the second trituration that the coarsely-powdered milk-sugar can have but little further action upon them, and therefore for the third process (the third trit.) it would be better to employ fine sugar. In the first trituration, according to the decimal scale, the largest particles of the drug should not have a greater average diameter than $\frac{1}{3000}$ of an inch, and in special cases the trituration should be carried on much longer and the largest particles be much smaller than the above, as with *Lycopodium* or any drug which consists of the minute spores of the *Cryptogamia*. If the substance is very difficult of comminution, it is well to add at first only a small part of the milk-sugar, and after this becomes reduced to a fine powder add another portion, and thus con-

tinue until the whole is added. In this way the particles of milk-sugar act less upon each other, and exert to a greater extent the tearing power of their sharp angles upon the drug. An examination of the size of the particles under the microscope should be the sole criterion of the amount of trituration required.

The fineness of the whole mass as communicated to the sense of touch when rubbed between the thumb and finger or placed on the tongue is not so much to be regarded, as the fine division of the drug is only the result required, the milk-sugar not being the active medical ingredient but used merely for its mechanical properties.

All remedies after being prepared should be kept in tightly corked bottles, and many of them secluded from the light, as they are all the more susceptible to change from their state of exceeding fineness.

LIST OF REMEDIES TO BE KEPT FROM THE LIGHT.

All the animal poisons.	Hydrocyanic acid.
Argentum nit.	Iodine and the iodides.*
Aurum muriat.	Merc. sol.
Acid formic.	Secale.
Bromine and the bromides.	Ustilago.
Ferrum acet.	Phosphorus.
All the organic acetates.	

CONCERNING THE USE OF THE OBSTETRIC FORCEPS.

BY J. H. WOODBURY, M.D.

[Read before the Massachusetts Homœopathic Medical Society at the Annual Meeting, April 12, 1876.]

IN this paper I do not propose to enter into any discussion as to the propriety or the necessity of the use of the forceps. The time for that is past, and though this instrument may be held in different degrees of estimation by different accoucheurs, I think it would be hard to find one prepared to repudiate its use entirely.

I propose, therefore, simply to glance at the present state of

* Iodide of iron should always be freshly prepared.

medical public sentiment with reference to the use of the forceps, to note its tendency, and to mention some of the more recent instruments which have been offered to the profession.

It must be apparent, I think, to every one at all conversant with the subject, that the use of the forceps is on the increase, and that much less than formerly is it confined to cases in which it is simply indispensable; and the question of how far and in what cases we can render it serviceable to our patients, to either mother or child without injury to the other, is receiving more and more attention every year. This discussion has been of great service to the cause of obstetric science in various ways. First, it has given us clearer views as to the scope and powers of the forceps; second, it has stimulated invention, and given us a greater variety and a better quality of instruments; and third, it has increased the study of operative midwifery as a science by those who wished to practise it as an art.

Prominent among these investigations are those devoted to the long forceps as a distinct instrument, a brief sketch of which, perhaps, may not be unprofitably introduced here. By the long forceps is meant an instrument with a double curve, sixteen and one half to seventeen inches long; ten and one half to eleven inches from lock to tip of the blades, leaving six inches for the handles. They should possess a good degree of strength without clumsiness, and the handles should be large enough to admit of a firm grasp without unnecessary fatigue to the hands. If not strongly made and of the best material, they are very liable to slip off, by reason of the springing of the blades. The ordinary wooden handles will be found in practice much more comfortable to the operator than the iron ones of the French forceps. The curve need not be greater than that of the ordinary medium or fourteen-inch forceps, and the joint should be loose enough to admit of a considerable degree of lateral motion. This is often of very great consequence, for on account of the difficulty of accurate adjustment in the cases where this instrument is required, the success or failure of the operation will not unfrequently depend upon this characteristic of the instrument used. One with a loose joint can be used with perfect success where one with a joint requiring perfect

adaptation would fail simply because of the impossibility of such accurate adjustment. I have verified this observation many times in my own experience.

This instrument is designed for and applicable to those cases in which the head will not enter the brim or descend below the superior strait; to cases in which there exists a moderate degree of disproportion between the diameter of the strait and that of the foetal head, either from the narrowing of one of the diameters of the pelvis, generally the conjugate, or the abnormal size of the head. As Simpson very justly observes, this instrument possesses very little power as a *compressor*; the leverage is to the disadvantage of the operator. It is useful almost entirely as a tractor. Its use often affords us an alternative operation between it and turning or craniotomy. The choice of the appropriate operation, in a case of this kind, requires the exercise of a good degree of obstetric skill and science. No one should undertake the application of the long forceps, without studying well the conditions of the problem which he is about to attempt to solve. It would be a gross and cruel mistake to attempt to drag down the head by the aid of the forceps when the physical conformation of the parts would render it impossible. But there is another class of cases in which I consider the long forceps of quite as much value as in those above mentioned. I refer to those in which, from slighter causes, such as faulty direction of the head, or feebleness of the uterine efforts, the head fails to advance, and when hour after hour passes without perceptible progress being made. These cases are by no means uncommon, and this is the field in which the ordinary fourteen-inch forceps fails, from being just a little too short; although they are amply sufficient for that other and larger class of cases of instrumental labor, in which the head ceases to advance, by a failure of the expulsive power, after the first stage is well advanced. Here the use of the forceps becomes an alternative with the administration of *ergot* or some other remedy for the uterine atony. And when the question comes between the use of the forceps, in the hands of a judicious and experienced person, and the administration of *ergot*, I have no hesitation in making choice of the forceps.

Two reasons among many would lead me to this decision: First, in using the forceps, the expulsive power is at all times under your control, while the *ergot* rouses an ungovernable power which may result in rupture of the uterus or serious laceration of the perineum; second, when a child is safely delivered by the forceps, the effect of the interference is at an end, while in many cases the effect of the *ergot* upon the constitution of the woman continues for a lifetime.

Of the ordinary fourteen-inch or medium forceps, we now have such a variety of styles and forms, that it would seem that the most captious or hypercritical accoucheur might satisfy his extremest whim. But after all, they all embody the same principles and possess the same characteristics, some one of which, however, we find more prominent than the others, according to the views of the designer. I cannot say "inventor," for since the days of Paul Chamberlen very little has been added to the obstetric forceps by the invention of any man. You may go into the shop of the instrument-maker, and select any one from the dozen kinds he will show you, render yourself familiar with its use, its application, and its capabilities, and it will be, in your hands, the best instrument that you can use.

It was a piece of good advice, given by an old and eminent obstetrician to a young one; to "select a forceps as you would a friend, one without marked peculiarities; become well acquainted with it and stick to it." A new one has appeared in this market within the last year, which I consider a good, common-sense instrument, but without any new points, so far as I am able to perceive, that entitle its designer even to the right to apply to it his name. It is the Barnes forceps, and I have a sample present for the inspection of those who may desire. I call it a common-sense instrument because it embraces the useful and necessary points of the instrument without exaggerating any of them. "*In medio tutissimus ibis.*"

A discussion is now going on, and has been for the past year, which promises to reform a habit which most of us have fallen into, and which, through thoughtlessness and imitation, has grown into an abuse. I refer to the pendulum or lateral swaying motion of the handles of the forceps during extraction.

It is claimed, and with truth I believe, that nothing is gained by this motion; that it adds nothing to the facility of extraction, while it does greatly increase the danger of injury to the maternal soft parts and of abrasion of the foetal head. A moment's reflection will convince any one that there is great force in this objection. We sway the forceps as though the blades were working in ratchets on the sides of the pelvis, while in fact there is not the slightest leverage to be secured by this process. One of two things happens: either the blades move upon the child's head, thus producing unnecessary abrasions, or the head moves on its central point as a pivot. This motion has been compared to that which we employ in removing a cork from a bottle; but this is not correct, for in that case, the friction of the tightly-fitting cork against the sides of the neck of the bottle does give us a leverage, which is entirely wanting in the passage of the child's head through the pelvic cavity. There is one condition, however, in which I think a moderate exercise of the lateral motion is of service, and that is when the forceps have been applied *in utero*, and the os dilates so slowly that you find yourself dragging the uterus quite down to or even outside of the vulva; here the pendulum motion contributes very decidedly to the dilatation of the os, and aids in slipping it back over the head of the child.

The use of the forceps in the second stage of labor, or even where from any cause the progress of the labor has been averted after the head has descended into the lower strait, has excited a good deal of interest and discussion; and its use under these circumstances has been urged from a variety of considerations: First, the greater safety of the child; second, the less danger to the maternal soft parts from the pressure of the child's head, resulting in recto-vaginal or vesico-vaginal fistulæ; and third, the release of the mother from several hours of needless suffering and the consequent loss of strength, — all of which, under proper restrictions, are sound and valid grounds for instrumental assistance, especially when such aid can be rendered with such very slight risk of injury to either the mother or child; for in many cases, as I can testify from personal experience, a force equal to a weight of five or ten

pounds will prove sufficient to terminate a labor which, from the exhausted condition of the mother or the feebleness of the uterine efforts, bids fair to be protracted for hours. This has created a demand for forceps specially adapted to these cases, —an instrument which should be short, light, and yet sufficiently strong to admit of the application of the requisite amount of force.

This demand has been met by the introduction of a variety of short forceps, both straight and curved. Some of these are exceedingly light and delicate; they can be folded up and carried in the coat-pocket, and applied under the bed-clothing, almost without the knowledge of the patient or attendants. Among the latest devices of this class is the rotary or revolving forceps of Dr. Gordon, in which the principal of the Loomis placenta forceps is applied to the obstetric forceps. Both blades are introduced at once, one lying within the other, as in Loomis's forceps, with which you are all familiar; then the second blade is rotated into its place. The instrument has the merit of *novelty*, and, it seems to me, hardly any other. In the majority of cases, it must necessarily be less easy of introduction, more liable to produce abrasions upon both the mother and child, and possesses no possible advantage over those made in the usual manner. It is needless to remark that these short forceps are never *necessary*. Everything that can be done with them can be equally well done with the ordinary medium forceps; on the other hand, the short forceps would prove but a poor substitute in any except the class of cases to which they are especially adapted. They do, however, possess the merit of compactness, and facility of application and use in almost any position in which the patient may happen to lie, whether upon the back or side, occasionally a point of great convenience.

In conclusion, let me say that I regard the forceps as by far the most important of all obstetrical instruments, and I fully believe that by their intelligent and timely use the sum total of maternal suffering would be greatly diminished, and also the number of still-born infants, — two points whose attainment should be the highest ambition of the obstetrician.

TWO CASES OF CARIES.

[Reported by F. L. Radcliffe, M.D., Brooklyn, N. Y.]

IN the winter of 1862-3 H. M., thirty-four years old, a soldier, fell from a tree while detailed to procure fuel, injuring his back and side. He was carried to a tent, where he lay nine weeks during cold and rainy weather, and received a discharge from service for nephritis and rheumatism, Feb. 28, 1863.

Returning to Lynn he recovered sufficiently to work at shoe-making until 1872, when he became worse (the rheumatoid pains, which had never ceased to annoy him, increasing in severity), and his physician told him he had hip disease. In April, 1873, he was compelled to remain in bed, and in May an abscess formed. His suffering was severe, and he passed into the care of several physicians and surgeons in Lynn and Salem, who gave "constitutional" treatment until the spring of 1874, when they advised exsection of the head of the femur.

May 17, 1874. — Patient is emaciated and discouraged; from long-continued suffering and loss of sleep the man is in a state almost of frenzy. He lies awake nights thinking about himself, and when he sleeps wakens suddenly in profuse, debilitating perspiration; the slightest touch seems to cause him intense pain. A sinus, opening about two and one half inches below and somewhat forward of the great trochanter, is discharging copiously a granular, purulent matter. The mouth of this sinus presents pouting edges, giving it the appearance Dr. Sayre describes as resembling a hen's anus.

My probe passes in the direction of the head of the femur, but being inflexible cannot be pushed to touch the bone. The history of first and second stages of hip disease is not very clear, but the present condition indicates the third stage of the malady. Gave *Coffea*² every two hours until sleep.

May 18. — Refreshing sleep during night; patient "feels" better to-day. *Silicea*³ three times a day, *Coffea*² at night.

May 27. — General condition better; discharge from abscess still profuse. *Silicea* as above.

June 7. — General improvement continues; discharge diminishing. Same prescription.

June 13. — Meeting Dr. Samuel H. Worcester, of Salem, I mentioned the case to him, and at his suggestion I gave *Calcarea phosphorica*³⁰ mornings, continuing my *Silicea* in the thirtieth potency at night.

June 25. — Improving; rheumatoid pains worse nights and when damp and cold weather prevails. *Rhus. tox*⁶ and *Merc. corr.*⁵ alternately, at two hours intervals.

July 5. — The pains are relieved; *Merc. corr.* on pellets to be used if required, and *Calc. phos.* and *Silicea* as previously.

July 12. — Improving slowly; appetite returning; discharge about the same. *Calc. phos.* and *Silicea* continued.

July 19. — Similar notes and same remedies.

July 26. — The same.

Aug. 8. — No change. *Sulphur*³⁰ daily.

Aug. 15. — Improving; discharge diminishing; moving around on crutches. *Silicea* and *Calc. phos.*

Aug. 20. — Progressing admirably; out-of-doors every day. Continue treatment.

Aug. 23. — Spending most of his time out-doors.

From this date improvement continued steadily upon the use of *Calcarea phos.* and *Silicea*, the discharge gradually diminished and the general health so improved that, having occasion to go to Salem in October, he walked there and back, an aggregate distance of ten miles, and felt no fatigue. I have seen him twice since then, — the last time during January, 1876, — and found him perfectly well, walking without crutch or cane. There was some shortening from the old caries, but no evidence of existing disease.

C. R., twenty-one years old, was injured in 1870 by a blow upon the back, and has since had symptoms of spinal disease, for which he has worn at times a supporter. He had a lumbar abscess in the winter of 1871-'72. It healed in the following autumn, but another formed in March, 1874. He was treated at his home for eight months, and then the attending surgeon sent him to Massachusetts General Hospital, where he remained two weeks, at the end of which time he was discharged, "to await the development of alteratives, tonics, and time."

Jan. 16, 1875. — He is spending most of his time on the bed ; is emaciated and very weak ; complains of debilitating night sweats. There is a posterior excurvation of the spine in the lumbar region, and a pouting-mouthed sinus in its immediate vicinity, which discharges a sero-purulent fluid suspending granular matter. The sinus leads to bone that has a carious feel. Advised discontinuance of poultices, which have been worn for weeks, and prescribed *Silicea*³ and *Calcarea phosphorica*³ four times a day, alternately.

Jan. 23. — Very little change in the discharge ; patient thinks the perspirations at night are less debilitating. *Silicea*³⁰ and *Calc. phos.*³⁰ night and morning, alternately.

Feb. 2. — Amount of discharge diminishing ; general condition improved ; remains about the house all day, sitting and standing ; continue remedies.

Feb. 19. — Improvement continues ; same prescription.

Feb. 27. — Very marked improvement, almost no discharge. Prescribed same remedies for another week, at the end of which time Dr. Isabel Haywood took the case, in which a perfect cure has been effected. The curvature of the spine remains of course, but the destructive process abated from the first exhibition of the remedies. This fact and the recovery of the first-mentioned case are at least suggestive coincidences and intimate that old-school prognoses may fail under homœopathic treatment ; for be it understood that these cases had both been examined, treated, and prognosed beforehand by eminent men, of a class of sceptics who are too often permitted to judge of the severity of our cases *after* the issue, and thus escape the unpleasant necessity of acknowledging the virtue of a treatment they choose to despise. It would be difficult, it is true, to prove that recovery in these cases might not have ensued without treatment ; but in the case of hip disease, it is quite as radical as that following any exsection, while the man spent the time preceding it quite as agreeably and with as little danger as if the *knife* had been used ; and the plan of treating the *disease* in the *spinal caries* was surely no less "rational" than to treat *its effect* by tonics, etc. In hip diseases a careful consideration of the *location* and *direction* of the sinuses as indicating

the *seat* of the disease, and thus its probable nature, may modify materially both treatment and prognosis; for disease of the *flat* bones is most apt to be of the nature of a *necrosis*, while the femoral variety is generally *caries*.

Erichsen says that when the sinus opens two or three inches below and a little in front of the *great trochanter* (about the insertion of the tensor vaginae femoris), the disease is almost invariably *femoral*; in the gluteal region they may be due to *femoral*, but not infrequently proceed from *pelvic* disease (acetabulum or a portion of dorsum ilii); and if the sinus opens in the pubic region, either above or below Poupert's ligament, it is almost certain evidence of disease of the *pelvic* bones.

Thus the case in question I believe to have been *femoral caries*, and in *caries* only, perhaps, may so satisfactory a result, as it is my pleasure to impute to the remedies employed be expected.

Indeed, the *pathological anatomy* in *necrosis* would seem to demand *mechanical* removal of the dead bone. I had a patient with hip disease, the sinuses opening, — two under Poupert's ligament, three in the gluteal region, and one in the vicinity of the great trochanter. I treated him a long time, but only succeeded so far as to close the last mentioned sinus, and though it gave *him* little satisfaction, I regarded it as *significant*. I offer these notes to the GAZETTE, because they are *clinical verifications* of *practical* interest, and to me present valuable material for careful thought.

DERMATOLOGICAL CASES.

BY C. WESSELHOEFT, M.D.

. CALCAREA OSTR. CANTHARIS.

IN reporting cases it is not always essential that the statement should be long and wordy; a great deal may be said in a short sentence; but if it relates to a clinical case, I should at least state about seven points definitely: age, sex, the disease, and the symptoms which led to the remedy, its duration before treatment, and its duration after treatment, and more particularly

after the last or curative remedy. It is by the light of such facts that the reader is enabled to judge of the efficacy of our treatment.

With these supplementary remarks, relating to a former article on the manner of reporting cases (GAZETTE, Vols. X, Nos. 3 and 4), we venture to offer a few more cases of skin-diseases.

The following case may have been reported before; if so, it was at least ten years ago, and it may bear repetition.

Miss——, aged about twenty, had suffered for several years with ptyriasis capitis. The patient was of brunette complexion, and exhibited a considerable degree of that want of transparency and oily roughness of the skin of face and forehead peculiar to a certain kind of scrofulous people. Separating her close, curly, and moist hair, the entire scalp was found to be covered with a layer of epithelial scales, varying, as nearly as can be estimated, from a sixteenth to an eighth of an inch in thickness, through which the hair grew, in itself vigorous and firmly rooted, but here and there matted together, owing to the difficult use of comb and brush. There was little or no itching. Beneath the scales the scalp was slightly red. For years all sorts of washes had been applied without permanent benefit; several homœopathists had likewise prescribed for the affection, and the last gave it up in despair.

Without promising more than to try my best, I prescribed *Calc. ostr. 2c*, six powders, one to be taken every week. At the end of the second week, a few spots of clear skin were visible; at the end of the third week these were very perceptible, and gradually increased in circumference, while the epithelial exfoliation diminished in proportion, showing large surfaces of perfectly clear, healthy skin; at the end of the sixth week the ptyriasis had nearly vanished, and was entirely gone in about three weeks more. It was most gratifying to know that more than a year afterwards the scalp was healthy and the patient generally well.

May 29, 1872, Mrs. C. W. D. presented herself with eczema of the hands, which had existed for more than four weeks. The eruption was very marked *on the back of the left hand, between and upon the fingers, upon which arose burning, pricking, shal-*

low vesicles, filling with fluid and soon drying into thin crusts, which peeled off, leaving denuded spots. The swelling of the skin and the crusts together made the fingers quite stiff and useless. The right hand and both feet were also perceptibly affected in the same manner. The application of cool water eased, and warmth aggravated the pain, *which resembled that of a burn*. The patient's general health was excellent, and she was in her third month of pregnancy.

Among many remedies, none occurred to me as so appropriate as *Cantharis*, of which I prescribed two doses of the 20th cen. in pellets, one dose at a time, to be dissolved in a half goblet of water, and a tablespoonful to be taken four times a day. On June 4 there was a very perceptible improvement of the left hand; swelling and eruption disappearing. The same prescription was repeated; and then the improvement progressed rapidly, so that by June 17 there was no need of more medicine.

July 9, 1873, Mrs. B., æt. thirty, presented an eruption on both hands, very much like the preceding case, but less extensive, though of several weeks' duration, and consisting of eczematous vesicles between the fingers, itching and burning fearfully. *Cantharis*, 20th cent., was prescribed as in the above case. By July 16, there were but slight traces of the eruption visible, nothing but slight redness and remnants of exfoliating epithelium.

In neither of the above cases was more than one remedy used.

DIGITALIS.

BY PROF. TH. ACKERMANN, OF ROSTOCK.

[Translated from *Volkmann's Sammlung Klinischer Vorträge*, by H. A. Chase, M.D., Cambridgeport, Mass.]

Gentlemen,—Those of you who have wandered through the Harz Mountains in summer must have noticed the pale-red flowers which, especially at the northern side of the Brocken, sometimes singly and again in large quantities, attract the notice of the passer-by. If we go up the beautiful Ilse Valley, or from

the Harzburg over the mountains into the Oker Valley, we frequently see the light spots in the wood, as if covered with a rosy veil, which on our approach resolve themselves into these flowers. Leonhard Fuchs, professor at Ingolstadt and Tübingen in the sixteenth century, is said to have first given them the name of *Digitalis*; while in the writings of the ancients, strange to say, there is nothing which can be referred to this plant with any degree of certainty, yet we can hardly believe that such a beautiful flower was unknown to the ancients, especially since it is found in Southern Europe. It is also found in the Alps, and in other parts of Germany besides the Harz, — sometimes in the mountains and sometimes in hilly land with a sandy, limestone soil.

Digitalis purpurea, foxglove, belonging to the family *Scrophularinaceæ*, is a biennial plant, three or four feet high, with a single, round stem, dark-green, elliptical leaves, and terminal, single pendent clusters of blossoms, which in July and August form bell-shaped, rosy-red flowers, beautifully marked with points resembling eyes, and internally with soft hairs.

The leaves interest us especially, for of all parts of the plant they alone have a medicinal use, at least in Germany, though in England the seeds are sometimes employed, perhaps with greater reason, for they contain relatively the largest amount of the active principle of the plant, *Digitaline*, although it is found in all parts. We understand generally by this name a substance discovered by Homolle in 1845, which is soluble in alcohol, but barely so in water or ether, of a greenish white color, not crystallizable, having a bitter taste and a sickish smell. When an aqueous solution is boiled with sulphuric acid, there are formed grape-sugar and two other organic substances. Hence, it belongs to the chemical family of the *Glykosides*. But *Digitaline* is not the only active substance in *Digitalis*. From the residue left in the preparation of *Digitaline*, a crystalline body was obtained by Nativelle, in 1867, for which the discoverer claimed the name of *Digitaline*, and with this the series of active substances does not seem completed. Essential differences in the action of these substances have not yet been discovered, and the physiological effects of the fluid extract of

Digitalis, which is preferred in medical practice, agree, as far as they are the result of careful observation, so exactly with those of Homolle's *Digitaline*, that we can ascribe to the various active substances contained in the extract no essentially different effects.

The theory of the so-called specific effects of remedies is intimately connected with the old view that diseases are entities; for, so long as diseases were regarded as fixed individualities, just so long must every effort at cure aim at a knowledge of remedies for the annihilation of these substances. The possibility of such an annihilation of certain diseases by certain remedies being granted, the whole task of practical medicine is to oppose to every enemy of health and life a more powerful enemy in the form of a remedy. If the science of therapeutics could be completed in this sense, the task of healing would be very easy and simple. But this fine idea has disappeared in proportion as diseases have come to be regarded as disturbances of the normal functions of life. There are no specific effects of remedies in the old sense of the word; for in the few diseases (Intermittents, Syphilis) which we can cure by a certain remedy, the question is not so much about a direct annihilation of the disease, as such, as it is about a destruction of the poison causing it.

But there are specific effects of remedies in another sense. When a drug or a poison (and they are in the majority of cases identical) reaches the blood, directly or indirectly, it is soon spread by it over the whole organism, and comes in contact with nearly every part of it. But not all these parts are affected by the drug, but as a rule it is only proportionally circumscribed and often very sharply defined portions which undergo a change in function, and simultaneously or later in form; in other words, of the numberless elementary organisms which make up the animal body, individual parts alone have more or less fixed and certain relations to certain individual drugs, while other parts are not affected. In this sense, we may speak of specific relations of certain elementary organisms to certain chemical bodies, or, what is about the same thing, of specific effects of medicines. A scientific *Materia Medica* has,

then, no other task than to determine these individual relations of remedies to individual elementary organisms, *i. e.* to localize the effects of drugs. We must confess that investigation in this direction has not been carried on conscientiously for a long time, which is probably the chief cause of the great defects which our knowledge of the action of drugs exhibits. Scientific pharmacodynamics is a fruitful but as yet almost uncultivated field, on whose broad expanse only here and there an oasis gleams full of hope and promise.

What we really know of the action of *Digitalis* is confined to changes in the functions of the heart and blood-vessels, for the effects of this remedy on other organs are caused either by its influence upon the heart and blood-vessels, or they appear so inconstantly that we can scarcely seize them, much less decide how they are connected with the remedy.

It is an undoubted fact that the frequency of the pulse can be reduced by *Digitalis* or *Digitaline*. This had been universally known for a long time as regards the febrile pulse, but numerous and scientifically exact observations upon this effect of the remedy were first made by Traube in pneumonia and acute articular rheumatism, and later by Wunderlich, Ferber, and Thomas in ileo-typhus, pleuritis, and erysipelas. In the healthy, this retarding effect of *Digitalis* upon the pulse appears, as has been proved by the careful experiments of Stadion and Saunders. After small doses there is an increased frequency of the pulse for some time; after large doses this stage of acceleration is short, or wanting entirely. If the use of *Digitalis* is persisted in for some time, the pulse becomes irregular, intermitting, small, and less resistant.

The changes in the frequency of the pulse become most evident, if on a large animal — for example, a dog — we perform an experiment to ascertain the blood-pressure, and transfer the pulse-curve to the register of the kymograph; if in such an experiment we inject a large dose of *Digitaline* (0.05) or an infusion of *Digitalis* into the jugular vein, in a direction towards the heart, we notice generally, during the injection or immediately after it, a very considerable lessening of the frequency of the pulse. This affects only the heart's diastole. We may

compare as many curves as we will, we shall always find that even in the greatest reduction in the frequency of the pulse produced by *Digitalis*, the duration of the systole shows no change, not even if single pulse-curves have reached a very considerable height. The diastole, on the contrary, decreases more than four-fold.

If we divide the diastolic curve into three equal parts, we observe as a rule that the rapidity is least in the middle, greater in the last, and greatest in the first part.

Ed. Weber was the first to show that by persistent mechanical, chemical, or electrical irritation of the vagus, the frequency of the heart's contractions decreases, and if the irritation is extreme, the heart stops in diastole. In the mammalia and in man there is, during the whole life, an irritation proceeding from the origin of the vagus in the medulla oblongata; for section of the vagi causes a sudden increase in the frequency of the heart's action.

The decided retardation of the pulse by the use of *Digitalis* was referred by Traube to irritation of the inhibitory nerves of the heart, the same phenomenon which we can easily produce by Faradization of the vagus; but it appears, as Traube himself acknowledges, that the retardation of the pulse is still present, even if the vagi have been cut before the introduction of *Digitalis*, that is, already separated from their centre. Traube, then, in the interest of his theory, was compelled to regard the retardation after section as caused by an effect of *Digitaline* upon the peripheral segments of the vagi. A direct *proof* of the influence of the vagus in the retardation of the pulse, after *Digitaline*, however, was not shown by these observations. The objection remained that the reduction in the frequency of the pulse might be caused by other unknown conditions entirely aside from the influence of the vagus, and this objection remained valid as long as it was not possible to hold the vagus in abeyance during the action of *Digitaline*. For such a purpose we now possess, as was proved five years ago by Von Bezold and Blöbaum, a reliable means in *Atropine*. If a sufficient quantity of *Atropine* (0.01) is injected into a dog, the vagus loses its irritability completely, and if we now inject *Digitaline*,

no diminution whatever is produced in the frequency of the pulse. We see, then, that after cutting off the influence of the vagus, *Digitaline* loses its retarding action upon the pulse, and hence we can safely conclude that this effect is produced through the vagus.

In opposition to this decrease in the frequency of the pulse, we observe now, just as after section of the vagi, the advent of a sudden considerable increase of it, after the retardation has lasted some time. This increased frequency was referred by Traube, reasoning from Weber's experiments, to a paralysis of the inhibitory fibres of the cardiac vagus; and here he was right, for in the period of the increase of the pulse, we can allow the strongest induction-currents to pass through the vagus without producing the slightest increase in the frequency of the heart's action. But it appears very probable to me that this acceleration of the pulse after *Digitaline* is not alone caused by paralysis of the inhibitory fibres of the cardiac vagus, but that there is also a *direct* accelerative force brought into play. By *Atropine* we can paralyze the cardiac vagus, as I have already mentioned. A consequence of this paralysis is great acceleration of the pulse, just as after section of the vagus. If we now inject *Digitaline* into an atropinized dog, the frequency of the pulse is not only not lessened, as we have already seen, but it becomes much greater; but this could not be the case if the increased frequency appearing after *Digitaline* had its cause *alone* in a paralysis of the vagus, for this had already been induced by *Atropine*. Hence we are compelled to consider that *Digitaline* produces, besides the irritation and consequent paralysis of the inhibitory nerves, an irritation of the accelerating nerves of the heart, a fact which seems to be analogous to an observation of Rutherford's, mentioned by Schmiedeberg, that in atropinized dogs, *i. e.* after paralysis of the inhibitory nerves, an increase of the beating of the heart can be produced by peripheral irritation.

To this stage of acceleration, a sudden cessation of the heart's action may immediately succeed, that is, the death of the animal, but much more frequently this is preceded by another change in the pulse during which the irritability of the

vagus is completely destroyed. This change consists especially in a great irregularity, generally combined with a considerable retardation of the beats. The curve soon rises slowly and continually, and sinks again as slowly to its former level, or even below it; or the rapidity of the rising and falling changes; or single small, rapid beats are inserted at the end of the systole or diastole; or, what is very common, the curve rises and falls with some interruptions, the duration of which is the same as the small, quick pulsations at the end of the systole. The whole gives the impression that two forces are acting in the heart simultaneously, one of which causes the strong, the other the weak, contractions. It is possible that one depends on the motion of the auricles, the other on that of the ventricles. If the strong contractions follow each other so quickly that they surpass the weaker in rapidity, the latter are not noticed at all, while they become plainer, the slower the strong contractions are, and are only fully developed when the strong ones are entirely wanting. It is at present impossible to give a satisfactory explanation of this behavior of the pulse, which also frequently appears under other conditions. This is called *arythmia*, and Heidenhain is of the opinion that it is caused by an irritation of the intracardiac inhibitory apparatus. But the arythmia is present, when the cardiac vagus has been previously paralyzed with *Atropine*. Heidenhain thinks that not all the parts belonging to the intracardiac inhibitory mechanism are paralyzed by *Atropine*. According to his idea, it is very probable that the fibres of the vagus in the heart inosculate with the ganglion-cells, from which communicating branches pass to the proper motor ganglia of the heart. According to Heidenhain's view, there is no conflict with the observations on the effects of *Atropine* on the vagus, if we confine its paralyzing action to the ganglia of the vagus; the fibres, then, which unite these ganglia to the motor cells, if irritated, would act in a similar way, as inhibitory to the latter, like the ganglia of the inhibitory apparatus itself. With this view, however, certain effects, or rather the absence of certain effects, of *Digitaline* on the heart seem to conflict. There can be no doubt, as I have already said, that the retardation of the pulse, which appears

immediately after the injection of *Digitaline*, is due to irritation of the vagus; but in atropinized dogs, this retardation is entirely absent; and yet we should suppose that it would appear, if, as Heidenhain thinks, the fibres connecting the ganglia of the vagus with the motor ganglia of the heart, did not lose their irritability under the influence of *Atropine*.

Be this as it may, under all conditions, the arhythmia appearing after *Digitaline* is to be regarded as a threatening sign, and among the numerous experiments on animals with this drug, I have never observed a single case where it gave place again to perfect regularity of the heart before death.

The final cessation of the heart, the true cause of death in poisoning by *Digitaline*, is caused by a great diminution in or entire destruction of the irritability of the cardiac muscle. Immediately after a fatal case of poisoning, the strongest induction-currents may be allowed to act on the heart: either no contractions or only very feeble ones will be produced. Whether paralysis of the *nervous* or *muscular* elements of the heart is produced, we are unable to say. Böhm thinks the latter, at least in frogs' hearts.

Along with the above-mentioned effects of *Digitaline* on the pulse comes a second change, transient, it is true, but yet easily demonstrable with the aid of the kymograph; this consists in a considerable *increase in the arterial blood-pressure*, after large doses. As a rule, this effect is produced as quickly as that on the pulse, and we see, accordingly, the pressure-curve rise immediately after or even during the injection of *Digitaline*, just as the frequency of the pulse diminishes. Only in exceptional cases is the injection followed immediately, while the pulse becomes retarded, by a lowering of the pressure, which, however, after a little while always changes into the opposite condition. Gradually, sometimes rapidly and again slowly, but nearly always without interruption, the pressure rises to a more considerable height, so high that it sometimes, even in small and medium-sized dogs, rises above 300 m. m.; it then sinks again gradually; remains usually for a time under the normal height, and falls at last rapidly, immediately after the final cessation of the heart, in an irregular line, almost to zero. In all

these variations of pressure, this fact is particularly noticeable, that they appear along with the most different degrees of the frequency of the pulse and of the height of the pulse-wave, so that the most different degrees of pressure may be combined with a slow and high-waved, as well as with a frequent and small-waved pulse. This implies that the variations in the blood-pressure are independent of the heart's action, and leads us next to the question as to the cause of the increased pressure in the arterial system, which constantly appears after the injection of *Digitaline*.

If we inject a solution of *Digitaline* into the jugular vein of a rabbit, whose abdomen has been previously opened, so that the mesentery is exposed, we may plainly observe a general narrowing of calibre in the arteries of the mesentery, some time after the injection; this narrowing may go on to complete closure of some vessels, for we see the red streaks not only diminished in size but in many places wholly interrupted. It is a good plan to keep up artificial respiration during these experiments, for large doses of *Digitalis* frequently produce, in rabbits, strong convulsions; hence difficulty of breathing or even entire suppression may result, so that carbonic acid collects in the blood, which, as is well known, may produce contraction of the arteries. But we observe this narrowing of the arteries in the mesentery of the rabbit if the animal is continually supplied with air by means of bellows, even if it has been previously rendered motionless by *Woorara*; hence we cannot doubt that the narrowing of the vessels is actually an effect of *Digitaline*. The question now is, how *Digitaline* produces this narrowing in the arterial system. On physiological grounds it is most natural to think of an irritation of the vaso-motor centre situated in the medulla oblongata, for we know numerous conditions whose action upon this centre produces contraction of the arteries. I will mention only carbonic acid, the irritation of a sensitive nerve, or the direct irritation of the centre by mechanical or electrical means. The observations of Traube and R. Böhm seem to prove that the arterial contraction after *Digitaline* is caused by an irritation of the vaso-motor centre, but my views do not agree with theirs. I have con-

vinced myself by numerous experiments that the narrowing of the arteries in the mesentery of the rabbit is also present when I had divided the spinal cord on a level with the axis previous to the injection of *Digitaline*, and by this means had destroyed the influence of the vaso-motor centre.

That by contraction of a great number, or, in fact, of all the small arteries, the blood-pressure should be increased in the larger arteries, is a well-established fact; and hence we may conclude that the increased blood-pressure in the arterial system, after *Digitaline*, is caused, at least in part, by this contraction. Traube and Böhm have also advanced this opinion, but they make the contraction and consequent increased pressure dependent upon an irritation of the vaso-motor centre, for they found that the increased pressure was absent, if, previous to the injection of *Digitaline*, they had cut the spinal cord between the atlas and the axis. Strange to say, the results of my numerous experiments do not agree with the statements of the above-named observers. I have observed in all cases, without exception, where I had cut the spinal cord on a level with the axis, or even higher, and then injected *Digitaline*, that an increase of pressure was always present, in many cases very marked. This fact agrees with the observation already made by me, that the arteries in the mesentery of the rabbit contract after *Digitaline*, even if the influence of the medulla oblongata has been cut off; hence I have no hesitation in claiming that the increased pressure in the arterial system, after *Digitaline*, is due to a contraction of small arteries, which in turn must be referred, not to an irritation of the vaso-motor centre, but to a direct relation of the poison to the peripheral vaso-motor nerves and their terminations in the muscular apparatus of the vessels, — perhaps, indeed, to this itself.

But is this contraction of small arteries the *only* ground for the increased pressure? If we look at this question carefully, it seems to me we must deny it absolutely, because an increased pressure in the arterial system, by simply hindering or lessening the current in the periphery, without the co-operation of the heart, cannot be imagined; for, with the stasis of the blood in the arterial system caused by the contraction of the small

arteries, the burden of the left heart increases; the quantity of blood reaching the aorta during the systole will decrease in like proportion, and hence the static relations will undergo no change. Certain mutual relations between the action of the heart and the blood-pressure are already known, caused by means of the nervous system. We know, for example, from the experiments of Ludwig and Thiry, that elevation of the blood-pressure in the arteries and in the heart causes an increase in the frequency of the pulse. But aside from the fact that a mere numerical increase of the pulse does not prove an increase in the action of the heart, this statement of Ludwig and Thiry cannot be used to explain the increased pressure produced by *Digitaline*, because immediately after the administration of this poison, retardation of the pulse and increased pressure often co-exist. The problem is easiest solved if we regard the degree of systolic action as entirely independent of the amount of pressure of the blood in the aorta. In case the pressure was slight, a part of the contractile power of the left heart would be ineffectual in propelling the blood, while if the pressure were increased, a larger part or even the whole of the systolic power would assist in the propulsion of the blood. The truth of this view seems to be substantiated by the above-mentioned observation, — that with an equal frequency of the pulse, there may be the greatest difference in the arterial pressure, and *vice versa*.

That the power of the heart, as such, increases after *Digitaline*, entirely independent of the blood-pressure, has been already proved by Böhm, at least in the frog's heart, and we may naturally conclude that the increased pressure in the arterial system will be most considerable, when augmented heart-power and increased contraction of small arteries coexist. We must likewise acknowledge that possibly the increase of pressure is caused by arterial contraction *alone*, presupposing only that the power of the heart is not lessened by the increased pressure.

The most interesting effects of large doses of *Digitaline* are in the *changes in the temperature of the body*, which are so intimately connected with the variations in blood-pressure. In order to describe these effects, I must refer to a series of exceed-

ingly valuable experiments, which Heidenhain has performed and published, on the influence of the vaso-motor nervous system upon the circulation and temperature of the body.

In the year 1866 Mantegazza found that in rabbits and hens the temperature of the rectum falls if a painful irritation is applied to the animals. Somewhat later, O. Naumann, independently of Mantegazza, in experiments on man, obtained similar results, and Demarquai observed, in the late war, in those who had severe wounds complicated with bone injuries, instantaneous lowering of the temperature by several degrees. Heidenhain, finally, without knowing these observations, discovered the important fact that when by irritation of a sensitive nerve or by direct irritation of the medulla, an increase of pressure was produced in the arterial system, simultaneously with this increase there appears a fall of temperature in the interior of the body, *e. g.* in the *vena cava inferior*. Heidenhain regards this diminution of temperature as the consequence of an increased loss of heat, produced by an acceleration of the blood-stream accompanying the rise in the arterial pressure. If, in consequence of the increased rapidity of the blood-stream, larger quantities of blood are carried from the inner, warmer parts of the body through its cooler periphery, depression of the temperature of all the blood may take place, simply on account of the contact of these large quantities of blood with the cooler medium surrounding. Heidenhain supported this, his theory, by supplementary experiments. He next gave direct proof that in the crural artery and vein, and in the external jugular vein, an increase in the medium rapidity of the stream takes place if an increased arterial pressure is produced by irritation of a sensitive nerve or by direct irritation of the vaso-motor centre. If he reversed the experiment and reduced the rapidity of the blood-stream by section of the vagus or by sudden copious bleeding, he observed a rise in temperature in the interior of the body. Of the dependence of the rise and fall of temperature in the interior of the body upon the warmth of the periphery, he was also able to give a direct proof, since he showed that the effects of an acceleration of the circulation upon the temperature of the interior of the body changed with

the cooling or warming of the periphery. But the best proof of his theory seems to be an experiment lately reported by him, in which he was able directly to prove — by ascertaining simultaneously the temperature on the surface and within the body, — that during an increase in the arterial pressure produced by irritation of a sensitive nerve or the medulla oblongata, the temperature of the skin rises, while that of the interior falls; and that, *vice versa*, the temperature of the skin sinks and that of the interior rises, if, after the irritation has been removed, the change in the circulation returns again to the normal standard on the disappearance of the blood-pressure. I have often repeated these experiments of Heidenhain, but with this difference, — that I produced the increased arterial pressure, not by indirect or direct irritation of the vaso-motor centre, but by injecting *Digitaline* into the blood. My results agree with those of Heidenhain, and hence I do not hesitate to consider that the decrease in temperature in the interior of the body, after *Digitaline*, is caused by an acceleration of the blood-stream through the periphery. In fact, an irritation of the vaso-motor centre is not requisite for the appearance of the increased blood-pressure after *Digitaline*, since it appears, as I have already mentioned, even if the spinal cord has been previously cut in the cervical region; but the action of *Digitaline* depends upon a cessation of the flow of blood from the small arteries, caused by their contraction; and consequently, the immediate conditions for the rise of the arterial pressure are the same, *i. e.* they consist in a cessation of the flow of blood, produced by the contraction of the smaller arteries, whether resulting from direct or indirect irritation of the medulla or from the action of *Digitaline*.

The next question is, whether an increased rapidity of the blood-stream is everywhere associated with an increased contraction of the smaller arteries. I should say No, if the contraction takes place in all or a very large proportion of the arteries; Yes, if it is confined within reasonable limits. If we observe the narrowing of the arteries, as it appears after *Digitaline* in the mesentery of the rabbit, we become convinced that an acceleration of the blood-current through

these narrowed or even entirely closed vessels is impossible. We must recollect that this condition is not *general* in the body, but that other arterial regions are not narrowed in their smaller ramifications, and that in these a compensatory hyperæmia appears; the blood-pressure must increase in the entire arterial system, and likewise a difference of pressure in the arteries and veins. Only where the communications with the venous system are perfectly free can the blood receive a more rapid motion in consequence of this increased difference of pressure in favor of the arteries. If now we remember that the small arteries in the interior of the body are narrowed by the action of *Digitaline*, while those leading to the periphery are of the usual size, we have a simple explanation of the increase of temperature on the surface and the decrease within the body. Heidenhain seems to have arrived at a similar conclusion in his latest publication.

[*To be continued.*]

NOTE ON A NEW METHOD OF ADMINISTERING ETHER VAPOR.—In the March number of *The Practitioner* there is an article with the above title, by Lawson Tait (F.R.C.S.), in which, after remarking on the dangers attendant upon the administration of Chloroform, the author calls attention to the only danger liable to result from Ether, viz. bronchitis, and recommends a method by which he claims that this may be obviated. He has invented an apparatus by which the ether is boiled and the vapor administered unmixed with air. This consists of a “reservoir which will hold about ten ounces, and which is furnished with a spring pump, which drives over about a dram of Ether at each stroke into a glass boiler. This boiler is suspended in a hot-water tank, beneath which is a spirit-lamp. From the boiler an exit tube, four or five feet long, passes to a mouth-piece. When the apparatus is to be used the tank is filled with water, the spirit-lamp is lighted, and about three drams of Ether are pumped into the boiler. Care must be taken that there is no leakage from the boiler, otherwise there will be an explosion.”

He then mentions a case in which he employed this apparatus, and he was much pleased at the readiness with which anæsthesia was produced, even with a comparatively small amount (five ounces). No unpleasant symptoms followed, although the patient was an old lady who had suffered for years from bronchitis and dilated heart.

The experiment is certainly worth trying.

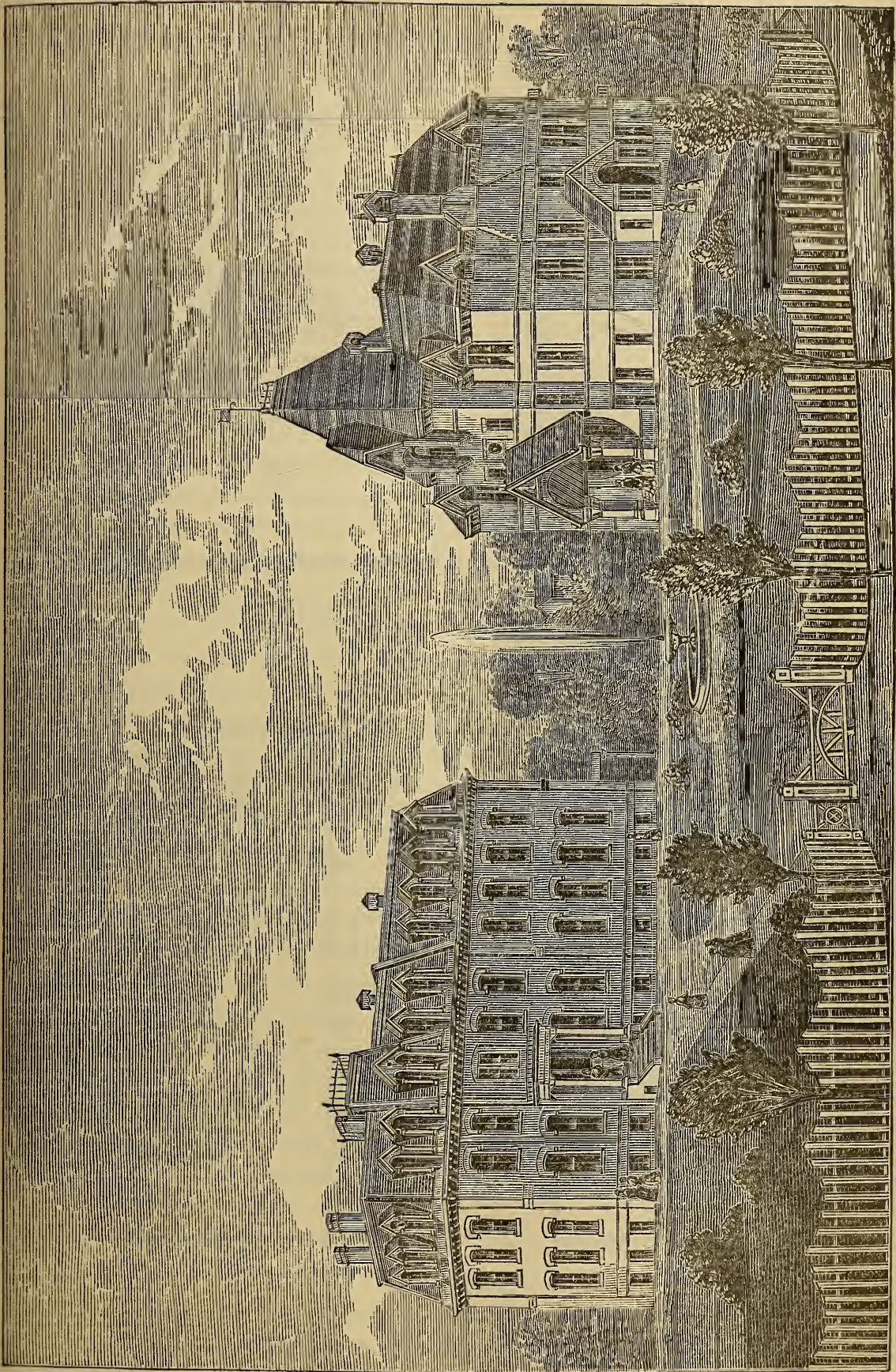
The New England Medical Gazette.

BOSTON, JUNE, 1876.

NOTES OF PROGRESS.

SINCE Hahnemann enunciated the law of cure, which resulted in the foundation of the homœopathic school, there has not been a single year in which this method of medical practice has not made substantial progress, — slowly at first, for it will be remembered that even in the very track of swift commerce it took nearly three decades to float homœopathy across the Atlantic, while in the succeeding half century it has gone to every quarter of the habitable globe, and now, with irresistible force, it is making its principles felt in the opinions and practice of every physician, either directly or indirectly. Aside from its special colleges, journals, hospitals, dispensaries, and pharmacies, it has, by its very success, in spite of bitter opposition, forced its principles, to some extent, into every medical institution, has notably revolutionized and improved the whole system of allopathic polypharmacy, and, in one form or another, to-day enters into and modifies the medical practice of the world.

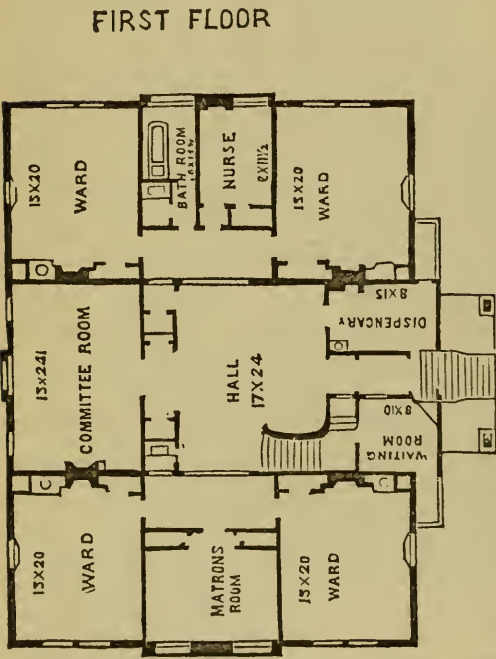
Notably have the last few years shown progress in this direction, and in no place greater than in the metropolis of New England. Here, within five years, a large and flourishing school has been established, a hospital has been founded, and three dispensaries are giving aid and health to the sick poor. Within the past month, a hospital building has been completed, and in this number we give our readers an engraving and floor-plan of the building, together with a full description of it. The centennial year, so well begun, has other things in store for our friends. This very month will assemble in Philadelphia a World's Homœopathic Convention, in which all countries will be represented. No means will be spared to make this occasion memorable, and let none of our physicians spare effort to be present and add success to this convention.



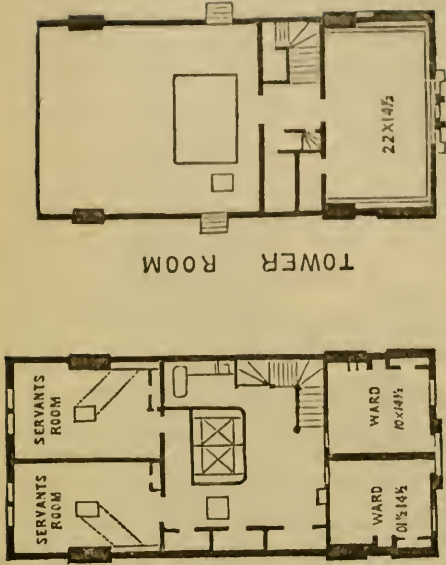
Boston University School of Medicine.



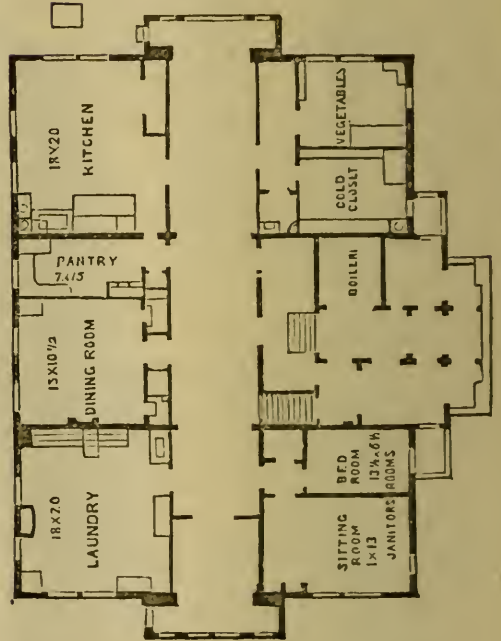
Massachusetts Homeopathic Hospital.



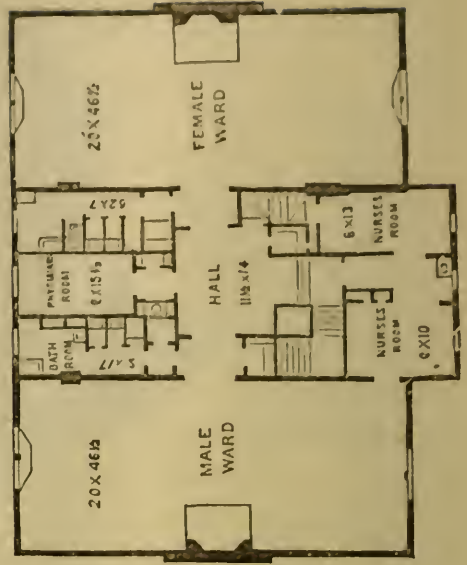
FIRST FLOOR



THIRD FLOOR.



BASEMENT FLOOR.



SECOND FLOOR.

Floor-Plan of Massachusetts Homeopathic Hospital.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

THE Hospital was chartered by the Legislature in 1855, and failed of an endowment from the State of \$10,000 by only one vote in the Senate, the House having passed it by a large vote. Had the State aided the institution even by this small sum, its friends would have been encouraged to greater exertion, and it is impossible to estimate the amount of good which might have been accomplished thereby in the past twenty years, or what would have been its present condition had it been then established. The expenses of a hospital being so great, it was thought best to establish, in the first place, a dispensary, and in 1856 an Act of Incorporation was obtained for the Homœopathic Medical Dispensary.

In order to sustain this institution, a Fair was held in Music Hall in March, 1859, which in five days realized the sum of \$13,100, which was devoted to the purposes of a permanent fund.

In the winter of 1860-61 an effort was made to establish the hospital, but the uncertainties of business which began about this time, and the war which soon followed, delayed the enterprise, though the need of the hospital was keenly felt by many of our soldiers from the war, who could nowhere find an institution which would give homœopathic treatment to those who desired it. Up to 1870 no successful effort had been made to establish the hospital, when a few friends of the cause united their efforts and procured the small building No. 14 Burroughs Place, which was fitted up as well as it could be for such an institution, and soon became the humble beginning of the Massachusetts Homœopathic Hospital.

By the generosity of individuals and religious and other associations, it was furnished under the auspices of the Ladies' Aid Association, and was opened for the reception of patients on Jan. 23, 1871, and, to the time of the closing of this building, provided for upwards of four hundred patients.

In April, 1872, under the impetus of the attempt of the Massachusetts Medical Society to cast odium upon homœopathy and its friends, the public rallied to its support, and in one of the most brilliant Fairs ever held in Boston \$76,000 were raised for the hospital fund. With this sudden and unexpected accession to its funds, it became a matter of grave importance to commence aright, — first, by selecting the proper location; and second, by erecting a suitable building.

LOCATION.

For some time the proper site for the hospital was a matter of serious consideration by the board of trustees. Good drainage,

light, air, and water, and sufficient space to enlarge at some future time, were essentials. At the same time it was important that it should be in a position accessible to the public, and where the physicians who were to give their services to it could visit it daily, without too great a sacrifice of time and effort. These latter considerations made it essential that the hospital should be located within the city proper, and many places were visited and examined.

While the location was still undecided, the Boston University School of Medicine was established under the auspices of the homœopathic physicians, and came in possession of the building and land of the New England Female Medical College, on East Concord Street, between Harrison Avenue and Albany Street. There are many advantages in having the hospital near and associated with the college and its Faculty, and as there was a vacant lot adjoining the college grounds belonging to the city, about 26,000 feet were secured at the rate of one dollar a foot. This lot is 200 feet by about 130 feet, and extends from East Concord to Stoughton Street. It overlooks the open square of the college and also the extensive grounds of the City Hospital, and will always be well supplied with light and air. The drainage, which has proved sufficient for the City Hospital, has twelve feet from the surface to high-water mark. The land is not only sufficient for the present building, but has at either end an unoccupied lot 70 feet wide and 130 feet long, — sufficient for additions. The position is a very accessible one, and not far distant from the topographical centre of Boston.

PLAN OF THE BUILDING.

Various competing plans were submitted by different architects, and it was carefully considered by the Building Committee whether to erect a handsome, commodious building, which would be an architectural ornament, or a cheap, temporary building, to be torn down in a few years, when it should have become, to some extent, saturated with the emanations of disease. This latter plan has been gaining favor of late, but it is worthy of consideration that it is not always new or even expensive buildings which exhibit the best results in curing patients; for the magnificent St. Thomas Hospital, of London, recently erected at a cost of \$3,500,000, has the highest death rate of any hospital in that city, and far exceeds that of Hôtel Dieu in Paris, which has been crowded for centuries with the most severe and often virulent cases. A middle course was adopted, and it was decided to erect a permanent, central building at a moderate cost, to which at any future time additions could be made by the erection of additional wards, while the administrative portion of the building would not

require to be changed. The plans of the present hospital were prepared by Mr. W. R. Emerson, the architect, who has had the general superintendence of the work of construction, in connection with the Building Committee of the Trustees, consisting of Mr. C. G. Wood, and Drs. E. B. de Gersdorff, J. H. Woodbury, and I. T. Talbot.

DESCRIPTION OF THE BUILDING.

The building is of brick and stone, two stories high above the basement, 70 feet front and 50 feet deep, with a central projection of 5 feet in front, above which rises a tower 60 feet in height. The entrance is unique and beautiful, and has attracted the especial attention of architects and others. A large portico, with pointed roof, supported by brick columns, covers the free-stone steps rising on three sides. The front doors, ornamented with tinted glass set in leaden sashes, are placed in the centre of a large brick circle, and upon each side are windows affording light to the pharmacy and waiting-room. From the vestibule, on the left side, opens the waiting-room, 7 × 8 feet, and also the stairs leading to the basement. Double doors at the inner end of the vestibule lead into the main hall, 17 × 24 feet, on the opposite side of which is the reception and committee room, 13 × 24 feet. Leading from the hall, and to the right of the entrance, is the pharmacy, 8 × 13, fitted up with drawers and cases for the medical and surgical requirements. Opening from the hall in each corner of the building are wards, 15 × 18 feet, suitable for from two to four patients each. The matron's room is in the centre of the northeasterly end, and corresponding to it, on the northwesterly end, is a room for private patients. Dumb waiters, a bath-room, and water-closets are also on this story.

A broad and easy stairway, with two landings, leads to the second or central hall, which is lighted by a skylight. Opposite the head of the stairway is the physician's room, and each end of the hall opens into a large ward, which forms a distinctive feature in this institution, combining, as it does, the advantages of the pavilion system in a permanent building. These wards are 20 feet wide, 48 feet long, and 19 feet high, with windows upon three sides. At the end of each ward is a large window, circular at the top, with tinted cathedral glass and lead sash, which relieves the glare of the sun, and sheds a soft, cheerful light through the rooms. In the centre of the side of each ward, opposite to the entrance, is a large brick fireplace, with ornamental mantel, and a soapstone hearth 6 × 8 feet, warmed by coils of steampipe below, which diffuse a gentle warmth, so grateful to convalescents, who can sit on the hearth without being subject to the draft from a furnace register. Connected directly with each ward, yet

outside its walls, is a dumb waiter leading to the kitchen, and well-ventilated bath-rooms and water-closets. The nurses' rooms are small apartments connected with each ward. The space above these large wards is devoted entirely to ventilation, thus avoiding the difficulty which always occurs in large hospitals where one ward is placed above another. In the central part of the third story front are two pleasant rooms, each containing a single bed, and in the rear are sleeping rooms for nurses and servants. In the tower is a large and very pleasant room for patients, which, if necessity should ever require it, could be used for isolated cases. In the basement is a large, light, and airy hall, extending the whole length of the building, 8 feet in width. The kitchen, in the southeast corner, is supplied with all the necessary appliances, including one of Whiteley's best ranges; and adjoining it is a commodious pantry. The general dining-room is in the centre, and a conveniently-arranged laundry on the northeast corner. The remainder of the basement is devoted to janitor's, store, vegetable rooms, etc.

HEATING AND VENTILATION.

Especial attention has been paid to the methods of heating and ventilating, combining them in such a manner that each may effectually aid the other. The heat is supplied by an apparatus from the United States Soapstone Furnace Company's works, the cold air passing through soapstone chambers heated by the fire from the furnace, so that the air does not, at any point within the furnace, come in contact with heated iron. From the boiler, steam is conveyed to various parts of the building, and all the principal wards are heated by means of fresh air passing between the coils of steam-pipe, — a method known as indirect radiation; while direct radiation by means of radiators is adopted when this method alone is practicable. In addition to the ventilation derived from the furnace each room for patients contains an open fireplace, and the hot air is carried off by ventilators both in the ceiling and the floor. Aside from the various chimney-flues, registers, and windows, three of Robinson's large ventilators convey air to and from the different parts of the building. The ventilation was well tested and proved successful on the opening evening, when the building was filled with nearly a thousand people.

The interior finish of the building is in varnished pine, except the lower hall and staircase, which are in ash. Most of the floors throughout the building are of narrow strips of hard pine, matched, except the lower hall, pharmacy, and reception room, which are of hard pine and cherry. A heavy layer of cement, covered by double felting under the principal floors, deadens the sound.

The mason-work was done by Standish & Woodbury, the carpentering by James F. Marston, the plumbing by P. Ryan, the plastering by J. Mack, and the painting by Hutchins & Anglin. The whole cost of the building will be about \$45,000 exclusive of land.

OPENING OF THE HOSPITAL.

The building having been substantially finished, it was opened to its friends on Thursday evening, April 20, with a coffee party under the management of the Ladies' Aid Association, which, aside from the accompanying pleasure, added about \$1,400 to the funds of the hospital. On Tuesday and Wednesday, May 2 and 3, the hospital was thrown open to the inspection of the public; and hundreds who availed themselves of this privilege expressed their pleasure at the beauty of the building and the completeness of the arrangements. On Thursday, May 4, the hospital was opened for the reception of patients.

The funds of the hospital are not sufficient for its support, and the price of beds ranges from \$7 to \$25 per week, which includes board, nursing, and all the necessary medical or surgical treatment. It will require no little effort on the part of its friends, to secure for this hospital the means of doing all the good of which it is capable. Who will do the most for it?

A LETTER received from Dr. H. R. Stout, of Jacksonville, Fla., conveys some information of no small importance to homœopathic physicians in the North having occasion to send patients to the health-resort named. He says that one Dr. J. D. Mitchell—for some twenty years a resident of Jacksonville, and claiming to have been a homœopath when he came there—declares that Homœopathy “will not work” in that climate, *and that he has abandoned it on this account.*

As he is a man of wealth and influence in the place, such avowals tend to the serious injury of Homœopathy among the large class of natives and visiting invalids whom they reach.

In spite of this antagonistic attitude, Dr. Mitchell has found means to have his name retained in the directories as a homœopathic physician, and it frequently happens that Northern physicians send him their patients in good faith. His name appears in *Raué's Record*, for 1870, and as J. A. Mitchell in the *British Directory* for 1872. He also claims to be, or to have been, a member of the American Institute, but, on the authority of Dr. Kellogg, we are authorized to state that no such name appears on the roll.

We call attention to the fact that two physicians, Drs. H. R. Stout

and Dr. Johnson, are in successful practice in Jacksonville, and that in their hands, Homœopathy abundantly yields the result of which it fails in those of Dr. J. D. Mitchell.

“JACKSONVILLE, FLORIDA, April 15, 1876.

“DR. W. WESSELHOEFT :

“*Dear Doctor*, — Your favor of the fifth and the enclosure of the sixth received. I do not see how I could improve on your notice of Mitchell, and there is certainly nothing in it but what is ‘backed’ by facts. Dr. Johnson does not seem disposed to unite in a circular; thinks if we give Mitchell rope enough he will hang himself. I prefer to be more aggressive than that and assist in the hanging. The allopaths say that if they can prove that Mitchell practises Homœopathy (as he claims to do now when so desired) they will expel him. Dr. McCant was my predecessor, but has removed to Madison County and become a preacher. He was all right, and had been very successful as a practitioner for twenty years in this State. He had much to contend with from Mitchell. Many thanks for your trouble.

“Very truly yours,

“H. R. STOUT.”

CORRESPONDENCE.

10 ELLIS ST., SAN FRANCISCO, April 10, 1876.

EDITOR OF NEW ENGLAND MEDICAL GAZETTE :

Dear Dr. — I enclose you an extract from a morning paper which gives the new medical bill as it passed our Legislature. In conformity to its requirements, the “Pacific Homœopathic Medical Society of the State of California” will at its annual meeting, which is to be held on the 10th of May, appoint the required Board of Examiners, and be in readiness to perform the duties required.

Very truly yours,

G. M. PEASE,

General Secretary and Chairman of Committee on Legislation.

“THE ANTI-QUACKERY LAW.

“WHO MAY PRACTISE MEDICINE IN CALIFORNIA, AND WHO NOT.

“Following is the full text of the law prohibiting the practice of medicine by quacks in this State, as it appears on the enrolled bill in the Secretary of State’s office. The enrolled law differs in many words from the engrossed bill as passed by the Legislature. The words inclosed in parentheses are in the original, and show the material changes : —

“*An Act to regulate the Practice of Medicine in the State of California. Approved April 3, 1876.*

“The people of the State of California, represented in Senate and Assembly, do enact as follows : —

“SECTION 1. Every person practising medicine, in any of its departments, shall possess the qualifications required by this Act. If a graduate of medicine, he shall present his diploma to the Board of

Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the Board of Examiners shall issue its certificate to that effect, signed by all the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practise medicine in this State. If not a graduate, the person practising medicine in this State shall present himself before said Board and submit himself to such examinations as the said Board shall require; and if the examination shall be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

“SECT. 2. Each State Medical Society incorporated and in active existence on the tenth day of March, 1876, whose members are required to possess diplomas or licenses from some legally chartered medical institution in good standing, shall appoint, annually, a Board of Examiners, consisting of seven members, who shall hold their office for one year and until their successors shall be chosen. The examiners so appointed shall go before a county judge and make oath that they are regular graduates and (or?) licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the Society appointing it, by the selection of alternates or otherwise.

“SECT. 3. The Board of Examiners shall organize within three months after the passage of this Act. They shall procure a seal, and shall receive, through their secretary, applications for certificates and examinations. The president of each Board shall have authority to administer oaths, and the Board take testimony in all meetings (matters?) relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having received diplomas (or?) licenses from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, — one for persons in possession of diplomas or licenses, the other for candidates examined by the Board. They shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings, they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical Society to which the Examining Board is attached.

“SECT. 4. Said Board of Examiners shall examine diplomas as to their genuineness, and if the diploma shall be found genuine, as represented, the secretary of the Board of Examiners shall receive a fee of \$1 from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect \$20 of the applicant presenting such diploma. The verification of the diplomas shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named; and such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested

under the hand and official seal of such officer, if he have a seal. Graduates may present their diplomas and affidavits, as provided in this Act, by letter or by proxy, and the Board of Examiners shall issue its certificate the same as though the owner of the diploma was present.

“SECT. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Board shall authorize the possessor to practice medicine and surgery in the State of California; but no examination into the qualifications of persons not holding diplomas or licenses shall be made after Dec. 31, 1876. After that date no certificates shall be granted by them, except to persons presenting diplomas or licenses from legally chartered medical institutions in good standing.

“SECT. 6. Every person holding a certificate from a Board of Examiners, shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be indorsed thereon. Any person removing to another county to practice, shall procure an indorsement to that effect on the certificate from the county clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

“SECT. 7. The county clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of issue and the name of the medical Society represented by the Board of Examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

“SECT. 8. Candidates for examination shall pay a fee of \$5 in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical Society by which the Board shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the Society.

“SECT. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

“SECT. 10. The Board of Examiners may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation, the applicant may appeal to the body appointing the Board.

“SECT. 11. Any person shall be regarded as practising medicine, within the meaning of this Act, who shall profess publicly to be a physician and prescribe for the sick, or who shall append to his name the letters “M.D.” But nothing in this Act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this Act shall not apply to commissioned surgeons of the United States army and navy practising within the limits of this State.

“ ‘SECT. 12. Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind intended for the treatment of disease or injury, or who shall, by writing or printing, or any other method, publicly profess to cure or treat disease, injury, or deformity by any drug, nostrum, manipulation, or other expedient, shall pay a license of \$100 a month, to be collected in the usual way.

“ ‘SECT. 13. Any person practising medicine or surgery in this State without complying with the provisions of this Act shall be punished by a fine of not less than \$50 nor more than \$500, or by imprisonment in the county jail for a period of not less than thirty days nor more than three hundred and sixty-five days, or by both such fine and imprisonment for each and every offence; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery.

“ ‘SECT. 14. This Act shall take effect from and after its passage, but the penalties shall not be enforced till on and after Dec. 31, 1876.’ ”

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

ANNUAL MEETING.

APRIL 12, 1876.

MORNING SESSION.

THE meeting was called to order at 10.30 o'clock, A. M., by the President, Dr. Farnsworth.

The records of the last meeting were read and approved.

The records of the last two meetings of the Executive Committee, constituting the report of the committee, were read and accepted.

Upon motion the proposed amendments to the Constitution were taken up, and after a free discussion were indefinitely postponed.

The following candidates were unanimously elected to membership:—

Alonzo L. Kennedy, M.D., Boston.

Wm. M. Cate, M.D., Salem.

Geo. A. Adams, M.D., Webster.

Dr. Farnsworth then delivered the usual presidential address. He referred to the present as compared with the past, to the progress which has been made in the past century, and to the basis which we have for still increased growth; to some of the present relations of physicians to communities, especially as it regards the drainage and sewage of large cities; to the relations of homœopathic physicians to the profession at large; and to the great advancement which has been

made in this State by means of this Society and its active working members.

The address was warmly received, the thanks of the Society voted, and it referred to the committee for publication.

The report of the treasurer, Dr. T. S. Scales, was then made, showing a slight balance in the treasury. Accepted and referred.

The report of the Committee on Materia Medica was made by Dr. A. M. Cushing, who presented:—

1. Cases cured by *Nitrite of Amyl* by A. M. Cushing, M.D.
2. A proving of *Nitrite of Amyl*.
3. A paper on The Relation of "Similia similibus curantur" to the Present Practice of Homœopathy, by A. Thompson, M.D.

Dr. Chase remarked that the *Nitrite of Amyl* always produced upon him a marked congestion of the brain, with very flushed face and great irregularity of the pulse.

Dr. Cushing said that the man by whom the proving was made found his pulse so irregular that it could not be counted. This inability to count it was not due so much to the quickness of the beat as to its constantly changing and irregular character. In the case which he had presented before the Society, he had administered the *Nitrite of Amyl* by olfaction, because the child could not swallow. After giving it thus, the spasm soon relaxed and then she could swallow readily.

Dr. Geo. Russell had used the *Nitrite of Amyl* in several cases. He had recently seen, in consultation, a case of eclampsia. The lady had been confined in the early evening of the previous day, with no unusual symptoms. About an hour afterwards, however, she was attacked by severe convulsions. These continued every thirty minutes during the night, she being comatose during the intervals with heavy breathing. At 8 A. M. he was called, and at once put ten or twelve drops of the *Nitrite* upon a napkin, and administered it by inhalation. The next spasm occurred in about fifteen minutes, but it was very slight. The inhalation was again given. At long intervals she had very slight threatenings of convulsions, but the inhalation promptly checked them. In the afternoon she became conscious, and had a good "getting up." He had also used it successfully in a very severe case of dysmenorrhœa from anteflexion. It at once relieved the pain, and brought on the discharge. Drop doses of the 1st dec. were afterwards given with considerable benefit.

The report of the Committee on Clinical Medicine was presented through the various members, and consisted of:—

1. Clinical action of *Apis Mel.*, Dr. O. S. Sanders.
2. Two cases of cough, *Iodine*²⁰⁰, *Nux*¹⁰⁰⁰, by Dr. A. M. Cushing.
3. A case of uterine encephaloid, by Dr. T. A. Capen.
4. Forty-four cases of diphtheria, by Dr. C. A. Walker.
5. *Lactic Acid* in diabetes, by Dr. J. K. Warren.
6. *Ferrum* in pneumonia, by Dr. S. M. Cate.

Dr. T. S. Scales gave the two following cases illustrative of the action of *Hecla Lava*:—

In the month of February, 1876, A. B. S., aged fourteen and a half years, school-girl, commenced suffering agonizing pain in her left fore-

finger. After enduring the pain for about twenty-four hours, she showed the finger to one of our sister members, who at once diagnosed a felon. The next day she showed it to one of our honored brethren, who pronounced it a felon, and painted it with *Nitrate of Silver*, and advised her, if it did not get better, to go home to her father. Accordingly, in one week from the commencement of the pain, she came home, suffering most intensely. I gave her *Hecla Lava*, the third trituration (after having painted it with *Chromic Acid*, from which she experienced but slight benefit), and she suffered, after the first few doses of *Lava*, but little more pain. The swelling subsided, and the finger, which had been very sensitive to the slightest jar, soon resumed piano practice. It is now less than two months since the felon commenced, and the finger is as good as ever. It never discharged nor shed the nail.

J. N. D., aged about sixty-four, had a tooth which had commenced to ulcerate. He had a swelling of the jaw and gum, opposite the end of the fang, which was quite large and very painful. He had had no respite for some days, except by filling his mouth with cigar-smoke and soon expelling it, and refilling the mouth with fresh smoke.

Although he was *sure* that nothing could do any good till it should open, I persuaded him to take *Hecla Lava*, in small powders of the third trituration, to be repeated once in two hours. After two or three doses he began to feel relieved from the pain, and in five or six hours was entirely relieved, and slept. In a few hours he awoke again with the agonizing, throbbing pain, but one or two doses of the same trituration permanently relieved the pain; the swelling and soreness rapidly subsided; the next day he resumed his business, and the tooth soon became well and serviceable.

In several cases of severe prosopalgia, accompanying decayed teeth, *Hecla Lava*, 30th, has done surprisingly well in my practice. I think it one of our most valuable remedies.

Dr. Sanders very strongly expressed his preference for cold rooms in all cases of eruptive diseases, believing that cold is a very powerful agent in determining to the surface the eruption, and a low temperature exceedingly favorable to ultimate recovery, even in the worst forms of such diseases.

Dr. J. K. Warren, in response to inquiries concerning the effect of *Lactic Acid* on diabetes, and his reasons therefor, gave the following case and experiments:—

Wm. C —, aged sixteen years, for several months has had excessive hunger and thirst, voiding immense quantities of urine both night and day; great emaciation; strength much reduced; in fact, having all the symptoms of a well-advanced case of diabetes. Pres.: *Lactic Acid*, 1st dec., gtt. 10, ter die. In about three weeks all the symptoms disappeared, and he is now apparently perfectly well, and working every day.

It has often been observed that large quantities of *Chloroform*, *Ether*, or *Alcohol* would produce sugar in the urine, by, as I suppose, preventing the formation of the lactic acid, which decomposes the sugar secreted by the liver.

To determine this somewhat, I took four four-ounce vials and filled

them with fresh milk, exposing them all to a uniform temperature of 70°. The first was left undisturbed, but to the second were added twelve drops of *Alcohol*, to the third, twelve drops of *Ether*, and to the fourth the same quantity of *Chloroform*. The first, in which was pure milk only, soured and thickened forty-eight hours sooner than the others, the fourth remaining sweet the longest. I found, also, that by adding a few drops of *Lactic Acid* to diabetic urine, no trace of sugar could be obtained by tests after ten minutes.

The Committee on Surgery reported but one paper, —

Animal Magnetism as an Anæsthetic, by J. K. Warren, M.D.

The reports of delegates to the various societies were received, after which adjournment was had to two o'clock, P. M.

AFTERNOON SESSION.

The Society was called to order at two o'clock, at which time Dr. H. M. Jernegan exhibited, as part of the report of the Committee on Surgery, a very interesting and successful case of skin-grafting.

It was one of scirrhus cancer of the left breast, involving the mammary and axillary glands, which had been removed by the knife seven weeks previous. As the whole surface of the wound had to be healed by granulation, he resorted, as soon as the parts were in condition, to the process of grafting, and at the first sitting placed sixteen pieces of skin about the size of cucumber-seeds upon the granulation. Three weeks since he grafted the second time, applying twenty-seven grafts as before. Nearly all of the pieces could then be seen and some of the first grafts had been joined to the integument by the formation of new cuticle. The case was under the influence of *Lapis aibus* 1 c. three times per day.

The Society then proceeded to the election of officers for the ensuing year, with the following result: —

President. — E. U. Jones, M.D., Taunton.

Vice Presidents. — O. S. Sanders, M.D., Boston. Wm. H. Lougee, M.D., Lawrence.

Corresponding Secretary. — D. G. Woodvine, M.D., Boston.

Recording Secretary. — E. P. Colby, M.D., Wakefield.

Treasurer. — T. S. Scales, M.D., Woburn.

Librarian. — F. H. Underwood, M.D., Boston.

Censors. — H. P. Hemenway, M.D., Somerville. E. B. Holt, M.D., East Boston. A. M. Cushing, M.D., Lynn. Lewis Whiting, M.D., Danvers. J. H. Smith, M.D., Melrose.

The annual address was delivered by L. D. Packard, M.D. It was a vivid and contrasted grouping, showing the wonderful progress that has been made in the arts and sciences, especially in their relation to medicine, during the past century.

The Committee on Obstetrics reported the follow papers: —

1. On the Use of the Obstetrical Forceps, by J. H. Woodbury, M.D.

2. On Ovarian Dysmenorrhœa, by W. H. Lougee, M.D.

3. Graphites in Induration and Cicatrization of the Mammæ, by D. B. Whittier, M.D.

4. Treatment of the Mammæ, by G. B. Sawtelle, M.D.

5. Lachesis in Uræmic Convulsions, by George Barrows, M.D.

A valuable paper on Laryngoscopy, by Dr. D. G. Woodvine, was presented and read.

The Committee on Pharmacy reported one paper, by Dr. E. P. Colby.

On motion the thanks of the Society were extended to the trustees of the university for the use of hall for the meeting, and to the retiring officers of the Society for their efficiency and promptness.

Adjourned.

E. U. JONES, *Secretary*.

WESTERN ACADEMY OF HOMŒOPATHY.

THE second anniversary and third regular session of this Society will be held at Galesburg, Ill., June 6 and 7, 1876. The following are the topics for discussion: "Provings and Manner of Preparing Drugs," "Diseases of the Joints," "Chief Forms of Difficult Labor," "Diseases of Women in the West," "Effects of Different Regions upon the Different Diseases of Children," "Locomotor Ataxia and other Alterations of Gait," "Malarial Fevers," "The Limit of Malaria, and how controlled by Climate, Hygienic Measures, etc."

The President, E. C. Franklin, M.D., of St. Louis, will deliver the annual address on June 6.

The oration will be delivered on Wednesday, June 7, by G. D. Beebe, M.D., of Chicago, Ill.

Any further information may be obtained of J. Martine Kershaw, M.D., General Secretary, northwestern corner Fourteenth and Olive Streets, St. Louis, Mo.

WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE twelfth annual meeting of this Society will be held at Milwaukee, at the parlors of the Newhall House, on Wednesday and Thursday, June 21 and 22, 1876.

The president, L. E. Ober, M.D., of La Crosse, will deliver the annual address at the morning session, June 21.

The various Bureaus will report, and opportunity will be given for discussion at the close of each report.

Further information from Lewis Sherman, M.D., Secretary, 171 Wisconsin Street, Milwaukee, Wisconsin.

MIDDLESEX SOUTH HOMŒOPATHIC MEDICAL SOCIETY.

THE May Meeting of this Society was held at the office of E. P. Scales, M.D., Newton, on Thursday, the 11th, at 2.30 p. m. After the regular business of the meeting was transacted, Dr H. L. Chase, of Cambridgeport, reported a case of puerperal convulsions immediately relieved by inhaling *Nit. Amyl.* Dr. Crockett, of West Newton,

reported a case of epilepsy, in which the attacks were immediately stopped in the same manner; and Dr. H. A. Chase, of Cambridgeport, reported a case of epilepsy relieved in the same way. Dr. Farnsworth, of East Cambridge, gave a detailed account of the autopsy of a child less than five years of age that died of nephritis. Dr. Hackett, of Needham, reported a case of hemiplegia resulting from electricity; and Dr. H. L. Chase read a very interesting and instructive essay on "The Treatment of Pneumonia."

G. H. HACKETT, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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

THERAPEUTICS OF TUBERCULOSIS OR PULMONARY CONSUMPTION. By Wm. H. Burt, M.D., of Chicago. New York and Philadelphia: Boericke and Tafel. 1876.

This book is precisely what its title implies, a work on the therapeutics of consumption. The author divides tuberculosis into twelve of its characteristic symptoms, and then takes up each head separately, giving the indications for the remedies. The twelve heads are:—

1. General atonic condition of the body.
2. Emaciation.
3. Debility.
4. Hæmoptysis.
5. Cough.
6. Asthma.
7. Hectic fever.
8. Night-sweats.
9. Aphthæ.
10. Diarrhœa.
11. Pain.
12. Bed-sores.

The scope of the work is given in the following words of the introduction: "In writing the treatment of each symptom, we have collected together from our text-books and journals all that has been written on this disease, and put in such shape that the busy physician and student can grasp and utilize it at once, without having to search over his whole library whenever a case presents itself for treatment. The remedies have been so fully written that not only the general indications are complete, but a characteristic *Materia Medica* has been produced that forms a marked feature of the work, and we believe will be prized by the profession as invaluable; in it the *heart* and *soul* of each remedy is put in such a concise shape that the labor of applying it to disease is made easy. We have aimed to put nothing in this work but actual *practical, clinical experience*, something

that can be turned to by the student with the feeling that what he is wielding has been *thoroughly tested and found reliable.*"

The plan of the work as stated above has been most thoroughly carried out. The indications for the remedies are given in a most excellent and concise manner, and in connection with them many eminent authorities are quoted, among whom may be mentioned Hirschel, Meyhoffer, Hughes, Baehr, Goullon, Guernsey, Dunham, and others. The chapter on Cough deserves special mention. Hygienic and dietetic rules are also given. The book closes with a chapter on the use of the spirometer as a means of diagnosis.

THE ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. By Wm. H. Byford, A.M., M.D. (Extracted from the Transactions of the American Medical Association.)

In this address the writer considers the treatment of fibrous tumors of the uterus by *Ergot*. He explains the action of *Ergot*, *Belladonna*, and other remedies on the ground of the special effect they have on unstriped muscular fibre. This unstriped fibre is found in the structure of the uterine walls and in that of the arteries supplying blood to the substance of the uterus.

Hence he regards the action as three-fold. "First, the calibre of the arterial tubes is diminished by the contraction of the muscular fibres which enter into their composition. Second, the arterioles are diminished in size by compression from the contraction of the uterine muscular fibres which surround them. Third, these vessels are distorted and drawn in diverse directions by both the contraction and compression, and hence are rendered less fit for sanguineous conduits." He thinks that the nutrition of these tumors is stopped, or at least interfered with, so that they become disintegrated more easily. Several cases are reported which were attended with good results.

NOTE BOOK FOR CASES OF OVARIAN TUMORS AND OTHER ABDOMINAL ENLARGEMENTS. Dr. H. Lenox Hodge. Philadelphia: Lindsay & Blakiston.

This book is arranged on a plan which would be exceedingly useful for a surgeon in making a systematic record of his cases. In addition, there are several plates showing the abdominal and pelvic relations. The plan is worthy of adoption.

BOOKS AND PAMPHLETS RECEIVED.

THE PATHOLOGY AND TREATMENT OF CHILDBED. By F. Winckel, formerly of Rostock. Translated by James R. Chadwick, M.D., of Harvard University.

THE MIND: AN ADDRESS. By J. H. McClelland, M.D. Delivered before the Homœopathic Medical Society, of Pennsylvania, October, 1875, and, in a modified form, before the Legislature of Pennsylvania, March, 1876.

A NEW PLAN FOR DETECTING BILE-PIGMENT IN THE URINE. — For the clinical demonstration of the presence of bile-pigment in urine, Dr. Rosenbach, of Jena (*Centralblatt Med. Wiss.*, No. 1, 1876), recommended the following methods as an improvement on those ordinarily employed: The urine is filtered through ordinary white filter-paper, by which means the latter is rendered of an intense yellow or brown tint. If a drop of slightly-fuming, concentrated nitric acid is now allowed to fall on the inner side of this prepared paper, that is to say, on the side which was turned towards the fluid, the spot which it touches becomes yellow, then yellowish-red, and at the edge, of a beautiful violet tint; farther out there forms an intensely blue ring, which passes over almost immediately into an emerald-green color. It is best to use the paper in the moist state, without allowing it to dry after filtration. The play of colors produced by the acid is beautifully shown by allowing a drop to trickle down the inner surface of the filter, the reaction becoming more intense the nearer the acid gets to the apex of the cone. If the filter be allowed to dry and put aside for a few days, it is only necessary to moisten it with distilled water, and then to use a drop of acid, to obtain a characteristic play of colors. The reaction does not occur in highly colored urines which are not icteric. — *Medical Times and Gazette*, March, 1876.

PERSONAL.

WE regret to announce the death, from pulmonary consumption, of Dr. John J. Connolly, of the Class of 1875, Boston School of Medicine, which took place on Sunday, the 16th of April. He was born in Boston, April, 1854, graduated at the Boston Latin School, had nearly finished a theological course at Boston College, when failing health compelled him to abandon his studies. He afterward attended a course of lectures at the Harvard Medical School, during which time his attention was called to Homœopathy. He was one of the earliest matriculants of the Boston School. He was a young man of great promise, and will be sincerely mourned by a large circle of friends.

TO PHYSICIANS. — A young man, the undersigned, desires a situation with a physician, where he will have an opportunity to devote a part of each day to study.

CHARLES C. WILLIAMS,

15 Cazenove Place, Boston.

FRANCIS A. GILE, M.D., formerly one of the attending physicians at the Dispensary in the New York Ophthalmic Hospital, has located at Manchester, N. H., No. 5 Martin's Block.

H. P. GATCHELL, Jr., M.D., has removed from Kenosha, Wisconsin, Sanitarium, to the Bidwell Hotel and Water-Cure, Palmyra.

ALBERT F. PIPER, M.D., has located at Thomaston, Me. HOSEA B. EATON, M.D., at Boothbay, Me. Both graduates of New York Homœopathic Medical College.

E. H. STILSON, M.D., has removed from Jefferson City, Mo., to Knoxville, Ill.

J. S. SHAW, M.D., 384 Main Street, Charlestown District, Boston.

J. L. COFFIN, M.D., West Medford, Mass.

W. O. FAXON, M.D., South Braintree, Mass.

W. C. WELCH, Jr., M.D., Post-Office Block, Manchester, N. H.

THE
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No. 7.]

BOSTON, JULY, 1876.

[Vol. XI.

ON INFECTIOUS DISEASES.

INTRODUCTORY LECTURE, BY E. B. DE GERSDORFF, M.D.,

Professor of Pathology and Diagnosis, B. U. School of Medicine.

Ladies and Gentlemen: — You are aware that disease, as an entity, has become in our time an obsolete notion. A diseased body is considered to be subject to the same physiological laws as when in health, only, according to the school of cellular pathology, laboring under certain difficulties or irregularities, produced by the presence of certain cells, normal in themselves, which occur at an abnormal time in an abnormal place. Nevertheless we have, as physicians, still to consider disease as a product of two factors, — the one, the inherent susceptibility of the organism, and the other, the outward injurious influence called *noxa*. This *noxa* assumes, however, in some instances, a more specific form than in others, and hence the apparent ontological nature of certain diseases, especially those produced by infection and by parasites. In former remarks, when speaking of general etiology, I have asked you to look at the nature of disease from two standpoints, — the one, when you consider disease as a modification of the process of life, or a disturbed harmony of the vital power, resulting in a qualitative elevation of the animal and vegetative life, and thus more or less endangering the integrity of the organism; the other, when you recognize in disease, as you must do in some, a kind of imperfect organism dependent upon our organism, or a kind of parasite, living at our expense or even endangering our life. It

must, therefore, ever be the task of the physician to explore the laws of evolution in nature, according to which he will be able to check or to annihilate this progress of disease, without at the same time endangering thereby the organism. Thus only shall we be able to fulfil the three main requisites of thorough physicians, namely,—that of students of natural history of disease, that of healing artists (which refers as well to skill in treatment as to the art of diagnosis), and finally that of professional persons, into whose hands the charge of the public health has been trusted.

You will easily conceive that this remark must have a particular bearing upon the diagnosis and the treatment of infectious diseases. In our time, everybody who makes himself acquainted with the use of the microscope has a chance to learn that organisms of minutest size and of a development lower than that of the animal, but above that of the plant, occur in and about us everywhere, and that from their first traces of existence up to the fully developed parasite, an uninterrupted chain of their species can be perceived. At Hahnemann's time, the ignorance in these etiological facts led pathologists into many errors, which he shared with them; but at the present time, although we do not know as yet *when* and *where* organic and animal life begins, we fully recognize it, when we once with our improved means of vision have found it, as essentially different from an organic matter. Thus we have reason, according to many physiologists within the last eighty years, from Moscati and Meyer to Haenle, Liebermeister, and others of the present day, to assume the existence of a kind of *proto-organism*, which at different times may develop in two different directions,—the one into plant life, the other into animal life. By experiments it has been proved that plants grow by animalculæ or infusoria, which are also the first germs of animal organism in life as well as in disease, and are to be met with in the atmosphere and around and in us. Kielmeyer was the first who pronounced, upon the basis of these facts, the idea that the whole vegetable and animal kingdom represented one complex organism. The great Cuvier, Linné, Jahn, and others, not to mention the amateur naturalist Gorthe, expressed themselves

similarly eighty years ago, and started on these premises a theory of the cause of disease, foreshadowing, as it were, modern theories of evolution in the natural history of man. When we reviewed in a former lecture the composition of the blood, and recognized in it a serous fluid, called zoëgen or protoplasm or bioplasm, out of which the first life of the growing and half-developed white corpuscle takes its source, we might have added that in the same sphere of life, namely, in that of sanguification in our body, a chance of life and of development, a home, as it were, is given to these germs of disease, which we inhale or imbibe by the skin or take in with our food.

It would be absurd to say that nature produces directly diseases as such, but she creates extraneous injurious influences to affect us, and she produces organisms in different stages of development in innumerable varieties; and the unavoidable conflict between these and animals of higher order arising from it we call disease. This is particularly the case in all infectious diseases. I have lingered over these etiological questions, arising from the study of these diseases, because of their importance in and direct effect upon the prophylactic measures which may be resorted to against the various epidemics, and by which, indeed, more benefit is to be arrived at for the human race than by the subsequent treatment. Let us now make an attempt at definition and classification of infectious diseases, although here, as in other departments of the natural history of diseases, the lines of distinction must be more or less arbitrary, and no definition will entirely exhaust the subject.

We comprehend with Liebermeister, the latest and best German authority, under the name of *infectious diseases*, all those which seem to have their origin in an organic poison, the peculiarity of which is that it is able, under certain conditions, to reproduce itself and to spread unlimited.

At the same time we must never forget that the susceptibility of each individual is another factor in producing these diseases, which varies in degree as much as the specific character of the extraneous cause.

Some of these poisons have long been known under the name of *miasmata*, about which many theories have been entertained

and have been superseded by others. We call now miasmatic such potencies in the air, as produce in man the first germ of various diseases; but they are not themselves palpable, visible, or ponderable germs. Indeed, so minute and subtile are the miasmata from vegetable and animal decomposition, or the exhalations from regions impregnated with malarious moisture, that no one has as yet been able to appreciate their chemical or physiological properties by the most accurate tests or the most powerful optical instruments. Nobody, however, would for this reason presume to deny or doubt their tremendous although mysterious power upon the human system. All that can be said about a peculiar *genius epidemicus morbi* is based upon their existence, together with or under general cosmic and telluric influences. They have frequently been mistaken for the contagia themselves. On the whole, a miasma is not to be considered a real organic body, but we may say miasmatic air is active in deteriorating the energy of higher organisms and producing or setting into life and action lower organisms. Bezelius made the distinction that, both being germs of disease, the miasmata were such as were communicated through the air, and the contagia by immediate contact; but this distinction is superficial and does not cover the whole ground, as we shall see presently. I repeat here, what I have expressed in print elsewhere, it is good that we should settle the question first, What is produced by vegetable and animal decay (or change of matter)? The difference between the two is of some importance. From both arise, —

I. Certain inorganic or elementary gases, as carbonic acid, sulphuretted hydrogen, etc., irrespirable when existing in too large percentage in the atmosphere, thus bringing death by asphyxia, but not productive of epidemic or infectious diseases.

II. Bad smelling, mephitic, volatile, organic gases or ethereal oils, all containing more or less ammonia, which is, in itself, rather a check to infection.

III. A world of proto-organisms, germs, infusoria, animalculæ of great varieties and under many names, which, under the influence of electricity and moist air as good conductors, reach our organism through air, water, or food, and thus produce, sooner or later, infectious diseases.

But in the circulation of matter on earth we have to recognize in the animal organism the last and highest station of perfection; therefore, we find that the decaying plant gives life to new plants and to other organisms, changing into *fungi* or *mycelii* (mould-bodies) or *sporulae* (yeast-bodies) *bacteria*, *micrococci*, etc., the significance of which to us is, that they excite fermentation and putrefaction everywhere and reach their further noxious development as zymotic diseases in *man*, with such fatal effect, while animal matter, on the other hand, under decay, when life is extinct, having reached the end of its career, as it were, in this circulation of matter on earth, falls back under chemical laws into inorganic parts, gases, or ashes, which contain no germs of disease, and then may turn again after a longer lapse of time, first into plants, before they can regenerate into or even influence animal matter. If specific or infectious diseases ever are found to have arisen from decay of animal matter, it is only when it was already zymotically diseased animal matter and therefore already alive with germs, such as excrementitious matter of cholera or dysentery patients, waste of diphtheritic or typhoid patients, etc.

It is evident that, if these poisons are able in the manner described to increase and to reproduce themselves, such diseases should appear, not sporadically, but as *epidemics* or *endemics* or even as *pandemics*. Likewise any disease which appears in an epidemic form we regard as of infectious origin, although exceptions to this rule exist, for instance, in syphilitic infection, which is hardly ever epi- or endemic.

There are two hypotheses about the process of infection so far established. The one is that of *zymosis* or *fermentation*, the other that of the *contagium vivum*. The first is an old doctrine, revived by Liebig, that a virus received into the blood acts as a ferment, exciting therein processes, called catalytic or zymotic. The grounds for this hypothesis are the inappreciable amount of material substance which suffices to communicate a disease and the occurrence of days or weeks between its introduction into the blood and the manifestation of any morbid phenomena. This theory has been made a basis for nosological classification by Farr, who considered all

miasmatic and contagious, finally all epidemic or endemic diseases as zymotic.

But where is the line between chemistry and physiology to be drawn? Since we know that microscopists have found in all fermenting matter proto-organisms, this theory of zymosis and that of contagium unite into one. *Contagia viva*, on the other hand, are not only to be enumerated as a fermenting cause of infection, such as might be conceded to exist in certain malarious or miasmatic diseases, but they are *products of disease* themselves, and capable again of propagating disease; at least to act in it as one factor. They are therefore not to be thought of, without a preceding disease of an organism, any more than the seeds of plants can be imagined to exist without a preceding seed-bearing flower. We have to consider them as a kind of living organism of a lower order. Such men as Désault, Hufeland, Autenrieth, Gruithuisen, entertained this opinion towards the end of the last century, and in modern times microscopists have confirmed their existence as spherical or cylindrical organisms, more independent in their action and movement and more complicated in their forms and ingredients than the mere blood corpuscula, although not much larger in size, occurring in the mucus, lymph, pus, or the various secretions of diseased animals or men. Their tenacity of life varies very much; sometimes they are easily destroyed, and by the merest access of freshly ozoned air they may be annulled, as we see by the sudden disappearance of dysenteric epidemics during a change of the weather, or of the yellow fever after the setting in of frost; sometimes, however, by forming certain fomites or nests of contagious germs, the fatal power of preserving their life has been extended to months and years. This, again, is similar to the germinating power of different seeds of plants, of which some lose their power in one year, while among the graminea the Egyptian corn found in mummies has been known to germinate and to bear new fruit after thousands of years.

As regards the *propagation* of the contagia, two questions arise: *First*, Can contagia propagate outside of the organism? *Second*, How is the propagation inside of the organism accomplished? The first question has as yet been answered only

negatively by all physiologists; and when contagious matter has appeared active somewhere after the lapse of a long time, it has remained latent or dormant in its action, like the seed of the corn in the mummy. The second question is not so easily settled, and the main difficulty arises again from our inability to trace in nature the line between plant and animal life. We may recognize a living, self-moving animal in the itch acarus or in the trichina, and learn thoroughly their natural history, and from that conclude that other similar diseases may produce and be produced by similar animals; but they have not as yet been seen by the microscope. But we know, also, that in helminthiasis of all varieties, the worms are introduced into the system in a different stage of its development as larvæ or some other form of lower organism, and we are therefore authorized to conclude that none of these infectious diseases ever were *autochthonic* — “to the manor born” — in the system, but always introduced by *continual propagation*. This explains, also, why some diseases seem to be at different times more spreading than at others, and are therefore to be called miasmatic-contagious, like cholera and diphtheria (of which phenomenon more later).

At the present time the theory of a *generatio equivoca* of parasites in the animal system, which forty years ago attracted much attention, is considered as entirely exploded, and has given way to that of *continuity of propagation*. *Ovum ex ovo*.

Let me repeat in a few words that the classification and definition of infectious diseases from the etiological standpoint is the most practical and important, especially for the rules, which may be directly drawn from it for the prophylactic treatment and sanitary measures. According to this definition we call *infectious* diseases, all such as are produced by a peculiar, organic, propagating, germ-like poison, and subdivide them into *miasmatic* or *malarious* diseases, which contain the poison as it is derived from the decaying organic substances of the ground or water by the atmosphere; and *contagious*, which contain organic poison originated in a diseased organism, and which may be communicated by *contact* or by the *atmosphere*.

There are, however, always exceptions to all rules. It is true that there are some purely or exclusively contagious dis-

eases, such as *measles*, *scarlatina*, *variola*, *vaccina*, *typhus exanthematicus*, *glanders*, *rabies canina*, *virulent ulcers*, *blenno and gonorrhœa*, *sypphilis*, *puerperal fever*. On the other hand, purely *miasmatic* diseases are the so-called *malarious* diseases, — *intermittent fevers*, of which the exciting cause is developed in the ground; their peculiarity is *that there is no necessity for the germs thus generated to be taken up into a higher organism in order to be reproduced*: it has happened accidentally. These germs seem to vegetate in man's system for a while and produce a rhythmic repetition of symptoms, but *so far*, they have never been known to be carried from man to man with the disease.

But *cholera*, *typhus abdominalis*, *dysentery*, *cerebro-spinal meningitis*, *diphtheria*, probably also *yellow fever*, seem to belong neither to the purely contagious nor to the purely malarious infections. They ought to be called *miasmatic-contagious*, and the solution of the mystery of their propagation lies evidently in the peculiarity that the proto-organisms, which are the cause of these diseases, have to pass through several stages of development and with certain necessary lapses of time, before they can be reproduced, similar to the various stages of the tape-worm or the trichina.

Besides the etiological classification we may establish a symptomatic, a pathological, anatomical, or even a homœopathic classification, which, however, we will defer to the later chapters on the special consideration of infectious diseases. Finally, we would add that a practical distinction has been made between *local* and *general* infections. To the former belong the *soft chancre* and the *virulent blennorrhœa*, also the *whooping cough*, *dysentery* (because localized in the large bowels), *cholera* (in the small bowels), *yellow fever* (in the parenchyma of the liver). The other kind is represented by such diseases as *real sypphilis*, *exanthematic* and *malarious fevers*, *abdominal typhus*, *diphtheria*, *puerperal fevers*, and *pyæmia*.

[To be continued.]

FERRUM IN PNEUMONIA.

BY S. M. CATE, M.D.

No one can read Rademacher's description of an epidemic of pneumonia, in which he found *Ferrum acet.* the remedial agent,* without concluding that there is a type of this disease curable by iron. It is not my purpose to present a paper upon this subject at this time, but to give two cases out of quite a number of a similar type, and to call attention to a few symptoms and indications that may be of use to some of my medical brethren.

I think it is the experience of all medical men of all schools that senile pneumonia is quite apt to be a fatal disease. Under homœopathic treatment *Aconite*, *Bryonia*, *Phosphorus*, and *Tart. Emet.* sometimes fail to subdue the pneumonic inflammation in old people, while they cure in younger people. There is no doubt that the type of the inflammation differs and calls for remedies of different action. Inflammation of any given tissue may have many degrees of intensity. A medicine to be homœopathic to any given disease must have the power to act, not only upon similar tissues and organs, but also to produce disease of a similar intensity upon such tissues and organs.

When this principle is applied to the examination of that form of inflammation of the lungs which *Ferrum* produces, there will be found, I think, a laxity of fibre. Two well-marked indications of such a condition present themselves: 1, the constitutional condition of old age, in which such laxity is known often to exist; and 2, a soft, quick, occasionally slow pulse.

To go into a detail of the other accessory symptoms which go to make up a picture of this condition would open the way for a more extended treatise upon this subject than I can now find time to give; so I shall content myself with presenting the two following cases with a little explanation.

It will be noticed that the first case was cured in ten days, which, for a double pneumonia in a man of seventy years, is a

* Text Book of Homœopathy by Dr. V. Grauvogl. Translated by Geo. E. Shipman, M.D. Chicago: C. S. Halsey & Co. 1870, Vol. I, Pages 301 to 305.

pretty rapid cure. But I have no doubt the *Ferrum* was given in too large doses at first, and that higher dilutions would have done better. I concluded at the time that the headaches and diarrhœa which the patient had were produced by too large doses of this medicine; and the very rapid and permanent improvement that followed the exhibition of the medicine in the 200th dilution led me to think that I should have obtained better results if that potency had been used from the first.

The second case is open to the same criticism, though the 1st trituration of *Ferrum aceticum* was used only a short time, and followed by the 12th potency of *Ferrum met.*, which acted much better. But rapid and sure improvement at once set in after the use of the 200th of the latter remedy.

I have used *Ferrum metallicum* and *Ferrum aceticum* without much choice in this form of pneumonia. If the metallic iron is used, a high dilution is, I think, more desirable than with the acetic iron. My own purpose, for the future, is to try the higher potencies from the first in such cases.

I hope not to be understood as saying that *Ferrum* is the remedy for pneumonia in all old people. I have found cases that it would not cure. One recently seen by me was cured by *Cuprum aceticum* after *Iron* failed; and I have seen *Ferrum*, and all other remedies, fail in this form of disease. What I wish to urge upon all is to study each case of disease by itself, and then select a remedy that can produce a similar state. I think a weak, easily compressible pulse would lead me to think of *Ferrum* in any case of pneumonia, in old or young. I think also that the laxity of fibre is often found in infants as well as in old people. It may be found in any age.

Mr. J. B.—, æt. seventy, was taken May 20, 1875, with a chill. The day before he was overtaken by a shower and thoroughly wet through. He presented these symptoms: face red, skin hot; pulse 112, but not full or sharp; a thick, dirty-white coat upon his tongue; the lumbar region so weak that he could not stand, with occasional sharp pains. Prescription: *Aconite* 1st and *Belladonna* 2^d in solution, to be alternated every two hours.

May 22. — Pulse 88, small and compressible; rested pretty

well through the first part of the night; skin not so hot; and he can use his legs and stand for a short time; bronchial respiration in the whole posterior portion of the right lung and some loud respiratory murmur in the posterior portion of the left lung; stitch through the right chest, worse on the back part; a little cough, with expectoration looking like prune juice; palate pale towards the roof of the mouth and a little red on the edge towards the uvula; a fever fit in the afternoon. *Ferrum acet.*, ^{1st trit.} in solution, two teaspoonfuls each two hours. 5 P. M. — He thinks the pain in his chest is a little better. To continue the same medicine.

May 23. — He has had a poor night, sleeping half an hour or so and then waking with cough and pain in his chest; two loose discharges of a natural color from his bowels in the night; a dizzy headache all night; pulse 80, fuller and stronger; tongue cleaning at the tip; less cough, but the prune juice expectoration continues; the posterior portion of the right lung is clearer at the upper part, and has some natural respiratory murmur, mixed with bronchial murmur; the middle portion indicates hepatization both by auscultation and percussion. *Sach. lac.* was given. At 5 P. M. the pains in the chest were better; crepitation in the middle of the posterior portion of the right lung, where there was bronchial resonance in the morning. Continue the *Sach. lac.*

May 24, 8 A. M. — Had sharp pains in the left arm and shoulder. At 9 P. M., pulse 80: no pain in the chest; cough more moderate, the expectoration not colored; had some diarrhoea yesterday and one discharge in the evening; tongue continues to clean at the tip; the percussion sound of the right lung posteriorly is clearer, with some crepitation mixed with mucous râles in the central parts; the lower posterior portion of the left lung has some loud respiratory sound. *Ferrum acet.* ^{1st} in solution, a dose each two hours. 6 P. M. — The pains in the arm have been less; he has had two loose discharges from the bowels; pulse 96; but little cough; the dulness of the right lung upon percussion is pretty general on the posterior part, but there is little crepitation and the loud respiratory murmur is more soft at the lower part than it was in the morning.

May 25, 8 A. M. — Pulse 76, and soft; tongue cleaning and the sordes clearing off from the roof of the mouth; had a good night, one discharge from the bowels this A. M. The pain is mostly gone from the posterior portion of the right lung, and there is less dulness on percussion, and more vesicular murmur in the lower part; bronchial respiration with mucous râles in the middle part; some loudness of the respiratory murmur in the lower part of the left lung. *Sach. lac.* 6 P. M. — Pulse 89. He has had a pretty good day; some appetite; physical signs from the chest about the same. To continue.

May 26. — He had a fair night. At 6 A. M. had a powerful discharge from the bowels, and has felt languid since. Pulse 72; has little appetite and feels weak; some pain in the left arm this A. M. The respiratory murmur has reappeared in the lower posterior portion of the right lung, and the bronchial respiration is less loud in the central parts, the percussion sound still dull. Some roughness of the respiratory murmur in the lower posterior portion of the left lung. *Sach. lac.* was given. 6 P. M. — Pulse 70; the lungs are both clearer. Continue.

May 27.—Had a good night; tongue clean; the right lung is clearer on percussion, the dulness is almost gone, and the vesicular murmur is returning; appetite good. *Sach. lac.*

May 28. — Had a good day and a good night. Both lungs improving in all respects; bowels quite loose; appetite poor. *Ferr. met.* ^{200th}, one dose, then *Sach. lac.*

May 29.—Feels weak; pulse 68; rested well; tongue red; no more diarrhœa. Physical signs are all better. *Sach. lac.*

May 30. — Slept well; appetite good, and he feels stronger; clear vesicular murmur through both lungs. Discharged cured.

Jan. 3, 1876. — Miss L. P., aged eighty-four, walked half a mile with the thermometer at zero and the wind blowing a gale. In the evening, on her way home, she was taken with a quick, constant cough, panting breathing, lips and face purple, frequent expectoration of bloody mucus; coldness of her hands and feet; loud respiratory murmur, mixed with mucous râles, in the posterior part of both lungs, but most marked in the right. Pulse 130 per minute, weak and irregular. One dose of *Aconite* was given, and the patient was taken to her home in a

carriage. After reaching home *Ipecac* ^{1st} and *Ferrum acet.* ^{1st} were given in solution, a dose each two hours.

Jan. 4. — Her cough continued bad till 12 o'clock, since which time it has been much easier, and the bloody expectoration has ceased, but she has been wakeful, and had cramps in her arms and legs; dulness on percussion of the posterior portion of the right lung, with absence of respiratory sounds, and loudness of the respiratory murmur of the posterior portion of the left lung, most in the lower part. *Veratrum alb.* ^{2d} and *Ferrum m.* ^{12th}, in solution, a dose each two hours alternately.

Jan. 5. — Had a good night. Pulse 68 and fuller. *Ferrum* ^{12th} in solution, a dose each four hours.

Jan. 6. — She had considerable cough in the early part of the night; lungs sound a little better. *Ferrum* ^{200th}, in solution, a dose each two hours was given.

Jan. 8. — Lungs nearly free from signs of disease. *Ferrum* ^{200th} was continued a few days, and the patient made a rapid and full recovery.

EXTRACTS FROM CASES OF POISONING.

BY E. W. BERRIDGE, M.D.

(1.) CARRAWAY and CLOVES. (From *Pharmaceutical Journal and Transactions*, 1854, vol. 13, p. 279; a paper read by Dr. Douglas Maclagan before the North British Branch of the Pharmaceutical Society.)

Two drachms of *Oil of Carraway* caused slight vomiting in a dog. Two drachms of *Oil of Cloves* given to a rabbit caused it to fall motionless on its side in fifteen minutes, and it died in one hour and a quarter.

(2.) RADISHES. (From *Medical Times and Gazette*, 1853, New Series, vol. 7, p. 80. By Dr. R. B. Todd.)

John Selkirk ate freely of *Radishes*. Was admitted May 27, 1851; fourteen days before his admission he began to feel a drawing pain, which extended from sternum almost to middle of abdomen. At 7 P. M., May 26, he began to feel very ill; the pain became more intense and spread to the back, but did not reach lower than umbilicus. He took one half ounce of

Castor Oil. During the night he became worse, and in the morning the pain still continued very severe. About 8 A. M. the bowels were relieved, but afterwards the pain became worse than ever, and the feeling of nausea, which he had felt from the beginning of the attack, became also aggravated. On 27th, soon after admission, while in a warm bath, he vomited some dark, slimy matter; the vomiting continued at intervals till 29th. There was tympanitic swelling and great pain in region of ascending and transverse colon, and also of left groin; the pain was worse on pressure. The pain was of a writhing, twisting character. Pulse not above 100. An enema of gruel brought away lumps of fœces with relief to pain and sickness. Convalescent on June 2.

(3.) MINERAL WATERS. (From *Medical Times and Gazette*, 1854, New Series, vol. 9, p. 18. Review of *Recherches Cliniques sur les Eaux Bonnes*. Par Edouard Cazenave, M.D. Paris, 1854.)

After taking the *Eaux Bonnes* for a few days, they produce a feeling of heat and constriction in throat and trachea, a slight difficulty of deglutition, and at the same time the fauces are red and highly injected. The digestive and secretive organs are quickened and increased; the circulatory and nervous functions partake of the excitement; there is restlessness and sleeplessness, while the intellectual faculties are roused to unwonted power and activity. The cutaneous exhalations are increased, and have a sulphurous odor.

(4.) FRENCH BEANS or SCARLET RUNNERS (From *Pharmaceutical Journal and Transactions*, 1843, vol. 2, p. 721. By W. Bartlett).

Eight persons (five being children) ate the roots. They all had giddiness and sickness; the latter lasted one half hour.

(5.) COCOA-NUT OIL. (From *Medical Times and Gazette*, 1854. New Series, vol. 8, p. 607. By Dr. Theophilus Thompson.)

Cocoonut Oil, like *Cod Oil*, causes the blood of phthical patients to grow richer in red corpuscles.

(6.) CUPRUM. (From *Medical Times and Gazette*, 1855, New Series, vol. 10, p. 444.)

Schrader's experiments referred to; see Buchner's *Reperatorium*, 1855, No. 2.

(7.) AUCLANDIA COSTUS. (From *Pharmaceutical Journal and Transactions*, 1844, vol. 3, p. 401.)

Reference made to Dr. Falconer's paper in vol. 19 of *Transactions of Linnean Society*. The Chinese consider it an aphrodisiac.

(8.) CARAPA TOULONCOUNA, OR TALLICOONAH OR KUNDAH OIL. (From *Pharmaceutical Journal and Transactions*, 1843, vol. 2, p. 341. By Mr. Robert Clarke.)

It grows in the Tinneh country. In proper doses its effects closely resemble *Castor Oil*; in over-doses it causes most violent hypercatharsis, cold sweats, and vomiting, succeeded by collapse, and even death.

(9.) JALAP. (From *Pharmaceutical Journal and Transactions*, 1843, vol. 2, p. 331. By M. G. Guibourt.)

Rayer's experiments in Hospital of La Charité.

(1.) 30 centigrams of the resin of *Rose Jalap* were given at 11 A. M. to a constipated woman. In three hours she had a liquid stool with griping.

(2.) 30 centigrams of the *ordinary* resin of *Jalap*, given to a constipated woman, caused six stools in a few hours.

A description of the *Rose-scented Jalap* is given in this paper.

(10.) LUFFA. (From *Pharmaceutical Journal and Transactions*, 1845, vol. 4, pp. 360, 466. By Dr. S. Scott Alison.) *Luffa* is the dried fruit of a Brazilian plant called *Cabacinha*.

(1.) One eighth grain of the extract was given to a boy five years old, suffering from dropsy after scarlatina. In twelve hours he had a copious loose stool. The same dose was repeated with the same result.

(2.) One eighth grain of extract was given to a constipated young woman; within an hour she had nausea and slight griping, which continued for a day. No stool followed till third day when the bowels were freely relieved.

(3.) A man, aged thirty, took one fourth grain of

extract. Within one quarter hour he was overcome with faintness and nausea. He swallowed a little warm water, and immediately vomited freely. No violent action of bowels followed, but for some days afterwards the stools were more than usually copious.

(4.) 30 drops of the tincture were given to a boy seven years old, convalescent from scarlet fever. He soon afterwards fell asleep, and did not wake for four hours, which was very unusual. In seven hours the dose was repeated; in one quarter hour he vomited freely; this was repeated three times. He slept well during the night, and in the morning he passed four copious loose, light brown stools.

(5.) A woman took forty drops of the tincture; she had nausea for two days and retched a little.

Von Martins describes this plant as *Luffa Purgans*. (See his *Systema Materiae Medicæ Vegetabilis Braziliensis*.)

(11.) *Tartaric Acid*. (From *Pharmaceutical Journal and Transactions*, 1845, vol. 4, p. 370.)

Inquest on William Webb, age twenty-four; copied from the *Times* of Dec. 19. He took one ounce of *Tartaric Acid* (dissolved) on 7th. His face instantly became as red as fire, and having exclaimed that he was poisoned, he became speechless. He died on 16th.

Reference made to experiments by Pommer.

(12.) *ARCTOPUS ECHINATUS*. (From *Pharmaceutical Journal and Transactions*, 1851, vol. 10, p. 559. Editorial.)

The plant comes from the Cape of Good Hope. The root causes a slight flow of saliva. In *Floræ Capensis Medicæ Prodromus* (Cape Town, 1850), Dr. Pappe says it is diuretic.

(13.) *ELATERIUM*. (From *Pharmaceutical Journal and Transactions*, 1851, vol. 10, p. 168. Editorial.)

Painful irritation of the eyes is sometimes caused by the contact of the juice with the conjunctiva.

(14.) *HURA CREPITANS*, OR *SANDBOX*. (From *Pharmaceutical Journal and Transactions*, 1845, vol. 4, p. 167. By Dr. W. Hamilton.)

The seeds are emetic and cathartic. Browne says that tas-

ting a seed soon began to warm and scald his palate and throat. Mr. A. Robinson says he ate a kernel of the fresh seed, and in five or six minutes he grew very sick, and was purged and vomited with great violence.

(15.) FEVILLENNA CORDIFOLIA, or *Antidote Cocoon*. (From *Pharmaceutical Journal and Transactions*, 1846, vol. 5, p. 33. By Dr. W. Hamilton.)

It is said to be antisyphilitic, emmenagogue, and stomachic. The tincture of the seeds antidotes poisonous fish. (See also Drapier's paper in No. 19 of the *Quarterly Journal of Science*, p. 192.) It is emetic and purgative.

(16.) HIPPOMANE MANCINELLA. (From *Pharmaceutical Journal and Transactions*, 1846, vol. 5, p. 408. By Dr. W. Hamilton.)

The juice is caustic and blisters the skin. (See Jacquin's work.) I ate a very small fragment of the fruit; its reception into the stomach was attended by a burning sensation. Lunen says a man tasted the milky juice; it made his tongue tingle, and made the saliva thin and fluid. Brown speaks of cases where the fruit was eaten and caused vomiting, but a burning sensation continued to affect the fauces, œsophagus, and stomach, for some hours afterwards. Dr. Barham mentions the case of a negro who ate several; he had a burning sensation in stomach, without vomiting; tongue swollen; eyes red and staring; intense thirst, and death.

(17.) NASTURTIUM OFFICINALE. (From *Pharmaceutical Journal and Transactions*, 1847, vol. 6, p. 34; copied from *Chambers' Edinburgh Journal*.)

It excites the appetite. In Loudon's *Encyclopædia of Plants* it is said to derive its name from the effect its acrimony produces on the muscles of the nose, *nasus torsus*.

(18.) AGROSTEMA GITHAGO. (From *Pharmaceutical Journal and Transactions*, 1851, vol. 10, p. 349; copied from *Central Blatt.*, No. 41, p. 651, 1850. By Dr. Scharling.)

A short time after taking *Githargin* a burning sensation is felt on palate. It is poisonous to smaller animals; ten grains caused vomiting in a dog.

(19.) ERYTHROPHLAUM or *Sassy Bark*. (From *Pharmaceu-*

tical Journal and Transactions, 1852, vol. 11, p. 271; copied from *American Journal of Pharmacy*. By Mr. W. Procter.)

Bowditch's *Ashantee*, p. 279, says an infusion of the bark operates instantly and convulsively as a most violent emetic and purge. See also Tuckey's *Narrative of a Voyage to the Congo*; also Bruce's *Travels*. The dust of the bark when inhaled by the nose causes long-continued spasms of sneezing, with distress about the forehead and eyes; 3 grains of the aqueous extract given to a cat caused violent poisonous symptoms, great prostration, frothing at mouth, moaning, dilated pupils, and total indisposition for food.

(20.) GEOFFROYA VERMIFUGA, of Martin's. (From *Pharmaceutical Journal and Transactions*, 1852, vol. 11, p. 83. By Mr. Pechett; copied from *Archive der Pharmacie*, 1851, p. 226.)

The seeds cause violent vomiting and mucous diarrhœa, and death.

DIGITALIS.

BY PROF. TH. ACKERMANN, OF ROSTOCK.

[*Translated from Volkmann's Sammlung Klinischer Vorträge by H. A. Chase, M.D., Cambridgeport, Mass.*]

[*Concluded.*]

As yet we have mentioned the so-called physiological effects of *Digitalis*, so far as our knowledge of them is the result of a thoroughly scientific method. Let us now ask whether, and how far, our knowledge of the action of *Digitalis* on the healthy organism may serve to explain the constant effects of the remedy in removing diseased conditions, or as we are wont to say, the *therapeutic action*.

In the so-called organic diseases of the heart, *Digitalis* was employed when we had only very obscure conceptions of the changes of the blood-current in these affections. As a rule, it was sufficient to know that the "power and rapidity" of the blood-current were reduced by *Digitalis*, and this was considered a satisfactory explanation of its action not only in diseases of the heart and blood-vessels and in hæmorrhages, but also in fever.

To Traube belongs the credit of having first reduced to simple mechanical relations the effects which *Digitalis* produces on the circulatory disturbances caused by organic diseases of the heart. The action of the remedy in these conditions is due chiefly to its influence in removing the venous hyperæmia so constantly present; but this venous hyperæmia is the chief cause of the numerous disorders and dangers attendant upon organic diseases of the heart, and in this influence of *Digitalis* in removing these conditions we find the explanation of its exact and brilliant action in heart diseases. It is not suitable, however, for *all* heart troubles, but especially for insufficiency of the mitral valve and stenosis of the left ostium venosum. As long as the greater burden of single parts of the heart is compensated by a sufficient hypertrophy, the disturbances remain slight. As soon, however, as the hypertrophied muscular tissue ceases to increase in proportion to the greater pressure, the quantity of blood reaching the aorta at every systole must be less, and consequently a general anæmia of the arteries will result, as a further consequence, a hyperæmia of the venous system will appear, with the resulting catarrhs, transudations, etc. All this changes rapidly after the exhibition of a few doses of *Digitalis*, and it is not impossible that this change takes place in consequence of the influence which the remedy exercises upon the small arteries. As soon as these arteries contract, the transmission of the blood through the entire arterial system naturally becomes difficult; consequently larger quantities of blood collect again in the arteries; there results greater difference of pressure between veins and arteries, in favor of the latter; the blood rushes more rapidly through the capillaries, and in consequence of the lessening of the blood-pressure in the veins, hydropic transudates filter back into them, the watery constituents of the blood increase considerably, and this causes great diuresis. These curative effects of *Digitalis* are explained very simply from the consequences of the arterial contraction. It is more than probable that other favorable elements come in play; namely, the almost constant improvement in the energy and regularity of the heart's contractions. That *Digitalis* is indicated in the above-mentioned heart

troubles, only when the circulatory disturbances resulting from them are no longer compensated, is evident from my statement of the mode of action of the remedy in these conditions. As long as the arteries show their normal degree of tension, *Digitalis* should not be exhibited, for the arterial blood-pressure may reach a dangerous height. Cases are on record where, after the unwarranted exhibition of *Digitalis*, dangerous and even fatal hæmorrhages have taken place in the parenchyma. In affections of the aortic opening, *Digitalis* is relatively less often used and with less favorable results. An Irish physician, Corigan, has, in fact, forbidden its use in insufficiency of the aortic valves, because it retards the pulse, and in consequence the time for the return of the blood into the heart is prolonged. An English physician, B. W. Foster, who has given a very clear statement of the indications for *Digitalis* in valvular diseases, thinks that in insufficiency of the aortic valves, *Digitalis* may be employed under *one* condition, namely, when a so-called over-compensation, that is, an abnormal filling of the arterial system, is present; it acts favorably by retarding the activity of the heart, and hence by limiting the return of still greater quantities of blood during the diastole. Under like conditions the remedy is said to act favorably, according to Foster, even in aortic stenosis, in which usually it may be entirely dispensed with, on account of the compensation, which usually lasts for a long time. Traube calls Corigan's direction the result of a "fine-sounding hypothesis," and affirms that in insufficiency of the aortic valves, as well as in other valvular affections, *Digitalis* may be employed with good effect.

Finally, the remedy plays a very important rôle in the treatment of that very common, weak condition of the heart, which was first described by Stokes under the name "weak heart," while its symptoms were generally referred by German physicians to cases of amyloid and fatty degeneration of the heart-substance. The decreased energy of the heart, which is always present in this disease, usually leads to disturbances of compensation in the blood-current, which, in their results, may have the greatest similarity to those accompanying organic diseases of the heart, and resemble them;

moreover, in this, — that they offer a fine opportunity for treatment with *Digitalis*. We are often surprised to see how, after a few small doses of *Digitalis*, the heart's action becomes more regular, the anguish decreases, the cyanosis and hydrops become less, and the quantity of urine increases. Traube is of the opinion that this affection depends on a paralytic weakness of the inhibitory nervous system, which, in consequence of the increased frequency of the pulse caused by it, produces faulty nutrition of the heart and hence fatty metamorphosis, and affirms that in the further course of the disease nothing can be accomplished by the remedy, because the inhibitory nervous system becomes insensible to its influence. Be this as it may, we are warranted in regarding the effects of *Digitalis* in these conditions as having their foundation in the influence of the remedy upon the peripheral arteries. This is evident from the fact that, as Traube remarks, the patient feels easier after the exhibition of the remedy, even if the pulse has not become materially retarded.

I will mention here that *Digitalis* has been often regarded as a diuretic: this it is in a very limited sense, namely, only as far as, in the hydropic conditions caused by heart diseases, it produces a resorption of the transudate, by that means a thinning of the blood, and so indirectly an increase in the urinary secretion. It is possible that a direct influence is exercised upon the secretion of urine by the rise in the arterial blood-pressure.

Traube ascribes to the retardation of the pulse in heart diseases by *Digitalis* a beneficial effect, because by it the cardiac muscle is brought into more favorable conditions for receiving nourishment, since it obtains its nutritive materials chiefly during the diastole.

Our knowledge of the effects of *Digitalis* in febrile conditions is confined to two important symptoms, — the increased frequency of the pulse and the high temperature. The remedy, given in the proper form and quantity, may lessen both symptoms, and even cause their disappearance for some time, but it cannot remove them permanently, or, what is about the same thing, cure the fever.

Digitalis acts, therefore, *not* as an antidote to the deeper cause of the fever, which, in fact, is about the same as unknown to us, but it produces a series of transient conditions, which perhaps do not affect that obscure cause, by which the pulse is retarded and the temperature of the body lowered.

Formerly with the idea of a slow pulse came the thought of a decrease in the rapidity of the blood-stream, and the theory according to which the action of *Digitalis* was referred to decreased power and rapidity of the blood-current had its ground chiefly in this idea of the signification of the frequency of the pulse. Experiments have proved that which a careful consideration of the circumstances would have led one to suppose, — that such a connection between the frequency of the pulse and the rapidity of the blood-stream does not exist; and from this time the simple counting of the pulse in order to determine the condition of the circulation has lost much of its former value; in fact, there are but few modifications in the motion of the blood which can be determined simply by the frequency of the pulse. Hence in disease we cannot always prognosticate a favorable result where the frequency of the pulse has been lowered by *Digitalis*. It is also more than probable that this influence is to be sought, not in the lessening of the frequency as such, but in the decided increase in the number of the contractions of the heart which accompany this lessening. In general the *frequency* of single pulse-waves under the action of *Digitalis* stands in an inverse ratio to their *height*; accordingly, the quantity of blood reaching the aorta at each systole must differ with the different degrees of frequency of the pulse. We do not as yet know, however, whether the whole quantity of the blood driven into the aorta in a given time is more considerable from frequent and weak, or from infrequent and strong, contractions of the heart; pathological facts seem to prove the latter, but their conditions are too little known to warrant conclusions which are of general value.

From the numerous careful observations of the effects of *Digitalis* in acute febrile diseases, it appears that there is no constant and therefore necessary connection between the decrease in the frequency of the pulse and lowering of the temperature.

Sometimes the pulse sinks first, sometimes the temperature: the lowest points of these two febrile factors are by no means always reached at the same time. Very often the retardation of the pulse outlasts the decrease of temperature for a considerable time. There can be no doubt that the retardation of the pulse in fever resulting from the use of *Digitalis* is caused, partly at least, by an irritation of the vagus, whether alone is questionable, and becomes in some degree improbable when we observe that after the continued use of *Digitalis*, symptoms of arhythmia of the pulse, which may so easily be produced on animals, very often appear in fever patients. The causes of the arhythmia are, as we have already seen, still unexplained; but under all conditions it is a threatening symptom, as we may conclude from the fact that in animals it very often immediately precedes the final paralysis of the heart. This fact is calculated to awaken the consideration as to whether it is justifiable for us to use this remedy as an antipyretic. The dangers of a high febrile temperature lie partly in its paralyzing effects upon the heart: it is a question whether the advantage of the transient diminution of the temperature attainable by *Digitalis* is not outweighed by the weakening influence which this remedy exerts upon the heart.

My experiments on the physiological effects of *Digitalis* in connection with the important investigations of Heidenhain upon the influence of the vaso-motor nervous system on the circulation and temperature, have led to the belief that the lowering of the temperature in the interior of the body, after the injection of *Digitalis*, has its essential ground in an increased flow of blood to the integument and periphery in general; hence the consequent cooling may be placed in the same category with the effects of mustard plasters and other irritants, of cauterizations or painting the skin. Under all these conditions, the vessels of the integument are dilated, by which means the blood, as a whole, becomes very much cooled at the surface of the body. J. Rosenthal has made use of this cooling caused by a hyperæmia of the skin to establish an ingenious theory of "taking cold": he found that in overheated animals the temperature, after they were removed from the hot into the

ordinary air of the room, sank not merely to the normal, but considerably below it.

A similar thing may happen in man, as Rosenthal rightly affirms : from the vessels of the integument, dilated by the heat, the blood suddenly rushes, much cooler, into the interior of the body, if one goes into a cooler temperature, and may by means of this lower temperature cause diseases of internal organs. The cooling of the blood in the integument, I may add, takes place the more readily since the *sensation* of warmth which we experience in the high temperature compels us to seek a lower temperature ; but it is always a necessary condition, in case a noticeable cooling of the interior of the body is produced by a hyperæmia of the integument, that this hyperæmia should extend over large portions.

At the first glance it may seem inadmissible to explain the cooling effects of mustard plasters or of circumscribed cauterizations in the above manner, all the more since in the case of the mustard plaster, the hyperæmic place on the cutis is covered, and by that means prevented from giving up a large amount of warmth. Nevertheless, I believe that the result takes place in the manner described, for it seems to me that the cooling resulting from such irritants, depends not *alone*, and in some cases not at all, upon the loss of heat confined to the irritated places, but rather to an increased loss of heat in very large sections, or perhaps in the whole skin. In using a mustard plaster we can easily convince ourselves that at the moment of application the sensation of warmth increases over almost the entire surface of the body ; we are, as it were, "flooded with heat." If, for example, when my skin is somewhat cool at night, I lay my warm hand upon my thigh, I feel almost immediately a decided increase of warmth in the leg and foot of the same side, and that there is an actual rise of temperature may be proved by placing a thermometer between the toes.

However much we may be justified, reasoning from the results of my experiments on animals, to refer the lowering of temperature accompanying the increased arterial pressure to an increased flow of blood to the integument, it would yet hardly be safe to refer the cooling effect of *Digitalis* in febrile

diseases to the same thing. That *Digitalis* has an antipyretic effect is placed beyond question by the numberless observations at the sick bed; nevertheless I think we have no right to explain this effect in the above manner, as long as so many preliminary questions are not as yet clearly solved. Heidenhain has shown the best method of investigation in his experiments which are so important for the theory of fever, but they have not been sufficiently regarded by pathologists. He has discovered that in both men and animals there are two conditions, in many respects different, to which he has given the names *asthenia* and *sthenia*. He has seen animals suffering from fever in whom a high internal temperature was associated with a relatively lower degree of heat in the integument: in such animals the blood-pressure is small and the energy of the heart suffers. In another series of cases, on the contrary, he found that the internal and external temperature were about the same: in such animals the blood-pressure was high, and the heart capable of more powerful action. The condition of the animals in the first case is called by Heidenhain "asthenic"; that in the second case "sthenic." The antipyretic effect of *Digitalis* in cases like the first may be explained on the ground of its action on the circulation and temperature in healthy animals; but the effect on animals in the condition of "sthenic" fever scarcely admits of this explanation, for where the temperature of the skin differs but little or not at all from that of the interior of the body, a cooling effect can scarcely be expected from an increased rush of blood through the periphery. An objection might be made that perhaps the antipyretic effects of *Digitalis* appear only in asthenic fevers, but it would be inadmissible, for experience has shown that *Digitalis*, when given in sufficient quantity, has a lowering influence on the temperature, and the exceptions to this rule are too few to admit of the supposition that the antipyretic effects of this remedy may not also appear in sthenic conditions.

Still other facts must lead us to consider whether the antipyretic effect of *Digitalis* may be referred to the same conditions as the sinking of the temperature, which in healthy animals, after the injection of *Digitalis*, is observed, together with the

increased blood-pressure. Traube says, and I can confirm it, that nothing is easier than to convince one's self that *Digitalis*, administered to fever patients in large doses, causes, after a proportionately short time, a decided decrease of tension in the arterial system together with a considerable lessening of the frequency of the pulse. But a lessening of the temperature in fever patients, after the use of *Digitalis*, is very frequently observed simultaneously with a less frequent pulse; hence we may conclude that a decrease in arterial tension often happens at the same time with a decrease of temperature. We can convince ourselves directly at the bedside that the cooling effects of *Digitalis* often appear simultaneously with symptoms of so-called collapse, asthenia, *i. e.* with a decrease of temperature at the periphery, and even with livid or yellowish-white spots upon the body, with small pulse, and with disproportionate, retarded, or very quiet breathing.

Hence it seems advisable to regard the question as to the connection between the effects of *Digitalis* upon the circulation and the temperature *in fever* as still open. Perhaps careful observation of the tension in the arterial system, the temperature in the rectum, and the temperature of the surface of the body in fever patients under the influence of *Digitalis*, may give an explanation in the same manner in which the connection between the fall in temperature and the rise of arterial pressure has been demonstrated experimentally on healthy animals with a tolerable degree of certainty.

Let us finally cast a glance at the action which *Digitalis*, aside from its effects upon the functions of the heart and blood-vessels and the accompanying changes of temperature, produces in the functions of other organs and systems. This may be stated in a few words, for the effects of the drug upon other organs are caused, as I already mentioned in the beginning of this lecture, either alone by its action upon the heart and blood-vessels, or they appear in very uncertain forms, which render a physiological explanation impossible.

Among the most troublesome effects of *Digitalis* belong the disturbances of digestion, usually denominated side-effects; want of appetite, nausea, vomiting, are almost constant after a

continued use of the drug, and often appear at the same time with the action upon the temperature and the pulse, or else follow very soon. The cause of this action is not clear; but it may be mentioned, that after the exhibition of other drugs which have a depressing action upon the temperature and the pulse (*Veratrum*, *Tartar Emetic*), similar disturbances of digestion appear. If we add to this detrimental effect of *Digitalis* the dangers which in an already weakened heart it may produce, and remember that the antipyretic effect never lasts a long time, we are very much inclined to prohibit its use in febrile diseases, or else to limit it to such cases only in which we are perfectly sure that there is no weakness of the cardiac muscle.

In organic diseases of the heart, on the contrary, the drug is indispensable. Exhibited according to the above indications, it often works wonders. We may observe also that the disturbances of digestion, so common in febrile diseases, after its exhibition are not only entirely wanting in organic diseases of the heart, but the opposite symptoms are frequently induced, so that the tongue becomes clean and the previously small appetite becomes normal.

If *Digitalis* is used for a very long time, or given in large doses, severe nervous symptoms may appear, — vertigo, disturbances of vision, roaring in the ears, fainting, convulsions, coma, and death. A physiological explanation of these symptoms has not as yet been attempted.

I may mention in conclusion that the appearance of an exanthem partly erysipelatous and partly papulous on the face and body is regarded as a consequence of the use of *Digitalis*, whether justly or not remains undecided.

The New England Medical Gazette.

BOSTON, JULY, 1876.

“ A HOMŒOPATHIC SWINDLE.”

UNDER the above title, the *Boston Medical and Surgical Journal*, of June 8, publishes a letter from P. F. Munde, M.D., with editorial comments, both of which we give, that the merits of the case may be clearly understood.

“ ‘ MESSRS. EDITORS, — In the number for May 18 last, of your valuable *Journal*, which reached me a few days ago, I see as leading article, “ A Case of Extra Uterine Pregnancy, by Martin A. Tinker, M.D., Brooklyn, N. Y.” with the foot-note, “ Read before the New York Obstetrical Society, March 21, 1876,” thereby intimating that the author read this paper before that Society.

“ ‘ Inasmuch as “ Martin A. Tinker, M.D.” although a graduate of a regular school, the University of New York, is now and has been for years an irregular practitioner of the homœopathic persuasion, and is thereby prohibited from attendance at the meetings of the New York Obstetrical Society and all other regular societies, a fact of which you, Messrs. Editors, no doubt were unaware, I think it due to the New York Obstetrical Society, as well as to you and your esteemed *Journal*, to state the true facts of the case, in order that you may make whatever correction you see fit.

“ ‘ Dr. Tinker’s paper on “ extra-uterine pregnancy ” was read before the New York Obstetrical Society, at the meeting above referred to, by Dr. John Byrne, of Brooklyn, late president of the Society, who prefaced the reading by remarking that the paper had been handed him by Dr. Tinker, an “ irregular,” to present to the Obstetrical Society for membership; that he (Byrne) had told Tinker that he was not eligible on account of that irregularity, but on Tinker’s insisting, he (Byrne) took the paper, saying that he would see what could be done, but with the sole purpose of imparting the case, as one of rather unusual interest, to the Society. Having been read, it became the property of the Society, and was to have been published, with due note of the circumstances under which it came before the Society, in their transactions. This, of course, is now out of the question.

"The chief object of my communication is, however, to free the New York Obstetrical Society from the imputation which persons knowing Dr. Tinker's professional position and ignoring the real facts, might ascribe to it, of having admitted an "irregular" practitioner to its meetings.

"Yours truly,

"PAUL F. MUNDE, M.D.,

"Secretary New York Obstetrical Society.

"NEW YORK, 20 West 45th St., June 1, 1876."

"We are much obliged to Dr. Munde for this communication, and deeply regret the deception that has been practised on us. We are sure none of our readers will doubt that we were ignorant of the fellow's standing, and they probably would have thought, as we did, that the statement that the paper was read before the New York Obstetrical Society was a guarantee at least of respectability. As to the man Tinker's dirty behavior, we can only say, that it is doubtless characteristic of himself, as it is of his class. We must say, however, that Dr. Byrne's action strikes us as open to criticism." — [EDS.

While we deprecate the action of Dr. Tinker in applying for membership in the Obstetrical Society, we consider the remarks of the editors of the *Boston Medical and Surgical Journal* entirely uncalled for, and in the highest degree discourteous and unprofessional. It seems to us that, in this enlightened age, men should be allowed their own opinion without being denominated fools or knaves or accused of "dirty behavior."

That the paper of Dr. Tinker was a valuable and instructive one is evident from two facts: first, the ex-president of the society, who probably is no friend to Homœopathy, presented the paper solely on its merits, as the letter of Dr. Munde informs us, and with no idea of pressing Dr. Tinker's claims for membership; second, the *Boston Medical and Surgical Journal* gave the article a prominent place in the issue of May 18. Now behold the change! Dr. Munde feels called upon to make an explanation in order that no imputation may rest upon the Obstetrical Society of admitting an "irregular" to its meetings: but people who would be inclined to censure the Society for admitting the *man*, might be equally willing to condemn it for admitting the *paper*; so after all Dr. Munde has not removed the terrible curse from the Society. The *Boston Medical and Surgical Journal* "feels exceedingly grateful to Dr. Munde for his communication and deeply regrets the deception practised upon it," and proceeds to show

its gratitude and regret in the usual way by applying insulting and abusive epithets to Dr. Tinker, and to homœopathic practitioners in general.

How strangely inconsistent seems the course pursued by the editors of the above-mentioned *Journal*! They have an excellent article in the number for May 18, and now regret having published it simply because the author is a homœopath. No fault is found with the matter contained in the article, but it has not the stamp of "respectability," although it was read before and accepted by the New York Obstetrical Society.

"Can any good come out of Nazareth?" Yes, provided the *Boston Medical and Surgical Journal* is unaware that it comes from there. It is evident, then, that merit is not the criterion according to which the editors select articles for publication, but everything must be signed and sealed with "respectability." They will undoubtedly exercise greater care in the future, that they and the readers of the *Journal* may be in no danger of learning anything from Homœopathy.

We have one suggestion to make to the editors of the *Boston Medical and Surgical Journal*, and that is, Drop the insults so unbecoming in *professional gentlemen*, and meet the questions on the basis of sound argument. The *Gazette* will be ready to answer and will endeavor to support its principles.

In the May number of the *Practitioner* there is a paper on "Official Dosage, with Some Remarks on Homœopathic Tinctures," by Robert Farquharson, M.D., which was read before the Medical Society of London. After recommending an alteration in the rules relative to the dose as laid down in the British Pharmacopœia and advocating an increase in quantity, he commends the caution which chemists and druggists display in compounding prescriptions and the restrictions placed upon them, and thinks physicians may congratulate themselves all the more when they see "the looseness which prevails in homœopathic pharmacy."

He continues, "We all know of the change which has recently taken place in the principles of this class of practitioners and how the feeble dilutions of former years have been replaced by excessively strong tinctures."

We do not hesitate to pronounce this statement absolutely false: the tinctures are made of the same strength now as they always have been; moreover, the majority of homœopathic physicians do not administer tinctures to their patients, but dilutions. It must be evi-

dent to Dr. Farquharson that in order to have dilutions there must be something to dilute; the tincture is the starting-point in the process. It is possible that the tinctures are stronger than those made according to the British Pharmacopœia, but Dr. Farquharson claims that the Pharmacopœia is not authority on questions of *dose*; why should it be regarded in that light, then, in the *preparation of tinctures*?

He then proceeds to discuss the metallic preparations of homœopathic practice. He employed a chemist to analyze the first potency of *Mercurius* and *Arsenicum*, and came to the conclusion from the analysis that both were exceedingly dangerous and were rightfully labelled "Poison." In this connection he makes the following remark:—

"Although we have seen that the precaution was taken to label these preparations 'Poison,' I am not sure in how far they were freely sold, but in any case we find the ground cut from under the feet of the homœopaths, one of whose great boasts used to be that no mercury or injurious metallic substance was ever prescribed by any of their practitioners."

We are pretty certain that Dr. Farquharson knows as little of the *practice* as he boasts of knowing of the *principles* of Homœopathy, or this statement would have been omitted. These remedies have been in daily use from Hahnemann's time, and no attempt at concealment of the fact has ever been made. What we *do* claim is, not that we do not use poisonous substances, metallic or vegetable, but that they are employed in non-injurious doses, and the results of our practice prove the justice of the claim. Physicians of our school rarely if ever give *Mercury* or *Arsenic* in the first potency, but in a much more diluted form.

It is evident that insult, abuse, and ridicule are losing their power in England, so that Dr. Farquharson is constrained to start out on a new tack, and endeavor to *frighten* people into renouncing Homœopathy. We venture to predict that this method will fail as the others have done.

WE have received from Dr. Lutze, of Cöthen, Germany, a programme of the Heilanstalt in that place, which is under his care. We take pleasure in calling the attention of physicians to this institution, which we think can be recommended to travellers who may be in need of medical advice.

WE are pleased to acknowledge the receipt of the *Anales de la Homeopatía*, a monthly magazine published in Bogota, United States

of Colombia, South America. The journal is a neat little publication, and judging from the titles of the articles, is thoroughly homœopathic. The editor is Dr. José Peregrino Sanniguel.

IN the *Anglo-Brazilian Times*, a paper published in Rio Janeiro, issue of Jan. 15, 1876, are some extracts from a work of Dr. Saturnino Soares de Meirelles, on "Homœopathy and Allopathy." If the extracts are fair samples of the contents of the book, Homœopathy certainly has an able champion in the person of Dr. Meirelles, for we have rarely seen the principles of the two schools better stated or more ably contrasted.

CORRESPONDENCE.

A TRIP TO FLORIDA.

BY GEORGE F. FOOTE, M. D.

Messrs. Editors, — Many thousands of our northern people have sought a temporary sojourn in Florida to escape the rigors of the home climate, during the latter part of winter and in early spring.

Having read the oft-repeated tales of the charms, and especially the salubrity of this "sunny land," and feeling the necessity of a little rest from the fatigues incident to our daily routine, and with a professional curiosity to investigate the truths about this enchanting and health-restoring region, we sought a reasonable excuse, and leaving our "home" in the care of our assistant, we, with madame and a friend, joined the great throng migrating to this so-called land of flowers.

At Philadelphia we spent a pleasant day in paying our respects to the learned savans of our profession. A cheerful reception we had from, and a pleasant hour we spent with, the venerable Doctor Hering, who delights in imparting and receiving valuable truths relating to medicine. The doctor, as usual, is writing a book. This one is to be valuable in clinical experiences. We took our leave of this wonderful man with renewed feelings of veneration for him who, by his learning and indomitable industry, has done so much towards developing and disseminating homœopathic knowledge.

Dr. Lippe, too, gave us a hearty welcome, and with him we discoursed upon high and low potencies. He gave us his dissertation upon the evils of Mongrelism. We had heard his opinions upon this subject in days past, but the "oft-repeated tale" gathers new zest with each rehearsal that makes it quite refreshing.

We found him, pen in hand, dealing out his aversion to false principles, and denouncing the custom of open fellowship with men who preach homœopathy but practise allopathy.

The doctor is a gentleman of decided opinions: thoroughly posted in the *Materia Medica*, and has the confidence of a large circle of refined and intelligent patrons.

With Dr. Guernsey, we had a pleasant talk. Amiability and kindness of heart in every expression, and the love of his profession predominates in all his sayings. He has many friends who appreciate his untiring zeal in advocating sound doctrines and the blessed truths of pure homœopathy. An honest purpose and the genuine love of good constitute the "*key-note*" to his professional success. Everywhere throughout the city we saw preparations for the great Centennial.

At Washington we spent a day visiting the Agricultural Grounds, the Smithsonian Institute, the Capitol, and the two Houses of Congress. And, for the first time, we saw the commingling of races among our country's representatives; side by side sat the white and the black man, enacting laws for the people of this great nation.

We stopped at Willard's Hotel and made a note of "our experience" for the benefit of such of our friends as may, like the writer, have a bottom to their purses. We arrived there at four P. M., leaving the next day at eleven P. M., one meal over a day. We had a plain sitting-room and two bed-rooms, and there were three of us. For this we were charged \$38.00. The same number of rooms, more handsomely furnished, for one day at the Continental in Philadelphia, cost us \$14.50.

From Washington we journeyed *via* Richmond, Charlotte, Augusta, Aiken and Savannah, to Jacksonville, St. Augustine, and up the river St. John to Pilatka, and up the Oklawaha River to Silver Springs. From Richmond, south, the cars are old and uncomfortable, the roads rough, and the eating-houses abominable. We have roughed it in the far West, traveled by stage across the Nevada, and up and down the Pacific coast in California; we have eaten in the hunter's lodges, and partaken of the emigrant's scanty fares; but we have never seen anything equal the poverty and uncleanness of the railway eating-houses south of Richmond. To our friends going South, we would suggest the taking a generous lunch basket.

That part of southern Virginia through which we pass is not a pleasant country, being a great sandy plain, and with but poor attempts at cultivation. Miserable hovels take the place of comfortable dwellings, and there is a want of thrift apparent everywhere; and this want of thrift extends along the whole route through and into Florida.

At Augusta, and also at Aiken, there is an excellent hotel, both kept by the same Connecticut Yankee. Augusta is a pleasant city, and when in its prime must have been active and enterprising. There are many beautiful places and handsome residences, which have a home-like appearance; but many of these show that want of care that prosperity alone can give.

At Savannah and Jacksonville, we found good hotels; but the routes between the two are fatiguing. If by rail, it is over a rough, or rather by several rough roads, a long way round; going some two hundred and fifty miles to reach an hundred. If by steamer, there are two routes: the outside passage, by sea, which is usually rough, and the

inside one, which keeps along the coast inside the islands, and is often tedious on account of low water. From Jacksonville up the St. John's there are several fine boats, and the trip is a pleasant one. The best hotels in Florida are to be found in Jacksonville and Pilatka. The great crowd, however, centres at St. Augustine, on account of the sea air (it being directly on the coast), and on account of its supposed freedom from malarial influences. From the latter it is supposed the inhabitants are protected by the breezes that fan them almost constantly, blowing directly from the ocean.

It is a quaint old town, with narrow streets, varying from seven to fifteen feet in width. There are a few good-looking houses, and many very poor ones, — forlorn shells, without paint or habitable comeliness.

But dust and sand are abundant everywhere, which the winds keep in motion. If you walk, you wade in sand; if you ride, the pleasure of a sympathizing mind is destroyed by witnessing the exertions of the poor animals that drag you through the deep sand. Fleas, sand-flies, and other insects are abundant. These you get without charge, and are among the things you meet with, calculated to excite a lively sensation.

St. Augustine is the oldest town in the United States, and has interesting relics of the early settlement remaining. The ancient fort Marion, the building of which commenced in 1620, has a history connected with the early settlement of this country. The sea wall, over a mile in length, built by our general government at great expense, makes an excellent promenade. But how it is to be made available in protecting the interests of the government will puzzle the casual observer.

Eating of oranges, sailing, and fishing are the principal amusements. Opportunities for indulging in the two first are abundant, while the latter enables one to put in plenty of time without much exertion, or without being burdened with piscatorial numbers or weights.

The hotel accommodations are not adequate to the demand of the moving population, and the great crowds, with the insufficient and over-wrought help, make it quite difficult at times to obtain an indifferent meal. We spent the month of March in Florida, and, from reading the glowing accounts, we expected to find the tables supplied with early vegetables. In this we were disappointed; for it is a singular fact that this wonderful country, this land of flowers and early vegetables (?), concerning which so much has been written, produces scarcely anything aside from oranges, fish, and a little game, that goes to feed this large floating population.

The hotel tables are supplied from the North. Even the horses that drag us through the streets are fed from hay and grain brought from the northern States. •

The whole of Florida is a white sandy plain, but a little elevated above the surrounding water. Indeed, a very large proportion of it is scarcely out of the water. This low, marshy condition engenders a miasm, and intermittents are common nearly everywhere. There is but little soil to favor the growth of cereals or other crops. Grass

does not grow there. There is no sod. Whatever is grown for domestic use is with the expense of a larger outlay for fertilizing materials. Fifteen bushels of corn to the acre is a large yield. Oranges grow in great profusion under high cultivation; and in ten years from the planting they begin to yield a profitable crop at present rates.

Thousands of our northern people have paid extravagant prices for this sandy land, and have planted out orange trees by the thousands and tens of thousands, expecting, of course, to realize fortunes *in time*. We think that after two or three years' residence with the scanty fare, the miasmatic influences, the spirited contest with mosquitoes, fleas, sand-flies, and other local influences peculiar to that country, many of them will have young orange groves to sell.

As a resort for sanitary purposes we think Florida has been greatly overrated. The invalid goes there expecting to find a charming country, pregnant with semi-tropical fruits and flowers, early vegetables, beautiful gardens, and comfortable homes, with attractive landscapes and with sufficient variety to entertain and fill the soul with rural delights. He has read Mrs. Stowe's high-colored effusions, and that of persons who write for the purpose of "sending grists to the mill." But his expectations are not realized. True, he experiences a milder climate, and, for a time, admires the orange groves so beautiful in their foliage, flowers, and fruit, their delicious fragrance with which nothing can compare, yet these become monotonous in time. He finds that he has not run away from his infirmities, while he suffers from many petty annoyances that he would escape at home.

It is our opinion, after a careful and thorough investigation with a view to get at the truth, and our opinion coincides with other physicians who were also "spying out the land," that but a small percentage of those who go there are benefited.

Some of the invalids suffering from bronchial and pulmonic affections, in their incipient stages, seemed to improve by a residence in that climate, while those in more advanced stages did not, and many of these were perceptibly made worse.

Of course, the great advantage is the mildness of the climate, which enables the patient to spend so much of his time in the open air. With this the question arises, Would not a proper system of ventilation in our houses, with open fire-places and the disuse of furnace heat, with the advantages of home comforts, and with such out-door exercise as can be taken in dry weather accomplish more than a temporary sojourn in this land of strangers, with all its disadvantages? We think it would.

We met here, as we did at Aiken, patients who seemed to have been sent away from home to die—consumptives in the last stages of disease. To see these suffering creatures pining for home and friends, and to hear them begging to be taken back, when too sick to endure the fatigues of the journey, is a sad sight and one quite often met with.

Physicians, in sending their patients from home, should discriminate more carefully, and send only such as are in the earlier stages of disease. They should bear in mind the old adage, which applies to

the sick especially, that "There is no place like home" It is easier to die among one's own friends, with the domestic comforts that cannot be found at any hotel, however good its appointments.

And then, again, the fatigues incident to a trip to this southern country should be considered. If by land, the discomforts are physically demoralizing to persons in health. If by sea, it is often rough and prostrating.

And then, again, the change from the stimulating and condensed air of our cold climate to one that is of a higher temperature, with less oxygen, especially if damp, is enervating, and a well man going South feels a lassitude, with depression.

Indeed, it is a fact connected with this whole southern coast, that the atmosphere is loaded with moisture. Hence the surface evaporation from the body is retarded, and a languor ensues, that disinclines to exercise.

This is unlike the climate we experienced in California, where the dry atmosphere promotes this evaporation and stimulates to exertion, or, as they express it, "Every one is on the go" There the invalid is up and out early, planning and executing, taking long walks, and vieing with his neighbor in pedestrian and equestrian exercises, while he inhales the invigorating air that fills his soul with delight and stimulates his whole system.

As a sanitary measure then, a trip to Florida has these disadvantages:—

1st. The fatigue incident to the different routes in getting there, which is insurmountable.

2d. The absence of home comforts.

3d. The absence of one's medical adviser.

4th. Exposure to miasms that engender intermittents and dysentery.

5th. The massing together of invalids, who, by contact with disease and suffering, are made gloomy.

6th. A damp and enervating climate.

7th. Home-sickness. Often a troublesome symptom in serious cases.

8th. The want of occupation. This is a serious objection. Invalids who go there expect the climate to cure them. They feel enervated by the change, and take but little exercise, and instead thereof, sit and brood over their infirmities.

We noted this fact, that those who claimed the greatest benefit from the climate were those who had business occupation.

As a southern resort for invalids with lung affections, we should much prefer Aiken, S. C. But even this has been greatly misrepresented.

It is elevated some six hundred feet above the sea. There is less fog and the atmosphere is not so damp as upon the coast. But there are no fine landscapes or interesting views connected with this town. The yellow sand comprising the surface soil, and the red clay banks, made visible from the washing by rain-storms, that meet the view from the principal hotel has rather a forlorn aspect, and disappoints the

newly-arrived visitant, who, from the published accounts, expects to find almost a paradise. There are a few comfortable and home-like dwellings, but their beauty is spoiled by the intermingling of many poor, shabby-looking tenements, without paint, and some even without floors or windows, mostly without attempts at floriculture.

The climate is the only thing aside from the hotel that can recommend this place to a northerner. The balmy air is conducive to the comfort of some with weak lungs. We met several parties who had come from the North to make this their permanent home, who seemed to be benefited. Others found only temporary relief, and others again derived no benefit whatever. There is no doubt but that a change of climate may often benefit an invalid. A change of location in the same town, or even in the same house or room, is often beneficial.

But in pulmonic affections, the essential and all-important requisite to aid the recuperative powers is pure air; air which has not been pre-breathed or contaminated by the furnace heat of a close room; but open out-door air, with such exercise as the patients can bear, with cheerful surroundings, and with an occupation that shall imply a purpose and keep the mind in full activity upon subjects foreign to themselves.

Of the kind of air as between dry and moist, the dry is greatly to be preferred, on account of the feeling of activity engendered by it; being the opposite of that produced by air loaded with moisture, which invariably induces a feeling of languor. Hence, in sending phthical patients from home for climatical purposes, we should much prefer a location behind the coast range (to avoid the fogs), in California.

SOCIETIES AND INSTITUTIONS.

* * Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-fourth annual session of the above-named Society was held in this city, yesterday, the Chair being occupied by the president, Dr. J. H. Gallinger, of Concord.

After the reading of the records and the transaction of some preliminary business, the annual address of the president was given, his subject being, "Liberality of Opinion the Duty of every Medical Man."

The following gentlemen were elected to membership: Dr. B. G. Carleton, of Littleton; Dr. Wm. S. Collins, of Loudon; Dr. T. Rogers, of Plymouth; Dr. W. C. Welch, Jr., of Manchester; and Dr. Francis A. Gile, of Manchester.

Reports were next received from the Bureaus of Clinical Medicine, Epidemics, Surgery, Obstetrics and Gynecology, the reading of which

was followed by discussions, participated in by many of the members.

Dr. W. H. Lougee, of Lawrence, delegate from the Massachusetts Homœopathic Medical Society, briefly addressed the Society, after which an adjournment was had to dinner, which was served at the Phœnix Hotel.

Upon reassembling, the following officers were chosen:—

President. — Dr. J. H. Gallinger, of Concord.

Vice-President. — Dr. L. T. Weeks, of Laconia.

Secretary and Treasurer. — Dr. J. C. Moore, of Lake Village

Censors.— Drs. T. E. Sanger, of Littleton, D. F. Moore, of Lake Village, D. L. Jones, of Lancaster, J. H. Gallinger, of Concord, and W. C. Welch, Jr., of Manchester.

Councillors.— Drs. C. S. Collins, of Nashua, and A. D. Smith, of Manchester.

Delegates were likewise chosen to the American Institute and several State Societies, and committees for the ensuing year named.

The treasurer's report was read and adopted, from which it appeared that the finances of the Society are in a very healthy state.

After a profitable conference meeting of an hour, during which numerous clinical cases were presented and discussed, the Society adjourned to meet in this city on the last Wednesday of May, 1877.

REVIEWS AND NOTICES OF BOOKS.

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

A TREATISE ON SURGERY, ITS PRINCIPLES AND PRACTICE. By T. Holmes, M.A., Surgeon to St. George's Hospital. Philadelphia: Henry C. Lea. 1876.

This book of over nine hundred pages is intended by the author as a text-book, and to some extent to serve as an introduction to his larger and more comprehensive *System of Surgery*. As a text-book we think it has rarely been equalled and never excelled. It is thorough and exhaustive, touching upon all points which come in any degree under the domain of surgery at the present day, but at the same time presenting each subject plainly, and, what is equally desirable, *concisely*. The arrangement is what it should be, the general aspect of every department first being investigated, then the particular. Beginning with the general consideration of inflammation, and the mode of union in soft parts, the student is led on to the study of wounds, dressings, complications, etc., and thence to special injuries and injuries of special parts. The author does not occupy the mind of the student with theories or with discussions upon disputed points,

but referring him to more extensive treatises (reference being made to over three hundred and fifty different authors), he passes on to the practical aspect of the subject in hand, thus eminently fitting it for a *text-book*; for we hold that the student young in medicine is not capable of weighing evidence on questions which are *sub judice*: first, he wants to know the facts that are settled, then may he be somewhat qualified to sit in judgment on those which are not.

We should be glad to notice many chapters in detail, could we do so impartially; if we consider the chapter on wounds, we note its terseness of definition, its plainness of description, and its apt and well-executed illustrations; but we find the chapters on "Fractures and Dislocations," on "Aneurism," on "Hernia," equally so. The author introduces the book as "an attempt to represent the present condition of surgery as it is practised in this country, by a treatise which shall be not unworthy to rank with other excellent text-books in use in our schools." We can only say the "attempt" is eminently successful, and its rank undoubted.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D., London. Philadelphia: Henry C. Lea. 1876.

In this book of a little over three hundred pages, there is much that is interesting and instructive, arranged in such a way as to be easily accessible. The introductory chapter contains a few definitions, as of *health, disease, nutrition, function*, and some remarks on the influence of the blood and nervous system in causing disease. The *first* part of the work is devoted to those morbid processes characterized by alterations in nutrition; the *second*, to those in which certain changes in the blood-vessels and circulation (inflammation) are associated with altered nutrition; the *third*, to changes in the blood and circulation alone. The first chapter treats of the "cell," its constitution and office in the economy. Then follow chapters on arrest, impairment, and increase of nutrition; under the *first* head (arrest), are considered general or systemic death, gangrene or necrosis, molecular death or necrobiosis; under the *second* (impairment), atrophy, and the various kinds of degeneration, fatty, amyloid, calcareous, etc.; under the *third* (increase), hypertrophy and the new formations. The second part of the book treats of inflammation in general, and then of the inflammatory affections of the several structures, tissues, and organs of the body. The third part (changes in the blood and circulation) has some excellent chapters on thrombosis, embolism, and leukæmia. The closing chapter is devoted to the preparation and mounting of specimens, and contains enough to enable any man to prepare objects for the microscope, and is of especial value, since it is the result of the author's large experience.

We think the book will supply a want long felt by the profession.

The publishers deserve great credit for the elegant manner in which the work has been issued; the paper is smooth and clear, and the letter-press all that could be desired.

A SYSTEM OF MIDWIFERY. By William Leishman, M.D., with additions by John S. Parry, M.D. Second American, from the second and revised English edition. Philadelphia: Henry C. Lea. 1875.

To find an honorable place among the many excellent treatises upon the science and practice of midwifery in vogue at the present day, a book must present more than ordinary merit, not only in the accuracy and extent of the subject treated, but also in the manner of its portrayal.

That the "System of Midwifery," by Dr. Leishman, possesses such merit cannot but be evident to any one who examines the book. The subject-matter, embracing, as it does, the most recent as well as the older ideas and theories, is systematically and thoroughly treated; the style is plain, concise, and pleasing; the illustrations many and apt. Concerning the many theoretical points which for the present are to be considered *sub judice*, the author briefly presents the views of various obstetricians, and finally his own conclusions. Thus, in reference to the point whether or not the pelvic articulations are capable of any degree of separation during parturition, Dr. Leishman refers to Paré, Levret, Smellie, Geraud, Matthew Duncan, and others, and finally sums up as follows: "From these and other facts disclosed up to the present time, we conclude: 1st. That, in the last months of pregnancy, a marked relaxation and softening of the pelvic articulations takes place. 2d. That, as a result of this modification of structure, an increased though limited mobility is permitted, which tends to facilitate labor. 3d. That in addition to the movement of the sacrum on its transverse axis, as above noted (and which may be considered as peculiar to the human species), the manner in which the joints yield is probably very similar to what obtains in the case of the cow. The sacrum acts in this case as a wedge, separating the ossa innominata and causing the symphysis to open with a hinge motion, while, during the violent efforts of labor, the whole sacrum may probably be driven backwards to a trifling extent; separation of the bones at the symphysis is occasionally observed, but this is probably the exception, while the other is the rule. The development of the synovial membranes seems, when taken along with the above facts, to warrant the conclusion arrived at by Lenoir, 'that the articulations of the pelvis proper should not be considered as *amphi-artroses* but as *arthroses*.'"

The chapter on "Signs of Pregnancy" treats the matter in an exhaustive manner, giving every condition or phenomenon that is usually reckoned as evidence of pregnancy, and its recognized merit. He concludes that "the signs of pregnancy consist, then, of a few which are certain, and of a considerable number which are probable or presumptive. The certain signs are:—

"1. The sounds produced by the Pulsations of the Fœtal Heart.

"2. The active movements of the child, distinctly felt by a *skilled person*.

"3. The passive movements, in which consists the sign of Ballotement."

He then presents the following conveniently arranged table showing the signs of pregnancy at various epochs:—

Weeks.	Disturbances and Alterations of Functions.	Position and Anatomical Relation of the Uterus.	Condition of the Os and Cervix: 1. In Primiparæ. 2. In Pluriparæ.	Special Characteristics.
1st to the 8th.	Suppression of menses (occasional exceptions). Swelling and pain in Breasts. Morning sickness, and other digestive derangements.	Volume and weight increased. Lower in pelvis. Os displaced downward. Very slight hypogastric flattening and depression of umbilicus. Fundus still below the level of the pelvic brim.	Investing mucous membrane becomes thick and softened. Os in Primiparæ becomes round; in Pluriparæ it is more open, and admits the point of the finger.	Turgescence and increased temperature of external genitals, and of Vagina, the mucous membrane of which becomes darker.
9th to the 16th.	Marked enlargement of breasts, with prominence of nipple, and slight deepening in color of the Areola.	Fundus passes brim about the 12th week, and is midway between pubes and umbilicus at end of 16th. It is distinguished by palpation and percussion. Less depression of umbilicus; hypogastric flattening disappears. Os reached with more difficulty and is situated somewhat to the left.	Softening extends gradually from mucous membrane to tissue surrounding os. Orifice closed in Primiparæ; in Pluriparæ still more open.	Uterine souffle about 16th week.
17th to 24th.	Areola becomes distinct, the Follicles projecting beyond the level of the skin. Morning sickness, and other digestive disturbances less. Certain effects of mechanical compression now often observed, such as varicose veins, and œdema of the genitals.	Fundus gradually rises; is a little beneath the umbilicus at the 20th, and a little above it at the 24th week. Rounded central tumor in hypogastrium, becoming gradually more apparent. Umbilical depression almost effaced. Os and Cervix still higher.	Softening further invades the cervix. In Primiparæ, os circular, smooth, and closed. In Pluriparæ, irregular, nodule, and usually admitting without difficulty the point of the finger.	Projections of the fœtus may be felt. Active movements may be experienced by mother about 17th week, and felt by accoucheur some weeks later. Pulsation of fœtal heart about 18th week. If the head presents, ballotement can be made out about the 18th week. Dark lines on the abdomen and secondary Areola may be observed.
25th to 32d.	Deeper color of the Areola, with complete development of the glandular Follicles. Morning sickness rare. Effects of mechanical compression more marked. Vagina often granular, with leucorrhœal discharge.	Fundus at 28th week about two inches, and at 32d, three inches above umbilicus. Uterine tumor larger, and directed to the right side. Umbilical depression completely effaced. Os and Cervix still ascending, and directed backwards and a little to the left.	Softening of Cervix complete. In Primiparæ, the Os internum is supposed by many to yield from the 24th week, and the cavity of the Cervix to become encroached upon from above downwards. In Pluriparæ, Os internum remains closed, but the cavity of the Cervix admits the finger with ease.	All the above conditions become more intensified and obvious.

33d to 38th.	Disorders of digestion and respiration, the result of pressure by the distended uterus.	Fundus rises as high as the ensiform cartilage, and on each side is behind the false ribs. Umbilicus inverted and protruding. Os reaches its highest point. Inferior segment of uterus becomes thinner, so that the presenting part of the child can be more easily felt.	In Primiparæ the cervical cavity is said to have lost half its length about 34th week. External Os admits point of finger. In Pluriparæ, Internal Os only yields at 36th week, or even later, when the shortening of the cavity rapidly progresses. Lips of Os thick and soft, and admitting the finger as far as the membranes.	As in the 7th and 8th months, with the exception of Ballotement, which becomes impossible.
39th to 40th.	Functional disorders disappear. Oedema and varicose condition of genitals increased. Pain and difficulty in walking.	Fundus falls downward and forward, the Os moving at the same time downward and backward in the true pelvis. Prominence of umbilicus reaches its maximum. Presenting part low in pelvis.	In Primiparæ, the cervix apparently disappears; the lips become very thin, and almost membranous. The Os opens a little. In Pluriparæ, the lips remain irregular and of considerable thickness to the last.	All the appearances due to stretching of the abdominal parietes become more distinct.

The chapters on "Duration of Pregnancy," "Plural Pregnancies," and "Diseases of Pregnancy," are considered in the same thorough and systematic manner as the one we have just noticed; but it is in those portions of the work devoted more strictly to "operative midwifery" that Dr. Leishman deserves especial credit for the clearness, force, and perspicuity with which he presents the subject. The topic of "Forceps" is entered into minutely, and neither care nor illustrations are wanting to make this difficult matter intelligible to the student. In this chapter Dr. Parry is deservedly worthy of merit for so clearly explaining the introduction of the forceps in the dorsal position as is most common in this country.

The latter part of the book is devoted to the consideration of the diseases following delivery, and treatment of the new-born infant, and presents the same characteristics noticed in the preceding portions. As a whole, we consider the book a most admirable one and especially serviceable to the student.

The book is published in the attractive and durable manner characteristic of the publisher.

ITEMS AND EXTRACTS.

CONVERSION TO HOMŒOPATHY OF DR. FELIX ANDRY.—M. Dr. Felix Andry, former chief of clinical medicine of the Faculty of Medicine, of Paris, has made this remarkable profession of faith:—

"There has come to pass in our medical world a fact, which would be in truth very strange if it were not still better a fact of considera-

ble eminence, and one worthy, in my opinion, of more interest than is generally accorded to it. By the side of our ancient medicine, of that medicine that the experience of so many centuries, that the authority of so many illustrious names has justly sanctioned; of that medicine, which every day renders to humanity so much undisputed service, and shines with such vivid brightness in the hands, especially of such and such of our masters of whom I have elsewhere spoken, and, for my part, all of whose knowledge and practical ability I am ready to proclaim anew; by the side, I say, of this traditional medicine, or rather in the face of it, a rival medicine has sprung up, boldly drawn up standard against standard, preaching a doctrine diametrically opposed to its teaching, and pretending to substitute for its arms, which they style murderous, means of action impalpable, almost mystical, and which, at first glance, disgust the reason and border on the ridiculous, if not impossible."

After having stigmatized those among physicians whom he supposes to have been led to embrace Homœopathy from pure speculation, Dr. Andry continues, "Meanwhile, among the defenders of Homœopathy, some masters, better qualified, are making themselves heard, and at their appeal, new deserters have come to swell their ranks. Every day these defections are repeated and multiplied; every day ancient medicine sees its ranks grow thin; every day, finally the new medicine, *Homœopathy*, if it must be called by that name, extends and spreads abroad its conquests."

"Of this march, slow but constant, of this incessant progress, of these conversions to the medicine of Hahnemann, operating even in the bosom itself of our Faculty, even among those considered the most distinguished and the most conscientious, what think you, if not that apparently all in this doctrine is not illusion or falsehood; that, under appearances antipathic to our reasoning, something useful and acceptable lurks without doubt, — something having a right to the investigation of honest minds and to the sympathies of those who have no other interest except the interest of the good and the true?"

"So, on my own account, did I reason calmly with myself, my dear brother, when, you remember it, I think, the entreaties of a common friend lead me to receive from you some globules of a medicine (*Acid. ars.*), to combat by this infinitesimal medication a dyspnoëic, long-lasting bronchitis, and against which quite a number of allopathic drugs had shown themselves powerless.

"This experimentation sufficed to convince me, not by the benefit which I at first perceived, but — a singular thing — by the illness I felt; and on purpose, little believing in the action of the remedy, instead of quietly leaving a little space between the doses, I swallowed them one after the other; but this time I was no more at the clinic as you know; for, quickly, that which you call a homœopathic aggravation and an aggravation the most pronounced, punished me for my scepticism and showed me that I had taken apparently altogether another thing than clear water.

"Since then, five or six years of clinical observation, either in the hospital *Sainte Marguerite*, during the first months, then in the dis-

pensary of M. Dr. Léon Simon the younger, then on myself, and on those around me and elsewhere, have served to convince me (and I do not hesitate to declare it frankly) that homœopathic medicines, in doses the most ordinarily employed, that is to say, even in the thirtieth attenuation, when they are well chosen and properly administered, act manifestly on human disease, and that, in this action, we have very frequent confirmation of the axiom proposed by Hahnemann, 'Similia similibus curantur.'—*Translated from 'La Révolution Médicale,' April 15, 1876, by JOHN L. COFFIN, M.D.*

THE KENTUCKY SHOWER OF FLESH.—It appears to be a law of nature that weeds should grow with flowers, tares with corn, and that superstition should almost touch truth. Showers of frogs, of fishes, of bloody rain and snow, have frequently occurred. The last sensation, however,—“the fall of flesh in Kentucky,”—offers some features of special interest. In 1537, while Paracelsus was engaged in the production of his “elixir of life,” he came across a very strange-looking vegetable mass, to which he gave the name of “nostoc.”

The Kentucky wonder is nothing more nor less than the “nostoc” of the old alchemist. It belongs to the confervæ, and consists of translucent, gelatinous bodies joined together by threadlike tubes or seed-bearers. There are about fifty species of this singular plant classified; two or three kinds have been found in a fossil state. Like other confervæ, the nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and be carried great distances. Wherever they may fall, and find congenial soil, namely, dampness or recent rain, they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground in a few hours with long strings of nostoc. On account of this rapidity of growth people almost everywhere believe they fall from the clouds. It is not confined to any locality or climate; sown by the whirlwind, carried by a current of air, in need of moisture only for existence and support, it thrives everywhere. Icebergs afloat amid ocean have been covered with it. In New Zealand it is found in large masses of quaking jelly, several feet in circumference, and covering miles of damp soil; and in our own country it may be found in damp woods, on meadows, and on marshy or even gravelly bottom.

All the nostocs are composed of a semi-liquid, cellulose, and vegetable proteine. The edible nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that was supposed to have fallen from the clouds in Kentucky (it reached New York, preserved in glycerine) is the flesh-colored nostoc (*Nostoc carneum* of the botanist); the flavor of it approaches frog or spring-chicken legs, and it is greedily devoured by almost all domestic animals. Such supposed “showers” are not rare, and are entirely in harmony with natural laws. In the East Indies the same nostoc is used as an application in ulcers and scrofulous diseases, while every nation in the East considers it nourishing and palatable,

and uses it even for food when dried by sun-heat. — LEOPOLD BRANDEIS, in *Sanitarian*.

COUNTY JAILS AND ALMSHOUSES. — In what we have to say of these county institutions, it should be understood that we merely summarize the facts from hundreds of reports from every portion of the Union. The abuses are not peculiar to any one State or even division of the country: they belong to the old and the new States, though they are perhaps most glaring in the new.

Beginning with the almshouses, we are compelled to say that till within three or four years no abodes of so-called charity were ever such dwellings of unmitigated misery as the county poorhouses of the United States. The first consideration of any wise legislation on pauperism is to prevent its transmission and inheritance. The philosophical principle which plays so important a part in the Darwinian speculations, and which must guide all systems of classification, of the reduplicated power of inheritance in each new generation, is equally true in human affairs. The second and third generation of a pauper and vicious family contain tendencies to degeneracy, to physical and moral evil, which have increased in geometrical ratio, and which (if they do not utterly destroy the mental and bodily powers) become almost unconquerable by any humane or moral influences. Accordingly, the first object of scientific legislation in regard to the dependent and vicious classes should be to break them up, and prevent transmission of their habits and weaknesses. The rural almshouse, under the system which has prevailed here, has, on the other hand, been a nursery and propagation-bed of pauperism and weakness. The pauper mother is brought there for the birth of her first child. The child grows up and is trained and educated there; her companions are persons of the worst habits and character; she is stamped with both her inherited weakness and with acquired tendencies and ways of life peculiar to the place; she in her turn becomes early a mother of an illegitimate child, — and so the vicious line begins and is transmitted, until we have such terrible facts in criminal inheritances as have appeared recently in the history of a certain unhappy “Margaret, Mother of Criminals,” in Ulster County, New York, where a family line is discovered made up of more than seven hundred criminals and paupers.

In most almshouses of the United States children are kept with old offenders or mature paupers and vagrants, and the poorhouse becomes naturally a nursery of pauperism. In very few of them are the children taught or brought under any elevating influences. But almost worse than the condition of the children is that of the unhappy creatures bereft of reason. Of all spectacles of human misery which the light of day looks upon, we suppose that of the lunatics in American almshouses is the most pitiable. Unlike many sufferers under the great evils of society, they are often persons who have been in better circumstances, and who must, in their dim way, feel and see the abuses of their treatment. In the country poorhouses they are treated as lunatics were a hundred years ago in Europe. They are chained, put

in cages, beaten, kept in dark holes, without fire, often naked, their food reached to them as to beasts, their clothes seldom changed, without bedding, except straw, left in their own filth and eaten by parasites. This horrible treatment, it should be understood, was (till within three years) common in many of our States, and is still the fact in the majority.

The writer has known a lunatic who was kept fifteen years in an outhouse on Staten Island, in so narrow a place that his flexor muscles became permanently stiffened; another, a woman, who was confined with chains in a state of nudity for ten years; another, a man, chained in a cage for thirteen years, in a frightful state; and so of many others, kept in almshouses and treated with similar neglect and apparent cruelty. Such instances can be found all over the country. One singular and horrible result of the condition of rural poorhouses throughout the Union is, that the lunatic and half-witted women not unfrequently become mothers in these places, and a new and unnatural progeny begins, — the offspring of lunacy and crime, of epilepsy and vagrancy. — *Nation*, March 23, 1876.

ALLOPATHIC EXPERIMENTS WITH JABORANDI. — Jaborandi, according to Dr. S. Centriho, who took the first specimen to Paris, where the drug has been largely used, is the product of a shrub which grows in the interior of some provinces in the north of Brazil, the leaves of which somewhat resemble those of the bay-tree. . . .

Mr. Martindale, who first introduced the drug to the notice of English physicians, swallowed about fifty grains of the powdered leaf in an infusion, and in fifteen minutes he sweated profusely and had an excessive flow of saliva. These effects gradually increased. In about half an hour after taking the drug the vision became curiously effected. Distant vision was obscured, although vision for reading or near objects was quite good. Sixteen ounces of distinctly alkaline saliva were collected in a few hours, and the sweating was so great as to soak the bedclothes.

Gabler finds the drug increases the bronchial secretions, and further asserts that it sometimes causes diarrhœa.

Ringer and Gould, in *The Practitioner*, confirm these statements, with the exception of that relating to the diarrhœa, and draw attention to the influence of this drug on temperature and pulse. During the sweating, they found that the temperature fell about one degree, the reduction persisting for the rest of the day; and that the lowest temperature was reached about one hour and a half after the administration of the drug. In one case the fall began immediately, in another case, in forty minutes, and in another instance in eighty minutes. In each experiment the pulse became considerably quicker, the increase varying from forty to fifty beats, the beats being quickest in from forty-five to eighty minutes after the dose. The quickened pulse continued more than four hours. In one lad with intermittent pulse the medicine entirely removed this irregularity. The drug often produced nausea or sickness, which occurred two or three hours after taking it; it also occasioned considerable drowsiness, the lads

falling asleep during the observations. Flushing of the face was noticed only when sweating occurred, and in a short time the flushing was succeeded by marked pallor, accompanied by some prostration.

M. Albert Robin points out, that in addition to the sweating and salivation, the lachrymal and nasal secretions are increased, and asserts that before and during the sweating the temperature rises more than from 1° to 2° F. and then becomes normal; and that after the sweating the temperature falls more than from 1° to 2° F., and the depression lasts for a day or two. Sphygmographic tracings taken at different stages of the experiment proved that during sweating jaborandi produced very notable diminution of vascular tension. After the cessation of the sweating the pulse was much lowered. Drs. Ringer and Gould formed their last conclusions (*The Lancet*, January 30) on thirty-seven careful observations, twenty on adults, from twenty to forty-five, and seventeen on children between three and ten years of age. To the adults they gave sixty grains: to the children, thirty, and sometimes sixty. They conclude that some of M. Robin's statements are inaccurate. Thus, curiously enough, children are very little affected by this drug.

They administered generally thirty, sometimes sixty, grains, giving both the solution and the dregs; and yet this dose often failed to produce any effect. In two cases only was the sweating abundant; in eight it was slight—in most, very slight, making the skin only a little moist, and in seven cases it excited no perspiration. Salivation was generally absent and never more than to make the mouth rather moister than usual. There was very little flushing of the face, and this occurred only when perspiration was induced. The pulse was but slightly increased in frequency, from ten to sixteen beats, and this only when the remedy acted on the skin. When the pulse was quick (and several of these children were convalescent and weak) the pulse was still less influenced and sometimes even fell. When the skin was rendered moist the temperature generally fell, the fall varying from 0.6° to 2° F. In eight of these cases it is noted that the child vomited usually two hours after the administration of the drug, but sometimes sooner. Occasionally, the vomiting was repeated three times. When the vomiting was long delayed none of the dregs of the medicine were rejected. Many of the children were sleepy during the state of depression. In no instance were the bowels affected, nor did the medicine excite any cough.

In the twenty observations made on eighteen adults the perspiration in every case but two was most profuse, amounting in one experiment to twenty-seven ounces. In one case only the pulse was unaffected, though there was marked perspiration. In the rest the pulse was quickened from twelve to forty beats, the average being twenty beats per minute; the average increased frequency lasting two hours and a half.

The temperature was taken in nine cases: in every instance it fell during the sweating; the fall varying from 0.4° to 1.4° , the average being 0.9° , and lasting from one hour and a quarter to four hours and a half, then reaching the point observed before the medicine was given.

In one instance only did the temperature rise, and then only to 0.4° , the rise lasting a very short time. In half the cases, slight cough, due to increased bronchial secretion, was noticed, but was always slight. In no instance did the medicine relax the bowels; so that its action on the intestinal mucous membrane must be slight. In one half the cases the patients became decidedly sleepy, this occurring during the pallor, one, two, or three hours after the administration of the drug. A sensation of sickness, and sometimes of decided nausea, occurred in two thirds of the cases; in several cases the sight was decidedly affected.

Mr. Martindale prepared for these observers an extract dissolved in glycerine, which they introduced into one eye of thirty-one persons. In nineteen cases the pupil became decidedly contracted, the amount of contraction varying, in some being slight, in others being reduced by one third; in two instances to one half. The pupil acted sluggishly in eleven cases. In a few hours the contracted pupil regained its natural size; but in one case the contraction was noticed twenty hours after the application. In eleven cases complaint was made of pain over the eyes, generally accompanied by a strong desire to pass water, which afforded relief. A good deal of trembling, especially of the upper extremities, followed in two instances after the administration. One man complained of much throbbing of the head the day following the experiment. Many patients complained of alternately feeling hot and cold or chilly.

It is satisfactory to learn that in several cases a tincture from the leaves, and, in one case, an extract made from the tincture, were equally efficacious as an infusion with the dregs; from which we may conclude that the active principle is not the oil contained so abundantly in the leaves.

Mr. John Tweedy, finding the statements as to the effects of jaborandi on the vision conflicting, made a set of experiments on himself, from which he concludes that jaborandi applied locally to the eye causes —

1. Contraction of the pupil.
2. Tension of the accommodative apparatus of the eye with approximation of the nearest and farthest points of distinct vision.
3. Amblyopic impairment of vision from diminished sensibility of the retina.

These effects however do not last long. In his case the approximation of the near and far points of distinct vision declared itself in quarter of an hour and reached its maximum in about forty minutes. It then gradually subsided and entirely passed off, and the eye resumed its normal state in about an hour and a half. — *Nashville Journal of Medicine and Surgery*.

PERSONAL.

REMOVED. — GEO. H. JENKS, M.D., has removed to 107 O'Farrell Street San Francisco, California.

DIED. — DR. W. L. CLEVELAND, of Atlanta, Georgia, died May 20, 1876.

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BOSTON, AUGUST, 1876.

[VOL. XI.

AN ADDRESS DELIVERED BEFORE THE HOMŒOPATHIC
SOCIETY OF LEIPSIC.

BY DR. CLOTAR MUELLER.

[*Translated from the Internationale Homœopathische Presse.*]

GENTLEMEN :—I wish to say a few words, on this occasion, concerning the influence exerted upon Homœopathy within the last decade by the advance in physical diagnosis and the results of physiological and pathological investigations in general of our day. This is a subject which has been repeatedly and fully illustrated in a favorable light; but it will also admit of being considered from an opposite point of view, which will bring into strong relief its darker sides. Of late years, so far as I know, this has not been attempted, and formerly it was done in a manner characterized by the general prejudice against all physical diagnosis, when the great influence of the discoveries which were as yet merely in a nascent state could not be overlooked or properly estimated. As it was the constant and zealous effort of my early professional years to call attention again and again to the rise of physiological medicine, so-called, with its extended researches, and as I never wearied in my over-sanguine youthfulness of pointing out the advantages which must accrue from this scientific progress, particularly to the growth of our therapeutic principle, I may be permitted, now, to point out the dangers and disadvantages which have already arisen, or which might easily arise in the future, to the application of the homœopathic law — with or without blame

to us — from adopting and turning to account the art of physical diagnosis. In doing this, it is scarcely necessary for me to emphasize that I hold, now as then, to the conviction that Homœopathy cannot afford to allow any investigation or discovery, in any branch of medical science, to escape its notice ; and that it is ever our sternest duty to turn everything to account for our therapeutic principle as far as it is possible to do so. Moreover, I maintain as earnestly as ever, that our therapeutics have been materially benefited by this scientific progress, and owe to it many great advantages. But this firm conviction does not allow me to disregard certain errors and injurious consequences which have gradually crept in at the same time, and which threaten to neutralize the advantages we have gained. It is for this reason that I am impelled to address a few words to you concerning one and another of these consequences which appear to me to be on the point of inflicting serious injury to our cause.

The manifold aids and experiences now at our command, in the examination of patients, enable us to determine with ease in the majority of chronic cases that one or the other organ is affected and subject to more or less structural change. In dropsies, for example, we commonly find an affection of the heart or kidneys ; in asthma, emphysema of the lungs ; in hæmoptysis, tubercular disease, etc. Hence we diagnosticate the case as one of heart, lung, liver, or uterine disease, etc., and generally with a special differentiation of the exact organic change, and in this we are perfectly justified. But let us reflect, for a moment, on the further consequences of this procedure to the homœopathic physician, if he allows himself to be wholly and exclusively governed by it. I do not by any means refer only to the routine practitioner and pseudo-homœopath who selects his remedies merely by the name of a disease and at once administers *nux vomica* in gastric disorders, *arsenic* in heart disease, and *phosphorus* in pulmonary trouble ; but every one of us, even the most rigorous and conscientious homœopath, can hardly fail to consider, in the first instance, the symptoms of the organ in the selection of the remedy, and to approximate, in this way, more or less closely, those to whom our therapeutic

law is, in fact, not *similia similibus*, but *localia localibus*. Such a conception of the law of similars — at least, when it is formed in a one-sided and exclusive manner — will most certainly lead us into errors, inasmuch as it reduces Homœopathy to the level of the doctrine of specifics in the vague sense of the old school, or, at best, in the sense of the school of Rademacher. This causes us to attach an undue importance to the objective morbid phenomena, to the neglect of the subjective signs, while it is admitted on all hands that it is the duty of the discreet homœopathic physician to weigh conscientiously the value of both classes of the symptoms in every case, and always to have due regard for subjective symptoms in the selection of his remedies, and at times to take into consideration for this purpose even individual peculiarities. It cannot be denied that most favorable curative results are not unfrequently attributable to the attention paid to the two last-named classes of symptoms. It may, therefore, be justly asserted that he alone is a thorough and proper homœopath who apprehends all the cognizable phenomena of a case of disease, and who measures their value conscientiously and circumspectly in the selection of the remedy.

But aside from its influence upon drug selection, the exclusive attention to objective signs is too apt to lead us into considering a morbid condition recognized by the methods of physical diagnosis to be neither more nor less than a structural change in the heart, liver, or other organ, or to look upon everything else as merely secondary and unimportant. Now, this habit, besides the fact that in many cases it leads to wholly erroneous views, has another most injurious result for the homœopathic physician. In the first place it is by no means always true that the *vitium cordis*, or enlarged liver we discover, is the causative and idiopathic disturbance. In a not inconsiderable number of cases the structural change is the secondary phenomenon, resulting either from some other organic affection or from a preceding functional disturbance. In the latter case, where it is possible to regulate the abnormal functions, it may even assume a wholly unimportant position, and in youthful subjects it may, under favorable circumstances, undergo partial or complete retrogressive metamorphosis. In all these cases, therefore, the

exclusive attention paid to the local organic lesion is not only both unwarranted and directly injurious; but even there, where the circumstances just mentioned do not exist, a still greater danger of an indirect nature arises. Whoever sees in the cases he is called upon to treat nothing more than a hypertrophy of the heart, an induration of the lungs, a cirrhosis of the liver, etc., will very soon, homœopath though he may be, reach the point at which the physicians of the physiological school have arrived, that is, he will despair of being able to do any good and will be induced to cease all efforts and wait supinely for the end. In one sense he would be justified in this course, for he can neither make a new valve with high potencies or low, nor cause the growth of a new liver. But luckily this is not the point upon which alone success depends. Many a one has recovered temporarily or partially in spite of an organic heart disease, and many another enjoys his existence notwithstanding his diseased liver, or that he has at one time voided large quantities of albumen in his urine, or expectorated tuberculous matter. This is best known to the life-insurance companies, which have only begun to do business successfully since they have dropped the pretence of accepting only absolutely healthy and normal human beings, and are satisfied to insure also invalids and those who are partially sound. In the same way the homœopathic physician is not permitted to lose courage if he has to treat a patient with one or the other organic disease. Courage alone, to be sure, will not suffice; nevertheless it is most essential. And he who does not know how indispensable moral courage is to the physician, is not aware of all the qualifications necessary for the practice of our profession. I am speaking, of course, of homœopathic physicians.

Under all circumstances such a one-sided reduction and limitation of disease to the organic lesion discovered in a patient is a procedure wholly incompatible with the principles of Homœopathy, and in direct contravention of its most vital doctrines. The purely local diseases or such as are confined to individual portions of the organism are not numerous, and even these do not long remain limited, but soon extend to other or all parts of the system, thereby becoming general diseases.

Even the physiological school has abandoned the conception of disease as a foreign, independent entity, or merely a parasitic being or demon which has gained entrance to the body of the patient, and has seized upon a particular organ. Modern pathology declares expressly that all disease is modified health, and that the most primary cause in which all morbid conditions and all death, not caused by violence, have their beginning, is to be sought, for the most part, in disturbances of the nutrition of the tissues. But we homœopaths have far more cause to banish all local pathology and therapeutics, and must go a step farther, in that we affirm that all causes of disease are capable of extending to all parts of the system from the original points of invasion which have become exposed to the organism, whenever circumstances favor such extension. It follows, therefore, that every form of local disease is not only to be considered as what it appears, namely, the affection of a single part, but also as a disease in a greater or less degree of the whole organism, manifesting itself as such with more or less distinctness (Grauvogl). Hahnemann has laid this down with great decision in the *Organon*, when he declares every disease to be the result of a disturbance of the vital force of the organism. If this assertion of his fails to harmonize with our modern views, it is only in consequence of the fact that we take exception to the expression, "vital force," which has gone quite out of fashion. Nevertheless it is certain that the conception of disease as a disturbance of the entire organism is for Homœopathy an absolute necessity. It is only by the unqualified acceptance of this axiom that our homœopathic principle can be brought to its full value, to a clear comprehension, and to a correct application. Indeed, it is my firm conviction that Homœopathy must stand or fall by its acceptance or rejection.

So far as the law of similars is concerned, however, which we all consider as paramount in the selection of our drugs, and of which the practical application alone on the part of the physician constitutes him a homœopathist, I must declare myself to be in perfect accord with those among us who affirm that this is not a therapeutic principle, in the strict sense of the word, or an actual law of nature, but rather an empirical maxim

(Grauvogl) or an invented rule (Villers) by which we are to be led in the selection of our remedies. Expressed in other words this means that a medicine prescribed according to the homœopathic principle does not cure a given case of disease, *because* it produces in a relatively healthy organism strikingly similar morbid phenomena, but rather, that we recognize in the similarity of the physiological symptoms to those of the case in hand, merely a suggestion (Aufforderung) to apply this remedy. The correspondence of the symptoms is for us nothing more than a guide, an inducement (Veranlassung) to choose the particular drug. Hence the resemblance of the two series of symptoms is by no means the cause of the cure which follows, but a guiding formula which suggests and decides in the choice of our remedies. It is in consequence of this that neither Hahnemann nor any of his followers have ever succeeded in giving an adequate explanation of the *modus medendi* of the so-called law of similars. This is simply impossible, as "*Similia similibus curantur*" is no law of nature, but merely a formula, by means of which we are led to the selection of the appropriate drug, in the same way as we are led, in certain cases, to the effectual remedy by other rules.

But this does not detract from the value of the *similia similibus* for our purposes. It still remains the most trustworthy guide for our action at the bedside. Nor are the merits of Hahnemann in any sense lessened by this view. The fact that on this day, the birthday of our master, I am prompted to address you on this subject, may prove to you how little I, at least, see in it to diminish our veneration for him. I hold, and am assuredly right in doing so, that the more we investigate his teachings and endeavor to bring them into harmony with the laws of nature, the more we shall cherish and honor his memory. In the exposition now given *similia similibus* remains irrefutably the most brilliant and fruitful discovery in medicine, and the noblest inheritance of our immortal teacher. It continues to hold its place as our loadstar in the perplexities of drug selection, even though we know that in the chain between the homœopathic similarity and curative result a third link is missing, which as yet we have not recognized. The finding of

this will fill this hiatus and cause the homœopathic cure to appear perfectly natural and logical. Our chief task must be the finding of this link and the filling of this hiatus. Though I may be unable to indicate its nature to you to-day, the time will assuredly come when another shall arise to do it in a satisfactory and irrefragable manner.

BRILLIANT EFFECT OF PHOSPHORUS.

Reported in the Allgemeine Homöopathische Zeitung. By Dr. H. Goullon, Jr., of Weimar. Translated by H. A. Chase, M.D., Cambridgeport, Mass.

IN one of the late numbers of this Journal (April 10, 1876), I took the liberty of asking the opinion of my colleagues in regard to a singular case, that of a child remaining totally blind from an inflammation of the brain. The *quality* of the advice given ought to compensate for the *quantity*. From three different sources *phosphorus* was pointed out as the remedy deserving the greatest confidence. The justice of this recommendation, from theoretico-practical grounds, was all the more obvious to me, since I was acquainted with Gallavardin's essay on "*Les Paralyties Phosphoriques.*" A remark of Dr. Kafka, Senior, is worth mentioning, who, after he had learned of the improvement under *phosphorus*, wrote in a letter on the 25th of April, "I would advise you to discontinue the *phosphorus*, which should not be taken too long, and administer *hyoscyamus* ⁶, instead. I have already cured with this remedy several cases of periodical, not central, amaurosis or amblyopia. If *phosphorus* has been of service, it may come in play again after the lapse of three weeks."

I am very much obliged to Dr. Kafka for his friendly advice; but it was evident that this was not a case of periodical amblyopia, hence indicating *hyoscyamus*, but one of central amaurosis. Prof. Graefe, of Halle, expresses a similar opinion in regard to the nature of this affection, and it seems proper to quote here a passage from his letter of the 10th of April: "Although I cannot judge thoroughly of the degree and nature of a case of disturbed vision without making a personal examina-

tion, yet I cannot but express the fear that the child's disease is very serious, and one offering but little hope of recovery. From the report of Dr. Wehner, I think that the blindness or weak-sightedness is caused by changes in the optic nerves, which have been developed in connection with the severe nervous affection, and which will hardly be repaired."

What happened now? On the 3d of April I had an opportunity to see the child. It was stone-blind; I could move my finger close up to the cornea without causing a movement on the part of the child. It took nothing which was offered it; it gazed without winking at the bright daylight; *i.e.* a brilliant flash of light did not cause the least reaction: it was clearly a well-pronounced case of amaurosis. Moreover, we had to deal with a healthy child: the somewhat large head was symmetrically made; the fontanelles sufficiently closed for the age, and only a slight weakness of the feet prevented standing and walking.

I put four drops of the 6th centesimal attenuation of *phosphorus* in a wine-glass half full of water, and of this the little one received a teaspoonful morning and evening. This was on the 3d of April; on the 14th of the same month I received a letter, in which was written "the child has much more sight." I did not trust *my* eyes as I read this favorable report, and "my faith failed me" as long as I could not convince myself of that which had taken place.

On the 11th of May I had a second opportunity to see the child. In fact, the report had not said too much; on the contrary, in the time which had elapsed since, the improvement had made still greater advance. As I approached the child, it stretched out both arms, so that the happy mother jokingly said the little one wished to express its gratitude to me. She took what we offered to her, noticed the different objects, and was unwilling to give them up again. Meanwhile the little girl had grown considerably, had become very heavy, and showed, according to the mother's statement, every disposition to walk, in which it had previously failed. This was one reason why, instead of pausing after the first effect of *phosphorus*, I had given a few doses of *Calc. carb.*, then *phosphorus* again, as above.

For the last ten days, however, the patient had taken nothing at all, but the once specifically aroused *vis medicatrix naturæ* had by no means remained idle. On the 11th of May, that is, at the second visit, I left *phosphorus* again, with the directions that until they heard from me it should be given four days, and then omit four days, and so on.

A crisis which appeared at the same time seemed to me of especial interest, to which the mother called my attention; this was the appearance of impetiginous, scurfy exudations, along the edges of both eyelids; as soon as these became noticeable, a clearing of the eyes and a return of the sensibility to light took place. A certain sluggishness of the pupils attracted my attention at that time, since perfectly *normal* sight had not yet been attained; but the probability that the improvement will be continued until the return of the full power of vision is scarcely to be doubted; at all events the therapeutic influence of *phosphorus* is astonishingly great.

In the uncertainty as to what the disturbance of vision was in regard to its seat and pathologico-anatomical changes, I will call attention to a case, which the Homœopathic Clinical Institute of Dr. Schwabe published in the *Populäre Zeitschrift für Homöopathie* 1871, p. 88. It was a case of *paralysis of sensibility*, in consequence of which anxiety, palpitation of the heart, *congestion* to the head, *muscæ volitantes* before the eyes, annoyed the patient very much. While *Ign.* ⁶ (five pellets every night for a week) allayed the anxiety and palpitation, "a brilliant result" was obtained with *phosphorus* 30 (five pellets every morning for ten days) as to the rest of the troubles, *i.e.* the congestion and *muscæ volitantes*. And here we come upon the following sentence, which may be worthy of notice in explaining our case: "In the physiological provings, *phosphorus* has shown a specific influence upon these parts (head and eye), but especially upon the eye; for, according to Sorge, *hyperæmia of the internal parts of the eye*, especially of the choroid, became so great that the proving had to be stopped. It is well known that *phosphorus* is always suitable where *erethitic hyperæmia of the internal coats of the eye* is present in connection with or dependent upon brain troubles and general

weakness." Moreover, Dr. Gallavardin in the above-mentioned treatise upon phosphorus-paralyses and cures of paralyses by *phosphorus* has devoted a whole chapter to paralysis of the optic nerve.

Be that as it may, whether one diagnoses a pure paralysis of the optic nerve, or *ex juvantibus*, an erethitic hyperæmia of the internal coats of the eye, in connection with a (previous) affection of the brain, it does not alter the fact that *phosphorus* has helped our patient, and we may without presumption appropriate to our latest observation the closing words of the above-mentioned case of cure with *phosphorus*. "This is another proof that Homœopathy can cure where the other schools of medicine lay their hands hopelessly in their laps, and know not what to prescribe. Allopathy does not know the influence upon the mental and nervous spheres."

ON THE TREATMENT OF WOUNDS BY THE OPEN METHOD. — In opposition to some of the principles which have been laid down by the advocates of the antiseptic method of dressing wounds, Dr. Dennis, of the Bellevue Hospital, New York, gives the results of twelve months' treatment of wounds by the open method.*

In fourteen major amputations, besides resections of knees and elbows, etc., there was not a single death, although the cases were treated in wards which a year ago were abandoned because of an outbreak of puerperal fever. The object sought to be attained is the prevention of suppurative fever. After an amputation the flaps are left open, the stump being pillowed on oakum until the wound is nearly healed. A small piece of gauze is placed over the contour of the stump. No sutures are used except in the lateral skin flap operations; no adhesive plaster is employed; no oiled silk is placed over the stump; no bandage is applied. The stump is allowed to drain freely, and is frequently washed by means of an Esmarch's wound douche, the water being impregnated with crystals of *Carbolic Acid*; after this *Balsam of Peru* is poured over the granulating surface. When suppuration has nearly ceased the flaps are gradually approximated by adhesive plaster. No sponges are used; and, so far as is possible, each patient has a separate set of dressing instruments. Each dresser washes his hands in *Carbolic Acid* water before treating another case. The advantages claimed are the almost complete avoidance of suppurative fever, the prevention of abscesses in the vicinity of stumps, and the absence of erysipelas in the wound. — *The Dublin Journal of Medical Science, June, 1876.*

[* *New York Medical Journal*, January, 1876. *London Medical Record*, March 15, 1876.]

The New England Medical Gazette.

BOSTON, AUGUST, 1876.

THE Homœopathic Congress, to which we all have been looking forward so hopefully, has been held, according to the programme arranged with so much care and wise foresight; and that it was in all respects a most gratifying success is the unanimous opinion of every physician who was present and of all who have heard or seen the reports that have so far come in. The full extent of its success, however, is not yet to be estimated. Those who listened to the addresses and took part in the debates have carried home with them sufficient food for thought to sustain their best mental efforts for many years, and as the digestion and assimilation of this proceeds, each one of these fortunate ones will act as a centre for the diffusion of scientific knowledge and of heightened enthusiasm for the cause of Homœopathy. The *resumé* we give elsewhere will indicate the nature and scope of the proceedings, and excite the eager wish to see the printed transactions. That these will prove not only a mine of sound, practical knowledge, but an enduring monument of homœopathic science, is beyond a doubt, and we look for a marked improvement in the tone and substance of our periodical literature and of the proceedings of our local societies as the immediate consequence of their publication.

It is quite too early to discuss any of the numerous questions suggested by the meeting; but one feature of the entire session is to us most gratifying and full of promise, — we mean the perfect harmony and earnestness which prevailed throughout and made it impossible for even the most contentious or ambitious members to excite animosity or *ennui*, or to waste the precious time of the convention. The good feeling thus established, we have reason to think, will not be easily disturbed. The cordial meeting of so large a number of leading men of our school, representing opinion of all shades, and the admirable opportunity afforded by the order of exercises for the free expression of these opinions well matured, cannot fail to act as a renewed and powerful impetus in the direction of more united and definite action than has prevailed of late years in our school the world over. It was a noble undertaking to bring together, from all quarters of the globe, and to discuss the representative ideas of our school,

and the result has proved worthy of the occasion. We may now expect, without laying ourselves open to the charge of an unwarranted optimism, that this meeting will form an epoch in the history of Homœopathy, and that the object of its originators and participants has been fully realized; namely, on the one hand to show the world what we are and what we have in view, and on the other to place on record for the mutual benefit of homœopathists everywhere the best thoughts of our best men.

From the tone of the whole meeting, more especially from that of the first day's discussion on *Materia Medica*, it is clear that the drift of modern Homœopathy is towards the recognition of the claims of positive knowledge wherever found, and towards relegating to their proper sphere the ephemeral theories of modern Pathology as well as the hypothetical assumptions of ancient Homœopathy. The president's address which, as expected, was a masterly production, gives the relation of Homœopathy to modern medical science in a manner so clear and irresistibly logical that in the future the discussion of our principles is narrowed down to a small number of points concerning which the differences of opinion among us are of comparatively little importance. Since men like Carroll Dunham, T. F. Allen, and other prominent representatives of pure Homœopathy have taken this occasion to declare unreservedly that for them individualization, the watchword of our school, means not the seizing upon one, two, or a half a dozen subjective symptoms, but the apprehension of the totality of the morbid phenomena of a given case or remedy, including those more marked and constant ones discoverable by the methods of modern pathology; and furthermore, that the first duty of "a sensible physician" is to remove by the most direct means the proximate cause of any morbid phenomena, wherever it is to be recognized and reached, it will be infinitely more difficult for either the extremists among us or the worshippers of the American Medical Association's code of ethics to place us in the false position of which, there is no denying, our school has had some difficulty in keeping wholly clear.

The determination of these points alone is a matter for the warmest congratulations in regard to the results of the World's Convention of homœopathic physicians.

We have been favored by the following card from the faculty of Rush Medical College, of Chicago:—

“The following Resolution, adopted to-day by the faculty of this

college, contains an answer to the questions relative to Homœopathy, sent to this institution by the Dean of the University of Michigan :

“ ‘ Resolved, That the time and attendance of students upon lectures of the medical department of the University of Michigan, up to and including the last regular session of that college, may be recognized as part of the requisites for graduation in this college; but such time and attendance shall not hereafter be accepted so long as the teaching of Homœopathy, in whole or in part, shall be included in the course of study of that institution.’ ”

This is already one of the results of the methods used by the American Medical Association for the purpose of coercing the Michigan Medical Society into the renunciation of the faculty of the University of Michigan. It merely verifies our prediction and demonstrates once more the unwisdom and the evil passions which guide the ruling party in medicine in its efforts to suppress what it elects to look upon as heresy. Our school cannot be said to be in any way affected by this measure; but the medical faculty of the Ann Arbor University is undoubtedly placed in a position which will try its temper and test its wisdom and power of endurance to the utmost. We have looked for no material advantage to our cause from the Michigan muddle, but since it has been the means of causing an allopathic body to experience a course of treatment by genuine and unmitigated allopathic measures, we have reason to feel more hopeful. The action of the faculty has been characterized to such a degree by the “ machine ” tricks and dodges which mark the warfare conducted according to the principles of the “ regular ” code of ethics that the confusion of the whole affair has been worse confounded than ever before, and the end is not yet to be foreseen. Had the militant professors relied steadfastly and exclusively upon the principles of justice upon which they professed to take their stand in the outset, and borne in mind the truth of the proverb which has been so fully verified in the history of the bone over which they are contending, that “ patient waiters are no losers,” both they and the profession at large would have been the gainers, and much unseemly wrangling might have been avoided. Meanwhile, since the falling out is between the members of the American Medical Association, there is a fair prospect that marked benefits will accrue from it to the homœopathic angle of the quarrel.

CORRESPONDENCE.

MESSRS. EDITORS, — Permit me to present an item of clinical experience bearing upon Dr. Boyce's paper "On Diphtheria," published in the May number of the GAZETTE; and at the same time to submit some observations upon the *first* of the following three propositions:—

"First, That, as far as my observations have gone, I have seen no evidence for the statement that the disease is very infectious. I shall afterwards try to show that there is another form of the disease, possibly communicable from one person to another through the medium of the intervening atmosphere, which, to all outward appearance, is the pure disease, but in reality is not, and requires a different treatment.

"Second, That the disease is capable of originating spontaneously by the operation of some specific and as yet unknown miasm, generated either in a local atmosphere vitiated by the neglect of proper hygienic arrangements, or in a peculiar condition of the general atmosphere of the place.

"Or, again, that the disease may be produced by the effects of such states of the general or local atmosphere on an organism predisposed, or much subjected to the deleterious influence of such conditions, whereby the system becomes poisoned, and specific asthenic disease is the result"

During the past winter we had in Brooklyn an epidemic of diphtheria, which impressed at least a majority of the physicians who had much experience in it with a belief that the disease is decidedly infectious and contagious. I can cite from personal knowledge four instances in which nurses contracted the veritable disease while taking care of patients sick with diphtheria: in two of these cases death occurred by toxæmia; the other two still present the sequelæ of *diphtheria*. In the numerous instances where the illness of *one* child in a family is followed by the illness of *others* with this disease, the possibility of a *common infectious miasm* obtains; but of the adult nurses alluded to, two came to the bedside from districts where diphtheria was not prevailing, and the *presumption* in their cases strongly favors the view of Trousseau, Vogel, J. L. Smith, and others, that diphtheria is an infectious disease.

Very many practitioners in this city now *isolate* their diphtheria patients.

As pertaining to the *second* and *third* propositions, let me state some experience at "*The Brooklyn Nursery*," an institution caring for an average number of thirty inmates under three years of age, under the medical management of a staff of homœopathic physicians.

From Nov. 21 to Feb. 11, we lost nine patients in successive outbreaks of diphtheria, though each case was removed to an *isolated ward* upon manifesting the first symptoms of the malady! As there were several intervals of perfect freedom from the disease, we were

led to regard each reappearance as a new outbreak, and to search for some local predisposing cause. There was discovered a large break in the main sewer-pipe, though the plumbers to the institution twice reported after examination, "No defect in sewerage." The pipe was repaired, and there has since been *no case* of diphtheria in the *Nursery*.

The outbreaks of the disease while *I* was on duty, occurred during periods of humid "thaw," so common last winter; and the disease seemed to *abate* when the weather became clear and cold. I should state, however, that Dr. J. Freeman Atwood, to whom, upon the staff, I sustain the relation of *associate visiting-physician*, — we serving alternate months, — made no such observations. But a careful comparison of meteorological observations with the reports of diphtheria, in this city, at least, during the past winter, would, I believe, show a relation between humidity and temperature of atmosphere, and the prevalence of the disease.

F. L. RADCLIFFE.

198 Carroll St, Brooklyn, N. Y.

SPRINGFIELD, JULY 16, 1876.

EDITOR NEW ENGLAND MEDICAL GAZETTE:

Sir.— Enclosed I send you some extracts giving a description of the *Grindelia robusta*, considered so valuable as a local application in the eruption of poison ivy, which you may consider of sufficient interest to insert in your valuable journal. I would say that I have verified its local use in a case of ivy-poisoning, where the face was very much swollen, of a dark red color, and exhibiting a yellow vesicular eruption, accompanied by the most intolerable itching and burning. The application of *Grindelia* gave almost immediate relief, and under its continued use the swelling and eruption rapidly disappeared.

Respectfully yours, Q.

GRINDELIA ROBUSTA.

Considerable attention has been directed of late years to the California "Grindelias," specimens of which are to be met with in different parts of the State, and which early attracted the attention of the Jesuit Fathers who established "missions" under the patronage of the Mexican Government, some sixty or eighty years before the conquest of the country by the Americans.

Divers botanists, who have visited our State from time to time since the establishment of these missions for the "regeneration" of the native races, have also noticed and written about the Grindelias. Several writers, among whom may be mentioned Shelton, Gibbons, Canfield, and Smith, have published, from time to time, information touching the natural history and therapeutic effects of the Grindelias; but it is particularly the *Grindelia robusta* which I desire to introduce to the notice of our profession. *Grindelia robusta* seems to exercise a specific effect in cases of poisoning by the famous (or more properly *infamous*) "poison oak," of California. Of late years, its happy

effects in reducing the frequency and violence of the spasmodic constrictions of the throat and contiguous organs from asthma and kindred diseases are so well authenticated as to claim for it a new and important place in our national *Materia Medica*.

In the woods and thickets of California, as well as on the dry hillsides,—in fact, in every variety of locality,—may be found a very venomous shrub, the “poison oak,” or, “poison ivy,” the “hiedra” of the Spanish and native California people, the dread of all those who are acquainted with it. This plant is known to botanists as “*Rhus diversiloba*,” or “*Rhus toxicodendron*,” and resembles the poison ivy of the Atlantic States, both in appearance and poisonous qualities. It has a somewhat climbing stem with short, leafy branches, and is easily recognized from the fact of discoloration of many of its leaflets, caused by the oxidation of the green coloring matter of the plant, in this respect differing from other shrubs and climbing plants. As is well known, poison oak is the cause of a vast deal of misery and suffering in California. There is scarcely ever a time in any little town or neighborhood where there are not one or more persons suffering from it, and it has been estimated that there are in this State near three thousand persons constantly afflicted with the cutaneous disease caused by this dreaded scourge. Not only tourists and occasional visitors into the rural districts from our cities, but even farmers and laborers are liable to this poisoning; and besides the suffering and annoyance caused by it, the loss of valuable time is no small item to be taken into account. As has been often remarked, it would seem that whoever makes known a prompt and sure antidote to this poison would be considered a public benefactor.

Many and various have been the “remedies” with which our local practitioners have endeavored to combat the effects of the universally dreaded *poison oak*. When I mention a few, such as lotions and ointments of lead, bismuth and opium compounds, applications of hart-horn and various alkaline salts in every variety of combination, it will be seen that not only is this scourge of wide prevalence, but of deep, practical interest to the physician and pharmacist, for every medical practitioner meets with more or less cases of it in his daily rounds. The many remedies which have been used for counteracting the effects of the “poison oak” all give way in efficiency and celerity to the *Grindelia robusta*. This, like the *Rhus toxicodendron*, is indigenous to the State, and found in many parts, but grows most luxuriantly in the foot hills of the Sierra Nevada and coast ranges of mountains.

Grindelia robusta is a tall, stout perennial, belongs to the composite family, and looks like a small sunflower. It is from one to three feet in height, and has bright yellow flowers in heads one to two inches in diameter, flowering from June to October. Before flowering, the unexpanded heads or buds secrete a quantity of resinous matter, a white and sticky-like balsam, that is finally, after the flower expands, distributed like varnish over the petals of the flower. The whole plant at this season, flowers and leaves, is resin-

ous and viscid. When it grows in dry hillsides it is stiff and rigid, with narrow, thin leaves; but in damp localities, it is more robust and succulent, with wide, fleshy leaves. May and June are the months in which *Grindelia* should be gathered for use, as at that time the plant abounds most in the balsamic and resinous juice in which its medicinal properties reside, and causes its marvelous effects in the cure of the eruption from oak poisoning, and the suppression of asthma, for which latter purpose it has been used with surprising effect since the occupation of the country by the Americans.

Dr. C. A. Canfield, of Monterey, California, (deceased), was the first to call the attention of the medical profession to the therapeutic action of *Grindelia robusta* in cases of oak poisoning. Some twelve years since, he caused to be published in the *Pacific Medical and Surgical Journal* a short account of this plant, its botanic features, habitat and medicinal value. My attention being thus directed to the plant, I procured specimens and prepared various pharmaceutical compounds containing the virtues of the drug, which were prescribed by the medical faculty of this city with sufficient success to warrant me in keeping a requisite supply of the plant. It has been my practice yearly, during the months of May and June, to go into the rural districts and have gathered and dried in the shade from one to two tons of *Grindelia robusta*.

Since the mention made by Dr. Canfield, as above, however, a new use has been found for this variety of the *Grindelias*: asthma and its kindred ailments have been made to succumb in a remarkable manner. Dr. Q. S. Smith, of Cloverdale, Sonoma County, California, published in the *Pacific Medical and Surgical Journal* for April, 1875, some notes on the efficacy of the solid extract of *Grindelia robusta* in several cases of asthma, etc., which had come under his observation. He writes that one patient, to whom pills made of the solid extract were administered, "had suffered from severe and frequent attacks of asthma since childhood, and found no relief from many physicians and divers remedies. About five months ago, he commenced taking the extract of *Grindelia* in pills of three grains each, one three times a day for two or three days, then a pill at bed-time only for eight or ten days longer. Under this mode of treatment the attacks became lighter and more remote, and during the interval between the attacks he gained in flesh and strength and improved greatly in his general health. More than four months have passed since the patient has felt any symptoms of the approach of his old enemy, once the plague and terror of his life. He is now heavier and stronger than ever before in his life, and can climb the rugged mountains of his sheep ranch and the surrounding country with an endurance, agility, and speed unsurpassed by any of his neighbors. We think this happy change due entirely to the virtues of the remedy mentioned, as our patient took no other medicine and continued to follow the same employment and was circumstanced just as he had been for years before."

It may be presumed that the medicinal virtues of the *Grindelia robusta* reside in the sticky, viscid, and resinous juice before men-

tioned. Confirmatory evidence offers itself in the fact that the plants gathered from the lower and marshy grounds are more robust and succulent, the leaves and stalks longer and coarser in appearance, and devoid almost entirely of the "balsam" before mentioned, and, as has been observed, of little efficacy in asthma and the eruption from "oak-poisoning"

Experiments made on the freshly-gathered, undried plant with various solvents, have produced "extracts" in no wise differing in the therapeutic effects or physical properties from the dried plants, as above. No attempt has been made to investigate the viscid juice; but doubtless, like the "balsams" or "liquid resins," it contains various constituents, and probably a volatile oil, to which its remedial effects and strong characteristic odor and taste are to be partly attributed.

For poison oak eruptions, the method suggested is to mix one or two tea-spoonfuls of the *fluid extract Grindelia* with half a tumbler of cold or tepid water, and apply freely with a sponge or cloths dipped in the mixture to the parts affected. One or two applications will often suffice for a cure; but if the disease has been of long duration, several days may elapse before entire relief is obtained. In severe cases of poisoning, cloths dipped in the solution may be bound upon the parts, and if necessary, more of the fluid extract added, thus increasing the strength of the application. The most obstinate case of poisoning will give way to this mode of treatment, and immediately after the first application a most surprising relief is experienced. In cases of asthma, rose cold, and hay fever, ten to twenty drops of the fluid extract may be given every half hour, mixed with sweetened water or milk, until relief is obtained, when the amount and frequency of the dose can be lessened according to the measure of relief obtained. — *Pharmacist, December, 1875.*

CHEMICAL ANALYSIS OF GRINDELIA ROBUSTA.

One pound of herbæ *grindelia robusta* was exhausted with a hydro-alcoholic menstruum by percolation, and the percolate reduced by evaporation to about eight fluid ounces. The remaining fluid was treated with caustic alkali in excess, and then agitated with several times its volume of ether, the ether separated and allowed to evaporate. The oleoresinous mass thus obtained had the physical appearance of gum tulu, and in odor resembling gum turpentine. By dry distillation it yielded a volatile oil, the odor of which resembled oil of turpentine. Part of the oleoresin thus obtained was treated with dilute nitric acid and filtered, the filtrate decomposed with caustic potash and agitated with ether, the ether separated and allowed to evaporate spontaneously. A solution of the mass thus obtained had a distinct alkaline reaction, and under the microscope showed well-formed prismatic crystals.

The alkaline fluid from which the base and oleoresin had been extracted by means of ether was now treated with dilute sulphuric acid, in order to obtain the organic acid present. Sulphuric acid

being added until the solution had a distinct acid reaction, the acid solution was then agitated with several times its volume of ether, the ether separated and allowed to evaporate. The residue was then exhausted with distilled water, in order to separate the acid from any resinous matter that had been extracted with it by ether. The aqueous solution thus obtained had a distinct acid reaction, completely neutralizing alkalies and forming salts. The solution of these salts had a yellow color. Under the microscope the acid showed well-formed acicular crystals.

Time not permitting me to make a further investigation of the acid and base of this drug at present, at some future time I will make a further chemical examination, and also upon what part of the drug its physiological and active properties depend. — *Louisville Medical News.*

Editor New England Medical Gazette: .

Dear Sir,— In the *United States Medical Investigator* of May 1, 1876, I notice an article intended, I suppose, for a criticism on the recent issue of Dr. Hughes's book on Pharmacodynamics, by Lewis Sherman, of Milwaukee, which, I think, out of justice not only to Dr. Hughes but to the English language, deserves comment.

The article of Dr. S., it seems to me, consists of a very little just praise and a great deal of what *would be* consummate pedantry, if the statements therein contained were only correct. Permit me to notice a few of his would-be criticisms.

First, the spelling of words ending in *ize* is by no means a settled point, either letter being used almost indiscriminately. If anything is to be accorded to seniority *s* certainly has the precedence, it being the older letter in the alphabet, as may be seen by referring to "Language and the Study of Language," by Prof. Whitney, of Yale College, pp. 465 and 265; still better, let me call to the gentleman's notice the following from "The Queen's English," by Dean Alford, of Canterbury, than whom there is no better authority: "How are we to decide between *s* and *z* in such words as *anathematiz^e*, *cauteriz^e*, *criticiz^e*, *deodoriz^e*, *dogmatiz^e*, *fraterniz^e*, and the rest? Many of these are derived from Greek verbs in *izo*, but more from French verbs in *iser*. It does not seem easy to come to a decision; usage varies, but has not pronounced positively in any case. It seems more natural to write *anathematize* and *cauterize* with the *z*, but *criticise* is commonly written with the *s*. I remember hearing the late Dr. Donaldson give his opinion that they all ought to be written with *s*; but in the present state of our English usage, the question seems an open one." Another point to be borne in mind in this connection, is that the book in question is an English publication and not an American reprint, and in most English works, text-books, at least, preference is given to *s*.

"*Creasote* is incorrectly spelled '*kreasote*,' and *ceratitis*, '*keratitis*.' The author probably labors under the impression that the Greek *kappa* corresponds to the English *k*, and that the nominative case is just as good a place to find the root as the genitive case."

I think it very probable that Dr. Hughes *does* labor under the impression that the Greek *kappa* corresponds to the English *k* for the very simple reason *that it does*: see Sophocles', Crosby's and Kühner's Greek Grammars and Webster's Dictionary. But that he does *not* labor under the impression of which he is accused in the latter part of the above quotation, is evident from his method of spelling the words in question. The words are derived from τὸ ζέας, gen. ζέως; and τὸ ζέας, gen. ζέως; but any school-boy of average ability, who has been through the three declensions in any respectable Greek grammar, knows that ζέως is a contraction for ζέας, and ζέως for ζέας; and if we look for the root in the normal way by cutting off the termination of the genitive sing, we shall get in the one case ζέα, in the other ζέα.

For "Bronchi," "Bronchia," "Bronchiæ," see "Dunlison," p. 149, and "Webster," p. 167.

"Passing on to graver errors, I observe that our author persistently calls *kali bromatum*, '*kali bromidum*,' and *kali cyanatum*, '*kali cyanidum*.'" He certainly does call them so *most* persistently, and the only ground upon which I can account for his so doing is that he knew perfectly well what he was talking about, and what he *was* talking about was *bromide* of potassium, and not *bromate*, *cyanide* of potassium and not *cyanate*. If our critic(?) will search any of our recent text-books on chemistry, he will find there is a vast difference between *bromatum* and *bromidum*, *cyanidum* and *cyanatum*, *sulphidum* and *sulphatum*, etc. No doubt carbon *bi-sulphidum* would have been more strictly correct than *sulphidum*; but what '*carbon sulphuratus*' is or would be, no chemistry at my command is able to inform me.

I will not tire your patience further only to hint that we are unconscious of any such pharmaceutical preparation as the '*mother tincture*' of arsenic, and to suggest to our friend that it would be very proper for him to do a little something in the *loin-girding* and *strengthening* business, before he attempts to '*air*' his learning at the expense of one whom all must acknowledge to be among the foremost minds in the medical world of to-day.

I write the above in by no means a hyper-critical spirit, but through a sense of justice. The article in question has now remained unchallenged nearly three months, which might lead our transatlantic friends to think it received the sanction of the American profession. That it does receive such sanction I cannot believe.

J. L. C.

SOCIETIES AND INSTITUTIONS.

. Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

THE WORLD'S HOMŒOPATHIC CONVENTION.

THE idea of a world's convention of homœopathic physicians, at which every part of the habitable globe might be represented by its scientific papers, statistics, or other communications, if not by its physicians in person, was first advanced in the circular of the committee on foreign correspondence, in the year 1867. At the session of the Institute at Philadelphia, in 1871, it assumed the definite form in which it was carried out. A committee was then appointed, which was enlarged, and its duties and powers defined at subsequent sessions of the Institute. It was fortunate that there was an organization so large and efficient which was ready and willing to undertake the task, and that there were men able to devote to it the necessary amount of ability and time, and it is really wonderful that the whole project, interesting, as it did, some thousands of physicians, could have been carried through with such perfect harmony and good feeling. We can give our readers at this time only a hurried and imperfect account of the Convention, the report of which in its most condensed form will fill at least two volumes. But from time to time we may give abstracts from some of the papers there presented, and the interesting discussions which ensued. Notwithstanding this, we would advise all our readers to secure if possible the full report of the Convention.

The American Institute of Homœopathy assembled in conjunction with the Convention, and daily held short sessions to transact the necessary business of the Institute, but all its reports of bureaus and scientific papers were laid over for next year, when it will meet at Lake Chatagua, in western New York.

On Monday, June 26, at 2.30 P. M. in the First Reformed Church, Broad Street, Philadelphia, Dr. Carroll Dunham, of Irvington-on-Hudson, who had been elected by the Institute as the president of the Convention, called this assemblage to order, and delivered the opening address. None of our readers need be assured that this address was worthy of the occasion. Filled with facts pertinent thereto, it was also conceived in the spirit of the broadest liberality and clearly illuminated some dark paths in our science. We would gladly present the whole address, but as it has been published already we hope all our readers will obtain it. The following extract in relation to Pathology, one of the points upon which members of our school have differed, possesses peculiar interest.

“ Pathology, which hardly existed as a positive science in Hahnemann's day, has been diligently elaborated by ingenious and exact

experimentation, until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it as Hahnemann did the pathology of his day? Can we not use it? It has been held to be the criterion of a true natural science, that new discoveries, new sciences, extend and enrich it, unite with it in amplifying the horizon of human knowledge and power, but never contradict or supersede it, nor are even indifferent to it. This is an expression of the unity of true science. If, then, our science of therapeutics be not capable of adapting itself to, of dovetailing with, or making subservient to its uses, any exact related physical science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease, and pathological anatomy the science of tissues as modified by disease. Using the word symptom in its largest sense, as a modification of function, or tissue, or both, pathology is, therefore, the science of symptoms. It concerns itself with the relations of symptoms to each other as individuals or classes, with the rank of different symptoms in order of time and causation, with their origin and evolution, and their relation to tissues, organs, or apparatus. To give a few examples, it deals with the relations of the symptoms of the heart and kidney respectively; of those of glycosuria and functional liver disturbance, or cerebral disorder, or gastric derangement, or dietetic error. This science of symptoms enables us to detect the dependence of symptoms upon material removable causes, such as the symptoms of syncope on a wounded blood-vessel, of intoxication on poisonous ingesta, of various disorders on injudicious modes of life, and leads us to those measures which Hahnemann supposes every 'sensible physician' will resort to before he has recourse to therapeutics proper. Finally, it enables us to detect 'morbid chronic miasms,' as Hahnemann calls them, as the hidden 'causes of chronic disease.' These are a few examples of a host that might be cited.

"Now, pathology, enabling us thus to trace the relations of symptoms to each other, enables us, in the first place, to follow Hahnemann's advice more extensively than was practicable in his own day, and 'discover the primary cause of a chronic disease,' or 'discern the exciting or maintaining cause of the disease and take measures for its removal,' as Hahnemann directed us; and, by the aid of pathology, many cases are now relegated to the domain of Hygiene, which were formerly regarded as proper subjects for drug-treatment.

"In the second place, pathology, concerning itself with the origin and relations of modifications of functions, that is, with symptoms, enables us to procure from observation of the patient a much more complete picture of the totality of the symptoms than would be possible without its aid: just as a systematic and intelligent survey of a museum gives us a more complete knowledge of its contents than any routine examination of it would do. Where, for example, the routine observer, getting the symptoms resulting from a diseased kidney, might, from the absence of striking symptoms, fail to interrogate those of the heart, or *vice versa*, and thus fail to get the complete totality of the symptoms, the pathologist is led, by his knowledge of

the close relations of these organs in disease, to investigate more closely, with results which greatly assist his selection of the remedy. Or the routine observer *might* fail to get, in a pleurisy, more symptoms than those of a pleurodynia; but the pathologist who knows the semblances and differences in the symptomatology of these affections will so direct his inquiries as to bring out a totality of symptoms which should not only leave no doubt as to diagnosis, but should also point more clearly to the remedy than the others. So it appears that modern pathology, which has been assumed to stand in direct opposition to the doctrine that for the prescriber the totality of the symptoms represents the disease he is to remove, is really the prescriber's most efficient and indispensable instrument and aid in getting at that very totality of symptoms which he is to remove by a corresponding drug. Used in this way, as an aid in the methodical investigation of the symptoms, both of disease and of remedies, pathology, imperfect as it is, is of inestimable value to the homœopathist. And taking this view of the subject, I do not hesitate to say that the strict Hahnemannian, if, with complete medical culture, he investigate and treat his case in the spirit of Hahnemann's doctrine, is the best and profoundest pathologist.

“ But if, diverting pathology from this, its legitimate function, the homœopathist construct by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, as that the one or the other depends on a plus or minus of some blood constituent, or on such or such a cell change, or on such or such a structural lesion, and if he draw his indications for treatment from such a theory, he introduces into his therapeutics the same element of *hypothesis* against which Hahnemann protested, and in so doing he diverges from Homœopathy towards the blind uncertainty of the older therapeutics. Moreover, however well-grounded his hypothesis may be, when he prescribes on the basis of a pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he necessarily prescribes for a *class*, and is unable to observe that strict individualization which is essential to a sound homœopathic prescription. This must always be the case. It is especially true in the present imperfect state of Pathology, which has no way of accounting for the firm, subjective symptoms that are so valuable to the individualizer.”

On Tuesday, at 9.30, the Convention again assembled, and a method had been adopted and carried out which added very greatly to the success and comprehensiveness, as well as intelligence and interest of the sessions. There are few elaborate and carefully prepared papers on any scientific subject suitable to present at such a meeting, which can be read in less than an hour, and after two or three of such papers are read the audience becomes wearied and attention flags. To avoid this, all the essays, some thirty or more, were printed and distributed beforehand, so that every debater had it in his power to understand his subject and to prepare himself for the discussion. The president gave a brief *resumé* of the paper presented

for discussion, and the appointed speakers were allowed fifteen minutes each to express their opinion *pro* and *con*.

As showing the scope of the daily discussion we give the subjects of this day which was devoted to the Department of Materia Medica and Therapeutics. "Historical Sketch of Materia Medica as a Science," by Constantine Hering, M.D., Philadelphia; "The Foundations and boundaries of Modern Therapeutics," by William Sharp, M.D., England; "Medicine as modified by Homœopathy," by Conrad Wesselhœft, M.D., Boston, Mass.; "Hydrocyanic Acid, Its value in Epilepsy," by Richard Hughes, M.D., England; "Therapeutic Action of Curare," by Dr. Paul Pitet, France; "Erythræmalysis produced by Picric Acid," by S. A. Jones, M.D., University of Michigan; "Arnica," by Dr. Imbert-Gourbeyre, France; "Mezereum," by Dr. A. Gerstel, Austria; "Apis Mellifica," by Dr. H. Goullon, Jr., Germany; "Mercury and its Preparations," by Dr. E. Huber, Austria; "The Potency and the Dose in Tropical Climates," by Dr. J. J. Navarro, Cuba.

Among the regular debaters were Drs. A. Korndœrfer, of Philadelphia, Richard Hughes, of England, Conrad Wesselhœft, of Boston, Adolph Lippe, of Philadelphia, Wm. Owens, of Cincinnati, T. F. Allen, of New York, S. M. Cate, of Salem, Massachusetts, E. A. Farrington, of Philadelphia, H. H. Baxter, of Cleveland, O., C. B. Knerr, of Philadelphia, and L. M. Kenyon, of Buffalo, N. Y., and following these were several volunteers.

On Wednesday the following essays were presented in the Department of Clinical Medicine: "Eruptive Fevers," by P. P. Wells, M.D., of Brooklyn, N. Y.; "Epidemic Influences," by A. W. Woodward, M.D., and T. C. Duncan, M.D., of Chicago; "Genesis of Acute and Chronic Diseases," by Marquez Nunez, Spain; "Diphtheria, Cancrum Oris, and Croup," by B. F. Joslin, M.D., of New York; "Diphtheria," by Adolph Lippe, M.D., of Philadelphia; "Intermittent Fever," by Drs. Chargé, France, and Panelli and Pompili, Italy; "Latent Pneumonia, — Digitalis," by Dr. Jousset, France; "Miliary Pneumonia, — Tarantula," by Homœopathic Medical Society, of Madrid, Spain; "Primary Congestion of the Lungs," by J. Meyhoffer, M.D., France; "Cirrhosis of the Liver," by L. Salzer, M.D., British India; "Angina Pectoris, — a Symptom," E. B. de Gersdorff, M.D., of Boston.

These were discussed by Drs. A. W. Woodward, of Chicago; P. P. Wells, of Brooklyn, N. Y.; H. D. Paine, of New York; P. Pearson, of Washington, D. C.; B. F. Joslin, of New York; J. J. Mitchell, of Newburgh, N. Y.; Albert Haupt, of Germany; Geo. W. Swazey, of Springfield, Mass.; G. H. Wilson, of West Meriden, Conn.; T. L. Brown, of Binghamton, N. Y.; D. H. Beckwith, of Cleveland, Ohio; L. E. Ober, of La Crosse, Wis.; A. R. Wright, of Buffalo, N. Y.; J. C. Morgan, of University of Michigan; G. H. Wilson, of West Meriden, Conn.; J. C. Burgher, of Pittsburg, Pa.; Elijah U. Jones, of Taunton, Mass.; Clotar Müller, of Germany; T. C. Duncan, of Chicago, Ill.; T. Dwight Stow, of Fall River, Mass.; H. B. Clarke, of New Bedford, Mass.; Ira Barrows, of Providence, R. I., and others.

On Thursday the following essays were presented and discussed in the Department of Surgery. "Varicose Veins and Hæmorrhoids," by John C. Minor, M.D., of New York; "Homœopathic Therapeutics of Gun Shot Wounds, etc.," by E. C. Franklin, M.D., of St. Louis; "Inflammation of the Conjunctiva," by Geo. Norton, M.D., of New York; "Ophthalmic Therapeutics," by W. H. Woodyatt, M.D., of Chicago; "Uro-Lithiasis," by Dr. Bojanus, of Russia (Illustrated by seventy-two Vesical Calculi, removed by the author); "Acute Diseases of the Middle Ear," by T. P. Wilson, M.D., Cincinnati, O.; "Chronic Diseases of the Middle Ear," by W. H. Woodyatt, M.D., Chicago; "Therapeutics of Benign Tumors," by A. G. Beebe, M.D., Chicago; "Syphilis," by J. H. McClelland, M.D., Pittsburg Pa.; "Influence of Homœopathy on Surgery," by W. T. Helmuth, M.D., New York.

Among the debaters on these essays were Drs. S. R. Beckwith, of Cincinnati, O.; L. H. Willard, of Alleghany, Pa.; A. Clifton, of England; W. T. Helmuth, of New York; I. T. Talbot, of Boston, Mass.; J. H. McClelland, of Pittsburg, Pa.; B. W. James, of Philadelphia; E. C. Franklin, of St. Louis, Mo.; Jas. B. Bell, of Augusta, Me.; T. P. Wilson, of Cincinnati, O.; C. M. Thomas, of Philadelphia; W. L. Breyfogle, of Louisville, Ky.; W. H. Woodyatt, of Chicago; J. A. Campbell, of St. Louis, Mo.

The discussion was perhaps most interesting and even exciting on the subject of syphilis, and the action of medicine in completely curing and eradicating the disease from the system, and, were it widely distributed and read by the profession, would do much to excite investigations, observation, and thought.

On Friday came the Department of Obstetrics and Gynæcology, with these essays: "Puerperal Fever," by J. H. Woodbury, M.D., Boston; "Puerperal Eclampsia," by T. G. Comstock, St. Louis, Mo.; "Diseases incident to Pregnancy," by H. N. Guernsey, M.D., of Philadelphia, and J. C. Sanders, M.D., of Cleveland, O.; "Neurotic Element," by B. H. Cheney, M.D., of New Haven, Conn.; "Hysteria," by Dr. Davidson, Italy; "Metrorrhagic Chlorosis," by Dr. A. Claude, France; "Membranous Dysmenorrhœa," by R. Ludlam, M.D., of Chicago.

The discussion of these papers was principally conducted by Drs. S. P. Burdick, of New York; O. P. Baer, of Richmond, Md.; R. Ludlam, of Chicago; C. A. Bacon, of New York; J. H. Gallinger, of Concord, N. H.; Henry Minton, of Brooklyn, N. Y.; H. N. Guernsey, of Philadelphia; O. B. Gause, of Philadelphia; J. H. Woodbury, of Boston; Richard Hughes, of Brighton, England; O. B. Gause, of Philadelphia; T. Y. Kinne, of Paterson, N. J.

On Saturday morning the Convention assembled for the last time, and closed its business by the reports of various committees which had been appointed, and by warm expressions of thanks to those officers and members who had done so much to give complete success to the Convention. To Carroll Dunham, the president, who, by his labor in the past five years, since his appointment as chairman of the executive committee, by his untiring zeal and efficiency in conduct-

ing the necessary correspondence, often in diverse languages, by his great power of systematizing and organizing the different nations and elements into such a harmonious whole, and by whose courtesy, quick decision, and good judgment the sessions of the Convention were rendered unusually free from any jars or discord, an especial vote of thanks was given.

As a mark of respect, the Convention elected as honorary vice-presidents, Constantine Hering, M.D. of Philadelphia; John F. Gray, M.D., of New York; H. Detweller, M.D., of Easton, Pa.; Richard Hughes, M.D., of Brighton, England, and Clotar Müller, M.D., of Leipsic, Germany.

The numbers present at the various sessions was between four hundred and five hundred, and not the least of the pleasures as well as advantages of this Convention was the bringing together in close personal relations and acquaintance those physicians who have been long united by a common bond in a noble science. None can know but such as were present, how delightful it was to greet those who had come thousands of miles from over the sea, and feel that their hearts, too, were warmed into a richer life by our own warm greetings. And it was like a benison to see and even take the hand of such men as Gray and Hering and Detweller and Jeanes, who, for more than half a century, have been faithful toilers in the medical profession, and who, the greater part of that time have devoted themselves to its advancement through Homœopathy. Then, too, with such men as Neidhard, Guernsey, Lippe, Baer, Payne, Dake, Ober, Ludlam—but our pen falters at the thought of naming all—how much the few days there spent will do to recompense for the patient work and sacrifice of years!

So successful was this Convention that it was unanimously voted to hold another in five years, and there is little doubt but that it will be held in London, in 1881, under the auspices of the British Homœopathic Society. May we all be there to see!

As we have already intimated, the social part of this Convention added greatly to its value and importance. It would hardly be just, therefore, to allow this to pass without mention. Several English and German physicians came some days before the Convention and remained in New York. On Friday, June 23, it was arranged by the New York physicians to make a steamboat excursion in the harbor of New York and up the Hudson River. At half past nine in the morning the steamer "William Cook," with a band of musicians on board, and some two hundred physicians and their friends, started from the wharf at the foot of 24th Street, for Ward's Island, on which is located the Homœopathic Hospital. It was a clear and beautiful day, and every arrangement was made for the comfort of the party. They proceeded up the East River, over the famous Hell-Gate,—soon to disappear forever,—to Ward's Island. They were shown over this splendid institution, already containing over four hundred patients, with possible places for double that number. Everything about the hospital looks as if it was well managed, and the success in treatment fully equals the expectations of its friends. After an hour here

they again embarked, touched at Brooklyn, where a hundred or more came on board, and then stopped at New York, on North River side, where two hundred more joined the party. They went up the river some thirty miles, passed the beautiful Palisades, and returned to New York by early evening, delighted with the excursion and the company.

At Philadelphia, during the Convention, little was needed to engross the time and attention beyond the great Exhibition to which the whole world has sought to contribute a share of its rarest treasures. It is a sight,—a study, which no American should willingly omit. Many quiet, little impromptu social gatherings of the members and their companions were held. The houses of the elder physicians were hospitably open, and a fine dinner at the club-house was given by Dr. A. Lippe, at which some seventy were present. On Saturday a free excursion to Atlantic City was given, and many availed themselves of it to escape the intense heat of the city. Many, including the foreign guests, remained over the Fourth, and then made the trip *via* New York, Hudson River, Albany, Niagara Falls, St. Lawrence, Montreal, Quebec and Portland, to Boston, where they arrived on Saturday evening, July 15. On the Monday following, under the auspices of the Essex County Homœopathic Society a field-day and picnic was held on the shores of Chebago Pond, in Essex, where, with music, boating, and festive sports, a good dinner, medical address from the president, and a plenty of after-dinner speeches, made the social entertainments of a delightful day.

On Tuesday, at an early hour, the guests were taken in carriages into the environs of Boston: Cambridge, with her colleges, the Library, Memorial Hall, and Museum were visited. From the top of Corey Hill, Boston, and its surroundings were seen, and a visit was then made to the buildings of the Boston University School of Medicine, and the Massachusetts Homœopathic Hospital. These were carefully inspected by the guests, and ample justice was done to a bountiful lunch prepared for them. Then, taking a steamer down the harbor to Nantasket Beach, at the Atlantic House about eighty sat down to a delightful dinner. It was a very warm day, but refreshed by the cool sea-breeze, charmed by the beauties of the harbor, the company returned to the city invigorated and strengthened, both by the day's excursion, and by all the associations which will cluster around the *First* World's Homœopathic Convention.

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

THE tenth annual meeting of the Maine Homœopathic Medical Society was held at the Council Room, City Hall, Portland, May 23, 1876, at ten o'clock, A. M. The president, Dr. Boynton, of Rockland, being absent, the meeting was called to order by Dr. Wm. Gallupe, of Bangor, chairman of the board of Censors.

After the transaction of business, an informal discussion took place on diphtheritic croup.

Dr. Bell was not sanguine of cure by tracheotomy nor the administration of remedies. He believes, however, that tracheotomy should sometimes be performed to relieve the extreme suffering which attends this fatal disease. We should also always endeavor faithfully to cure, if possible, by means of the remedies *bromine, iodine, spongia, hepar, etc.*

Dr. Gallupe had administered *permanganate of potash* in solution with great benefit.

Dr. Briy had cured severe cases with *kali bich*

Dr. Knowles had used the last-named remedy, but without success.

In membranous croup, Dr. Burr uses Terpeth's mineral with a success uncontroverted to any other remedy. Dr. Burr prefers of this remedy the second or third decimal dilution.

Dr. E. P. Cummings, delegate from Massachusetts Homœopathic Medical Society, mentioned *kali bich.* as one of the most valuable remedies in his treatment of membranous croup.

P. M. SESSION.

Reports on clinical medicine being called for, Dr. Perkins read a report of a case of amenorrhea cured by *Æsculus Hip. 2c.*

Dr. Gallupe reported a case of many years standing coming under his care from allopathic treatment, which was promptly relieved by *Ignatia 5c.*

The most prominent symptoms appeared to be enlarged and painful spleen with chills and general prostration. Dr. Gallupe also reported a case of inflammation of periosteum cured by *Nitric acid*, and several other cases of interest.

Dr. E. C. Vose read reports of several cases of convulsions resulting from spinal irritation treated with subcutaneous injections of *atropine*, resulting in immediate relief and permanent benefit.

Dr. Boynton gave a verbal report of a large number of cases of scarlet fever treated by himself and another physician, the one with low and the other with high potencies, in which he claimed the more successful results from low dilutions.

The Report of the Committee on Surgery being called for, Dr. Bell spoke of the enlargement of the prostate gland, and its treatment. The result of this enlargement is an inability on the part of the bladder to freely empty itself at any time; from one to several ounces of urine always being retained. This causes chronic cystitis, and sooner or later involves the ureters and kidneys, producing serious mischief, and shortening life. The remedy is the daily emptying of the bladder by a gum-elastic catheter, by the surgeon or by the patient himself; and this course should be persisted in as long as any urine remains after natural micturition, even if this condition continues through life. Whenever a middle-aged man begins to complain of frequency of urination, with more or less difficulty in starting the water, a catheter should be passed after urination, and if the quantity retained equals two ounces or more, should be passed daily.

The English gum-elastic catheter is far preferable, as a general rule,

to any metallic one. Among the remedies which give decided relief for the cystitis and prostatitis, are *Conium*, *Thuja*, *Pulsatilla*, *Cannabis*, all in the two hundredth potency or higher. *Conium* is especially useful.

He also reported a case of prolapsing hemorrhoids in a young lady, which had been the torment of her life for many years, perfectly cured by ligature, and recommended that procedure as the safest and best surgical treatment for otherwise incurable cases.

Dr. C. H. Burr, of the Committee on Obstetrics, read a report of a case of partial placenta previa, in which both mother and child were saved, the former making a rapid convalescence.

Dr. G. A. Clark gave a verbal report of a tedious case of obstetrics with final successful instrumental delivery.

Dr. Moses Dodge reported an obstetrical case, with sudden evolution from occipital presentation to pedal.

Adjourned to 7 o'clock.

EVENING SESSION.

Report of Committee on Materia Medica.

Dr. R. L. Dodge read a proving of *Veratrum viride*, by Dr. E. Clark and others in 1835, 1836, and 1843. On motion of Dr. Bell, voted to send the report to Dr. T. F. Allen, New York.

Dr. R. L. Dodge read also a report of a case of chills and fever, in Portland, promptly relieved by *Eupatorium perfoliatum*.

The Censors' report being now in order, the following named gentlemen were presented for membership, all of whom were unanimously elected:—

Charles F. Lane, M.D., Biddeford, graduate of Hahnemann Medical College, of Philadelphia, March, 1876. Student of Dr. Thompson, of Lowell, Mass.

Thomas M. Dillingham, M.D., Augusta, graduate of Boston University School of Medicine, 1875. Student of Dr. J. B. Bell, of Augusta.

Silas E. Sylvester, M.D., Portland, graduate of Maine Medical School, 1860.

E. F. Vose, M.D., Portland, graduate of Boston University School of Medicine, 1876.

Wesley B. Perkins, M.D., Bridgton, graduate of Homœopathic Medical College of New York.

Albert C. Piper, M.D., Thomaston, graduate of Homœopathic Medical College of New York.

S. Calderwood, M.D., Waldoboro', graduate of Boston University School of Medicine, 1875.

W. F. Shepard, M.D., of Bangor, graduate of Bowdoin College and Maine Medical School, 1871.

Dr. Wm. Gallupe, of Bangor, and Dr. H. B. Eaton, of Rockport, were elected delegates to American Institute of Homœopathy.

The officers elected for the ensuing year were, —

President, — Dr. Wm. Gallupe, Bangor.

Vice-Presidents, — Drs. Rufus Shackford, Portland, G. P. Jefferds, Bangor.

Corresponding Secretary, — Dr. J. B. Bell, Augusta.

Recording Secretary, — Dr. D. C. Perkins, North Vassalboro'.

Treasurer, — Dr. Wm. Gallupe, Bangor.

Censors, — Drs. H. B. Eaton, Rockport, Moses Dodge, Portland, W. E. Payne and M. S. Briry, Bath.

Scientific Bureaus.

MATERIA MEDICA, — Dr. W. E. Payne, Dr. H. B. Eaton, Dr. G. P. Jefferds, Dr. R. L. Dodge.

CLINICAL MEDICINE, — Dr. W. L. Thompson, Dr. W. F. Shepard, Dr. E. F. Vose, Dr. Chas. T. Lane, Dr. H. C. Bradford.

SURGERY, — Dr. J. B. Bell, Dr. C. A. Cochran, Dr. T. L. Bradford, Dr. W. G. H. Pulsifer, Dr. O. M. Drake.

OBSTETRICS, — Dr. C. H. Burr, Dr. Moses Dodge, Dr. S. P. Graves, Dr. M. S. Briry, Dr. F. A. Roberts.

Dr. T. L. Bradford, of Skowhegan, was appointed Committee on Publication of Proceedings and History of Maine Homœopathic Medical Society.

Dr. Moses Dodge and Dr. W. F. Shepard, of Bangor, were appointed delegates to Massachusetts Homœopathic Medical Society.

After listening to annual address of president, extending vote of thanks to city for use of hall, etc., the society adjourned, to meet at Rockland, on the fourth Tuesday in May, 1877.

L. C. PERKINS, *Secretary*.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The Worcester County Homœopathic Medical Society met at Worcester, on Wednesday, May 10, at 10 A. M. Dr. E. F. Hinks, of Marlboro', in the chair. Dr. G. F. Forbes, of West Brookfield, presented the paper for the Bureau of Clinical Medicine. He reports influenza, catarrhal fevers, and pneumonia, as having prevailed to a considerable extent in his vicinity during the past four or five months, also a low and malignant type of diphtheria. *Arsen.* and *Bry.* and *Rhus* cured the influenzas. He lost no cases of pneumonia, which was not the case he thinks with the other school. He has had nine cases of typhoid pneumonia since January, all of which have recovered or are now doing well. *Gelsem.* *Arsen.* and *Bry.*, followed by *Merc.* or *Rhus*, have been used in nearly all cases. *Rhus* was called for in the low type of the disease, which form most cases have taken in West Brookfield.

He was called to see a girl of eight years on Jan. 27, whom he found with pulse 130, skin hot and dry, diphtheritic patch as large as a half dollar on the left tonsil. Gave *Bell.*, *Merc.* *Protiod* 6th one half hour apart in solution, and wet compresses to the throat. Jan. 28, found less pain in head but the throat and fauces almost covered by

the membrane, yellowish-white in color, great prostration, nausea and vomiting. Gave *Protiodide* 6th with an occasional dose of *Arsen.* for twenty-four hours. Jan. 29. The patient had been restless with starting and jumping in sleep during the night. The pulse was 130 and weak throat, looking worse, the membrane appearing in the nose and about the lips. But the membrane in the fauces was beginning to change to a brownish color, and hung loosely from the palate. There was not so much prostration. Gave same remedies and one dose of *Bell.* ^{2c} at 10 P. M., and all the nourishment she could take, and continued the wet compresses; ordered a gargle of *acetic ac.* once in two hours. Jan. 30. Patient slept better, less jumping, pulse 110, coughed up some loose patches of membrane, breath has a very offensive odor, head feels better, nose and lips very sore, membrane over the entire throat but changing to a deeper brown color and seems more loose and rattling. Gave *Merc. Protiod.* 6th as before, and an occasional dose of *Arsen.* and *Bell.* ^{2c}, one dose at night, of *Acetic Ac.* Jan. 31. Patient about the same, no worse, but no better; continued the same treatment. Feb. 1. Fifth day of the disease found the patient could breathe easier with much rattling in the throat. Odor of the breath bad. Some of the membrane had been thrown off during the night, showing red and purple spots on the fauces; head feels better; prostration and weakness not so great. She continued to improve, and was up by the 12th. Three other cases which were similar and had the same treatment died, all being in one family. In the discussion following, Dr. D. B. Whittier said he used *Merc. Protiodide* low, and thinks it is not always of benefit. He thinks there are some cases in all epidemics that are sure to die, especially those cases that have the membrane extending into the nose. He has lost all his malignant cases this year. Dr. C. E. Brooks, of Clinton, uses *Merc. Biniod.* rather than *Protiodide*. He uses *Phytolacca* and *Cimicifuga*, the latter when there is intense headache and back-ache. Dr. C. C. Slocomb, of Millbury, had three malignant cases in one family for which he used neither *Merc. Bin.* nor *Phytolacca*. For these he used *Bell.*, *Lach.*, *Nitr. Ac.* internally and locally, also uses a gargle of *Cimicifuga* just strong enough to taste. At times he uses *Alcohol* in water (one part in three), as a gargle. Dr. Mary G. Baker, of Worcester, uses *Merc. Bin.*^{ix}, *Cimic.*, *Baptis.*, *Bell.* and *Rhus*. In one malignant case where the deposit extended into the nose, she used an inhalant of *Bromide of Potas.*, which seemed to act nicely; also for this case *Nitr. Ac.* and *Iod. of Arsenicum*. During the recovery of this patient he was troubled with paralysis of the vocal cords and of the optic nerve.

Dr. Geo. R. Spooner, of North Brookfield, gives, when the left side is covered with the membrane, *Lach.*^{2c}, right side *Lycop.*^{6m}. In one severe case one dose of *Lycop.*^{6m}, allowed to operate unmolested for forty-eight hours, cured the case.

Dr. F. R. Sibley, of Warren, uses mostly *Merc. Protiod.*^{3x}, in water. *Nitr. Ac.*³ will remove the membrane. Dr. W. B. Chamberlain, of Worcester, used *Merc. Bin.*, *Kali Bichrom.* (yellow membrane). *Kali Bromat.* (white membrane), gargles are essential. Where there

is a tendency to affection of the bronchia he uses the *Hypophosphate of Potassa* in the steam atomizer, one or two grains to the ounce of water, and adds one drachm of *Glycerine*. *Iodine* may also be inhaled, but it should be used carefully. The *Chlorate* and *Permanganate of Potash* (for putrid cases) are useful. He never gives *Merc. Bin.* 1st or 2^d any longer than twenty-four hours for fear of salivation. *Phytolacca* is useful for cases going from left to right. Dr. J. K. Carmichael, of Worcester, gives *Nitr. Ac.*, *Phytolac.*, *Apis* where there is considerable swelling, and, perhaps, no particular pain. *Lach.* one dose cured a case in twelve hours.

Dr. Brick, of Worcester, went through a severe epidemic in New Hampshire, in 1863 and 1864. He does not depend on gargles except for the fetor. For medicines he depends on *Gelsem.*, *Bapt. Tinct.*, *Merc. Iod.* and *Prot.*, *Kali Bichrom.* *Naja.* cured a mild case. He has seen diphtheritic croup cured. In this he used *Iodine*, five to ten drops to the ounce of water, and *Bromide of Ammonium*, one half drachm to ounce of water in an atomizer. Dr. H. K. Bennett, of Fitchburg, cures the mild cases with *Gels.* and *Bell.* The mild may become malignant cases, but the malignant do not become croupous. In malignant cases he uses sometimes *Iodide of Arsenic* and stimulates. His croupous diphtheritic patients die. Dr. J. M. Barton, of Worcester, finds *Apis* indicated oftener than some others do, and feeds with beef tea as soon as the fever is modified. Dr. E. F. Hinks, of Marlboro', gives *Baptisia* when the pain in the head is intense. *Merc. Bin.* 1st and 2^d for rapidly spreading membrane and bad breath, gives them only twenty-four or thirty-six hours. For gargles *Kali Bichrom.* first, *Alcohol* or *Hydrastis*. Uses no alcoholic stimulants.

Dr. F. Brick, of Worcester, read an account of accidental poisoning by *Veratrum Viride*. A gentleman, teacher of a school in a neighboring town, when on his way to the depot stepped into the drug store of a friend and spoke of being nervous from overwork. His friend the druggist suggested *Valerian*, and gave him what he supposed was one drachm of it. On the cars he became very sick, and when he reached Worcester he wandered, not knowing where, and happened into Dr. Brick's office. When Drs. Brick and Chamberlain saw him, his extremities were cold, covered with a clammy sweat. His face was a pale gray, eyes glassy, pupils dilated, respiration short, pulse scarcely perceptible. The doctors diagnosed severe congestion of the thoracic organs. *Aconite* was given followed by *Arsenicum*. The man was put to bed, and hot water applied to the spine and extremities, and improvement came in an hour. In two hours the pulse could be counted and was found to beat fifty per minute, respiration was deeper and freer. There was still frequent vomiting and hiccough, which *Nux. Vom.* controlled. In an hour more he was still improving, and was given some light nourishment, which was retained. On regaining strength he detailed the approach of his symptoms. There was first a burning, scalding feeling in the mouth and throat, vertigo and pressure in the head and chest, distress in the stomach and vomiting, sensation of a ball in the œsophagus, impaired vision. In walking, he was obliged to grasp the rails for support. We have

since learned that by a change of the position of the bottles *Veratrum Viride* was given.

Dr. Mary G. Baker, of Worcester, read a paper on uterine displacements. She says "We have several classes, prominent among which we find procidentia, the most distressing to women and the most disagreeable to physicians to treat. Various causes produce it which are not easily removed. The common or great causes are, getting up too soon after confinement, laceration of the perineum, relaxations of the muscles and ligaments. Paralysis of the parts is a common occurrence. When this is the case very little can be done. Some years since I was visiting in the country where women physicians were almost unheard of. The clergyman's wife was not well, and thought she could consult me privately in relation to her case. She did not expect to be relieved, as she had every reason in her own mind to believe she had cancer of the womb. Upon examination I found complete procidentia. The os abraded and scarlet, the cervix very much enlarged, and the whole organ so much disfigured one could hardly recognize it. She had borne four children, the last one some eighteen years previous. Her labors were quick, and she was comfortable, but she thinks she got up too soon. I assured her the color and discharge came from the friction of the bandage she had been obliged to wear in order to walk at all. I replaced the uterus as well as I could, and gave her instructions to keep it in position as much as possible, regretting my inability to do more for her. I prescribed for her *Hydrastis* internally and externally, and *Nitr. Ac.*². I treated her by letter several months, varying the treatment by giving *Nux. V.* and *Lycopodium* when the other remedies did not relieve the constipation. She reported a steady improvement. In about a year I visited her again, taking with me one of Hodge's pessaries, which she was able to wear with comfort. After wearing it five years, she did not need it any longer. That was several years ago, and she has had no return of the trouble."

Dr. S. H. Colburn, of Athol, cured a recent case, caused by a strain, with the "quintessence of moonshine" (Dr. C.'s words), *Nux Vom.* one millionth.

Dr. H. K. Bennett, of Fitchburg, read a paper on "Politzer's air-bag for the inflation of the middle ear." Its use is of great benefit in all cases of inflammation of the ear, especially in those of a short duration. This method takes advantage of the fact that in the act of swallowing the uvula rests upon the pharyngeal wall in such a way as to shut off the upper from the lower pharyngeal space, and at the same time the eustachian tube is opened. When about to use it the patient takes a little water in the mouth, and just as the air-bag is pressed, the patient swallows, which allows the air to enter the tympanic cavity through the nostril and eustachian tube. In infants the eustachian tube is often open, so that swallowing is not necessary at the time the air is forced in through the nose. In some cases the eustachian tube is closed, making it necessary to use the eustachian catheter to which the air-bag may be attached. By the use of the air-bag in many instances, persons who have been deaf to ordinary

conversation hear again with ease. To ascertain whether the internal ear is inflated, we may be guided by the sensations of the patient, who generally feels a report when the drum expands, or by ocular inspection comparing with a well ear or by connecting the ear operated upon with that of the surgeon, by means of a tube. By treating infants suffering with the "snuffles" with this method, by stopping the spread of the catarrhal inflammation through the eustachian tube, many cases of deaf-mutism would probably be avoided. The use of this method also in the sequelæ of measles, scarlatina and pertussis would probably render deaf-mutism a rare trouble. In suppuration, inflammation of the middle ear, we have ulceration and perforation of the tympanum, or, if not, we should make a puncture through which we may by this means force the pus and secretions into the external ear from which they may be removed by syringing. This will prevent adhesions forming in the tympanum and eustachian tube. It should only be used once or twice a day, and then only by a surgeon. The Valsalvian experiment is not to be compared with Politzer's method, as the too frequent use of it, which patients would be apt to make, would render the drum of the ear permanently relaxed.

Dr. Chamberlain says Dr. Meyhoffer cures deafness with *Merc. Dulc.*³, two or three times a day for a month, then *Iod. Potas.* given the same way.

Dr. J. M. Barton, of Worcester, read a paper upon the treatment of diseases of the external ear. The paper contained a statement of the strength of local applications used by the best authorities.

Dr. W. B. Chamberlain, of Worcester, read a paper upon the systematic study of *Materia Medica*, and an article on the use of *Phytolacca* in tumors and open cancers.

Dr. F. Brick, of Worcester, exhibited a case of necrosis of the ulna, in a young woman. He is using a solution of the *Sesquicarbonate of Potassa* to dissolve away the sequestrum, as the parents will not consent to an operation. He has also used *Calcarea Fluorica* with success, in an abscess of the shoulder.

Dr. Brown, of Leominster, read a clinical report of a case of fracture and dislocation at the elbow, which went on to a favorable result with good motion obtained. He also reported a removal of a uterine tumor with the *écraseur*.

During the clinical hour, cases of abscess in the peritoneum and abdominal muscles, typhoid pneumonia and mania were discussed.

J. M. BARTON, M. D.,
Secretary.

ALBANY COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Homœopathic Medical Society of Albany County was held Monday evening at the Homœopathic Hospital.

Drs. J. J. Peckham and Wm. H. Vanderzee were elected members of the Society.

Dr. Paine read a statement having reference to the Homœopathic Asylum for the Insane at Middletown. The following is an abstract: "The sixth annual meeting of the Board of Trustees of the State Homœopathic Asylum for the Insane was held June 15, 1876. The asylum is located at Middletown, Orange County. It has been open for the reception of patients two years. The original plan embraces five separate buildings, affording an aggregate capacity for the accommodation of six hundred patients. Only the central or administrative building has been occupied thus far by patients. The first of the four pavilion buildings adjoining has been completed, and on June 19th was opened for the reception of male patients. It is capable of accommodating one hundred and thirty patients. The removal of all the male patients from the central building furnishes room for twenty additional female patients. The administrative building was originally intended for the occupancy of the officers of the asylum and of convalescent patients. On account of the pressing demand for admission two years ago, a few were admitted. The number of applications for admittance increased so rapidly that every available portion of space was soon occupied. On account of the overcrowded apartments, a very important feature required in the successful treatment of the insane, viz. their proper and judicious classification, of necessity had to be almost entirely set aside. At one time, only a few weeks since, ninety-six patients were crowded into a building designed to accommodate only forty or fifty convalescent cases. Notwithstanding the detriment to convalescent patients and those suffering from the milder forms of insanity by contact with violent cases, the ratio of cures to the number admitted has been very satisfactory. Of two hundred and twenty-three admitted *sixty-four* have been discharged cured, a percentage of 28.70. Seventeen patients have been discharged *improved*, a percentage of 7.62. Forty-nine have been discharged *unimproved*, a percentage of 21.97. This large percentage of unimproved cases has, of necessity, resulted from the admission *for trial* of an unusually large proportion of chronic cases. Eighteen patients have died at our asylum within the past two years, a percentage of 8.07. Seventy-five patients were under treatment at the asylum on the 19th of June. Eleven of them were so far restored as to warrant dismissal in a few weeks. The method of medical treatment employed is homœopathic. In not a single instance has there been administered in appreciable doses either morphine, chloral, bromide of potassium, or any of the so-called narcotic remedies."

The following resolutions, offered by Dr. Milbank, were unanimously adopted.

"*Whereas* Strenuous efforts have been made during the past few years to enact a law creating a State Board of Health, worded so as to provide for the appointment in said Board of Allopathic physicians only; and,

Whereas No good reason exists why the control of the sanitary affairs of the State should be intrusted to one school of physicians to the exclusion and detriment of another; and,

“ *Whereas* Such exclusive control or system thereby indirectly establishes a monopoly in medicine, therefore,

“ *Resolved*, That while we earnestly advocate the exactment of such sanitary measures as have for their end the prevention of disease and the lengthening of human life, we urgently protest against the passage of any health bill providing for the appointment of medical men, which does not recognize an equal numerical representation by name of the two dominant systems of medical practice.

“ *Resolved*, That we cordially assent to and respectfully request the passage, by the next State Legislature, of a law securing equal representation from both the Allopathic and Homœopathic schools of medicine.

“ *Resolved*, That copies of these resolutions be forwarded to State officers, members of the Legislature, officers of State and county medical societies and their legislative committees; also, to the committee on legislation of the American Institute of Homœopathy.”

Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said, It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the Signal Service Bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organization with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of, certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country would prove of very great advantage. (1.) By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases; giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure. (2.) By affording opportunity to those who make these diseases a special study the better to determine their causes and the laws which govern them, to more accurately announce their probable approach, duration, and intensity, and furnish information regarding precautionary measures to be adopted for escaping their influence.

On motion, Drs. Paine, C. E. Jones, Waldo and Vanderzee were appointed a committee to prepare a blank form, similar to that recommended by the Massachusetts State Board of Health, as published in its last reports, for the weekly registration of a few of the more common zymotic diseases. The Secretary was instructed to publish and distribute the blanks to physicians in Albany and adjacent counties, at the expense of the society.

Dr. Paine read a history of the introduction and progress of Homœopathy in Albany and vicinity. The following extracts are of general interest:—

“ In the past forty years thirty-nine homœopathic physicians have resided in the city of Albany. Of this number thirteen commenced

practice prior to the year 1850. They may be very properly considered the pioneers of the homœopathic profession. Seven of these are known to be living, and all of the seven are fulfilling ordinary professional duties. Their names are: Drs. J. M. Ward, C. H. Skiff, Henry D. Paine, E. Darwin Jones, David Springsteed, Horace M. Paine, and Harmon Swits, of Schenectady. Of the whole thirty-nine, thirty-three are supposed to be living, and at the present time engaged in practice.

“The Homœopathic Medical Society of Albany County was organized in 1860. Its list of members contains the names of thirty-seven homœopathic physicians. It is not known that a single death has occurred among its membership since the formation of the society; all are believed to be endeavoring to promote in their respective localities the advancement of the benign system of medical treatment which they have adopted. Seventeen members of the society reside in Albany; one in East Albany; one in West Troy; two in Cohoes; one in Schenectady; one in Berne; and one in New Scotland. Eight of the thirty-seven came to Albany mainly to fill appointments to positions in the Homœopathic Hospital and Dispensary. Of this number, all except the present incumbent have removed, on the expiration of their terms of service at the hospital, to other eligible locations. Thirteen members have removed beyond the jurisdiction of the society.”

The following resolution, offered by Dr. Milbank, was adopted:—

Resolved, That the recent appointment by the trustees of the hospital, of Dr. Herman Kendell to the charge of the Department of Ophthalmic and Aural Surgery in the Homœopathic Hospital and Dispensary, meets our cordial approval; and we recommend the early completion of such arrangements as shall best promote the efficiency and success of this important department.

H. E. MILBANK, *Secretary and Treasurer.*

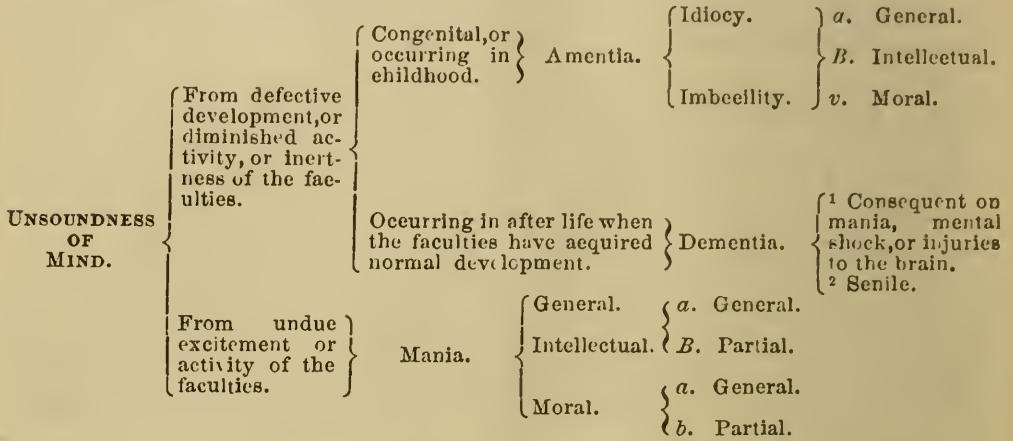
REVIEWS AND NOTICES OF BOOKS.

THE MEDICAL JURISPRUDENCE OF INSANITY. By J. H. Balfour Browne, Esq. Second edition with reference to Scotch and American editions. Philadelphia: Lindsay and Blakiston, 1876.

This book of some seven hundred pages is designed by the author to arrange and simplify the abstract principles of law with regard to responsibility and capacity, by means of illustrations drawn from facts of defects and disease. Several new law decisions on this intricate subject, and several new works on insanity having been published since the advent of the first edition, a second was deemed necessary and has proved itself a worthy sequel of the first.

The author first considers extensively the subjects of “Responsibility and Capacity,” defines each, gives the answers of the Judges to the questions of the House of Lords after the McNaughton trial in 1843, which have met with fierce opposition on some sides, and shows

that practically those answers contain tests for the responsibility and capacity of individuals applicable to all cases and form the basis of the law at the present time. Next he considers the causes of insanity and those causes as influenced by education, civilization, sex, age, heredity, pregnancy, religion, and predisposition. After showing what constitutes sanity and insanity, he passes on to a classification of insanity, and accepts the following "somewhat the same in its main features as that adopted by Esquirol:—"



Finally he investigates each class of mental unsoundness with its subdivisions and the application of the law to each form. The book is admirably written, illustrated by numerous cases, and of great value to the physician no less than to the lawyer. The publishers are deservedly worthy of mention for the plain and serviceable style in which the book is presented to the profession.

THE PATHOLOGY AND TREATMENT OF CHILDBED. By Dr. F. Winckel. Translated from the second German edition by James R. Chadwick, M. D. Philadelphia: Henry C. Lea. Publisher.

We took up this book with the expectation of being gratified and receiving valuable information; for the translator in his preface says, "The work of Dr. Winckel is, in Germany, the standard authority in this branch of medicine, and will, I trust, prove a valuable addition to American medical literature in that it presents in the most impartial manner the views of all the distinguished men who have contributed to a better appreciation of the pathology and treatment of the diseases of childbed." We laid it down, feeling that we had been repaid for the time spent in its perusal. The work contains about all that it is necessary for the student or physician to know of the lesions and diseases of the post-parturient state, written in a clear, concise style, evidently by one who has made a careful and conscientious study of the subject, who is sufficiently honest and upright to record his failures as well as his successes.

After an introductory chapter which treats of the normal condition of the woman in childbed, the author carefully considers the various lesions and displacements of the genital organs, hemorrhages, inflam-

mation, thrombosis, pyæmia, puerperal fever, diseases of the breast, paralysis, eclampsia, mental affections, etc.

The author is decidedly opposed to general venesection, saying, "We are driven to the conclusion that in the diseases of puerperal women this treatment is not only unnecessary, but often absolutely injurious."

We commend this book for its excellent style, its accurate information of the diseases incident to this state, and in some particulars for the treatment recommended; whether the practitioners in this country will be likely to adopt the ice treatment, is questionable; the medication, as usual with the old school, which has no settled guiding principle upon which to rest, is most varied and uncertain.

The translation has been made in an admirable manner, being rendered into such excellent English that it is a great pleasure to read it

This work is issued in the usual style of the publisher: good clear type, smooth paper, handsome, substantial binding.

BOOKS AND PAMPHLETS RECEIVED.

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL.

By Carl Seiler, M.D., in conjunction with J. Gibbons Hunt, M.D., and Jos. G. Richardson, M.D.

TRANSACTIONS OF THE PACIFIC HOMŒOPATHIC MEDICAL SOCIETY OF CALIFORNIA. 1874 to 1876.

TENTH ANNUAL REPORT OF THE HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURGH.

SPIRITUALISM AND ALLIED CAUSES AND CONDITIONS OF NERVOUS DERANGEMENT. By Wm. A. Hammond, M.D. New York: G. P. Putnam's Sons; 1876.

ITEMS AND EXTRACTS.

THE AÇORES OR WESTERN ISLANDS:—So many inquiries are made about these charming islands by persons desirous of making a voyage thither in the clipper bark "Azor," the regular packet between Boston and Fayal, that the following brief description is put in print for the convenience of physicians and others requiring information:—

The Azores derive their name from the numerous "Açores," or hawks, which the early Portuguese voyagers found hovering about them. They were also called the Western Islands, because, before America was discovered, they were the westernmost land known to Europeans. They are nine in all, viz. Flores, Corvo, Fayal, Pico, San Jorge, Graciosa, Terceira, San Miguel and Santa Maria, lying between the parallels of 40° and 36° north latitude, and of 31° and 25° longitude west of Greenwich, thus being insured by their position the delightful and temperate climate which their inhabitants enjoy.

Flores and Corvo are the most northern and western of the group, lying close together, one hundred and twenty miles distant from Fayal. Flores is lovely and picturesque in appearance, but has no harbor, and only about ten thousand inhabitants. Corvo is but the peak of a mountain shooting up from a submarine range, and affording scanty space for its population of about eight hundred persons, who live in patriarchal style, isolated from the world, but strongly attached to their little home. Fayal, Pico, San Jorge, and Graciosa lie near each other, and form the centre of the group. Of these four, Pico is the largest in area, and formerly was the great wine-producer of the archipelago before the "Oidium" ravaged its vineyards, and possesses the attraction of the noble peak of Pico, which reaches the altitude of nearly eight thousand feet. Especially when seen from Fayal it makes a striking picture, as, from that point of view, it rises from the sea symmetrically to a point, presenting the most fascinating changes of cloud-drapery and of coloring, with diversity of weather and of sunlight. Fayal, however, is the most important of these four islands, possessing the best harbor of the Azores, and being the principal place of resort of ships seeking repairs, steamers needing coals, and of whalers desiring to tranship their oil to the United States. It is of about forty miles in circumference, and has a population of perhaps twenty-eight thousand, of which some eight thousand reside in the city of Horta. The channel between Fayal and Pico is only five miles wide, and the bay of Horta affords one of the prettiest little views imaginable, with the curving beach bounded by bold bluffs at each end, and the white buildings of the city nestling against the verdant background of hills covered with orange groves. There are two very comfortable hotels in Horta, the Fayal and the Central, each with English landladies, where the price of board and lodging is only \$1.25, gold, per day, with abatement for those who stay some months.

Fayal, though so small, contains a deal of both bold and beautiful scenery, and its Caldeira is one of the most wonderful craters in the world. Extinct, ages before the discovery of the island, the Caldeira is now a huge and harmless pit, five goodly miles in circumference at the top, and so precipitous that its circumference at the bottom, 1,500 feet below the lowest part of the lip, is three miles. Its abrupt and rugged walls are covered with verdure; a hill that was once a volcano, and which is two or three hundred feet high, rises from the centre, though always seeming on the other side, from whatever part of the top you look at it, and from that altitude appearing only a little green bubble; a small lake at the bottom reflects the sky, and from the rim, 3,300 feet above the level of the sea, a bird's-eye view of the whole island, with its singular, volcanic formation, stretches below, while the peak of Pico towers across the blue channel, and San Jorge and Graciosa add their charms to the panorama.

But our limited space compels more brevity, and we can only hint at the charming excursions to be made on donkey-back and by boat, revealing more wonders to American eyes, unaccustomed to volcanic freaks of nature, more beauties of vegetation and sea-caves and painted cliffs than would be thought possible in an island of the size.

San Jorge, Pico, and Graciosa have many wonders also ; but, without hotels and facilities for tourists, can be thoroughly examined only by those who have plenty of time and who are willing to "rough it."

Terceira lies eighty miles to the eastward of Fayal, and is a fine island, larger and richer than those of which we have spoken, though with fewer attractions to travellers. It is the military headquarters of the group, and contains the Episcopal (Roman Catholic) See. The hotels there are poor.

San Miguel, or St. Michael's, one hundred and forty miles from Fayal, is the largest and richest of all the islands, and possesses a number of attractions well worth the journey to see ; among them the valley of the Furnas, where are many wonderful mineral springs and geysers of great value in the treatment of a variety of diseases. Comfortable quarters are to be had there at moderate prices.

Santa Maria, or St. Mary's, completes the group, and is the southernmost of all. It was the first discovered and settled ; but has no harbor or hotel, is small, and calls for little notice.

The temperature in all these islands is very mild, and the inhabitants use no fire save for cooking and mechanical purposes. The thermometer rarely rises above 75° Fahrenheit, in the shade, in summer, or falls below 55° in winter. The average winter temperature is about 64°. Owing to the moisture of the atmosphere, however, both extremes of temperature seem rather greater than in a dry climate. Tourists who go to pass the winter want warm clothes when sitting in doors, though when exercising, thin woollens are what they need, with some light over-garment to put on when they wish to rest. Delicate invalids might find it desirable, if going to pass the winter, to take with them a small sheet-iron air-tight stove, for burning wood, to use occasionally. In summer such clothing as is used in the United States in summer is suitable ; but there is never any difficulty in keeping cool in the hottest days, when not exercising. The sea-bathing is delightful and fruits are in abundance. Oranges are the principal winter fruit, with some bananas, etc. ; "nespras" in the spring ; figs, apricots, grapes, plums, peaches, etc., in the summer ; apples, pears, nuts, etc., in the autumn. There is bi-monthly steam communication with Lisbon and the various islands, and the accommodations and service of the steamers are good. The fare, first-class, from Fayal to Lisbon, is £7.3s. sterling.

The inhabitants of the Azores are Portuguese, kindly and agreeable as a rule, and among the better class, especially in Fayal, are many who speak English and still more who speak French, while they surprise strangers, who think these islands "out of the world," by their polished manners and conversance with the fashions.

Few places on our globe can claim to be as healthful as these favored islands ; there are no malarial diseases ; epidemics, when they occur, are always milder than in other places, and the death-rate is very small in comparison with that of most localities.

To conclude, it is the land of flowers. Camellias bloom all winter on shrubs, which are small trees ; roses blossom all the year round ; heliotropes can be seen six and ten feet high. But the name of the

Azorean flowers, vines, shrubs, ferns, etc., is legion. We cannot pretend, in so laconic an article as this, to even begin to give a description of the gardens, the mountains, valleys, cliffs, caves, quaint costumes and customs, the charms of sea, sky, and land, to be seen in the Azores. We can only say with truth that in few places are there so many attractions contained within equal limits, and few tours which offer so cheaply, health and recreation to the overworked nerves of Americans as a visit to the Azores, where the soft, moist, temperate air, the out-of-door life and the easy-going ways of the inhabitants, afford the desired opposite to the exciting climate and habits of the United States.

The regular mails to and from the Azores, by which alone letters can be prepaid, are via Lisbon. The mail steamers run as follows: The one which leaves Lisbon the 1st of each month arrives at S. Miguel the 4th; passes a day and leaves for Terceira night of 5th; passes the day at and leaves Terceira night of 6th; arrives at Fayal morning of 7th, and leaves on return trip the same night, visiting the same places and reaching Lisbon the 13th or 14th. The one which leaves Lisbon the 15th of each month touches at Santa Maria the 19th; passes day at and leaves S. Miguel night of 20th; passes day at and leaves Terceira night of 21st; touches at Graciosa, S. Jorge, and Pico, and arrives at Fayal morning of 23d; leaves same night for Flores, touches there and returns to Fayal morning of 25th; passes the day and leaves the same night on return trip, reaching Lisbon about the 3d of the next month. In stormy weather the steamers are sometimes delayed.

There are often opportunities to send letters from the islands to England by steamers and sailing vessels, and to the United States by sailing vessels, but these are uncertain, and letters by all such are classed as "ship letters," and cannot be prepaid. A letter by mail takes twenty-four to thirty days in transit between the Azores and the United States.

Telegraphic messages can be sent from or received at Lisbon.

The bark "Azor," from Boston, makes the round voyage every two months, and has excellent accommodation for passengers.

The islands offer an unusually promising opening for a homœopathic physician who is also a surgeon and obstetrician. Inquiries addressed to the editor NEW ENGLAND MEDICAL GAZETTE will be gladly answered.

CONTRACTED PUPIL IN HEART DISEASE.—Prof. Giovanni has studied with great care three cases of organic heart disease accompanied with bilateral myosis, from which he draws some interesting conclusions. All three were accompanied with severe dyspnœa, continuous or recurrent. One was a case of mitral narrowing and insufficiency; the second, a case of aortic narrowing with valvular insufficiency; the third, aortic narrowing with mitral insufficiency. In all three there was constant bilateral myosis; in two this symptom was more marked when the dyspnœa was more urgent.

Since Pouffard, Du Petit, Bernard, and Biffi demonstrated the influ-

ence of the sympathetic on the pupil, the action of aortic aneurisms and other tumors on the pupil has been studied. Eulenburg, Guttman, and others, have shown that all affections which produce compressions of the sympathetic in the neck are followed by pupillary stenosis. The author has not found this symptom mentioned in isolated cardiac affections. In order to determine the clinical value of myosis of cardiac origin its origin and mechanism must be studied. It is a paralytic myosis. It may arise from three sorts of lesions; first, lesions of the cervical cord; second, lesions of the superior cervical ganglia; third, of the terminal filaments of the sympathetic which go to the radial fibres of the iris. We must here dwell on the lesion of the superior cervical ganglion. The author has examined with the microscope the sympathetic and many sections of the cervical spinal cord of the patients in question. He has found great hyperæmia of the ganglia of the sympathetic, with more or less intense infiltration of the lymphoid elements. At the same time the tissue of the ganglia was softer and more infiltrated with fluid than in the normal state. The upper part of the cord presented no similar condition; nor was there any reason to admit an isolated lesion of the terminal sympathetic nerves of the iris. These different lesions are the consequence of the stasis of the blood produced by the state of the heart. They exist, probably, in all patients of this class, but are not always manifest. The disorders which have their source in the sympathetic are comparable to those which proceed from the encephalon, or from the spinal marrow. In certain patients with cardiac disease, cerebral excitement is found; in others, somnolence. Myosis has a very distinct significance; it does not only indicate stasis of the blood, but a profound lesion of the ganglionic cells, thenceforth paralyzed. The ganglionic lesion affects equally the heart and the lungs, to the innervation of which the ganglionic cells contribute. The cardiac activity and the pulmonary circulation are therefore more seriously affected than in other cases, when myosis exists. The author draws from these facts the following conclusions, from the point of view of prognosis. Myosis, in affections of the heart, is a symptom of very grave prognostic value. It announces the presence of a lesion of the ganglia of the sympathetic, which tells upon the heart itself and the lungs.—*Brit. Med. Jour.*, Sept. 25, from *Annali Universali di Medicina* (*Amer. Jour. Med. Science*, January, 1876.)

ANCHYLOSIS OF BOTH ELBOW-JOINTS.—At a meeting of the Medical Society of London, Mr. William Adams brought forward a case of this kind where there had been ankylosis of both arms in the extended position, the result of rheumatic fever three years before. The treatment of the left arm proved successful by subcutaneous division of the shaft of the humerus just above the condyles, after which the forearm was flexed to a right angle, and placed in a rectangular splint. A fortnight subsequently, passive motion was commenced and steadily continued. Forcible extension was used in the right arm, which the left arm resisted, — therefore the subcutaneous division. Mr. Adams referred to the pathology of rheumatic ankylosis, observing that such cases were most favorable for the operation of forcible movement under

chloroform, in consequence of the absence of any destructive disease in the articulation. This was the first case where subcutaneous division of the humerus had been performed.— *The Lancet*, Feb. 12, 1876.

THYMOL AND PHENOL AS POISONS.—Dr. Husemann treats on the toxic action of poisons with their atomic weight. He compares the salts of *Lithium* and *Potassium* in respect to their toxic action, and disputes Rabuteau's hypothesis, which rests chiefly on our own observations respecting the alcohols, that the toxicological effect of the metals increases with the increase of their atomic weight. He admits the correctness of our demonstration that the toxicological effect of alcohol is greater the higher the molecular weight; but in other senses he says the opposite is the case: of this thymol and phenol are samples. Thymol has much less energetic action than phenol. It has no irritating action on the skin, but it irritates the mucous membrane of the mouth. In rabbits it produces, in large doses of thirty grains, no further effect than a slight increase in the pulse and a slight decrease in the respiration and temperature; carried to a poisonous action it causes an increase of fat in the liver, congestion of the kidney, excretion of albumen and blood by the kidney, and gradual paralysis. Phenol produces none of these distinct effects.—*Brit. and For. Medico-Chir. Review*, July, 1876.

THE ENDOCARDIUM AFTER ARSENICAL POISONING.—In his report on medico-legal returns in the *Indian Medical Gazette*, for April 1, 1876, Mr. Harvey notices a fact which has not been previously made known as he puts it, viz. the condition of the endocardial membrane after poisoning, by *arsenic*. The author has collected together the facts relating to a very large number of arsenical poisonings, and on the subject so specially named he reports as follows:—

“The condition of the lining membrane of the heart is given thirty-three times, and is a point which should be carefully noted in future. In eight cases only in which it was carefully examined was it found to be natural. In two cases, by Dr. Warbarton, the endocardium was deeply stained, but the action of running water rapidly removed the congested appearance, which does not seem to have amounted to ecchymosis.

In seventy-three cases it was found congested or *ecchymosed*, the appearance being apparently confined to the left ventricle in most of them. The mitral valve was stained with bluish spots of extravasated blood in a case reported by Dr. Harris, of *Shahyhapur*, in February, 1870. This officer reports seven cases of arsenical poisoning in three years, in five of which this endocardial congestion was found, and with reference to its absence, in one of the cases of 1871, he remarks that, with this exception, he has always found it since his attention was directed to the subject. No endocardial ecchymosis was, however, found in a second case in September, 1872, although much arsenic was found in the stomach, which was greatly inflamed and much ulcerated. The duodenum also was inflamed, and the liver, lungs, and brain congested. In a case from Lucknow, in October,

1871, the heart was of normal size, its cavities were empty, rather reddish in color, and marked with blackish patches, and another in the December return, from the same station, presented similar appearances. In a third case, in the same year, the heart was found normal. In a well-reported case by sub-assistant surgeon Rajkishon Mookerjee, in the *Gurdaspur* return for March, 1871, the endocardium was marked with livid patches, which were more distinct on the columnæ carneæ of the left ventricle. The experience of Drs. Bonavia and McReddie is that the ecchymosis are most common near, but not on, the fleshy columns. Briand gives the valves and fleshy columns as the most frequent site.

In his latest work, "Diseases of Modern Life," Dr. B. W. Richardson, F. R. S., remarks, "In brief, the more deeply we study the past history of medicine, the surer is the conviction that, throughout the whole known period of human existence on the earth, not one new disease has been added, not one withdrawn"; from this it follows that there are, in fact, no diseases peculiar to modern life.

CASE OF POISONING BY DIGITALIS.—In *Schmidt's Jahrbücher*, for July, 1876, we find the following case of poisoning by *Digitalis*, from the "Deutsche Militär äetztr. Zeitschr." iv. 9, p. 523, where it is reported by Dr. Conr. Köhnborn. A recruit, æt. twenty-two, complained, on the fourth day after having been called in, of loss of appetite, nausea, eructations and occasional vomiting, constipation, great soreness of the cardiac region, headache, and vertigo. He appeared extremely miserable, had a much coated tongue, and fetid breath, and showed signs of pain on the palpation of his hypogastric region. There was no fever; the pulse was slow (56 beats in a minute), and the temperature 37°C. No improvement followed the treatment which appeared appropriate. The pulse even sank to 52 beats in the three following days, and vomiting occurred repeatedly, but the vomitus could not be examined as it had not been kept. After a fortnight the strength was greatly depressed, the skin was sallow, ashy gray, and like parchment; the lips, and gums were anæmic, the tongue moist and coated grayish-white; temperature 36.3C.; pulse 52, pupils equally dilated and reacting; no disturbances of motion, and sensorium unaffected. The patient complained as he had done in the beginning, but he mentioned that the headache and vertigo had increased, and that tinnitus aurium had set in, together with occasional loss of vision. In the further course of the case, singultus, inability to swallow, and on one occasion on attempting to rise, sudden syncope supervened. A day or two after the third week from the beginning of the case, as the patient was about to rise to go to the water-closet, he was seized suddenly with convulsions, in which he fell, and died in a very few minutes.

The sudden, inexplicable death increased the suspicion of the presence of a poison taken for the purpose of simulating disease, more particularly as no anatomical changes appeared on the autopsy which could account satisfactorily for death. The blood was nowhere

coagulated, but liquid, and dark crimson; the right ventricle was filled; the left empty. The brain showed itself anæmic; the mucous membrane of the stomach and upper part of the intestinal tract, highly vascular in some places, and ecchymosed in others.

On examining the clothing of the patient, a little bag containing thirteen pills was found, and on further inquiry it was discovered that he had obtained them from an accomplice in order to free himself from service. Another recruit, who had obtained the same pills, had discontinued taking them on learning the fate of his comrade. The symptoms he had caused in himself corresponded entirely with those already mentioned.

The author adds to the report of this case an exposition of the symptoms of digitalis as they appeared in this case and from the statements of other recruits. According to these, two distinct effects follow the use of digitalis: a local and a general effect. The general or physiological effect is primarily upon the heart, the beats of which are retarded, and the contractions diminished in force, according to Traube, in consequence of its influence upon the regulating and musculo-motor cardiac nerves. This explains the other symptoms, of which the most marked is the cerebral anæmia, resulting from debility. That *digitalis* should be able to produce a narcotic effect is doubted by Köhnborn in consideration of the phenomena observed in his cases. He takes it for granted that soporific states in other cases must have been produced by cerebral anæmia. He furthermore declares that the gastric symptoms are only in a limited degree to be explained by the irritating effects of the poison and by the cerebral anæmia.

Concerning the treatment, it is clear that the chief object besides the neutralization and elimination of the poison will be to counteract the phenomena already produced. In this connection the cerebral hyperæmia is especially to be guarded against, and for this purpose the horizontal position is absolutely necessary whenever the pulse sinks below 60. Furthermore, stimulating and restorative remedies are indicated, but not in large doses, as after a short stimulation a corresponding relaxation and depression must follow, from which serious results are to be apprehended.

A CURE FOR HYDROPHOBIA. — Hydrophobia is a seasonable, though it may not be an agreeable, subject in these dog-days. We are suspicious of alleged specifics for the terrible disease, but the *British Medical Journal*, which is high authority and sufficiently conservative withal, gives considerable space to a new "sure cure," which, for the interests of humanity, we sincerely hope may prove of real value and efficiency.

Dr. Grzyvala, of Krivoe Ozero, Podolia, for whose trustworthiness Prof. Gubler, of Paris, vouches, declares that after a series of crucial trials which he describes at length, he has found that after having had opportunities of treating at least one hundred cases of men bitten by rabid dogs, with the *Xanthium spinosum*, he has never in any one of these cases failed to ward off hydrophobia. He gives some startling examples. During the Crimean war, a family of twelve persons

had been bitten by a hydrophobic wolf. Six of them entered his wards in the hospital of Olschanka, government of Podolia, district of Balta. They were treated with an infusion of the leaves of *Xanthium*, and all recovered. The six others, who were treated by the actual cauterization and the daily use of *Genesta tinctoria* and other drugs, died with hydrophobia in the course of twelve to sixty days. He recounts many other facts not less striking. For an adult, the dose is sixty centigrammes of the dry powder, repeated three times a day, and continued during six weeks. Children under twelve take half that quantity. The dose for animals is much larger. A herd of thirty oxen had been bitten by a mad wolf; eight had succumbed with symptoms of hydrophobia. The commissary of police came to Dr. Grzyvala for his "antirabic powder." He gave three ounces of the powder with bran, daily to each of the remaining animals; none of them suffered from the disease. These are examples which Dr. Grzyvala says he can add to by the hundred if further testimony is wanted.

But what is this *Xanthium spinosum* which our medical friend with the unmanageable name has found so potent in hydrophobia? We refer to Wood's "Botanist and Florist," and learn that it is no plant for which one must send to far-off regions, but a wayside weed of our North Atlantic States. He gives its common name as "clot-weed," and describes it as an annual, "whitish-downy armed with triple, slender sub-axillary spines; leaves lanceolate, three-lobed, dentate, or entire; flowers pistillate, involucre oblong," growing two feet high, and flowering in September. The *Xanthium strumarium*, another species also found here, is said to have been formerly esteemed for the cure of scrofula, and both species have, we believe, been used as the source of a yellow dye. If the plant has the virtues ascribed to it by Dr. Grzyvala, it will deserve a prominent place in the *Materia Medica*. — *Boston Journal of Chemistry*, August, 1876.

POISONING BY VIRGINIAN CREEPER. — Herbert L. Bernays reports the two following cases in the *Lancet* for July 15, 1876. "On June 22d, two little girls, aged respectively five years and two years and a half, chewed the leaves of the common Virginian creeper. They do not appear to have swallowed any, but only the juice. The masticated leaf they spat out. Very shortly after taking the leaves, about 5 P. M. on the same day, they were both seized with violent vomiting and purging with considerable tenesmus; but in neither the vomit nor the stools was there any blood or fragment of leaf. Immediately afterwards they became collapsed, very pale, skin cold and sweating, and the pulse hardly to be felt (the father's authority). They remained apparently in a deep sleep for about a couple of hours when they were roused by a return of the vomiting and purging. They were then given large quantities of milk with some rum, after which they revived. Neither of the children had any sign of convulsions. When I saw them about nine the same evening, they were recovered to a great extent. Both were very pale, the younger still very prostrate. The skin was very cold and there was marked dilatation of the pupils. Pulses of both 120, and very thready. I did not see any

of the vomit or the stools; but the parents say that there was nothing peculiar about them except that they were very liquid. There is no doubt about what the children had taken, because on recovery the father took the elder child into the garden, and she showed him the creeper as what they had been chewing.

“I do not remember to have heard or read of poisoning from this common plant, but it is evident that a very small quantity of its juice has powerful irritant effects and produces very dangerous symptoms. It would be interesting to know whether there are any other cases on record, and what have been the results.

“As regards the treatment, nothing could have answered better than the milk which the father gave, and I only followed it up with a good dose of castor oil, and the next day the children were quite well.”

OBITUARY.

DEATH OF PROFESSOR HAUSMANN, OF PESTH.

It is with deep regret that we announce the death of PROFESSOR FRANZ HAUSMANN, of Pesth, Hungary. It occurred in that city on June 22, 1876. He died of Septicæmia, from poison inoculated eight weeks previously through a slight wound in the back of his right hand, while making one of his numerous experiments upon the blood-poisoning of animals. Notwithstanding every effort to save his life his death followed after severe suffering. Two years since he received the appointment of homœopathic professor in the medical department of the University at Pesth, and since that time he has too earnestly devoted himself to his duties. His loss, not only to his friends and numerous patients, but to the profession, to science, and to the world is very great. Dr. Szontagh in the *Allgemeine Homœopath. Zeitung*, says of him, “His astonishing knowledge of the various natural sciences, reaching even to the details of each branch, his earnestness and perseverance in the most sublime and intricate researches, his enthusiasm for science, his great mental powers, his endurance and energy in following his investigations, and finally his untiring and devoted zeal in the advancement of what was to him the only right system of medicine, — for such he considered Homœopathy — stamped him as one of the champions in our ranks; while his noble heart, his thoroughly honest character, his enlivening companionship won the undivided love and honor of all those who had the good fortune to come into close relations with him. Peace to his ashes and honor to his memory!”

PERSONAL.

FOUND.

Found on Beacon Street, in Boston, from two to three months ago, a Physician's Pocket Case, containing about one hundred vials filled with medicines. The owner can obtain the same by calling on JAMES MATTHEWS, 4 Bowdoin Square, at J. E. MAYNARD'S stable.

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[VOL. XI.

PROVINGS OF NITRITE OF AMYL ($C_{10} H_{11} O, NO_3$).

ARRANGED BY C. WESSELHOEFT, M.D.

THE provings of *Nitrite of Amyl*, as recorded in Allen's Encyclopædia, were all made by inhalation. This is the readiest manner of affecting the organism, and it is particularly adapted to illustrate the effects of a medicinal substance to beginners in the art of proving. On this account it was recommended as a substance worthy of trial to the students of the Boston University School of Medicine, many of whom, both men and women, tested the effects of that substance by olfaction or inhalation. But as it was no less desirable to obtain a proving of *Nitrite of Amyl* by internal administration, a second series of tests was undertaken by a number of students, of which the most reliable results are subjoined.

Some of the most prominent effects of *Nitrite of Amyl*, are the symptoms of the head and chest. From the provings by internal use of the substance, it will be seen that the effect closely resembles that of inhalation, with the addition, however, of important modifications of earlier provings. Most of the previously known symptoms were repeated, but more clearly defined as to locality and character of the sensations. Thus, the head symptoms following the internal use of the drug were chiefly *pressure, throbbing, and heaviness*. The locality affected was principally *forehead, temples, and occiput*, either the *left* or the *right* side of the latter. Nausea and heat in the stomach often accompanied the pains. In some provers the pulse sank below the average; in most, however, it rose

higher, and became fast, full, and hard. The mouth was dry, the throat sore; upper and lower extremities were attacked by pain and stiffness. These symptoms, together with those of the head and chest, were, in many cases, accompanied by burning in the stomach, cramp and colicky pains in the abdomen.

From old-school sources * we gather that it cures hemicrania or sick headache, when characterized as follows: The pains are left-sided and of the most violent kind. The attacks begin in the morning, increase till noon, when they reach their highest degree; there is frequent vomiting; pallor of left side of face; prominence of temporal arteries, which feel hard, and pulsate violently, "almost audibly." Chills. During the absence of pain the pallor gives place to a flush of the face and ear. After inhaling five drops of *Nitrite of Amyl*, the pain disappears as if by magic.

Angina pectoris is relieved in the same manner.†

The head and chest symptoms, as positively known to be produced by the drug, are recorded by the authorities just quoted as follows: Inhalation of a few drops of *Nitrite of Amyl* will produce the following symptoms: Intense redness of the face, with great subjective feeling of heat in face and head, increase of the pulse by twenty to thirty beats in a minute, during which the tension of the radial artery is much diminished; some inclination to cough; faintness, and oppression of the head, together with anxious feeling in the precordial region. Cold water and air relieve these symptoms.

The chest symptoms, as quoted from the *Practitioner*, are, Bronchial irritation, cough, quickened circulation, sense of fulness in the temples, burning of ears, commotion in the chest, tumultuous action of the heart, and quick respiration.

Now, when we compare these drug-effects with the symptoms of the disorders which were cured by the same medicine, no unbiased observer will fail to see the great degree of simili-

* *Monatsblatt der Alegem. Homœop. Zeitung.* Semester xxiii, June, 1871, No. 6.

† See *Alegem. Homœop. Zeitung*, Vol. 90, p. 199, and *Boston Medical and Surgical Journal*, April, 1873, p. 279, quoting Dr. W. H. Madden in the *Practitioner*.

tude between them. Indeed, nothing could be more obvious, and few examples exist by which similitude between drug-effect and disease as a guide in the selection of the remedy is more clearly and unmistakably illustrated. There are no two drugs in the *Materia Medica* which, like *Nitrite of Amyl* and *Nitro glycerine* or "*Glonoine*," serve so well to illustrate the rule of similars to any one who can for a single half hour of his life cast off the fetters of a partisan spirit.

In the face of such similitude, with its great practical applicability, other explanations of its effect seem valueless. Dubois-Raymond explains the wonderful efficacy of *Nitrite of Amyl* in hemicrania and angina cordis by attributing the former to tetanic spasm of the vascular fibres of the blood-vessels of the affected side of the head, or within the sphere of the cervical portion of the sympathetic; and thus this spasm is, as asserted by Brunton, overcome by the action of *Nitrite of Amyl*, which diminishes the resistance of the circulation.

In the last three years several cases have presented themselves in my practice illustrating the beneficent effect of *Nitrite of Amyl* in heart disease of various kinds. Such cases are often relieved when they are characterized by symptoms like those of the following case: A man aged about sixty had enlargement and softening of the heart, caused by years of suppressed care and anxiety; the patient was in the last stages of the disease and had but a few days to live. Tumultuous action of the heart, with great precordial anxiety; suffocation and cough came in paroxysms lasting several minutes; during these paroxysms the pulsations of the heart could not be counted, neither was it possible to count the radial pulsations. Every remedy having failed to relieve, I resorted to *Nitrite of Amyl*, of which a few drops were put into a vial, and the patient made to inhale it, by holding the mouth of the vial close to his nostrils. Placing my ear upon the patient's chest at the time, the irregular rumbling sound of the heart could almost instantaneously be perceived to change into a more regular pulsation, while the patient fell into a comfortable doze. If relief can be obtained in hopeless cases, why may we not hope for a cure in earlier stages?

To increase our knowledge regarding *Nitrite of Amyl*, the following provings are offered:—

PROVING BY INHALATION OF UNDILUTED NITRITE OF AMYL.

PROVINGS BY C. E. H., M.D., MAY 17, 1876.

Immediately after inhalation an intense, crushing pain upon the head, which seemed to gather into a feeling of confusion that for a moment threatened to make me unconscious. At that moment I became aware of a quick, somewhat sharp throbbing *in* the head, and an *intense* glowing of the face, with general perspiration, especially marked in palms of hands, where it was quite visible. There was also a sensation as though the scalp was jerked forward from the occiput towards the forehead, ceasing just before it reached that point; this was repeated a number of times. Pulse increased about twelve beats in the minute, but I was unable to count it at once, owing to the confusion of the head. Sensation in throat which produced a desire to cough similar to that produced by the fumes of a burning match. Was conscious of a dull headache for some time, perhaps three hours. About an hour after the inhalation had a slight epistaxis from left nostril, a thing so unusual with me that I mention it.

PROVING BY MR. L. A. P., STUDENT, MAY 17, 1876.

Inhalation followed immediately by dizziness and nausea; heat and redness of face; heaviness and pressure *outward* in forehead and temples. Though not warm, perspiration started freely, cold chills at the same time running down my back. Great restlessness and uneasiness; pain in head increased, accompanied by stupid, drowsy sensation and burning in the stomach and up to the throat. Fulness and pressure in stomach with belching of gas; oppressed, difficult, and rapid breathing; feeling as if a weight were on the sternum; stitching pains in cardiac region and feeling of constriction (no palpitation); griping pain in umbilical region; drawing, tensive pains in the wrist and finger-joints of left hand; pulsations distinctly felt in the tips of the fingers; pulse accelerated from 60 to 72,

hard and full. During and after a walk of a mile, two hours after inhaling the drug, the heaviness and pressure in head, as also the oppressed breathing, remain; entirely passed off two hours later.

PROVING BY MR. W. R. B., APRIL 5, 1876.

Inhaled the 1st dec. dilution three times, with 5 minutes intervening between each inhalation.

HEAD. — Redness and heat of head, face, and neck, with violent throbbing in top of head and in carotids.

BODY. — Trembling sensation all over, and cannot sit still for fear of something dreadful happening.

PULSE. — Not accelerated but irregular in action, almost impossible to count.

HEART. — *Sharp pain* in region of, — relieved by eructations which continued several days.

STOMACH. — Slight nausea at first, and in 10 minutes after first inhalation, inclination to vomit.

THROAT. — Feeling of constriction in and sensation as if growing up.

COUGH. — Hacking cough 5 minutes after first inhalation, and again three quarters of an hour after.

NOSE. — Several hours after, numb feeling of nasal bones.

All symptoms relieved by exercise out-of-doors.

Miss M. M. *May* 18, 1876. — Great rush of blood to head and face, pressure in the temples; feeling of suffocation from palpitation of the heart; trembling of limbs, with feeling of weakness.

Miss A. E. S. *May* 18, 1876. — A pressing pain in the temples; dizziness; face flushed. Could hardly breathe for about a minute.

PROVING OF NITRITE OF AMYL BY INTERNAL ADMINISTRATION OF THE SECOND CENTESIMAL DILUTION.

PROVING BY MR. E. B. H., STUDENT, MAY, 1876.

1. *Dose*, 1 drop. — In 15 minutes pulse slightly accelerated; increased by ten or twelve beats per minute.

2. *Dose*, 3 drops. — Hands moist, head and body felt warm,

especially abdomen 13 minutes after taking dose. After 30 minutes greater warmth, especially in chest.

3. *Dose*, 3 drops. — After 13 minutes, slight blurring of letters when reading.

4. *Dose*, 10 drops. — In 5 minutes heat was felt in head and along œsophagus to stomach; heat remained over one half hour.

5. *Dose*, 20 drops. — In 10 minutes heat was experienced, principally in stomach; moist skin. In 16 minutes a slight chill crept over the back and sides.

6. *Dose*, 40 drops. In 12 minutes pulse rose 20 beats per minute, remained so a few minutes, and then *gradually* fell to normal standard.

Also in 12 minutes. — Pressure (very slight) in head, forehead, and temples especially.

In 19 minutes. — Pressure slightly increased; moist skin.

After 21 minutes. — Slight throbbing in temple.

After 36 minutes. — Pressure continued; violent exercise during *one minute* produced a dull headache; later the influence of heat (closet heated by gas) caused the dull pain to extend from temple to occiput, principally *left sided*. The dull pressing feeling in occiput remained two or three hours.

After exercise, palpitations of the heart more violent than usual after the same amount of exercise.

About 30 minutes passed between trial No. 1 and 2.

Between 2 and 3, 30 minutes intervened.

Between 3 and 4, a day passed.

Between 4 and 5, an hour passed.

Between 5 and 6, a night passed.

PROVING BY MR. H. E. R., STUDENT, MAY 6, 1876. (2^d cent.)

General health before taking the drug very good, although bowels are almost habitually constipated and am somewhat troubled with catarrh.

1.15 P. M. — Took the medicine just before dinner. Soon after taking it felt a peculiar sensation in right lung or chest, not exactly a pain, however.

2.30 P. M. — Tingling sensation in different parts of the body. Slight, dull, aching pain in right chest.

3 P. M. — Took medicine again. 10 minutes later, a slight headache in frontal region; left tonsil considerably swollen and inflamed; did not notice its condition before taking the drug; pain in right side of chest more severe, but not constant.

3.30 P. M. — Took the medicine again, but forgot to increase the dose.

4 P. M. — Increased the dose to 2 drops. Pain back of eyes on looking at near objects; pulse 60.

4.30 P. M. — Diluted the medicine a little and took 3 drops.

5 P. M., took 4 drops. — Slight pain in right temple; general weakness, with a tendency to perspire easily on slight exertion; noticed about 10 P. M.

Sunday A. M. — Awoke about 5 A. M. with an extremely dry and parched sensation in throat and mouth; arose to rinse my mouth with water, and in doing so noticed a marked stiffness and dryness of the lips.

During the day, general lassitude; did not feel like doing anything. This may have been owing to the weather.

PROVING BY MISS A. W. S., STUDENT, MAY 6, 1876.

1.30 P. M., *Dose*, 1 drop ^{2d cent.}. — In five minutes, pain in right occipital region; stiffness as if from having taken cold; sudden, sharp pain under left eye; face flushed and hot (last two of short duration); stiffness and pain in right side of neck and right shoulder; extends down right arm to wrist, neuralgic or rheumatic in character.

3 P. M., *Second dose*, 1 drop. — Pain and stiffness in right arm, particularly near wrist, much increased by motion; effort of bending the arm or of writing very painful; no new symptoms; pains diminish.

5 P. M., *Third dose*, 2 drops. — Stiffness in lower limbs, head heavy; constant desire to sneeze; pains in upper extremity return.

9 P. M., *Dose repeated*. — No new symptoms.

Monday, May 8, 3 P. M., Dose, 5 drops. — Great heavi-

ness in front part of head; head would fall first to one side, then to the other; overpowering drowsiness lasting more than an hour; severe colicky pains in abdomen, increased when lying down.

7.45 P. M., 5 drops. — No marked symptoms at night; in the morning, severe, dull, heavy pains across the forehead, without marked external heat; pain and weakness in lower lumbar region.

Saturday, May 13, 10 drops. — Taken to notice influence on the pulse; pulse before taking it, 83; in 25 minutes, 63; after two hours, rose to about 73, but did not return to the usual state until Monday, May 15.

From inhalation, very violent palpitation, heat in face, dizziness, profuse perspiration on the hands, weakness in the limbs.

PROVING BY MR. L. A. P., STUDENT (2^d cent.).

Saturday Evening, 7 P. M., took 3 drops. — Dizziness, with slight nausea, worse when the eyes are closed; hot, burning sensation in the stomach, with empty eructations; dull, heavy pressure over the eyes as if a heavy weight were within.

8 P. M., took 3 drops. — Painful pressure outward in the temples, especially in the left, with dull, heavy, aching pain in the occipital region extending to the nape of the neck (while walking); burning in stomach, crampy pains in epigastric region; throbbing in the temples.

10 P. M., took three drops. — Sleep restless, full of anxious dreams; frequent waking, with severe pain in the temples and in the stomach and bowels.

Sunday A. M. — Vertigo, headache, and nausea on rising; loss of appetite.

9 A. M., took 3 drops. — Severe pain as before, in temples, occiput, and over the eyes, with burning in the stomach; everything appears as if trembling, wavering; aching pains in the eyes when in the sunlight, with profuse lachrymation, followed by sneezing; drowsiness; crampy pains in umbilical region; sense of oppression in the chest, especially at the lower part of the sternum; drawing pains in left side between the

seventh and ninth ribs, short but frequent; pulse accelerated, full and hard; skin moist; free perspiration during moderate exercise. Catarrh and dysphagia (sequelæ of a recent attack of diphtheria) entirely relieved during the action of the drug, but returned after its effects had passed off. Lameness and soreness in muscles of arms and thighs entirely cured, perhaps by time.

PROVING BY L. G. H., R., STUDENT (d^{cent.}), MAY 16, 1876.

Felt as well as usual; took the medicine just after dinner.

1.45 P. M., took 2 drops in a half-spoonful of water.—Pulse 63.

1.55 P. M. — Pulse 68; slight pain over both eyes.

2.05 P. M. — Dull pain in occiput; pulse 65, not regular; slight heat in face.

2.15 P. M. — Pulse 68; burning sensation in face; boring pain in occiput; uneasy feeling in extremities.

2.25 P. M. — Pulse 68; marked feeling of heat in face, with flushed face; pain in occiput, mostly on right side.

3.17 P. M., took the second dose of drops in same amount of water.—Pulse 63.

3.27 P. M. — Dull feeling in forehead; beating of pulse distinctly felt in fingers; pain in occiput returned.

3.37 P. M. — Pulse 70 and irregular; burning sensation in face; pain in left side in the region of the heart, extending around to the back.

3.47 P. M. — Pulse 65; burning sensation in face; dulness in head.

4.05 P. M. — Pain in occiput, aggravated by heat of room and by writing; when the forehead was painful the pain in the occiput was less severe.

4.30 P. M. — After writing, pulse 63 and quite full; heat of face well marked.

PROVING BY MR. H. P. C., STUDENT, SENSITIVE, INCLINED TO NEURALGIA, MAY 11, 1876.

3.30 P. M., took 1 drop. — In a few minutes felt a slight creeping sensation in right cheek below malar bone, which was

momentary; 10 minutes later, twitching and creeping under left eye, also slight and momentary.

5. P. M., took 3 drops.—In a minute or two felt a decided twitching under the outer canthus of left eye; a little later, a slight oppression near the liver; still later, a short contraction at the left of the heart, ill-defined; pulse about 64, normally 70. At 5.45 an oppression at the end of the sternum on going down-stairs.

7.30 P. M., took 6 drops.—Creeping in left cheek; dull pain in occipital region of narrow extent; headache on left side, parietal region, oppression of chest on walking about; pulse not altered; soreness of extensor muscles: right arm of all the above very slightly apparent. Later, had rheumatic pains in left leg and knee, followed by soreness in right arm and shoulder; then lameness in right scapula; twinges near the dorsal vertebræ and slight distension in the abdomen, with dull pain.

9.30 P. M., took 6 drops and went to bed.—Obtained no effect.

May 12, 10 A. M., took 10 drops. — Got no decided symptoms, but was restless afterward.

May 16, 4 P. M., took 15 drops. — Slight oppression at the fronto-parietal suture, then proceeding to the frontal bone; dimness of sight; pulse accelerated.

4.30 P. M., took 20 drops. — No further effect.

5.15. P. M., took 40 drops. — Felt confused and drowsy; nothing decided beyond that (effect too doubtful).

PROVING BY MISS A. E. S., STUDENT, MAY 7, 1876 (2^d cent.).

7 A. M. before breakfast, put 3 drops in about 3 teaspoonfuls of water; took a spoonful. — No effect.

7.15 A. M., took another dose.—Slight rumbling in the bowels.

7.30 A. M., took another dose. — Bowels moved at 7.40 with rumbling, leaving a feeling of emptiness afterward.

2.30 P. M., put 12 drops in a glass half full of water; took two teaspoonfuls. — No effect.

2.45 P. M., another dose. — No effect.

3 P. M., another dose.

3.10 P. M. — Face flushed.

3.25 P. M. — Sharp pain in the calf of the left leg; slight gripping pain in the bowels; feeling as though a band were drawn tightly about the head; dull pain over the eyes.

12.30 P. M. — Nausea, dizziness; also a contraction of the muscles in the lower part of the abdomen, as though they were all being drawn together over the region of the uterus; the region of the uterus, fallopian tubes, and ovaries felt very hard on pressure; rumbling in the bowels. I am well with the exception of a sore throat; the drug did not seem to affect that in any way.

PROVING BY MISS M. M., STUDENT, MAY 7, 1876 (2^{cont.}).

2.35 P. M., took 1 drop.

2.02 P. M. — Slight discomfort in right shoulder.

3.07 P. M. — Decided dizziness and heaviness of head.

3.15 P. M. — Very drowsy; suggestion of pain in right side of head; eructations; burning of right cheek, extending up into eye and around to right ear.

3.20 P. M. — Heat in left ear; lameness of flexor muscles of right arm.

3.30 P. M. — Subsidence of all the symptoms.

GRAPHITES IN INDURATION AND CICATRIZATION OF THE MAMMÆ.

D. B. WHITTIER, M.D., FITCHBURG.

MANY of us, perhaps, are too liable to discredit a therapeutical assertion when it is not accompanied by clinical illustration or corroborated by the experience of able minds, founded upon a symptomatical or a pathological basis; and only when an extremity urges us to prove the worth of the subject in question are we willing to apply the test of a practical application.

Years ago I read the bold statement that *Graphites* would remove indurations and cicatrizations of the mammæ consequent upon inflammation and abscess. These conditions, being

the *result* of disease, are not usually very troublesome or painful, therefore are left by physician and patient to the offices of Nature, which are sometimes benign, but usually, in such cases, impotent.

I have verified the truth of this clinical assertion in many instances, which to mind have been those of unquestionable sequence. I have selected only two cases to illustrate the action of this remedy, one of which was as unpromising as any which it has been my privilege to observe.

Mrs. — claims to have inherited a scrofulous diathesis, although no very positive objective indications were apparent. A few days after having passed through her first confinement, the nurse was charged by patient and friends (rightly or not) with having allowed her to take cold by some lack of attention or indiscretion during the advent of the milk. As a consequence, she passed through a terrible fever, the nature of which it is not my purpose to determine, as I design only to speak of the *mammæ*. These organs passed through an intense inflammation, became enormously swollen to full threefold their usual size, excessively tender and painful. This condition was accompanied by the agony of a high and dangerous fever with suppression of the milk. In one of the breasts this affection progressed to a suppuration unsightly and disheartening. About two thirds of the gland were perfectly honeycombed, presenting the appearance of an enormous carbuncle, discharging pus and water fluid through numerous openings, until it seemed that the whole gland would loosen from its moorings in one mass of corruption. By diligent application of remedial means the gland in time healed, leaving two thirds of it in a state of firm induration, with a retracted and deformed nipple, and cicatrizations covering one half of the gland. Apparently there was nothing to be hoped either from the restorative efforts of Nature or the action of drugs. But I reasoned if this agent was capable of transforming such a mass of tissues, destroyed for all the purposes for which they had existed, it also must have power to stimulate to action the functions of those tissues so restored, — my only hope or desire being to effect, if possible, a return of the milk, so that the child might be saved the dire consequences of the feeding-bottle.

A month or more had passed since her confinement when I commenced the experiment. *Graphites*^{200th} was administered, for I had as much confidence in this potency as in any other, for the purpose I was seeking to accomplish. Perhaps a week had passed when milk was discovered in the breast least affected from the nipple of which it was observed to ooze. This secretion increased to an amount almost sufficient to nurse the child. But the arrangement I had thus effected for nursing was cancelled by the patient and the milk allowed to dry, for the three following reasons: *First*, The indurated gland could not be nursed on account of the retracted nipple. *Second*, The excessive fear of having to pass through the purgatory of another gathered breast, as the milk had to be drawn by artificial means. *Third*, The child did not thrive upon the milk.

The remedy was continued for weeks, during which time the induration gradually gave way; the breast became softer, free from pain and tenderness; the skin tended to assume its natural tint and elasticity, and about one third of the cicatrizations disappeared and the remainder eventually approximated the feeling and condition of the original state of the gland. Still there were indurations and cicatrizations remaining; but the treatment was discontinued to give place to other necessary medication. Years passed, when the patient again became pregnant, at which time she admitted that little or no change had taken place in the breast since the suspension of the treatment. I then determined to see what further progress could be made: so treatment was again resumed. Suffice it to say that months before her second confinement she confessed to feeling hardly a difference between the breasts, and to all appearance the defective one was quite restored to its normal condition, so that when again brought into requisition nearly all the inconvenience that she experienced from it was the inability to nurse from the defective nipple.

Case No. 2, briefly stated, passed through the usual sufferings incident to inflammation and suppuration of the mammary glands. The portion of the breast destroyed by the profuse suppuration, together with the ravages produced in the surrounding tissues, left a large portion of the gland indurated,

ciatrized, considerably contracted, and fallen in on the side where the loss of substance had taken place. The milk was consequently dried, and the child supplied from the other breast. I proposed to effect a removal of these physical ruins by the administration of *Graphites*, to which the patient consented, provided she should not be required again to nurse from this breast. The remedy was given for several months, a course which resulted in decided and continuous improvement. Milk was restored, but the babe refused it on account of the labor required to obtain it, which was due probably to the milk-ducts having been destroyed or closed by the process of suppuration.

From indifference on the part of the patient the treatment was suspended, with a partial but comparatively favorable restoration, in which state it remained until her second pregnancy, when the treatment was again pursued. At the time of her confinement the progress has been such as to admit of nursing the child. The breast had attained such a condition of naturalness that defects were not observable in it until brought into use, when on account of the obliteration of a portion of the milk-ducts the mother was subjected to some pain and the child to a little labor, which caused the experiment to be abandoned.

I have had many other cases of minor importance in which *Graphites* has been an effective agent, and I confidently resort to it now for the removal of indurations from the mammæ. In such cases it may be claimed that observers are mistaken, that Nature has performed the work described. To this I answer that during an interval of years, when Nature had an ample opportunity to perfect her work, little perceptible progress was effected, and the abnormal conditions remained to be assisted to an exit by the agency of *Graphites*.

TREATMENT OF THE MAMMARY GLANDS.

BY GEO. B. SAWTELLE, M.D., OF, MALDEN.

Read before the Meeting of the Massachusetts Homœopathic Medical Society.

THERE is no organ in the female structure subject to such a diversity of treatment as the mammary gland, during gestation and lactation. Friends, nurse, mother, or grandmother, each

may add at least one never-failing cure to the list of numberless remedies for any affection to which this important organ may be subject; and even the physician becomes discouraged at times in his endeavors to arrest any calamity that may arise in this apparatus for the manufacture of nourishment for the helpless new-born. Consult authors for the proper treatment of a breast during gestation, or the surest method of cure of the various causes of martyrdom which falls to the lot of some during lactation, and the vast variety of remedies you will find for them is sufficient proof of your difficulty.

The universal practice of submitting the nipples to a process called "hardening" before labor calls forth a multitudinous list of remedies, well known to every practitioner, and too numerous to enumerate in the hours allotted to an annual meeting of a medical Society. The variety forces us to question their benefit. I am not now fully prepared to pronounce this practice useless, but so far as my own observation goes in no one of a considerable number of cases, both primiparæ and those who have suffered from sore nipples on previous occasions, where no such applications have been made during pregnancy, have I ever had any serious trouble from sore nipples or mammary abscess; but every case in my practice attended by such a calamity has been subjected to these preparatory applications. To those who make a practice of recommending the use of these applications this may seem wholly accidental.

There is one form of application that I always positively oppose during pregnancy and at all times, such as tight-fitting corsets, tight clothing of any kind, hard pads, or any additional wear to make up deficiencies. If physicians could prevent these latter appliances, hindering the glands from developing in all their parts, which shut in the moisture and overheat the organs and thus cause them to become tender, I believe there would be less need of remedies for this "hardening" process. The clothing over the breasts should be loose, and, particularly during the last months of pregnancy, as thin as is consistent with comfort.

The wisdom of this wonderful provision of nature, in providing the means of the continuance of life and nourishment of

the offspring at the end of gestation, in furnishing organs which secrete and almost pour their lacteal fluid into the helpless infant's mouth, are sufficient incentives for us to suppress their abuse and to devise the best means of securing to both mother and child the great happiness in the enjoyment of this function. I offer these suggestions hoping to invite discussion and the views of others on this subject.

Another practice which I will simply refer to is that of pressing the breasts of new-born infants for the purpose, as ignorant nurses will tell you, of expelling the milk, or as some will say, to break the nipple-string, so that the nipple will be of sufficient length to enable her in turn to give suck to her offspring. I once witnessed a case of a young infant suffering from an abscess of each breast, resulting from this abuse. In the majority of cases of sunken or too short nipples in mothers that have come to my notice, I have been able to ascertain that this was the treatment given their breasts when infants. And what else could one expect of such extension when the nipple is but a collection of delicate milk-ducts opening at its extremity, but subsequent contraction resulting from their tension and injury? I should not have mentioned this, to me supposed to be obsolete practice, at the risk of insulting your intelligence, had I not learned, within a few months, of a wealthy physician of this State, enjoying a large and lucrative practice, who asserted that this was his usual practice.

The physician in general practice is most frequently called upon to treat the various conditions which this organ presents in the early stage of lactation following labor; and the one greatly to be dreaded by the attendant and a great misfortune to a lying-in woman is a mammary abscess. This condition is so liable to be attributed, and very unjustly too, to some neglect on the part of physician or nurse, that we occasionally meet with one or the other who never have had to do with a "gathered breast." I must confess I have had a few of these unfortunates to treat, and in justice to myself and nurse, I believe the majority were due to a weakly organization and the drain to which the system had so recently been subjected. The physician cannot exercise too much care to prevent so grave a

misfortune. We not only often have to contend with the tendencies of the case, but with a dangerous woman who is called nurse, — dangerous both to your reputation and the patient's recovery. If there is any one thing a physician has to be thankful for when such a case presents itself, it is an educated, faithful, and conscientious nurse, — nurse, indeed! the doctor's friend and the patient's comfort and dependence.

I have recently discharged a case of deep-seated abscess of this gland as about cured after a winter's siege, which was not produced or accompanied by an abundant flow of milk, but has been particularly vexatious because of its origin in a nervous and sensitive system. Previous to this she had nursed three children, each three or four months, without serious trouble. At this time, from the scarcity of milk and the irritability of the breasts after two weeks' attempt, I decided to give the babe the bottle, and believe I should have had but little trouble had not friends meddled, and without my knowledge and contrary to my directions, frequently tried to evacuate an almost empty breast. This continually irritated and added fuel to the flame, and hence the result. The breast became enormously distended, and weeks of suffering, such as you may all have witnessed, brought no pus near the surface. Constant fever, anxiety, depression of spirits, sleepless nights and exhaustion from perspiration, and reabsorption of pus into the circulation, made the case alarming. She had on several occasions attacks of stitching pains in the chest and quick and difficult breathing, resembling effusion into that cavity, which after a time was relieved, and which I accounted for as sympathetic irritation of the gland communicated within the thorax. Having become almost desperate, and fully convinced of the existence of a quantity of pus in the posterior part of the breast, although the anterior portion was very hard, I made a free incision of about two inches in depth, which I considered safe on account of the enormous distention of the gland. After a few moments, with the aid of a probe, I was able to conduct the pus through this mass to the surface, and a copious discharge followed, but only with the aid of the probe. To prevent the incision from closing, and further use of the knife, although the operation was

quite painless, I introduced a tent, and daily, for a succession of days, with a probe evacuated the cavity and introduced a new tent till it was healed from the bottom, and health and vigor commenced to return. In a case like this there may well be supposed to be varied complications of symptoms which will require varied prescriptions, but for the condition of the breast described above, *Phos. Sil.* and *Hep.* were given chiefly. The topical application of blue clay dissolved with water so as to paint the breast, or applied as a poultice, gave in this as in other cases more relief than any other application; but in this case less benefit than was hoped in the early stages on account of an annoying eczematous eruption produced by any application I could suggest except flour or starch.

In case of mothers unable to nurse on account of shortness of nipple, or those whose breasts are wholly or partly destroyed by previous abscesses, I prevent, so far as is possible, milk from secreting in the glands by pressure and cool applications, if needed. I put a towel around the chest, producing comfortable pressure of the glands. An attempt to nurse the child would only result in failure and the risk of abscess. Especially in warm weather I have found the figure-of-eight bandage supporting the breasts, covered with several small sponges, which are kept constantly wet, a perfect remedy for suppressing the flow of milk and preventing the intense heat and pain which otherwise would result. This bandage need be applied but once daily, and the sponges can be easily moistened at pleasure without removing.

About four years ago I attended a young woman with her first child, who, soon after labor, suffered from abscesses in both breasts. Last Sunday she gave birth to her second, and I am confident it would be perilous to attempt to nurse it. I am treating her simply with the dry towel around the chest, giving support to the glands and comfortable pressure, with directions, in case of heat and pain, to place wet sponges or napkins under the towel. Up to this morning, before leaving town, no water has been applied and she is quite comfortable.

ARE URÆMIC CONVULSIONS CURABLE?

Read before the Annual Meeting of the Massachusetts Homœopathic Medical Society, April 12, 1876. By Geo. Barrows, M.D.

I REMEMBER to have reported a case of puerperal convulsions to this Society several years ago, which was treated successfully with *Belladonna* and *Lachesis*. As the urine was not tested for albumen by me, I was not able to satisfy some learned members then that the convulsions were uræmic; and it was stated as the opinion of several present that uræmic convulsions were not curable.

I believe uræmic convulsions have been cured and are curable by *Lachesis*.

I treated a case three years ago this month, which I beg leave to report.

Mrs. D., thirty-five years old, mother of two children, being very much bloated in her limbs during the latter months of her third pregnancy, was taken with severe colic and pains after a supper of warm bread, on the evening of April 16, 1873; at 12 A. M., of the 17th, she was seized with convulsions, of which she had seven severe ones between 12 and 3 P. M. At 3 P. M. labor pains commenced. She was unconscious after the second convulsion, and remained so during labor and for three hours after the birth of a living child, which event occurred at 10 o'clock, P. M., after which two severe convulsions occurred, and she remained comatose three hours.

A specimen of urine drawn off after the third convulsion, and tested by Dr. Hayward, was found to be two thirds albumen. A sample drawn off later in the day, and tested by Dr. Cushing with heat and nit. acid, was five sixths, or nearly solid albumen.

The coma was treated by *Opium* and the convulsions by *Belladonna* ²⁰⁰ and *Lachesis* ^{9th} and ³⁰⁰. The patient recovered slowly, and remains well. The child is well also. I think *Lachesis* saved her life, as surely without the help of *Lachesis* she would have died.

Perhaps a reason for my faith in the agency of *Lachesis* in the cure of this case, as well as of some others which have re-

covered under its exhibition, and which I believe were uræmic, will appear in the reading of a paper which describes a case that occurred in my practice twenty-four years since.

A CASE OF PREMATURE LABOR FOLLOWED BY PUERPERAL CONVULSIONS.

ON the 6th of June, 1852, I was called to attend a Mrs. H., aged 23, in the seventh month of her first pregnancy. She was of slender constitution, and had suffered with dyspepsia for several years, but had improved in health for three years previously under homœopathic remedies.

As I could ascertain no particular cause for the symptoms of premature labor which I found present, I gave her a dose of *Chama.* or *Coffie*, and left her for an hour to visit another patient. On my return I found that labor had commenced, which in the course of some eight hours terminated with the expulsion of a female child of seven months, too feeble to nurse, but which lived, being fed, some three weeks. In course of half an hour I removed without difficulty a quite small placenta, much shrivelled in appearance; and in course of an hour the mother, after a change of clothes, was comfortably returned to her bed, with a fair promise of a speedy recovery. In a few minutes after the mother was got to bed, while I was looking at the child in an adjoining room, a shriek from the grandmother, and a cry of "Doctor, come quick!" thoroughly aroused me from all my dreams of leisure and security, and brought me back in haste to the bedside of the patient, whom I found completely convulsed, — face turgid with blood, the mouth filled with foam and blood, the jaws and teeth convulsively set, whereby the tongue was shockingly lacerated; the pulse full and hard, respiration irregular; in short, the patient was in a complete state of coma, interrupted only by the most frightful convulsions. I gave *Opium* and *Belladonna*, either by the mouth or by olfaction, *Belladonna* during the convulsions and *Opium* during the coma, for the first hour or two, and thus partially controlled and modified the symptoms. Sometimes I gave *Nux* or *Ignatia* instead of

Belladonna, but the convulsions were not controlled until I exhibited *Lachesis*, suggested chiefly by one symptom, viz. a sudden and forcible protrusion of the tongue. This medicine not only stopped this protrusion of the tongue, but arrested the convulsions entirely, except some slight spasms which arose from an over-distended bladder, and were promptly relieved by the use of the catheter. The patient remained unconscious for several days, during which time I was obliged to draw off the urine daily. I also continued *Lachesis* occasionally with *Nux*, or *Belladonna*, or *Arnica* for the lacerated tongue. The mother gradually recovered, but the babe died in two or three weeks. The mother miscarried some three months since, and is now convalescent.

This paper was written for and read at the June homœopathic meeting probably as early as 1856. The husband died of tubercular consumption soon after the second miscarriage, but the widow still lives, and in tolerable health so far as I know, now being forty-seven years old, twenty-four years having passed since she had puerperal convulsions.

The trial of *Lachesis* in this case was suggested by noticing one symptom, viz. that sudden and forcible protrusion and retraction of the tongue. I used the low dilution as well as the high at that time, because I had more confidence in some which I had recently obtained for Dr. Herring than in the high which I had obtained from some other source.

G. B.

NITRITE OF AMYL IN NERVOUS DISEASES.

DEC. 12 was called to see a boy three years of age who had been sick twenty-four hours. I found a bright, active child, with large head and nervous temperament. He had been taking *Aconite Tincture* and *saffron tea*. His pulse was 180; respirations labored, and over fifty per minute; livid face; wild, glassy eyes; semi-conscious; vomiting aggravated by the saffron tea; diarrhœa; frequent and scanty urination; slight thirst; difficult swallowing. I considered it almost a hopeless case at first. I administered medicines through the day, with

apparent marked relief, but it was of short duration. Late in the afternoon the eyes became glazed, still protruding with a staring look, and immovable, the hands trembling and grasping at imaginary objects, frequent piercing shrieks, plainly indicating approaching convulsions. I wet the corner of a napkin with the first decimal dilution of *Nitrite of Amyl* and placed it near the face of the patient. Very soon the screams ceased, the eyes became less protruding; the rigidity of the muscles of the limbs relaxed, and he remained quiet for several hours, till death came to his and our relief.

A child eight months old was taken with convulsions which continued one hour and a half. When I arrived it was convulsed, unconscious, with inability to swallow. After inhaling the first dilution of *Nitrite of Amyl* for a few minutes, the patient awoke as if from sleep, perfectly conscious. Two hours later it had another attack, but on holding the cloth which had previously been wet with the *Amyl*, the convulsions ceased at once and did not return.

A child two years old, of very nervous temperament, was seized with convulsions which continued till my arrival two hours later. I immediately administered by inhalation *Nitrite of Amyl*, first dilution, and the patient very soon returned to consciousness as if from natural sleep. Since that time it has had symptoms of convulsions, which are all suddenly dispelled by a very few inhalations of the *Amyl*, and the mother will not be without the medicine in the house.

During the past year I have had several very severe cases of chorea, lasting several weeks. Recently I was called to see a girl, aged nine, who had chorea in an aggravated form. Every muscle seemed to be in motion. I gave her *Nitrite of Amyl*, first dilution, internally every two hours, and in two weeks she had recovered entirely, a slight debility alone remaining.

Mr. —, aged about 50, a stout, robust laboring man, while riding, was seized with partial blindness; a few hours later was taken with convulsions, which two physicians called apoplexy. For days, even weeks, he was very sick, according to his statement. One year later I was called to see him, and found him weak from one year's serious sickness, nervous,

partially blind, unable to attend to any business, with violent attacks of convulsions about once a month. Under the influence of the medicines prescribed the convulsions became less frequent and lighter. They usually commenced with inability to talk correctly, or to call anything by the right name; then followed inability to walk; finally, violent twitching of the muscles of the body, limbs, and particularly of the face; head drawn to the right side. The twitching lasted from a half hour to an hour or more; then came unconsciousness for several hours. After two years' treatment his convulsions had ceased, but he was weak, emaciated, with sight much impaired; walked with tottering gait, inclining to go to one side when walking; unable to do any business; head in a constant state of dull confusion. Having exhausted my skill, tried many remedies, and being unable to make the family believe that some one else might do better, I determined to try *Nitrite of Amyl*. I accordingly gave him two-drop doses of the first dilution once in two hours. The first few doses seemed to affect him considerably, so I gave one drop at a dose, and he has now taken it more than two months with constant benefit. He seems brighter, appears better, and is constantly gaining flesh, can walk and sleep better, but his sight does not improve.

MELILOTUS. — In giving this remedy for headache I find that the first and second dilutions produce frequent discharges from the bowels, with but little pain.

A. M. CUSHING.

ANTIDOTE FOR POISON-OAK OR POISON-VINE.

BY J. H. SHERMAN, M.D.

SOME years ago Dr. W. F. Jackson published an antidote for bee stings, mosquito bites, and, I believe, for the bites of insects generally. The information has been of great service to me, for it always relieves. *Aqua Ammonia*, applied to the part affected, is the remedy. To compensate for this and other valuable hints for practice gleaned from our journals, I wish to call the attention of the profession to a *sure* antidote to the effects of poisoning from *Rhustoxicodendron* or *R. Radicans*.

The antidote is *Fluid Extract of Virginiana Serpentina* (*Aristolochia Serpentina*; *Virginia Snake Root*), applied by means of a large camel's-hair pencil. If applied on the earliest manifestation of the poison it will arrest the symptoms at once. My first trial was with a lady patient on Newton St., Boston. She was a fair-skinned, light-complexioned, delicate woman. At my first visit her face was so swollen, blistered, and mottled that her best friends could not have recognized her; so badly were the integuments of the eyes swollen, that she could not see. She had a high fever and much burning, smarting pain over the face and in the head. My prescription was *Bell.* and local application of a weak solution of the *Acetate of Lead*. The husband of the lady aroused me early on the following morning, saying that his wife had passed a sleepless night, and desired my presence immediately. I found her in great agony, and on further investigation it appeared that the disease had been aggravated by the lead work. The *Extract of Serpentina* was now applied, and with the effect of producing almost immediate relief, so that in a few minutes the patient was quite comfortable. On the following day the inflammation and swelling had diminished to a degree which was to me a matter of surprise, and in a few days desquamation took place and recovery was complete.

Since the above case was treated I have used the remedy in other cases and with like results.

Brethren, give us some of your valuable practical suggestions; every physician's experience has taught him some highly useful and ready expedient in the daily treatment of both light and grave diseases, and it is the duty of every one to make public such knowledge for the benefit of all.

NITRITE OF AMYL.

PROVING BY A MEDICAL STUDENT.

Inhalations of 1st Decimal Attenuations.

HEAD. — Violent throbbing in top of head and in carotids; redness and heat in face, head, and neck.

NOSE. — *Numb feeling in nasal bones.*

THROAT. — Feeling of constriction of throat as though it was closing up; relieved by motion.

CHEST. — Hacking cough five minutes after first inhalation, and again forty-five minutes later.

HEART. — Sharp pain in region of heart, relieved by eructations which continued several days.

STOMACH. — Slight nausea at first, and in ten minutes inclination to vomit.

BODY. — Trembling sensation all over, cannot sit still; a sensation of fear as if something dreadful would happen.

PULSE. — Pulse not accelerated but very irregular; impossible to count it accurately.

AMELIORATIONS. — All symptoms relieved by exercise out-of-doors.

A. M. CUSHING.

ACTION OF LIGHT ON TISSUE CHANGE.—The quantity of carbonic acid expired in a given time may be generally taken as a tolerably accurate indication of the rate at which tissue change is going on in the body. Moleschott found that frogs exposed to light expired one twelfth to one fourth more carbonic acid than frogs kept in the dark, and the brighter the light was, the more carbonic acid did they excrete. The increased rapidity in tissue change, of which this was the indication, might of course be due to the action of the sunlight upon the skin, but some recent researches of Von Platen seem to show that it is rather due to the action of light upon the eyes. He kept some rabbits as nearly as possible under the same conditions, but sometimes covered their eyes with black glasses, so as to exclude the light, and sometimes with white glasses so as to allow it to act upon them. The experiments which he made in this way showed that when the light was allowed to reach the eye, the carbonic acid excreted was increased by one sixth to one seventh of its average amount. Now, a moderate increase in tissue change in a fairly healthy organism leads to increased appetite, increased consumption of food, and a healthier condition of the organism generally, so that anything producing it must rank as a tonic. These researches, therefore, are of extreme interest, as they show what a very high place among tonics must be assigned to light, and the necessity of securing a good supply of it for convalescents and debilitated persons generally. They also tend to explain the weakly condition of the children in the crowded parts of large cities, as well as to some extent the languor which persons not unfrequently feel when they exchange a country for a city life, even although they continue to take active exercise.— *Pflüger's Archiv*, xi, p. 272.

The New England Medical Gazette.

BOSTON, SEPTEMBER, 1876.

NOTWITHSTANDING the many scholarly, eminent men in our school at the present time, we think it will be acceded by all that the great need of the Homœopathic branch of the profession to-day is more thoroughly educated, scientific men. This object can only be attained by placing men in the field who, *at the start*, are thoroughly grounded in the principles of medicine, — not alone Homœopathic medicine, but medicine in full, with all its adjuncts and appurtenances: How is this object to be best realized? This is the question most vital, most worthy the attention of all those earnestly desirous of our advancement, and leads to the consideration of the question of medical education, or the means now at our command of acquiring medical knowledge. Is the present system, as taught in our schools and colleges, *the best*, and if not, how shall it be bettered? No one, we think, is egotistical enough to assert that it is perfect, notwithstanding the innovation everywhere manifested by those directing the studies in our schools; thus, the first question is already decided, and the second only claims our attention, viz. How shall it be bettered? In two ways, we would reply: first, by maturing and amplifying the good in our present system; second, by eradicating the evil.

We earnestly advocate, as of prime necessity and importance, an extension of the time of study *compulsory* for students; by that is meant the time of attendance on lectures, less than of which it should not be possible for men to receive a diploma. At present, in most of our medical colleges, a man *may* graduate after attendance on two full courses of lectures, but is *earnestly recommended* to take three. We would oblige them to take three, and earnestly recommend four, five, or if possible, six years' study. One of our leading schools has a corps of twenty-four professors and instructors, with a course comprising nearly as many different subjects of study exclusive of dissections and clinical investigation. That any man or woman, be they never so able, can master this amount of labor or become well grounded in its first principles even, in the short space of three years, is, perhaps, probable; that he can do so in two, is impossible. But it may be urged that the object of the instruction is only to instil rudiments, and that further

investigation and study must come afterwards. True, no doubt, to a certain extent; but he who would even attempt to keep pace with the giant-stride of medical progress to-day can ill afford time to make up arrears: he must *already have* a good practical and theoretical knowledge when he first finds himself fully enlisted in the ranks of the profession, competing with his fellows for existence and professional standing. Few, it is true, are blessed with the ability to become a Hering, a Hughes, a Drysdale, or a Dunham, but many of the graduates of our schools could take a far higher stand in the scientific world did they receive a longer and more thorough course preparatory to practice. The *Medical Record*, of March 18, 1876, in considering this same question, strongly advocates a longer, more stringent, and more exacting course of study in American Medical colleges, and earnestly endorses the project of obliging students, before receiving their diplomas, to undergo a rigid examination before a Board of Examiners outside the pale of the college which they may have attended. If this is a necessity felt by the old school, how much more of a necessity is it for us of the new school of practice, which, far more than any other, requires clear and acute perception and logical deduction and reasoning. We had almost said a stupid man might make a good allopath, — a good homœopath, never.

Another vital point in this question is, Whom shall we admit to our colleges, — all who happen to apply, or only those who, by a suitable preliminary course, are fitted to pursue the studies? *The latter, and the latter only.* Raise the standard of admittance and keep raising it, until it reaches a point that only gifted and disciplined men and women can attain. Medicine *should* be a post-graduate study, and only those should gain admittance to it who have already learned how to study, and who come in order to study the science, and it alone. It may be objected that such a course would reduce our schools and turn many away. We answer, It is not the number but the *quality* that is needful, and were the standard higher, more gifted men and women would embrace the study.

There is one evil, not incorporated into but associated with our schools, which is most pernicious and demands immediate remedy. It is the permitting students, many of whom have attended but one course of study, and some not even that, to practise as opportunity offers, *purely upon their own responsibility.* Under suitable supervision, this is most beneficial: without such guidance it is most suicidal, both to the student and to the profession, — to the student, because, viewing the various phases of disease without a sound basis upon

which to judge and act, the tendency is to make him a superficial observer, and because his chance successes pamper his intellectual vanity and forbid that humbling of the mind before the great shrine of knowledge which is the first step towards true advancement; it is suicidal to the profession, because in the public mind all its members have to bear the blame of the blunders, failures, and accidents of these fledglings. We cannot think that the supervisors of our schools know to what an extent this pernicious custom is prevalent, and earnestly beg that they investigate and remedy this evil without loss of time.

CORRESPONDENCE.

JACKSONVILLE, FLORIDA, July 27, 1876.

Editor Gazette, — In reading the letter on Florida, by Dr. Geo. F. Foote, in the July number of the GAZETTE, I was struck with one or two statements, which it may not be amiss to notice.

While the letter is as favorable to Florida as a health resort as could perhaps be written by one on a flying visit of a few days, it is hardly reasonable to suppose that all features could be carefully considered. At the risk of being classed among those individuals "who write for the purpose of sending grist to the mill," I will venture to say something on this subject.

The doctor lays great emphasis on the assertion that the air of Florida is loaded with malaria. If this be so, it must be of an exceedingly harmless character. During the past eight months I have had but one case of intermittent fever, and that was of long standing, from the North. This spring we have had some remittent fever, but of a mild type and yielding readily to treatment. Physicians of many years' practice in this State, particularly remark the mild character of malarial fevers (unless dosed to death) of this climate. The statistics of the office of Surgeon-General Lawson, of the regular army, demonstrated that "malarial diseases here are of a much milder type than elsewhere." The death-rate he found among the troops serving in the Middle United States, 1 to 36 of remittent fever; Northern United States, 1 to 52; Southern United States, 1 to 54; Texas, 1 to 78; California, 1 to 122; New Mexico, 1 to 148; Florida, 1 to 287. "The average annual mortality of the whole peninsula," Surgeon-General Lawson "found to be 2.06 against 3.05 in other portions of the United States." Situated as Florida is, between the Atlantic Ocean and the Gulf of Mexico, the whole State is swept by sea breezes which render the atmosphere peculiarly balmy and life-giving. As an instance of the good health of the inhabitants, I may mention the fact that for the past two weeks there has not been a death in this city, which for a place of 12,000 inhabitants may be considered "distressingly healthy" for doctors. During that time the mercury has marked over 90° every day. During the year 1875 there were but 83

deaths in this city among the residents, and the majority of those were among the negroes. In July, 1874, there were only 3 deaths, one of which was from accidental shooting and one from old age, and this in the middle of summer. In September, 1875, the month of all others in the year when malarial fevers are supposed to prevail, there were but 5 deaths, and two of these were from drowning; of the remaining three, one was at the age of 62 years and another 68. I could give many more items which might be interesting, but at the expense of unduly increasing the length of this article. The same figures would hold good for the greater portion of the State. My experience has been that no person coming to Florida either for pleasure or health need suffer apprehension on account of malaria.

Very truly yours,

H. R. STOUT.

SOCIETIES AND INSTITUTIONS.

** Reports of all Homœopathic Medical Societies and Institutions, which may be of general or special interest to the profession, are respectfully solicited.

MEETING OF THE HUDSON RIVER HOMŒOPATHIC MEDICAL SOCIETY.

At a meeting of the Hudson River Homœopathic Medical Society, held at the office of Dr. Carpenter, No. 1 Fifth Street, last night, the following officers were elected: President, Dr. L. B. Waldo; Vice-President, Dr. H. M. Paine; Secretary and Treasurer, Dr. H. L. Waldo; Censors, Drs. Coburn, Carpenter, and Holmes. Dr. Coburn was elected delegate to the American Institute, Dr. Carpenter to the Northern Medical Society. The following chairmen of committees were appointed: Dr. Milbank, Chairman of the Committee on Surgery; Dr. Holmes, Chairman of the Committee on Materia Medica; Dr. Payne, Chairman of the Committee on Climatal Ague; Dr. L. B. Waldo, Chairman of the Committee on Gynecology; Dr. Carpenter, Chairman of the Committee on Obstetrics; Dr. Vanderzee, Chairman of the Committee on Contagious Diseases; Dr. H. L. Waldo, Chairman of the Committee on Diseases of Children; Dr. Bendell, Chairman of the Committee on Eye and Ear; Dr. Coburn, Chairman of Committee on Clinical Medicine. Remarkable cases in obstetric practice were related and discussed. Fever and diphtheria were discussed at length. Dr. Carpenter reported an unusual case of diphtheria with great enlargement of the thyvoid gland and swelling of the neck and tongue. Dr. Coburn exhibited a very interesting case of skin disease which had been before the society before, and which was now very much improved. Dr. Paine read a long and well prepared report on prevailing diseases during the last two weeks, in connection with the report of the weather as taken at Dudley Observatory by the Signal Service Department, which was listened to with great interest and which called out a warm debate, lasting until a late hour.

The following classification of diseases was adopted to be reported on for the next year.

CONTAGIOUS. — Cerebrospinal meningitis, diphtheria, measles, scarlet fever, small-pox, typhus fever, typhoid fever, whooping cough.

NON-CONTAGIOUS RESPIRATORY ORGANS. — Acute catarrh, influenza, hay fever, sore throat, tonsillitis, laryngitis, trachitis, croup, bronchitis, pneumonia, pleurisy.

DIGESTIVE ORGANS. — Cholera infantum, cholera morbus, diarrhœa, dysentery.

SKIN DISEASES. — Boils, erysipelas, urticaria.

FEVERS. — Bilious fever, remittent fever, intermittent fever.

OTHER DISEASES — Rheumatism, sciatica, inflammation of brain, inflammation of liver, inflammation of kidneys, peritonitis, hemorrhage of the nose, hemorrhage of the lungs, hemorrhage of the bowels, whitlow, neuralgia of the head, neuralgia of the face, neuralgia of the chest.

The society adjourned to meet at the office of Dr. Coburn the first Tuesday in October.

THE ESSEX COUNTY (MASS.) HOMŒOPATHIC MEDICAL SOCIETY.

THE Essex County (Mass.) Homœopathic Medical Society, with ladies, invited guests, and music, celebrated its fourth annual "field day" at Essex, on Monday, July 17, and according to the reports received, must have had a very enjoyable day. Walking and running matches, boat races, and other sports, dancing, eating and drinking, and speech-making filled up the bill. Dr. A. J. French, of Lawrence, President of the Society, made an admirable address; and in response to toasts given by toist-master, N. R. Morse, of Salem, several excellent speeches were made. Drs. Hughes, Hayward, and Clifton, of England, were present by invitation, and seem to have enjoyed the occasion greatly. Dr. Hughes, in response to a toast to England, made a speech, of which the following is an abstract: —

"Since we came over here we have several times said jokingly to each other that we have received a *warm* welcome in this country. There is warmth in the external temperature, and equally as much in the internal temperature of your hearts. I feel quite sure that the welcome has been so cordially extended largely because we came from England, your own mother country. We are not foreigners; we are your brothers. You left us to settle here, to make your homes in this new laud; we came to visit you, and from none have had a warmer welcome than from you all to-day. I have listened with great pleasure to the address and to the poem. The good time written of in the latter is what we all anticipate and what we believe will come." He then spoke of his inspection of the college and hospital in Boston, the former promising to become the leading college in America. "Homœopathy here is a marvel to us. There are only as many practitioners in all England as in New York and Brooklyn alone, — four or five hundred, — and I go back with the brightest hopes for Homœ-

opathy. He closed by saying that the two grandest things he had seen in America were Niagara and Homœopathy.

Dr. John W. Hayward, of Liverpool, in response to a toast to that city, said:—

“Dr. Hughes has mentioned two grand things he has seen in this country, Niagara and Homœopathy; let me add a third,—the warm hearts of the American people. You have heard of Dr. Drysdale, of Liverpool, and it is a source of pleasure to me that I can take to him the assurance that will be a comfort to him, that Homœopathy is a grand thing in America; that I can carry with me the evidence of the warm hearts here, and many names to aid him in his great work. My treatment here has made a great impression on my heart, and I would like to see you all in England; not in Liverpool, perhaps, for that would not hold you all, but in London.” He closed with a tribute to the ladies, especially lady physicians.

Dr. Arthur Clifton, of Northampton, on being called upon to respond to a sentiment, said: “We are often asked what we think of America, and we see things differently. For myself, I drew in Puritanism from my mother’s breast, and I grew up a Puritan, with always great interest in America; and as in my youth I read the early history of the colonies, of those noble men and women who risked all perils and came here for freedom to worship God, I felt a desire to see for myself the descendants of those brave and true ones. So when Drs. Talbot and Ludlam invited us to come over and see you, notwithstanding my natural timidity, I decided to come; and when I heard that Drs. Hughes and Hayward were coming to take care of me in case I had catarrh, I came with joy. I had heard wonderful tales of this country, but had never realized half what it really is. A day at Niagara did not satisfy me. I saw it by moonlight, and in the glow of evening sunset;”—here he gave an eloquent tribute to the marvellous beauties of the Falls, which it was as impossible to catch, as one of the rainbow hues he described;—“and the memory of its wonders and beauty will last me until my dying day. To Niagara, Homœopathy, and the warm hearts, I would add the women of this country.” In closing he gave an invitation to the company to attend their convention five years hence, and expressed the hope that when our labors on earth are finished we may each receive the welcome “Well done, good and faithful servant.”

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE twenty-fifth semi-annual meeting will be held in Buffalo on Tuesday, Oct. 10, 1876.

A most interesting meeting may be expected, as valuable professional papers will be presented.

Delegates from other societies are earnestly and cordially invited to be present.

ALFRED K. HILLS, M.D., *Rec. Secretary.*

Vol. II, N. S. Transactions, is now ready for delivery, and will be sent *postpaid* upon receipt of \$2.00, by Messrs. Weed, Parsons, & Co., Albany.

REVIEWS AND NOTICES OF BOOKS.

BOOKS AND PAMPHLETS RECEIVED.

CYCLOPÆDIA OF PURE MATERIA MEDICA. A Record of the Positive Effects of Drugs upon the Healthy Human Organism. Edited by Timothy F. Allen, M.D. Vol. IV. Boericke and Tafel.

TRANSACTIONS OF THE TWENTY-EIGHTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Held at Put-in-Bay, O., June 15, 16, 17, and 18, 1875.

DIE HOMŒOPATHIE. Ein Vortrag über das Wesen der HomŒopathischen Heilmethode, nebst einigen Worten der Belehrung über die hom. diät, und einem Bericht über die hom. Heilanstalt zu Koethen. Von Dr. Med. F. Katsch. Koethen: J. A. Elvers.

THE HOMŒOPATHIC NEWS. A monthly journal published under the auspices of the Kansas City HomŒopathic Pharmacy. Kansas City, Mo.

ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE AT MIDDLETOWN, N. Y. January, 1876.

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL. By Carl Seiler, M.D., in conjunction with J. Gibbons Hunt, M.D., and Joseph G. Richardson, M.D. Philadelphia: Jos. N. Coates & Co.

CALENDAR OF THE UNIVERSITY OF MICHIGAN, FOR 1875-6.

REGISTRATION OF PREVAILING DISEASES FOR THE WEEK ENDING JULY 15, 1876.

METEOROLOGY.

OBSERVATIONS TAKEN AT THE DUDLEY OBSERVATORY.—Twenty-one observations; three daily, 8 A. M., 5 and 11 P. M., by the Signal Service Department.

Barometer — Highest, 30,014; lowest, 29,778; mean, 29,913.

Thermometer — Highest, 93; lowest, 65; mean, 78.7.

Relative Humidity — Maximum, 90; minimum, 38; mean, 69.5.

Direction of the Wind — Calm, 10; south, 4; northwest, 3; west, 2; north, 1; none, 1-21.

Velocity of the Wind — Scale, 0 to 100; none, 11; twice, 1; once, 2; three times, 3; once, 4; twice, 8; once, 12-21.

State of the Weather — Clear, 3; fair, 14; cloudy, 2; hazy, 1; rain, 1-21.

Rainfall — 2.64 inches.

PREVAILING DISEASES.

I. — *Air Passages.*

Bronchitis — Few mild cases in Albany and Columbia Counties ; many severe cases are reported in Washington County.

Diphtheria — Few mild cases in Albany, Greene, and Columbia Counties ; a few severe cases in Saratoga and Washington Counties.

Influenza — Few mild cases in Albany, Columbia, and Washington Counties ; a few severe cases in Greene County.

Pneumonia — Few mild cases in Albany and Columbia Counties ; a few severe cases in Greene County.

Quinsey — Few mild cases in Warren County.

Whooping Cough — Many mild cases in Albany County (reported by one observer only) ; few mild cases in Saratoga County ; few severe cases in Columbia County.

II. — *Digestive Organs.*

Cholera Infantum — Few mild cases in Albany, Greene, Columbia, and Warren Counties ; many mild cases in Washington County ; few severe cases in Columbia and Washington Counties ; many severe cases in Greene and Warren Counties.

Cholera Morbus — Few mild cases in Albany, Saratoga, Columbia, Washington, and Warren Counties ; a few severe cases in Greene County.

Diarrhœa — Few mild cases in Albany, Saratoga, Columbia, and Warren Counties ; many mild cases in Albany, Greene, and Washington Counties ; many severe cases in Schoharie, Columbia, Washington, and Warren Counties.

Dysentery — Few mild cases in Albany, Saratoga, Greene, Columbia, Washington, and Warren Counties ; many mild cases in Washington County ; few severe cases in Albany and Columbia Counties.

III. — *Fevers.*

Bilious Fever — Many mild cases in Washington County.

Scarlet Fever — Few mild cases in Warren County.

Typhoid Fever — Few mild cases in Columbia and Washington Counties.

IV. — *General Diseases.*

Rheumatism — Few mild cases in Albany, Columbia, and Saratoga Counties ; few severe cases in Albany and Washington Counties.

IV. — *Skin Diseases.*

Roseola — Few mild cases in Columbia County ; many severe cases in Albany County.

SUMMARY.

The special peculiarities of the atmosphere during the week were, same as the previous week, (1) a high degree of temperature ; (2)

great dryness of the atmosphere, notwithstanding a fall of five times as much rain as during the previous week; (3) very slight movement of the wind; (4) a fall of rather above the average amount of rain.

During this atmospheric condition, cases of diseases of the air-passages have diminished in numbers and intensity. The only new disease of this class reported is quincy, a few mild cases having been observed in Warren County.

Diseases of the digestive organs have slightly increased in numbers and severity.

Extract from the proceedings of the County Medical Society: —

“ Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said, ‘ It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the Signal Service Bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organization with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of, certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country would prove of very great advantage. (1.) By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases, giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure. (2.) By affording opportunity to those who make these diseases a special study, the better to determine their causes and the laws which govern them, to more accurately announce their probable approach, duration, and intensity, and furnish information regarding precautionary measures to be adopted for escaping their influence.’ ”

THE NEW YORK OPHTHALMIC HOSPITAL FOR EYE AND EAR, corner 3d Avenue and 23d Street. Report for the month ending Aug. 31, 1876: Number of prescriptions, 2,458; number of new patients, 351; number of patients resident in the hospital, 22; average daily attendance, 91; largest daily attendance, 134.

ALFRED WANSTALL, M.D.,
Resident Surgeon.

HOMŒOPATHIC MEDICAL DISPENSARY, BOSTON.

REPORT of patients treated during the quarter ending June 30, 1876: —

Central Dispensary, 14 Burroughs Place, new patients, 426; prescriptions, 1,303; out patients, 71; prescriptions, 301. West End Branch, 61 Leverett Street, new patients, 310; prescriptions, 801.

College Branch, East Concord Street, Medical Department, new patients, 679; prescriptions, 1,818; Surgical Department, new patients, 24; prescriptions, 45; Eye and Ear Department, new patients, 90; prescriptions, 246; Dental Department, new patients, 57; prescriptions, 92; out patients, 42; prescriptions, 208. Total, new patients, 1,699; prescriptions, 4,814.

H. C. CLAPP, M.D., *Supt.*

ITEMS AND EXTRACTS.

IN the fifth volume of the *West Riding Lunatic Asylum Medical Reports* I published a series of observations on the physiological actions of the active principle of *hyoscyamus*. The effect on man of the administration of sufficient quantities of the drug was shown to be the production of a subdued form of mania, accompanied by almost complete paralysis of the voluntary muscles, and ending in quiet and refreshing sleep. The consideration of the character of the phenomena produced led to the hypothesis that, therapeutically, *hyoscyamine* might be useful in substituting for the extreme forms of excitement which accompany or result from many brain diseases, a quieter form of mania, which, on disappearing in its turn, might leave the patient in a state of quiescence. I have now had frequent opportunities of acting upon this hypothesis, and am confident that the record of cases, which I propose at present to submit, will afford strong evidence in its favor.

At present I shall confine myself to the statement of the effect produced by the drug in the treatment of recurrent, acute and sub-acute mania, monomania of suspicion, and the excitement of senile dementia, setting aside till a future period the results of observations on the use of *hyoscyamine* in the epileptic status, the excitement of general paralysis, and other forms of cerebral disease.

First, in illustration of the treatment recurrent mania, I shall quote a typical case. J. B., a male patient, aged 50, was admitted 4th October, 1874. This was the patient's third attack, and he was admitted on transfer from a private asylum where he had been for two years. During the two previous attacks he was under treatment at the West Riding Asylum for four and six months respectively. At the commencement of the first attack he attempted to shear off his genitals, and when admitted the cicatrix was fresh and raw. His excitement was extreme, and notwithstanding the vigilance of a special attendant, he succeeded in dragging his right testicle from the scrotum. It was replaced, however, and the wound healed readily under antiseptic treatment, without having produced any bad constitutional effects. Previous to this second attempt at mutilation he had been ordered to have half a grain of *hydrochlorate of Morphia* every four hours. The effect was good, but for some time the patient continued more or less excited, and made numerous attempts at self-mutilation. In three days the medicine was discontinued, and about a fortnight afterwards

he became much better and made a rapid recovery. The second attack was of a similar character.

When, after two years' treatment elsewhere, he was admitted the third time, he was exceedingly excited. His actions were grotesque and his language obscene and incoherent. His words were muttered through his teeth, were accompanied by a leering look, and followed by an apparently voluntary twitching of the whole of the muscles of the face. He had no marked delusions, but was quite incapable of giving a rational answer to any question, though he appeared to understand clearly what was said to him. If he commenced to answer, his remarks were quickly interrupted by the comical introduction of some obscene observation at which he himself laughed heartily. He remained in this condition for about a month. At the end of that time he had one and half grains of *Hyoscyamine*. The time of administration was 3.53 P. M. The pupils at that time were one eighth inch in diameter and the pulse 87. At 4 P. M. he was still talking incoherently and incessantly, but the pupils had become somewhat dilated. He was constantly winking, making grotesque movements, and directing passes over the medical officer "to put things straight in him." At 4.15 the pulse was reduced to 72. He could read as well as before, and his motion was unimpaired, but he was not so talkative. At 4.20 he commenced to rub his eyes, as if they were the seat of some sensation; and when asked to read and write, penned some ribald verses, which were apparently original. The pulse was now 88, and the pupils fully dilated. He could not read, on account of the development of hypermetropia. When attempting to walk he staggered as if drunk. At 4.30 the pulse was 106. He was very quiet, and did not speak unless to mutter an occasional piece of obscenity. He was now almost completely affected constitutionally. The tongue was dry, and had a triangular-shaped red band down the middle, and white edges. When asked to put his tongue out he did so, but fell fast sleep without retracting it. When awakened and requested to pick his cap off the floor he endeavored to do so, but grasped at the floor on the proximal side of it. At 4.47 the pulse was 144, weak, but regular. He was very drowsy, slept heavily, and when wakened immediately went to sleep again after the irritation had been removed. He never spoke unless when spoken to, and so indistinctly as not to be understood. At 4.50 he was sleeping soundly, unless when loss of balance on his chair wakened him. He made uncertain movements with his hands, like the pickings manifested in low fever delirium. At this period he was sent to bed. At 5.30 his pulse was 114, and he was fast asleep, his skin being dry and pupils fully dilated. The respirations were 18, heavy and snoring.

At midnight the pulse was 87, and he had taken food.

Next morning he was very subdued, and did not manifest the same amount of buffoonery. When asked how he was, he answered that he had met several friends (two other patients treated at the same time) yesterday, and that they had indulged in a social glass of physic, which he believed had done him a deal of good. His recovery progressed daily from this time. He soon came to occupy himself in the

store, showed a reserve which contrasted strongly with his previous vagaries, and after a period of complete sanity was discharged from the Asylum, Jan. 27, 1876. Only one dose of *hyoscyamine* had been administered. He had no other medicine whatever; the attack had lasted two years before the administration of the drug, and convalescence was traceable to the day after the establishment of the physiological action of the medicine.

The record of another case of recurrent mania may be sufficient to establish the value of the drug in such cases. J. H. F., male patient, aged 41, was readmitted 29th December, 1875. This was his third attack. The first had occurred several years before, and had been characterized by delusions, hallucinations, and excitement. For the second seizure he was brought to this Asylum in March, 1875. After the removal of the excitement which characterized the second attack, he was detained for a considerable time. Notwithstanding this precaution, no sooner was he discharged than symptoms of mania again set in. Almost daily he made road journeys to the Asylum, inquired in an excited manner after his associates, and made irrational suggestions regarding the management of the labor of the institution. After an absence of about six weeks he was again certified and brought back in a state of intense excitement. He was in a condition of furious mania, giving vent to delusions of a somewhat optimistic character; smashing shutters and bed-stocks, refusing food and threatening violence to all around him. One grain of *Hyoscyamine* was administered after he had passed a sleepless night and persistently refused food. After the administration of the drug he slept soundly for about twelve hours, and on waking took a good breakfast and was free from every trace of excitement. He threw aside his delusions and employed himself usefully. The quiescence continued till, after the expiry of a month from the date of his admission, his wife came to see him. The visit produced an outburst more severe even than the first. *Hyoscyamine* was tried, but with little effect. This result, however, was explicable by the discovery that the *Hyoscyamine* employed had been kept for some time over a stove in an imperfectly stoppered bottle. When a new bottle of Mirk's alkaloid was opened and dispensed, one grain produced the same effect as before, and in a very short time the patient was again restored to, and still retains, the proper use of his reason.*

One thing must be observed as characteristic of the use of *Hyoscyamine*, that is, the potency and permanency of the action of individual doses. In these respects I do not think it is equalled by any other drug. In about fifteen minutes the most violent and excited patient can be thrown into a comparatively deep sleep by about one grain of the *amorphous alkaloid*, and on waking from his slumber almost invariably frees himself also from the delusions and hallucinations which have bewildered him; and I can adduce numerous instances in

* Since this report was written — about a month ago — the patient has remained perfectly rational and subdued, and a few days ago was discharged recovered.

which this recovery, rapid as it has been in its accession, has also been thorough and enduring.

There is one class of cases of mania in which *Hyoscyamine* is particularly useful. In the refractory wards of an asylum outbursts of excitement are constantly manifested which present more of the features of voluntary abandonment to angry passions than of pure insanity. Such patients are very aggressive, very loud in their denunciations, and very destructive of clothes and furniture. To such a patient a grain dose of *Hyoscyamine* is a very ready and serviceable means of treatment. The violence and the alarming manifestations of muscular force which precede the administration of the medicine stand in very strong contrast with the helplessness, the absolute and conscious impotence, which follow shortly upon its exhibition. The vigorous rupture of rugs is succeeded by involuntary pickings of a superlatively feeble character; the mind directed from the stimulation of surrounding excitants, is fooled by delusions and hallucinations which the limbs are too weak to take action on, and a period of oblivious sleep is followed by a tendency not to waste energy to the annoyance of others, but to court the most absolute retirement and inaction. The sensations produced by the immediate action and after effects of the drug are such as to lead the recalcitrant lunatic to exercise a certain amount of self-control in order to avoid the employment of what such patients speak of as "the silly medicine." Many circumstances render such cases the most suitable ones for the use of the drug. Such patients are usually in robust health, have been eating well, and are not likely to suffer much from a temporary derangement of digestion, and none feel more keenly the inconvenience of being reduced to a state of helplessness. With patients suffering from acute or furious mania, however, the case is different. These not unfrequently are, when admitted, reduced to the last degree by the prolongation of extreme excitement, the loss of sleep, and the refusal of food. Their tongues and throats are generally dry, and the tube almost always requires to be resorted to for feeding purposes. Now, in such cases, though *Hyoscyamine* will produce a most certain and refreshing sleep, it will also by its physiological action increase the dryness of the throat, and thus both impede artificial feeding, and add to the constitutional disturbance which even in a moist state of the throat, the passing of the tube is apt to induce. But I could adduce numerous instances in which the use of *Hyoscyamine* in outbursts of maniacal excitement has been productive, not only of great temporary benefit, but of highly satisfactory cures. A few illustrative cases will be sufficient to confirm this statement.

S. J., male patient, aged 25, was admitted on the 21st of August, 1875. He was certified as being subject to attacks of maniacal excitement and irritability, in which he violently assaulted those about him and appeared to lose all control over his actions. He had been discharged from the army as incorrigible, and when brought to the Asylum had just completed a term of two months' imprisonment for an aggravated assault. While in prison he made repeated assaults on the warders, who accused him of acting the "balmy stick," or, in

plain English, feigning madness. When examined on admission he was rational, but very talkative, and occasionally pugnacious. He affirmed that his principle was to "act in Rome as the Romans do," and adapt himself to all classes of society. On Oct. 5th he had a severe attack of excitement, smashed an iron ventilator, and attempted to perpetrate a violent assault on an attendant. He was ordered: *Pot. Bromid.* ℥iv, *tinct. cannab. Ind.* ℥i., *aq. ad.* ℥viiij. *Sig.* ℥i. ter in die. This treatment was continued for ten days, but his excitement remained unabated. On the 17th he had grains one and one half of *hyoscyamine*. All the day he was prostrate with the drug, and when the immediate effects had passed off was very much subdued. During the next month, however, he had numerous outbursts of temper, and though he was a young fellow, of slender build, was continually threatening and challenging much more formidable and equally pugnacious men. Medicine, according to the formula already mentioned, and also *Digitalis* and *Opium*, were administered to him without effect, and on the 21st December he again had one grain of *hyoscyamine*. The usual primary effects of sleep, motor paralysis, and prostration were manifested in about ten minutes; but the after effects were much more enduring than on the previous occasion. In about a week he owned himself overcome by the "silly medicine," and went to work in the tailor's shop. There he employed himself with great industry. His reserved manner and great self-control contrasted strongly with his former aggressive impulsiveness, and after serving a satisfactory period of probation he was discharged recovered on the 12th day of January, 1876.

In epileptic excitement also the drug is productive of marked benefit.

E. H., male patient, aged 30, epileptic from birth, suicidal, destructive, and exceedingly dangerous, was admitted on the 17th September, 1875. When received into the Asylum he was laboring under stupor resulting from a succession of fits. Subsequently he emerged from this stupor, and his condition with regard to dementia, and his appearance and manner were found to be in all respects those of a confirmed epileptic. Seven days after admission he had a severe attack of excitement, in which he made a furious onslaught on several attendants. He was ordered half-drachm doses of *bromide of Potassium* in combination with three-drachm doses of liquid extract of *Ergot*. This mixture was administered for nearly a month, but during that time violent excitement was almost constantly manifested by him. He had grains one and a half of *Hyoscyamine*, and after a refreshing sleep began to take the food which during his excitement had to be administered forcibly. The *bromide* and *Ergot* mixture was discontinued. For a month he was comparatively quiet, but on December 27th he again became very violent. During the night he wrenched a fixed bedstock from the floor of one of the strongest rooms in the Asylum, and barricaded himself in such a manner that four men were unable to obtain admission without mechanical appliances. At the same time he maintained a dogged silence, so as to lead to the fear that he had again manifested the suicidal tendency which was certi-

fied as one of his symptoms. When admission was obtained he had grains one and a half of *Hyoscyamine* by the mouth, and in fifteen or twenty minutes was fast asleep. He has not since then manifested a trace of excitement, has been a cheerful and useful ward-helper, and has improved very much in physical condition. Similar good results have also been obtained in the analogous or collateral condition of epileptic status, inasmuch as the number of convulsive attacks has been diminished with as much certainty as by the administration of *Chloral hydrate*.

In referring to the treatment by *Hyoscyamine* of acute, furious, or delirious mania, I can do little more than record at present that the drug possesses both great advantages and great disadvantages in such forms of derangement. The advantages are, the certainty of producing repose if a sufficiently large dose is administered, and the permanency of the effect produced, which is more marked after the employment of a single dose of *Hyoscyamine* than after the isolated use of any other drug. The disadvantages are, that the dose required to combat extreme excitement may also be sufficient to produce such a physiological action on the heart and respiratory system as to cause danger to a frame wasted (as generally occurs in such cases) by prolonged fury, starvation, and loss of sleep. Also, as I have already said, the dryness of the throat following upon the use of the drug may interfere considerably with the success of forcible feeding, which forms so essential an element in the treatment of such cases. Combination with the *Tinctura Pyrethri*, or some other equally powerful sialogogue, may to some extent obviate this last disqualification, and I am about to institute observations on this point. It is not probable, however, that I shall have to alter the opinion already formed, that in cases of furious mania *Hyoscyamine* is inadmissible unless in rare instances where violent raving is accompanied by the survival of such an amount of bodily vigor as may be sufficient to withstand the action of a large dose of an exceedingly active drug. While mentioning the disadvantages associated with the administration of *Hyoscyamine*, it is necessary to take note of the liability which patients only partially under the influence of the drug experience to the infliction of bruises. Before the physiological action of a full dose is completely established, and when it is passing off, the patient, influenced by hallucinations of sight, may rise, and while attempting to walk is liable, by the existence of partial motor paralysis and hypermetropia, to the infliction of bruises by contact with hard substances. This has to a certain extent been obviated in my employment of the drug by removing the bedstock from the room of a patient about to take a dose of *Hyoscyamine*, and allowing him to sleep on a mattress placed on the floor. Either with or without the bedstock, however, I have never seen any except the most trifling bruises produced, and certainly no contusions such as would almost certainly be inflicted by the amount of manual restraint necessary to meet the same excessive violence.

In chronic monomania of suspicion I have had very satisfactory results from the use of *Hyoscyamine*. A large number of such case

result from alcoholism; and the delusions of suspicion remain as the chronic manifestations of the attack of *mania e potu*, which is generally found to have existed as the first appearance of mental derangement. In such cases the almost irremediable state of subdued suspicion is varied by exacerbations excited by the most trifling causes, sustained by hallucinations of all the special senses, and characterized by extreme danger to the persons suspected by the patient. Not unfrequently such men lead lives of comparative indolence, inasmuch as the nature of their delusions frequently renders it unsafe to trust them with the implements required in any sort of labor. Being in addition well fed and compelled to take a fair amount of exercise, they are generally sufficiently robust to enable them to bear well the temporary inconveniences of the *hyoscyamine* treatment. I shall mention the case of one such monomaniac as illustrating the effect produced by *Hyoscyamine* in the exacerbations of this disorder.

J. W., aged 43, admitted 9th June, 1874. When examined he was prompt and intelligent in his answers and showed no dementia. His own statement was that he had been in the habit of drinking a good deal for the past fifteen years, and was generally drunk once a week. During the Whitsuntide holidays, however, he had a bout of a week's duration, and he himself dated the commencement of the attack from that debauch. He first manifested the delusion that the neighbors were boring holes in the floor and walls for the purpose of watching him. He also believed that his drink and food were being poisoned and that men were plotting against him.

The patient showed only slight suspicions till the 16th of July, when he affirmed that poison was being put in his food. He also believed that men made muttering accusations against him—saying that he had chordee. This condition was followed in two days by a temporary abnegation of his delusions and hallucinations, but in two days more they reappeared in full force. He again refused his food, saying that he would not be accessory to his own death in consuming it. These delusions were accompanied by great outbursts of threatening language, and were exceedingly persistent. In April, 1875, he was under the belief that opium was puffed into his room, and in September there was not the least improvement. On Jan. 20, 1876, he was exceedingly loud and threatening in the expression of his delusions of suspicion. A draft of hot air from one of the flues suggested to him the delusion that the medical officers were fanning him with pernicious vapors, and he threatened them with extinction in consequence. Every attendant and official who had anything to do with him was suspected of some special development of persecution, and the consequent state of his mind was one of great agitation leading to an ungovernable display of temper. He had one grain of *Hyoscyamine*, slept for about twelve hours, took his food well when he awakened, and from that time to this has never expressed a delusion or shown the least tendency to excitement or violence.

The effect in this instance was so satisfactory that it was resolved to try the drug in a similar case of about ten years' duration. This patient had delusions that a conspiracy existed against him, and that

the medical officers sent currents along electric wires placed beneath his pillow. He also believed that the doctors shampooed him during the night. In consequence of these suspicions he frequently used threatening language to them, and on one occasion dealt the assistant medical officer a very severe blow on the head. *Bromide of Potassium* and tincture of *Cannabis Indica* have to some extent had a quieting influence on him. From the beginning of October, 1875, to the end of January, 1876, he was exceedingly noisy and troublesome. At every visit he assailed the medical officers with volleys of vituperation and frequently required restraint to prevent absolute assault. He had one grain of *Hyoscyamine*, and since then he has threatened no violence and has made no mention whatever of his delusions of suspicion.

With reference to the treatment of the excitement of senile dementia by the active principle *Hyoscyamine*, it is only necessary to say that the benefit which has been long acknowledged as obtainable in that disorder from *Hyoscyamus* itself naturally suggested the idea that the active principle might be still more useful. Consequently the excitement of senile dementia was one of the first conditions in which I employed the drug. The disadvantages, however, to which I have already referred in speaking of the treatment of furious mania by large doses of *Hyoscyamine*, apply equally to the use of the drug in senile excitement, and I have consequently found it advisable not to treat such cases with the active principle. I must say, however, that in instances which I have considered to be suitable for its administration the arrest of the excitement has been very decided. In such cases I have given *Nutrient Enemata* from the commencement of the action of the drug, and for two or three of the following days. — *Extract from an article by ROBERT LAWSON, M.D. Practitioner, July 7.*

ACTIVE PRINCIPLES OF MAIS AVARIA. — M. Lombroso gives the chemical details of the mode of extraction of certain poisonous principles he has obtained from the Mais Avaria. One was a bitter red substance obtained from the tincture, soluble in potash and in ether; it causes death when administered to frogs and pigeons, by producing convulsions and clonic spasms. Another mode of preparing the tincture gave a substance that either caused tetanus in the course of from four to seven hours, the animals previously exhibiting hyperæsthesia, or, sometimes a kind of ataxia, which appeared to be due to another substance; when administered to fowls in the dose of from four to twelve grammes, for three months, it caused choreic movements. On treating with water, the maize that had already been exhausted by alcohol, a third substance was obtained, which in its general aspect, odor, and taste, resembled ergotin. This third substance, when injected into frogs, caused dyschromia, narcotism, and paralysis of the legs, especially of the right side. The frogs could still swim, but they could not preserve their horizontal position; when placed on a table they could not recover themselves; clonic convulsion of the posterior limbs then occurs. The pulsations of the heart

are slowed, and death follows in four hours. When given to cats, it causes vomiting, then paralysis with clonic spasms of the feet and muzzle. Death takes place in an hour or an hour and a half. In dogs, when administered by the stomach, paresis of the feet is produced; the animal is unable to leap; when it is irritated it falls forward on the nose; at a later period, spasms occur in the hind feet. If compelled to walk about, it falls on one side; it cannot support itself long on the fore paws. Mydriasis exists. The temperature falls to 31° C, and the respiration is rendered slower. These symptoms, M. Lombroso thinks, explain the different phenomena of pellagra, and especially of that form to which belong trismus, opisthotonós, paralysis of the legs, with clonic convulsions, and other movements or sensations, as that of a cord passing round the medulla, occur. He has employed the extract in solution in oil, in various inveterate diseases of the skin, as eczema and psoriasis. — (*Gazette Médicale de Paris*, Dec. 18, 1875). — *Practitioner*.

RELATIONS OF PUSTULES TO BACTERIA. — C. Weigert, in a thesis on this subject, observes that in variola (though seldom in the hæmorrhagic form) peculiar miliary bodies (foci) are to be found in the liver, spleen, kidneys, and lymphatic glands, which, when examined, present in their interior a blood vessel filled with bacteria or a tube of bacteria, the immediate surroundings of which are necrobiotic, as is shown by the absence of nuclei in the cells and other altered conditions. Near these small necrobiotic foci no symptoms of reaction are perceptible in the early stages, though they become very distinct at a later period. The origin of the internal pustules, if they may be so called, is probably similar to those forming the efflorescence on the skin, the differences being essentially due to the nature of the tissue in which they appear — tough skin on the one hand, tender parenchyma on the other. Weigert then proceeds to discuss the diagnosis of bacteria, and after explaining the difficulties of recognizing them, especially in the dried mass at a later stage, maintains that the necrosis is a consequence of the accumulation of the bacteria. He is disposed to admit different forms of bacteria, some poisonous, some destitute of any poisonous quality; and he points out the relations between variolous pocks and the membranes in diphtheria, and in endocarditis ulcerosa and the state of the blood in septicæmia. — (*Centralblatt f. die Chirurgie*, No. 48, 1875). — *Practitioner*.

SHOULDER PRESENTATIONS. — Dr. Maxson, of Syracuse, N. Y., accidentally discovered that by raising the hips of a woman in labor, so as to be relatively much higher than the shoulders, an abnormal presentation was spontaneously rectified. In a difficult shoulder case, he acted upon this idea in the following manner: He says, "I folded several quilts compactly, laying them one upon another, to the height of about one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting upon the bed, and her face forward, so as to bring her body to an angle with the bed, of nearly 90° . I then pressed my hand gently against the shoulder, which readily

receded until I was enabled to grasp the vertex with my fingers, and with the assistance of the next pain to so engage it, that, when the patient was placed upon her left side, and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labor terminated in the delivery of a healthy boy, weighing ten pounds. Only a few moments were occupied in the process, and subsequent experience convinces me that *shoulder presentations* can generally be converted in this way into *natural ones*, without a resort to 'turning,' and with no risk for the mother or child." — *Lancet*.

SUBCUTANEOUS INJECTION OF QUININE IN SUNSTROKE. — If there is anything in the practice of medicine which may be described as *magical*, it is the effect of the subcutaneous injection of quinine in sunstroke. A soldier was completely comatose from sunstroke, with dilated pupils, stertorous breathing, face flushed, skin burning hot, pulse full and rapid. A solution of five grains of quinine in five minims of dilute sulphuric acid, and fifty minims of water, was put under the skin in different places about the shoulders. Within one hour the heat of the surface had perceptibly decreased; he steadily improved during the night, was quite sensible next morning, and recovered without any bad symptoms. As far as I am aware, this was the first case in which quinine was hypodermically employed. — *Surgeon A. R. Hall, Braithwaite's Retrospect*, July, 1876.

LEUCOCYTES. — In an interesting thesis, M. Henri Bonne has described a series of observations on the proportion of white to red blood-corpuscles in different diseases, made under the direction of M. Brouardel. The examinations were made daily, by the methods of MM. Malassez and Hayem.

Among the facts recorded are the following: In a patient with cancer of the breast, before its removal by operation, the white corpuscles were 1 to 48 red; three days afterwards they were 1 to 28, and 1 to 23. When suppuration was established, the proportion fell to 1 in 60, 1 in 90, and at last, when pus ran freely, 1 in 400; in two cases of iliac abscess, the leucocytes, before the abscess was opened, were 1 to 18 in one case, 1 to 38 in the other; immediately after, the white corpuscles fell to 1 in 132 in one case, and 1 to 130 in the other; in other abscesses the same result was obtained. It thus appears that the formation of pus in an abscess coincides with a considerable increase in the leucocytes in the blood, and that the increase disappears when the abscess is opened. Similar results have been found in other suppurative maladies. In small-pox, on the fifth day, the leucocytes were 1 to 450; on sixth day, 1 in 48; on the seventh day, 1 in 150; on the ninth day, 1 in 236. In a case of suppurating pneumonia, the white corpuscles at death on the ninth day were 1 to 40, red. Other influences besides confined suppuration cause leucocytosis. An eruption of herpes in one patient raised the number in four days, from 1 in 80 to 1 in 90. In typhoid fever, the leucocytes are very numerous about the seventh day, but fall to from 1 to 70, to 1 to 500 by the seventh day. Their number does not coincide with variations of temperature. — *Lancet*.

IN the London *Lancet* for Aug. 12, 1876, we find the following interesting case reported by E. J. Burges, midwifery assistant to St. Bartholomew's Hospital: "On the 25th of last month, I was sent for to see a patient who stated she was unmarried, that she had ceased to menstruate since last December, and that from that time her abdomen had gradually increased in size. She was now evidently in labor; her uterus, from its size, evidently containing a full term child. An abdominal examination gave all the signs of pregnancy at full term, and her labor pains were strong, regular, and occurring every ten minutes. On attempting to make a vaginal examination, I could not introduce my finger more than one inch beyond the orifice where it came on a tough resisting membrane. The external parts up to this membrane were rather dry, and my finger was not stained with blood. I introduced a speculum and then discovered a complete hymen stretched across the vagina, having a median raphe, with a small hole in the raphe at about the juncture of the middle with the anterior of its distance in the conjugate diameter. The opening was about the size of the urethra and from it flowed a little normal blood, and about a wine-glass full of fluid, looking more like aqueous humor than anything else. I feel persuaded I made the hole myself when introducing the speculum, as up to that time neither blood nor discharge of any kind could be detected in the parts below the membrane. I sent for the house surgeon (Mr. Edwards), and with his assistance the patient was placed on her back, and a catheter being first introduced into the bladder, a pair of scissors was introduced into the opening in the hymen, and the membrane afterwards turned by the introduction of two fingers. The foetal head could then be felt dilating the os to about the size of a florin. The patient was then sent home in a cab, and about three hours afterwards was delivered of a healthy male child. I should state that though the hymen was quite perfect, the caruncular myrtiformar were very plentiful all round this septum, about one eighth of an inch distant from its point of union with the vaginal walls.

The girl, after completely disowning any knowledge of her condition, confessed to having had sexual intercourse about last November. Connection, she said, was very painful and difficult.

Her catamenia had been regular all her life up to this pregnancy, and she volunteered the statement that her sufferings at those times were quite as great for three days as her pains when I had seen her in labor.

Prof. Gustave Braun, of Vienna, published (*Wien. Med. Woch.*, March 25th and April 1st) three cases of pregnancy with unruptured hymen. These cases are to be found transcribed in the *Med. Times* and *Gazette* of May 20th, 1876. But these examples differ from mine inasmuch as though the hymen in these three cases was unruptured, it was in none imperfect.

I would suggest that ever since last December, not having menstruated, the small opening which she must have had at the time of sexual intercourse had had time to close by healing, and it is not too much, perhaps, to presume that the pain at her menstrual period which, by

the by, was worse on the day preceding the discharge, was due in great part to the imperforate character of the hymen, which had closed over since the previous catamenia four weeks ago."

AN interesting and successful case of splenotomy, by M. Péan, is thus described in the *Lancet* for Aug. 26, 1876: "The patient was a married woman, aged twenty-four years. A history of miscarriages and dead children was strongly suggestive of syphilitic taint. A splenic tumor had been observed steadily increasing for eighteen months. In February the tumor filled nearly all the abdominal cavity. It extended to the pelvis and even to the right iliac fossa. Various symptoms, apparently secondary to the tumor, distressed her, and the abdominal pain was constant.

"The patient implored an operation, which was performed on the 25th of April. An incision was made along the linea alba from three inches above the umbilicus to two inches and a half above the pubis, and a corresponding incision was made through the peritoneum. The tumor was covered by the omentum; this was removed from below upwards, and pushed to the right of the tumor, beneath the right hypochondrium, and both it and the intestines were kept back by sponges and warm napkins. The tumor had the characteristic reddish-violet color of the spleen.

"It was seized at the lower extremity and gradually raised within the lips of the wound, until it rested on the hands of the assistants, who were keeping back the intestines. No other organ escaped. The gastro-splenic omentum was about three quarters of an inch wide at the end of the pelvis. It contained blood vessels and enormous lymphatics. One splenic vein was the size of the index figure. A wire ligature was passed around the whole pedicle, great care being taken to avoid the pancreas. The pedicle was then surrounded by sponges, and the spleen separated at the pelvis by a single cut, being at the same time turned quickly outwards.

"About a quart of blood escaped from the spleen, but none into the abdomen, otherwise not more than thirty grammes were estimated to be lost. No adhesions were met with. The sponges were removed, the great omentum spread out over the intestines and the abdomen closed, the pedicle being retained between the lips of the wound. Progress of the patient was excellent. The febrile reaction was slight. Some blood appeared in the urine on the third day, but diminished and disappeared a few days later. The pedicle separated in a week. The patient's spirits were very good. Eighteen days after the operation she sat up, and a week afterwards returned home."

INJECTION OF AIR INTO THE BOWEL FOR THE RELIEF OF STRANGULATED HERNIA. — Dr. Moritz Egger reports the following case in the *Med.-Chir. Centralblatt*, No. 4, 1876: He was called last July to see a female, seventy-nine years old, who was found in bed, suffering from intense abdominal pain, and with knees drawn up. She stated that, up to the present illness, she had always enjoyed good health, but that three days before, while at work in the field, she suddenly

experienced abdominal pain which gradually increased to such a degree at night that assistance had to be called. She had had no passage since the commencement of the attack. The patient presented all the symptoms of intestinal strangulation with nausea and the anxious expression of countenance, and on examination a tumor about the size of a hen's egg was found at the site of the right inguinal canal. After giving morphine internally, and making warm applications externally, and after an enema, taxis was repeatedly tried without success. The patient refusing an operation, taxis was again tried ineffectually on the following day, when the patient was almost collapsed and stercoraceous vomiting had set in. The author then introduced a long elastic tube into the rectum as far as it would go, and began to inject air slowly. After a time the intestinal coils could be seen through the very thin abdominal walls to become distended, and suddenly a peculiar rolling noise, as if the air had overcome an obstruction, was heard, after which the hernia was discovered to have disappeared. Air was then allowed to escape from the tube, and the latter was gradually removed. Half an hour later the patient had a large stool, and then slept; five days afterward she had entirely recovered.

CYST OF THE KIDNEY MISTAKEN FOR AN OVARIAN CYST; EXTIRPATION OF THE KIDNEY; RECOVERY. — The following case is recorded in the *Gaz. Med.*, No. 6, 1876, from the *Giorn. Med. di Torino*, July, 1875: A widow, forty years old, entered the hospital Nov. 15, 1873; she had had five children the last three years before, and two abortions, one after her second child, the other after the fourth. Eighteen months ago she first noticed a tumefaction in the left iliac fossa. This tumefaction continued to increase, especially during the two months previous to admission. The patient was very feeble; her temperature normal, respiration easy; no albumen in urine. The tumor, movable in all directions, occupied the left iliac region and a portion of the hypogastric and right iliac regions; there was fluctuation at three points on the anterior surface of the tumor, uterus very high. Ovariectomy was performed December 2d. The cyst, having been evacuated by puncture, was found to be attached by its posterior surface. On examination of the abdominal cavity, the two ovaries were found to be normal and in their position, and the cyst to arise from the inferior extremity of the left kidney. It was decided to remove both the cyst and the kidney. The intestinal coils adhering to the posterior wall of the cyst were detached with the fingers, the left ureter and the vessels were tied, and the kidney and cyst were extirpated entire. No hæmorrhage, properly speaking, but much oozing. Operation concluded as usual. The cyst was formed by the inferior quarter of the kidney, which was otherwise healthy. On April 7, 1874, the patient had recovered almost completely; urine was always secreted in abundance, and never contained albumen. (*Hom. Times.*)

THE TREATMENT OF NÆVI BY CARBOLIC ACID. — The treatment of nævi by injections of *Carbolic Acid*, as advised by Lister, has been

tried with success by Mr. Messenger Bradley, of Manchester. (*British Medical Journal*, April 8, 1876.) The tumor occupied a space two and a half by one and a half inches, and involved veins and capillaries. It was situated above and extended into the helix of the left ear. In order to avoid embolism, the mass was ligatured for ten minutes, underneath pins introduced at right angles, and five minims of pure *Carbolic Acid* were gradually injected here and there over the tumor. No change was observed for three weeks until the operation had been done half a dozen times, and a ligature had been applied for six hours. Afterwards the tumor gradually subsided.

The skin recovered its color in a remarkable way, and Mr. Bradley was induced to try the effect of treating the ordinary capillary nævus, or mother's mark, by tattooing with *Carbolic Acid*. In the only case in which he has tried it, the port wine stains disappeared in about three weeks. — *The Dublin Journal of Medical Science*, June, 1876.

PILOCARPINE. — *Active principle of Jaborandi*. — Mr. A. W. Gerard has communicated to the *Pharmaceutical Journal*, that he has separated an alkaloid from jaborandi, which is the active principle of the drug and which he calls pilocarpine. Half a grain produced the full effects of jaborandi. The following is the mode of preparation:—

Prepare a soft extract, either of the leaves or bark, with fifty per cent alcohol. Digest this with water, filter and wash. Evaporate the filtrate to a soft extract, cautiously add ammonia in slight excess, shake well with chloroform, separate the chloroform solution and allow to evaporate; the residue is the alkaloid, pilocarpine with probably a small amount of impurity.

Besides the alkaloid, jaborandi contains an acrid resin, tannic acid, volatile oil and chlorophyle. The acrid resin is soluble in ether and possesses properties which indicate it to be the substance by which the effects of its external application are produced. — *Richmond and Louisville Medical Journal*.

HYPODERMIC INJECTION OF PURE WATER. — Dr. Lafitte has employed subcutaneous injections of pure water in a great variety of diseases attended with pain. He has obtained as much success in the relief of this latter element as when he employed injections of morphia, and attributes it to the compression of the terminal nervous filament by the injected water. — *Le Mouvement Medical*.

PRURITUS ANI. — *Marine Lint*. — Two years ago I suggested the use of marine lint for the relief of pruritis ani. I have often been written to inquiring what this lint was, and to-day I have a letter asking about it. As it does not appear to be generally known, I beg to state that it is finely carded tow soaked with tar, kept in tin cases. It is made by Maw & Son, of London. — DR. JAMES THOMPSON, *Lancet*.

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INTRODUCTORY ADDRESS

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LADIES AND GENTLEMEN,— My colleagues have appointed me to perform the pleasant duty of greeting you at the beginning of this winter term. It is with mingled feelings of joy and pain that I contemplate a class just commencing their course of medical studies. They have, as individuals, chosen a profession full of care, toil, and even danger. The road is ever rough, and the path is oftentimes obscure, even to the most successful; from the very beginning, obstacles of the greatest magnitude must be overcome by patience and a determined will. We have, however, the cheering knowledge that this profession yields place to none in its ennobling character; that it is second to none in its benefits to our fellow-men. There is no child's play nor royal road in the medicine of the present day; it is severe and wearying from the first moment to the last. Constant contact with suffering in its countless phases should never so harden the practitioner that he will not freely sympathize with those under his care, so far as may be without interfering with his determination and good judgment. I entreat you to weigh well the responsibility you propose to undertake; be sure you can willingly and cheerfully follow a life of hard study and self-denial, as well as encounter the doubtful charity and ever-changing confidence of a fickle world. If, knowing all this, you still feel that you can love and heartily embrace so trying a cause, we receive you gladly, and wish you God speed.

Three years ago was commenced that experiment which we

may consider to have been completed in March of the current year, at the graduation of the first graded class of students; and the Medical School of Boston University, as it now stands, is the result of that experiment.

The first medical school where a class comprising both sexes listens to a course of lectures from a corps of male and female teachers in an institution established for the purpose of educating both sexes, it is in perfect keeping with the march of improvement which marks this century of progress. Another subject for congratulation is that here also is taught that system of treating the sick which is known as Homœopathy.

This system of medicine, although one of the children of the century just closing, still exhibits a maturity and vigor far beyond that belonging to the period of adolescence, and is already, in various unmarked and unacknowledged ways, infusing fresh vitality into the older school, which, previous to the advent of the new, gave evidence of waning vitality. The more advanced authors of the dominant school have adopted a legion of recorded facts from our literature, not always *verbatim* to be sure, but the substance is there; and the rank and file, not knowing from whence it comes, have received it as good, sound, orthodox doctrine. These borrowed facts are carefully sugar-coated with physiological reasoning that the innocent patient may take them without nausea; but the sugar-coating being dissolved discloses the bitter pill — Homœopathy.

“Truth is mighty, and must prevail”; sooner or later it will be known to whom the credit is due. This is a criticising age; and knowing that any of our grains may grow and bring forth fruit, even though among tares, it behooves us to be all the more careful that the quality of our wheat is such as will do us no discredit. Let our work be so carefully done that the results will, in due course of time, enforce their own adoption. We can rest assured that “a good deed never dies.” I could wish to enlarge upon the future of our labors, but it seems more fitting that I should rather call your attention to matters in immediate connection with the studies upon which you are about to commence.

It is as true in the study of medicine as elsewhere, that the

elementary branches should first be thoroughly mastered before one can understand, even in a tolerable degree, the higher studies ; and upon the amount of familiarity with these elementary branches depends, in a great measure, the completeness with which the higher details can be grasped. A knowledge of anatomy and general chemistry must be acquired before one can reap the full benefit of a course upon physiology or medical chemistry ; and precious hours are wasted in listening to lectures upon *Materia Medica*, pathology, or theory and practice, if you have not a well-grounded knowledge of physiology and anatomy. The stream can never rise higher than the fountain ; if you do not lay a firm foundation, your superstructure of medical education will surely be unstable.

I would advise you, in the strongest possible manner, to confine your studies, for each term, to the subjects selected by the faculty for that term. If your time and strength should not be fully engaged with those studies, it will be well to pursue a course of reading upon some of the collateral subjects, such as physics, natural science, etc. Those who have never studied the laws of physics will feel the need of that knowledge throughout their professional life ; and without, will find it very difficult to receive the full benefit of a course in chemistry. Since the close of the previous lecture-term, the Massachusetts Homœopathic Hospital has been completed, and opened for the treatment of patients. As occasion offers, cases will be presented from the wards of this hospital for the purpose of illustrating the lectures of the advanced courses.

One case, presented in such a manner that it may be fully comprehended, is of more practical value than many cases seen in the course of walking the wards of a hospital, where, from the surroundings, it is difficult or impracticable to enter into detail.

The dispensary, with its branches, has very rapidly increased in its capacity and in the number of the patients treated ; for the advanced student there is an opportunity presented for clinical observation which should not be neglected. Frequently out-patients are placed under the care of a student for medical, surgical, or obstetrical treatment, this care being subject to

the supervision of some one of the dispensary physicians. By accepting this responsibility, you will be enabled to acquire confidence in yourselves and a familiarity with the detail of practice. There is a multitude of small matters connected with the care of the sick which can hardly be learned in the lecture-room, and which bear much the same relation to simply selecting and prescribing the proper medicine that parochial work does to writing and delivering sermons in the life of a clergyman. It is expected that the Chairs of Practice and Pathology will be able to add much to the value of their courses by presenting patients from the various dispensaries; this is of great moment, particularly whenever it enables you to become familiar with diagnosis by physical exploration of the patient; in this direction there opens a wide field for the future homœopathic physician.

At the time of Hahnemann and the early students of Homœopathy, the science of pathology was entirely different from the pathology of the present day; since that time, patient investigation in the laboratory of the physiological chemist and with the microscope, has wrought a complete revolution; the science of histological pathology was then unborn, and where there was entire darkness, or but dim twilight, is now a measurable degree of light, although we have not yet reached the high noon of the science. It was at that time thought highly improper to use pathological terms in the pathogeneses of a drug, and attention was only paid to the sensations of pain, of pleasure, conditions of aggravation, etc., experienced by provers or patients; but little mention was made of congestions, inflammations, or degenerations affecting the various organs within the body, and this for the very good reason that the tissue changes were not then, as now, understood. The great matter of physical exploration by auscultation, percussion, and various other means now commonly used, was at that time unheard of. The early disciples of Homœopathy had not learned to question the urine, blood, saliva, and other fluids of the body by a careful quantitative chemical analysis, to learn what changes of physiological function had been produced in the system by a drug or by a disease.

The name of the disease and the principal organ diseased covered the knowledge of our ancestors; and it was against this pathology and this loose style of generalization that Hahnemann lifted his voice and wielded his pen; it was conscientiously done to keep the school of medicine he founded from sliding back into the Slough of Despond of the school of the past, which may be termed the school of irresponsible traditions. The pathology of the present has made possible a pathological study of drug-action by a careful investigation of the physiological functions and of the structural changes resulting therefrom, which are produced by taking into the previously healthy system the different drugs which are to be used as remedies. The sensations preceding or produced by these changes are no more to be disregarded than they were in the time of Hahnemann and his coadjutors, but to be taken in connection with the altered physiological functions as affording a more perfect picture of the drug-action, thereby enabling us to select the more complete *similium* when we are called upon to apply the results of our studies at the bedside. What is wanted in the pathogenesis of a remedy is a complete picture of the drug-action, and this picture is not complete so long as anything can be added which is a result of the medicine being proved, — letting this result be either direct or indirect so long as it is constant. If the study is confined to its legitimate sphere, there can be no great danger of the student relapsing into the old ruts of routine practice, where the disease is treated instead of the diseased organism.

I wish to state, that it may clearly be understood, that I do not wish to see a single well-founded symptom abolished from the pathogenesis of our elders, but to add thereto that which may be used to bind each series together into a shapely and useful whole. To the above-mentioned result you can each and all contribute in a marked degree, and at the same time benefit yourselves by a willing assistance in proving such drugs as may be selected by the Chair of Materia Medica. When Homœopathy was in its infancy, its friends and disciples gave themselves freely and conscientiously to the careful proving of drugs, and, as a result, we have all the

symptoms that could be expected from them with the facilities they then had. In sharp contrast with the history of our older drugs is that of our recent additions to the *Materia Medica*. About many of these remedies nothing is known excepting that they have been used with success by X, Y, and Z, in severe cases of dysentery, uterine inertia, etc.

It is a subject for great regret that many of our prominent remedies have never been proved by women, or if they have, it is in such a feeble manner that we have no reliable symptoms to guide us for their administration in the so-called female diseases, and as a natural result, cases of uterine and ovarian disease are proverbially protracted and unpromising; and now that the tide seems to be again turning against an invariable reference of all cases to uterine ulceration and demand for mechanical interference, we shall more than ever feel the need of thorough proving of drugs by women. If the students in this school who are adapted to this work would but enlist in the proving and re-proving of drugs, under the intelligent guidance of the Chair of *Materia Medica*, there would be, in the course of a few short years, results far superior to those obtained in the deservedly famous Austrian provings.

At no future time can your endeavors to assist the profession and benefit yourselves bear such good fruit and be so rapidly cumulative in their good results as now. In after life, when scattered throughout the length and breadth of the land, your reports will be like the pattering drops of rain absorbed by the thirsty ground, leaving no trace, but your work here, like a well-directed stream, whose waters can be caught and preserved for the benefit of present and future generations. Concerted action is invaluable.

As you approach the completion of the course of study, there will undoubtedly be presented to your minds the much-vexed question of high and low attenuations, which I look upon as a question not vital to Homœopathy. Much has been and probably will yet be said by the champions of both parties, and no doubt cures are experienced with all doses; the desideratum, after all, is not so much the quantity as the kind, provided the dose is kept within the curative range of the drug. A large

proportion of the original symptoms were the result of small but appreciable quantities of the drug. One argument in favor of not carrying the attenuation extravagantly high seems valid.

It is well known that the minute division of a drug, either by solution or mechanical division, renders it more active, capable of more diversely affecting the system, and this seems to be the only way of scientifically accounting for this increased action in our attenuated remedies; but there must be a limit to the size of the particles, and beyond this limit, there can hardly be any practical gain by repeating the process, "What need the bridge much broader than the flood?" The theory of minute division of the medicinal substance can be demonstrated, in the lower attenuations at least, while the theory of dynamization, being spiritual in its essence, must be taken wholly on faith.

As has been mentioned by one of the leading minds of our schools, the farther we remove ourselves in our practice from demonstrable quantities, the farther we separate ourselves from other scientific investigators, and by such action we shall certainly lose somewhat. We must ourselves become scientific inquirers, seeking to discover truth and serve the ends of humanity, and we cannot do so by striving to separate ourselves as far as possible from others who are laboring to help their brother-man. Let us endeavor, in all charity, to adopt whatever our senses and our consciences tell us is right, and give others the fullest scope to do the same. There is one other point which seems liable to induce habits of laxity in prescribing, — the plan of prescribing by characteristics. An expert paleontologist will, from a single fossil bone, sometimes be able to build up the complete skeleton of an animal belonging to ages long gone by; a mariner picks up on the ocean a figure-head, or a peculiar piece of timber, and from this gives the name of some vessel wrecked and "gone down" at sea. On something the same plan, an attempt has been made, by a system of characteristic symptoms, to build up the complete set of symptoms calling for a given remedy by some single peculiar symptom; if this could be done with any degree of certainty, medical schools would be needless, and the whole art of prescribing might be epitomized

in a work scarcely larger than a pocket-dictionary. This plan of prescribing by single characteristic symptoms, so called, is entirely contrary to all the teachings of the founders of our system; and although I believe that in medicine we are not too blindly to follow all the teachings of the early founders, yet I cannot but think this "short cut through the woods" is a direct blow at first principles. Disease is to us manifested by the totality of symptoms, and it is the totality of symptoms that we are to treat. It is hardly probable that one peculiar symptom will always involve the same set of accompanying sensations and conditions. In closing, let me beg of you that you devote all your working hours to the pursuit of the various studies marked out for you, and do not assume the responsibility of active practice except under the advice of your instructors, as you will thereby rest under the constant danger of failing in your attempts and bring discredit upon the institution which you hereafter hope to hail as your *Alma Mater*. Let no excuse, save ill-health or mental incapacity, answer for an unsatisfactory result at examination. The standard of proficiency has been advanced and established, that those who go out into the world with the diploma of this school may prove an honor to the cause and a benefit to mankind. With a firm belief in your ability and determination, I welcome you to the good work.

SULPHUR.

BY D. DYCE BROWN, M.A., M.D.

[From the *Monthly Homœopathic Review*.]

THE following is the concluding lecture of a course on *Materia Medica* delivered in Aberdeen during the Summer Session of 1876: —

Gentlemen, — *Sulphur* is a medicine which, in the allopathic Pharmacopœia, occupies a very minor position indeed, but in homœopathic practice, it is one of those remedies we could least do without, and one which is used by us to a very great extent. In old-school practice, its virtues, to judge of its use in disease, are nearly limited to forming part of a laxative electuary, made up with other laxatives, and to its external use as

a remedy for the itch. But you require to come to the homœopath to learn the inestimable virtue and value of this medicine. We shall see as we proceed that some of its homœopathic uses have been known to old-school physicians, but employed in practice only by a few.

That *Sulphur* has an elective affinity for the skin has long been known, and it is said in old-school books to "determine to the skin." This has amply been confirmed by homœopathic provings, and by observation of the effects of sulphur baths and of sulphurous waters, as those of Harrowgate and of Eaux-Bonnes in the Pyrenees. We find that it causes a feeling as of heat and burning, with itching, which is relieved by scratching, and made worse with the heat of the bed. It also produces various eruptions, sometimes in the form of papules, and at other times of vesicles, which the papules may develop into. The vesicles may go on to form pustules, and in some cases boils.

Like all drugs which have a marked action on the skin, it shows also a marked affinity for mucous membranes. We find in the provings, confirmed by the observations of the effects of sulphurous waters, that the whole tract of mucous membrane, from the eye downward to the anus, is affected, with its branch or off-set, the respiratory mucous membrane.

In these affections we do not find acute irritation or inflammation, such as we saw produced by *Arsenic*. There is rather an element of chronicity, if I may term it, in its action, or of *venosity*, as some writers term it. By this is meant not that acute arterial congestion which we saw in *Arsenic* and *Belladonna*, but a slower, more chronic congestion, which is more venous than arterial. All homœopaths remark this. We shall see this element running through the whole action of *Sulphur*, and indicating its therapeutic use correspondingly.

In the eyes we find injection, of a non-acute character, of the conjunctiva, with redness and congestion of the lids, and tendency to Meibomian discharge. In the nose, there is also a catarrhal condition of a chronic form set up, with a good deal of discharge. In the chest we find cough, sometimes dry and tickling, sometimes with a good deal of expectoration, accompanied with heaviness, oppression, and tightness of the chest;

evident tendency to bronchial and pneumonic congestion, and sometimes even bronchial or pulmonary hemorrhage.

In the stomach there is a chronic form of catarrh produced, and in the bowels constipation. You are all aware that it is said to be a laxative, and so it is in full doses, acting chiefly on the rectum, but in smaller doses all the provers had constipation developed. Along with this there was burning and itching in the rectum, and tendency to hæmorrhoids. There was, moreover, some urinary irritation, and sleeplessness, the latter arising from the general state of constitutional irritation produced by the drug. Another important symptom produced in many of the provers was pain, of a rheumatoid character, affecting the joints, the muscles, and often feeling as if in the bones. One prover, a medical student, was at first sceptical as to these pains, which he felt in a marked degree, being caused by the *Sulphur*, and continued taking the medicine. The pains, however, continued and increased so long as he took it, and began to cease whenever he left it off. Though at first sceptical as to the *Sulphur* being the cause of these pains, he ended his proving fully convinced that such was the case.

Such is a general sketch of the action of *Sulphur* on the healthy body, but before going to its therapeutics I must take notice of one great reason for its extensive employment by all homœopaths since the time of Hahnemann. Some of you may have heard of the famous *psora theory* of Hahnemann, — a theory which has been the butt for the jeers of the allopaths up to the present day, and which they triumphantly point out as an evidence of Hahnemann's absurdities. What does the *psora theory* mean? Hahnemann found that in a number of chronic diseases which came under his treatment, the homœopathically indicated remedies relieved, or ameliorated to a certain extent, but failed to eradicate them completely. When they seemed to be cured, the disease broke out afresh; and frequently he found that patients remained in a chronic state of undefined ill-health, and seemed unable to throw off their maladies in the way that others did. In seeking for an explanation of this phenomenon, which often marred the success which he expected, the idea struck him that such cases were the subjects of what

he called a "chronic miasm." By this he meant some constitutional, or, as we should say, some diathetic peculiarity which was deeply-rooted in the constitution and modified all the complaints of that person to such an extent as to prevent the thorough and satisfactory cure of their ailments by the ordinary homœopathically indicated remedies.

He conceived that there were three chief *miasms*, which he said were the *itch*, *syphilis*, and *sycosis*. The first manifested itself locally by the occurrence of skin symptoms, or the tendency to them, resembling the itch; the second by the usual syphilitic appearances; and the third by condylomata or mucous tubercles at the anus. At present, as bearing on our subject, we need only take up the first chronic miasm, the itch or psora. Now, in our day, and with our knowledge of the differentiation of the itch proper from other cutaneous disorders more or less resembling it, and with our knowledge that the itch or *scabies* depends on the presence of a parasite, the *acarus scabiei*, this theory that the itch is at the bottom of numerous irregular or abnormal forms of disease, seems the height of absurdity, and it is from this point of view that our opponents enjoy such hearty laughter at the expense of Hahnemann and homœopaths. But we must keep in view that pathology and the diagnosis especially of skin diseases, were far behind in the days when Hahnemann promulgated his theory, compared to what they now are. Keeping this in view, the more closely you look into this psora theory the more evident is the great truth at the bottom of it, and the more clearly is the genius of Hahnemann shown in his admirably thought-out and argued theory.

Whoever reads what he says on this subject will see at once that he confounds the disease which *we* know as scabies, or the itch, with other skin eruptions, resembling it more or less in external manifestations. Every one who has practised for any length of time has seen cases which at first sight are extremely like scabies, and can only be differentiated by a careful examination of the parts, aided by the history of the case, the length of its duration, the probability of exposure to the specific contagion of scabies, the state of the general health, and some-

times only by the failure of the treatment, which is always successful in true scabies, — the external application of sulphur ointment for a few days.

Here was Hahnemann's mistake, — a mistake incident to the state of advancement of pathology and diagnosis in his day. Under the general term of the itch he included all chronic papular, vesicular, and even some pustular skin diseases; for we know that true scabies has three stages, — the papular, vesicular, and pustular stages. All or most of these and other chronic skin eruptions are associated with the same itching of the skin. Were it only for one remark he makes, namely, that what he called the itch sometimes disappeared and reappeared, sometimes was hardly visible, and again only showed a papular elevation as below the skin, it would be clear that he included a number of skin eruptions under the general name itch.

He noticed that many of the chronic cases of disease which he had failed to cure by the ordinary homœopathically indicated remedies had a history at some former time, or, even along with the disease under treatment, of some trivial, it might be, eruption on the skin. Occasionally he found that the chronic disease began from the period of the in-going of some skin-rash, it might be even in childhood.

Cases were often noticed, and even then recorded, where itch or skin diseases were rapidly cured, or rather driven in, by external applications, and were followed by the development of epilepsy, amaurosis, or general dishealth. Finally, he noticed, and others did also, that these patients got better when the skin eruptions came out again. A case has been recorded in Vienna by one of the most noted oculists of the day, in which amaurosis came on after the rapid cure, or rather driving in, of a skin eruption, and in which, when the rash came out again, the man regained his sight.

Such were the group of phenomena which led this great and original mind to enunciate the theory that a large class of chronic diseases depended upon a constitutional taint, — a constitutional tendency to skin disease, — the disease being either latent, or having been repercussed or driven in by external treatment, and therefore not *cured*.

This he called the *psora theory*. Is there anything absurd in this? Quite the reverse. And in our more modern day, when pathology, general science, and diagnosis are much more advanced, we find the best men advocating the same or a similar theory. We all know the influence of a strumous taint; how diseases existing in a strumous constitution are not amenable to the same treatment as the same complaint existing in a healthy person, but require some other modifying agency. We find the most recent writers on skin disease stating their belief in the existence of a *herpetic* or *dartreux* diathesis, as it is called in English and French, — a diathesis which is none other than the psora of Hahnemann, under a different name.

We frequently meet with patients who have an alternation of some slight itching skin eruption and general dishealth, the dishealth coming on as the rash goes in, and continuing until it again makes its appearance. Every one knows now how latent gout will modify certain diseases, rendering bronchitis, asthma, and eczema very intractable, until treated for the gouty tendency. And not long ago Sir James Simpson called the attention of the profession to the cause of a very chronic and intractable form of gastric and intestinal irritation, which he believed was produced by an eruption on the gastro-intestinal mucous membrane, and could only be cured by causing, by means of internal treatment, the appearance of the eruption on the skin, on the development of which the gastric disease got well, and for which he gave *tar*.

All these facts show what an important truth lies at the bottom and is the essence of what Hahnemann named the psora theory. And because his means of diagnosis and pathology were limited in his day, and induced him to believe that all these multifarious skin diseases which he refers to were diversified forms of scabies or the itch, is that any reason why our shallow opponents should jeer at the whole thing? Rather let us, with our improved knowledge, join in enunciating more correctly than Hahnemann was able to do the great truth at the bottom of the psora theory, and delight to face the sneers of shallow allopaths by honoring the genius of this great physician.

With such views as to the cause of many chronic maladies, Hahnemann set to work to discover what medicines would meet this psoric diathesis, and these he classed as *anti-psorics*.

In his day even, the use of *Sulphur* internally, as well as externally, was known and made use of in the treatment of various skin diseases, and as his provings brought to light the specific action of *Sulphur* in producing skin eruptions of a papular and vesicular character, combined with heat and itching of the skin, he placed *Sulphur* at the head of his anti-psoric remedies; and with this new weapon, at least this weapon administered on his theory of modifying the *dartreux* or psoric tendency of certain patients, he found he had success where before he failed. The same success has been obtained by every homœopath since his time, and, as we shall go on to see, *Sulphur* administered thus, or, as in old-school terms, as an alterative, has a remarkable curative action.

In most chronic diseases with which we meet, we derive great advantage from commencing the treatment by *Sulphur*, or giving it intercurrently with other remedies. It has also been often found that if a medicine which seems clearly to be homœopathically indicated fails, if you stop it and give a short course of *Sulphur*, this medicine seems so to alter the system that it then is susceptible to the action of the first remedy; and again we often find that if a remedy goes so far, and then seems to lose its effect, a few doses of *Sulphur* seem to rouse the dormant energies of the system, which again responds to the action of the former drug.

One of our most recent converts tells us that he was at one time the bitterest opponent of Homœopathy that ever existed, that he took an active part in expelling from a Society one of its members who had turned homœopath; that he actively supported the passing of a law in this Society forbidding the admission of any homœopath, — but that his own experience had been the means of completely changing his views and opening his eyes. He had got into a chronic state of ill-health. He tried allopathic treatment for two years at the hands of the best men in the old school. He had gone to watering-places, tried change of air and scene, and finally left his practice for a length

ened foreign travel in hopes of restoration to health. This failed, and he had resolved to give up practice altogether, when he was introduced to a homœopathic doctor, and as a last resource agreed to try his treatment. He was prescribed a high dilution of *Sulphur*, and by means of this medicine alone he was completely cured. He began practice in vigorous health, and is now an enthusiastic homœopath.

This is an illustration of what is often found in practice, that cases may present for treatment ill-defined and obscure symptoms, — perhaps a combination of states which seemingly have no connection. In these cases the administration of *Sulphur* has often a marked influence in improving or altering the general dyscrasia.

In scrofula it is a most valuable medicine, given intercurrently with others; and, not to speak of rheumatism, which requires a special notice, *Sulphur* has a marked modifying influence in gouty and rheumatic-gouty affections. It does not seem desirable to continue *Sulphur* too long, as after producing its effect it sometimes ceases to be of further service.

In rheumatism it is of essential service. You will remember the decidedly rheumatoid pains which I mentioned as being set up in the provers by *Sulphur*; its homœopathicity to rheumatism is therefore clear. Here we find the same *chronic* tendency of the *Sulphur*-indicating complaints. It is not in acute but in chronic rheumatism that its effects are best shown; and in treating a case of chronic rheumatism it is generally a good thing to commence with a course more or less prolonged, according to the result, of *Sulphur*. Also, after an attack of acute rheumatism is over, and a certain amount of stiffness remains, *Sulphur* comes in to be of service. This use of *Sulphur*, viz. in rheumatism, has long been known, though not utilized by the old school to any extent, chiefly, I believe, because it savored of Homœopathy. "Give a dog a bad name and hang him"; say that a medicine is homœopathic, or is chiefly used by homœopaths, and you will get hardly any one to use it. But long ago a famous prescription in chronic rheumatism was called the "Chelsea Pensioner," and in it the principal ingredient was *Sulphur*. And in the Highlands of Scotland we have

the same thing as the "pensioner" in the simple "brimstone and whiskey." Dr. Fuller also, in his book on rheumatism, speaks very highly of *Sulphur* in chronic rheumatism. Here we have another example of the value of a homœopathic medicine testified to extensively by others than those of our school. When, in the course of acute rheumatism, the heart is affected, we sometimes find that a well-marked bruit disappears within a short time, and in this, I think, we are materially assisted by *Sulphur*.

From the marked action which we have already seen that *Sulphur* has upon the skin in producing various eruptions, with itching, it is, as we might expect, one of our most valuable remedies in skin diseases. In general itchininess of the skin, or pruritus, without evident cause, and without any eruption except what is produced by scratching, *Sulphur* almost always removes this state. In prurigo we also find it of much service, and in most papular eruptions. Especially it is of service in those multifarious eruptions of an indefinite character which appear in unhealthy children, or during the period of dentition. In eczema, and, in fact, in most chronic skin diseases, we find *Sulphur*, given intercurrently, of service in hastening the cure. Acne of the face, a most obstinate and troublesome affection, is often cured by *Sulphur* alone. So also is it of service in those anomalous face eruptions which sometimes appear on the countenances of young ladies in connection with menstrual disorders. In fact, there is hardly an affection of the skin which is not benefited by a course or occasional doses of *Sulphur*. Boils are well known to be very apt to occur, and to continue in successive crops, to prevent which, *Sulphur* is, perhaps, the best medicine. So also with recurrent styes, though it will not check the formation of an individual sty.

Leaving the skin, and coming to the mucous membranes, I shall first speak of the *eyes*. Its chief use is in chronic catarrhal inflammation of the conjunctiva, and especially when occurring in an unhealthy constitution. In no form of eye disease is the action of *Sulphur* more beautifully seen than in strumous ophthalmia. I have, over and over again, had a child brought to me with such photophobia that it walked into the

room with its eyes quite closed, and its hands up before them, while it was useless to attempt to see into the eyes. This, in such cases, is the less necessary, as the objective appearances in strumous ophthalmia are so trifling in proportion to the great photophobia. I have given such a child nothing but a pilule of *Sulphur*³, three times a day, and had it brought back in a week's time looking up with its eyes wide open.

In my experience no drug produces such marked and rapid improvement in this disease as *Sulphur*. Sometimes we require nothing else to complete the cure, at other times we find the *Sulphur* go so far, and require to be assisted by *Calcarea* or *Arsenic*. Some practitioners use it even in acute conjunctivitis, but the place of *Sulphur* is chiefly in chronic affections, and it is in these that we see its action so clearly. In chronic nasal catarrh, or where there is a tendency to frequent recurrence of this on the least exposure, a course of *Sulphur* is of benefit.

Proceeding further down the course of mucous membrane, we find the action of *Sulphur* manifested in the stomach in causing a chronic form of catarrh. And in practice, as I mentioned in speaking of *Nux vom.*, we get great benefit from giving in chronic cases of dyspepsia, especially with constipation, a dose of *Sulphur* at bed-time, some other medicine being given through the day.

Coming now to the intestines, we have seen that the rectum is the part which chiefly suffers; constipation, with itching and burning in the anus, and tendency to piles, was produced. This is the result of moderate doses of *Sulphur*, as massive doses act as a purgative.

In the last century, Sundelin, writing on the use of *Sulphur* in piles, states his belief that this drug has a specific action on the rectum. And this is evidently believed by allopaths, who in prescribing for constipation with piles invariably give an electuary containing *Sulphur*. If it had not a specific effect on the rectum, why should not any purgative pill have as good an effect?—but it is not so. These purgative doses of *Sulphur* given by allopaths sometimes aggravate the piles. I know of one case in particular in which this resulted. Our provings

very clearly bring out this specific action of *Sulphur* on the rectum.

In chronic constipation you may often give *Sulphur* alone for a week or so with great advantage, or, as I advised you in a former lecture, give it at bed-time, with, say, *Nux vom.* through the day. Besides being of great value by itself as a remedy in constipation, it seems remarkably to assist and to be assisted by *Nux vom.* Both together, or rather I should say the one by day and the other at night, act much more successfully than either separately. No doubt its constitutional or anti-psoric value has something to do with this. But it is especially when constipation is associated with piles or when piles are associated with or caused by constipation, that the *Sulphur* treatment comes out well. When, as we saw, when speaking of *Nux vom.*, portal congestion was produced by or associated with constipation and piles, we find the *Sulphur* play a marked part. And in chronic liver disorders, with more or less of a chronically congested state of the organ, a course of *Sulphur* is of the greatest service.

Another use of *Sulphur* I frequently employ. In sub-acute or chronic affections, when some other medicine than *Sulphur* is indicated, and yet the patient is troubled with costiveness, and has been in the habit of relieving the bowels by purgative pills, I can generally quite enable him to dispense with these abominations by giving a pilule of *Sulphur* at bedtime. For example, in a case I lately had of chronic cystitis, which was cured by *Cantharides*, the patient said that his bowels were so obstinate that for some months he had had to use a purgative pill every night or two. In this case, with the administration of a pilule of *Sulphur* at bed-time, the man was able to give up his old purgative pill, as the bowels moved easily every day, and when his cystitis was cured, his bowels were acting naturally every day, and this although he had not been taking the pilule for a little time. Here, therefore, with the *Sulphur*, was a cure, not a mere temporary relief, as a purgative gives.

Next let us look at the action of *Sulphur* on the *respiratory organs*. We have seen that in the provings, a cough, sometimes dry, sometimes loose, was developed, with oppression

and tightness on the chest. We see this same action developed in the use of sulphur baths, and from the internal use of sulphurous waters, as those of Eaux-Bonnes in the Pyrenees. Of the action of these waters it is interesting to hear what Trousseau and Pidoux say.

To begin with, "The elective action of this mineral water" (Eaux-Bonnes), they state, "on the respiratory apparatus is incontestable."

The following observations I give you from the invaluable work on *Materia Medica* by these accomplished physicians.

"It is rare," they say, "that after three or four weeks' use at the most of the waters of Eaux-Bonnes, patients do not experience a sensation of sharp heat in the larynx and isthmus faucium, a dry, stifling, or choking peculiar cough, with a constrictive irritation at the entrance of the respiratory passages, some dyspnoea, mingled with a feeling of weight and oppression (or obstruction) in the thorax, vague pains in the chest-walls, principally under the clavicles," etc.

"Another interesting fact corroborating the above, is the following: — We have observed that persons who take the waters of Eaux-Bonnes very readily contract catarrhs, especially the first time they use them. In persons already affected with chronic irritation, more or less deep-seated, of the respiratory apparatus, the least cold produces bronchitis and pulmonary congestion. This medicinal catarrh is smartly acute, and terminates quickly by an easy, opaque, critical expectoration. There is no obstinate bronchial expectoration in a natural disease, in which the water is administered where a substitutive catarrh does not occur, which, once terminated, so modifies the bronchial mucous membrane that the sulphurous waters can then be borne in larger doses, while even the vicissitudes of atmospheric temperature can be borne with impunity."

The waters even produce hæmoptysis, but Trousseau and Pidoux say that this artificial or medicinal hæmoptysis is of no moment; it ceases of itself, requires no special treatment, and no more interferes with the progress of the case than to make the waters better borne after it is gone. It is easily distin-

guished from the hæmoptysis which occurs in phthisis. A more recent writer, Dr. Leudet, in the *Practitioner*, describes the same thing.

Having thus seen the remarkable physiological action of these waters upon the respiratory apparatus, let us see what diseases Trousseau and Pidoux say they cure. They go on to state that "lengthened clinical experience pronounces the efficacy of these waters in, 1. Susceptibility to catarrh of the isthmus faucium, of the larynx, and of the bronchi, especially the latter; 2. Chronic inflammation and confirmed catarrh of these organs, whether simple or spasmodic, whether co-existing or not with emphysema; 3. In follicular or glandular sore throat (*angine granulée ou glanduleuse*); 4. Phthisis. We do not speak especially (*nous ne parlons pas*) of chronic pleurisies, of empyema with or without fistula, of vomices incompletely cured, and of all the remains of serious inflammations of the respiratory organs." They then go on to say: "What strikes one most markedly, after a careful clinical study of the action of the waters of Eaux-Bonnes, is the profoundness of its action (*profondeur*). We would say that these waters affect the most deep-seated and elementary particles of the animal organism. They penetrate very deeply; they go to the basis of organization. It is for this reason doubtless that their effects are so stable and lasting"; and for this reason, also, that they are not only useful in the diseases above named, but also "in pulmonary phthisis, a constitutional malady localized in the lungs, and characterized by the formation, softening, and suppuration of tubercles in the degenerated tissue of these organs. It is against this so serious alteration that the mineral waters of Eaux-Bonnes show a power with which none of our officinal drugs can compare."

Persons who have constitutional syphilis, who seem perfectly well but are not really cured, experience, under the use of these waters, an outbreak of the constitutional malady, but the continued use of the waters soon ceases to be so troublesome, and the subsequent employment of *Mercury* or *Iodide of Potassium* has a beneficial effect in the direct ratio of the severity of the syphilitic "explosion."

It is interesting to note also that Galen used to recommend patients with phthisis, in which term he probably included cases of chronic bronchitis with profuse expectoration, to live near Mount Etna, that they might inhale the fumes of sulphur.

This action of *Sulphur*, which we have seen so beautifully shown in the action of the sulphurous waters of Eaux-Bonnes, confirms our provings, and *Sulphur* is with us a remedy much used in chronic bronchitis, with much expectoration and shortness of breathing. And you could not fail to observe how homœopathic are the remarks of Trousseau and Pidoux, just quoted. They state the value of these waters in cases precisely similar to those produced in the healthy body by them. Chronic bronchitis is now well known to be not infrequently so associated with or caused by the gouty diathesis that such cases are not thoroughly cured without some anti-gouty treatment. This fact has lately been much dwelt on by allopathic writers, who use *Iodide of Potassium* in these cases. In such cases *Sulphur* is of the greatest service. We do not see these cases in Scotland so frequently as in England, owing to the less frequent occurrence of gout. The association of asthma with gout and with skin diseases is now also well known, and has a marked bearing on the psora theory. In such cases especially, and in asthma generally, *Sulphur* is a valuable medicine.

We do not use it in phthisis so much as some other drugs; and it is in the chronic cases of phthisis, without fever or high temperature, where it is of use.

I cannot do better than quote a passage from Dr. Hughes (*Pharmacodynamics*, art. *Sulph.*), where he speaks of this point, and of the cases suited to the use of *Sulphur*:—

“Dr. Bayes praises it in phthisis when the skin is eruptive. As regards this disease I would again refer you to Dr. Leudet’s interesting paper. While showing that the good effects of the sulphurous waters are principally due to their local affinity and substitutive action, he goes on to say that the forms and varieties of phthisis in which they are most beneficial are those in which ‘the patient is not only phthisical, but something else besides — rheumatic, gouty, or herpetic.’ These old ‘organic habitudes,’ he says, ‘are stirred up and brought to life by the

sulphurous medication. They had been vanquished by the more destructive and fatal tubercular diathesis; but now, revived, they in turn prove antagonistic to it, and suspend its course." "This," as Dr. Hughes remarks, "is just the antispasmodic use of *Sulphur* in other words."

Here I may remind you of the action of the vapor of sulphurous acid obtained either from inhaling the fumes of burning sulphur, or by inhalation in the form of spray of the sulphurous acid, and all are familiar with the choking feeling and the spasmodic cough produced by accidentally inhaling the fumes of a lucifer match. You have great laryngeal and bronchial irritation, sense of oppression in the chest, and difficulty of breathing, with cough.

The use of sulphurous acid spray in chronic bronchitis was first brought into notice by Dr. Dewar, of Kirkaldy. I have frequently found great relief produced in chronic bronchitis, especially of the asthmatic form, from this means, and you will see how purely homœopathic its action is. I have not time to go more particularly into this point.

In other cases of chest disease *Sulphur* is of great value. Here again it is the chronic form of disease. After an attack of acute pneumonia, when the acute symptoms have subsided, but you find the consolidation slow to depart, you will decidedly hasten this process by the administration of *Sulphur*. So also in pleurisy, when the effusion is slow of being absorbed by, — say *Bryonia*, — *Sulphur* helps this state well, and enables the absorption of the fluid to progress more rapidly.

Sulphur, in the provings, was also found to cause marked determination of blood to the head, and congestive headaches were frequently produced. Therapeutically, there is hardly a single variety of chronic headache which is not benefited by a course of *Sulphur* or by its intercurrent use, while you will often cure such with the aid of *Sulphur* alone. A case I had not long ago illustrates this. A young girl complained of daily headaches, which she had had for months, always by day, and often at night as well, keeping her from sleep. She was cured entirely by a fortnight's use of *Sulph.* 3, in pilules.

Lastly, I must mention an action of *Sulphur* which is a very

important one, and which was only recently brought to light by Dr. Cooper, of London, viz. as a remedy in some forms of intermittent neuralgia. The cases suited to this medicine are those where the neuralgic pain—chiefly of the trifacial nerve—comes on about mid-day and lasts for three or four hours, then goes off, to return at midnight, going off again about three or four A. M. I have myself repeatedly verified this virtue of *Sulphur*, and have published several cases of its successful use. Only the other day I had an equally successful case of it.

You must see, from the sketch which I have given you of the action and uses of *Sulphur*, what an extremely valuable medicine it is, and how much is lost by allopaths in their blind system of ignoring and sneering at homœopathic investigations, while it affords another of the numerous examples we have already had of the occasional use by the old school of a homœopathic remedy given for homœopathic indications. In fact, as in the case of the most of the remedies we have considered in this course of lectures, it is useless from an allopathic point of view, except as a purgative; while, even then, it is specially selected as a purgative for cases in which the specific action of *Sulphur* upon the rectum and in piles is called for.

Now, as to the dose and preparation of *Sulphur*. Crude *Sulphur* is indicated by the mark ϕ , and triturations are made from this in the usual way, up to the 4th centesimal; after which it is prepared as a tincture. *Sulphur* is soluble in alcohol in about the proportion of one grain to the ounce. This latter preparation has become of late rather a favorite form for prescribing *Sulphur*, and has been known as the mother tincture, but it is now found that it is rather an uncertain preparation, as though the *Sulphur* is thus soluble at the temperature of 60°, it is nearly all precipitated at the temperature of 32°. It follows, therefore, that it is not a tincture from which to prepare the dilutions. But as many may still prefer to use it, it is henceforth to be known as *tinct. Sulph. f.* (*fortissima*).

For myself, I rarely use any other dose of *Sulphur* than the *tinct. Sulph. f.* and the third centesimal. Many physicians use in preference higher dilutions, as 6, 12 and 30; and it is one of those drugs which act well in all dilutions, but those which I first named will satisfy you in most cases.

In chronic constipation the third or higher dilutions are best, while, when constipation coexists with some other disease requiring special treatment, as in the case of cystitis I mentioned, I generally use the *tinct. Sulph. f.* in pilule.

In most chronic disorders the third or higher is best, while in more recent cases, in chest affections, and in intermittent neuralgia, the *f.* tincture is preferable.

ON THE CLINICAL ACTION OF APIS MELLIFICA.

BY O. S. SANDERS, M.D.

[Read before the Massachusetts Homœopathic Medical Society at the Annual Meeting, April, 1876.]

THE characteristic phenomena of *Apis Mellifica* are marvelous indeed. When the morbid condition of the system corresponds to some pathognomonic symptom, it seldom fails to do good service. Its sphere of action is wide, touching diseases affecting the dermoid tissue, mucous membrane and glandular system through the blood. It seems strange that it was possible for the medical profession to have done without this valuable remedy for so many years.

The effects of the sting of the honey-bee are not merely local, but the poison is introduced immediately into the general circulation, and it is in this regard that the seriousness exists; hence, *Apis* is indicated, like *Lachesis*, in all those cases of blood-poisoning from the introduction into the system of any virulent matter. I am aware that in the controversy concerning the virus of the honey-bee, many speak highly in its favor while others condemn it. I shall not stop to discuss this question, but shall give you, as briefly as possible, my own convictions deduced from clinical observation. I have found it useful in a large majority of skin diseases, especially in all types where there is redness of the dermoid tissue, with pains of a burning or stinging character, such as measles, scarlatina, urticaria, acute pemphigus; in styes, especially on the left eyelid; in whitlows, in incipient abscesses, in dropsy, especially post-scarlatinal; basilar meningitis of children after effusion, when the children awake with a cry; typho-malarial fever.

The following are some of the characteristic symptoms of *Apis*: a tired feeling, yawning, deep sleep of short duration, soreness at the pit of the stomach on pressure, tenderness of the abdominal organs, morning diarrhœa, yellow or greenish in color, suppressed or scanty urine of a reddish color, micturition painful and frequent, great apprehensiveness in breathing as though every breath would be the last, absence of thirst although the tongue may be red and dry, skin hot and dry, sensation of coldness in the extremities, trembling of the muscles or short spasms, more or less unconsciousness or partial delirium, restlessness, desire to move from one place to another, moody, ill-tempered, ugly disposition, a fighting propensity, bruised feeling in the muscles of the back of the neck, spontaneous blisters, sores or ulcers on the surface of the body or in the mouth or throat, or on the tonsils. A warm room is objectionable; patient prefers a cold atmosphere; intolerable itching, fugitive in character on removing the clothing from the body, relieved by the application of cold water.

Like *Lachesis*, *Apis* affects the left side more readily than the right, and the external tissues are more quickly acted upon than the internal organs.

Apis symptoms are worse at night, but remit on the approach of daylight.

The effect is favorable when the dryness of the skin so yields that the surface of the body suddenly perspires and as suddenly dries off.

The symptoms of *Apis* should be compared with those of *Arsenicum*, *Belladonna*, *Cantharides*, *Lachesis*, *Ledum*, and *Rhus*.

PLACENTA PRÆVIA.

BY G. H. HACKETT, M.D., NEEDHAM, MASS.

Mrs. T——, aged twenty-two, engaged me to attend her at confinement, which she expected to occur about the 20th of August. She had no children, but told me that nearly two years ago she miscarried at the fourth month, having a very serious time, and from which she never fully recovered. On the

25th of July (nearly a month before the expected time), at 11.30 P. M., I was sent for. Arriving at the bedside, I found her having regular and frequent, though not very strong, labor pains; said she had had more or less of apparant labor pains at various intervals for two or three weeks, sometimes lasting for four or five hours at a time, at others not more than one or two hours.

On several occasions the pains had been so regular and severe she had almost decided that confinement was near, and was often on the point of sending for me, but finally the pains would cease quite suddenly, and she would have no more for a day or two. When finally she did send for me, she had been having pains with tolerable regularity for forty-eight or fifty hours, the pains all the time growing gradually more severe and frequent, and accompanied by a profuse flow of blood, amounting almost to serious hemorrhage.

An examination revealed the os well dilated and filled with a portion of the placenta. Passing the finger to the right side, I found the placenta entirely detached from that side, but upon the left side I found the placenta closely adherent to the uterus.

Passing by the detached edge of the placenta on the left, I discovered the membranes still intact, thick and strong. I made the attempt to pass the hand by the free edge of the placenta and grasp the foetal head and bring it past the placenta, but this proceeding I discovered would be sure to detach the remainder of the placenta, which would thus probably precede the head or advance with it, and nothing be gained. Meantime the pains were becoming more severe and protracted, with hardly perceptible cessation (intensified, doubtless, by manipulation), and finding that the placenta was being detached from the uterus quite rapidly, I decided that any further attempt to change the course of labor would not benefit matters any, and therefore I allowed labor to proceed without further interference, except to carefully watch its progress. Gradually the placenta became detached, and was forced into the vagina, and, with a few intense pains, and what assistance I could render, was quickly delivered, *together with the unruptured membranes containing the foetus and its accompanying fluids.*

Upon rupturing the membranes and removing the child, a female, I discovered that it still had signs of life, and after a few moment of vigorous manipulation, I had the pleasure of seeing it breathe, and had the *audible* evidence that a *cry-sis* had arrived. The umbilical cord, upon careful measurement, was found to be four and seven eighths inches long, and very small. The placenta was of medium size. The child weighed four and three quarters pounds, and at present writing (Oct. 5) is alive, well, and vigorous; and the mother is as well and strong as the average thus soon after confinement.

GRAPHITES IN AMENORRHŒA.

BY C. WESSELHOEFT, M.D.

Amenorrhœa with Hemicrania, Feb. 5, 1873. — Miss N. H., æt. thirty, living in comfortable circumstances, and not obliged to exert herself, presented the following history of her case: Had always been delicate and physically feeble since her menses commenced, which was when about twelve or thirteen years old. About ten years ago she experienced pelvic symptoms in the form of bearing down; her menses became too profuse and protracted, and suspecting "womb-trouble" she applied to a so-called gynæcologist, who happened to be one of that branch of practitioners who never disappoint a woman by not discovering "local disease." This was the diagnosis in this case, and "local treatment" was resorted to. This consisted in the introduction of a stem-pessary which never stayed in place, and had to be replaced every day for several months; it caused much flowing and great pain. At length the pessary was discontinued, and from this time the menses were at first natural, then lessened in quantity and duration, till they *ceased altogether* about two years after omitting the pessary.

Since the absence of the menstrual flow, this patient began to suffer from *unilateral headache of periodical character* to such a degree that her life, which had always been made wretched by feeble health, now became a burden to her. These headaches at first appeared about once a week. On

awaking in the *morning*, a *numbness* in the left side of the head would be the forerunner of a day of nameless misery. The *numbness* gradually seemed to concentrate near the supra-orbital region of the left eye, where it seemed to expend all its force. At noon *violent nausea* set in, but without ability to vomit; the patient *was tormented by retching and straining*. Besides these symptoms, there was *obstinate constipation*, backache and sensitiveness of spine, with great prostration on the least exertion. At intervals, between the periodical headaches, the patient was able to exercise moderately out-of-doors, and to occupy herself with light work. Besides these periodical severe paroxysms, lasting twenty-four hours, she had a continuous headache of *a dull aching kind every day, especially mornings*. The lifting exercise gave her much relief for a year, but after exertion of another kind, she felt a pain in the left groin (ovarian region) which made it advisable to discontinue that kind of exercise. Since then the headache troubles her more. *Nux vomica* and *Lachesis* were followed by relief of the constipation only, but not of the headache.

On April 11th, the prescription was Graphites ²⁰⁰ two doses, to be taken for two successive nights. There was no acute attack up to April 21. Some aggravation on the thirtieth led to a repetition of the medicine given as above. But after that the patient came only to report that she felt uncommonly well and bright. Thence the headaches recurred very rarely, and did not return for months. In the autumn the paroxysms returned several times, which was traced to the patient's habit of drinking tea several times a day, an important circumstance which she did not mention at first, and of which she was not suspected when making her first report; when this habit was interdicted the headaches ceased permanently and have not reappeared.

As it was, the headaches ceased, but the menstrual function was never re-established; notwithstanding which the young woman enjoys good health. The italicized symptoms were those which principally led to the use of *Graphites*.

April 1, 1873, Mrs. P., æt thirty-one; of anxious, fretful disposition, mother of one child, but not pregnant again since

ten years, on account of womb disease for which she had submitted to a great deal of local treatment for years. At this time there was no visible or tangible uterine disorder; but there existed a great degree of irregularity of menses, which *appeared at long intervals and rather scanty*.

Several months before the above-named date, this lady had been subjected to great fright on account of a case of small-pox which occurred in the house, and which worried her for many days, even after the small-pox patient had been removed. Since that time, now three months, her menses have been entirely absent; her appetite became poor; there were eructations; her skin was somewhat jaundiced; her breasts large, sore, and nodular. About this time I prescribed *Graphit. III. trit.*, six doses, of a grain each, one to be taken every third or fourth day.

May 23d, Mrs. P. reported that her menses appeared after taking three powders; and again in five weeks. Having observed the patient since that time, I can state that she continued to menstruate with this degree of regularity ever since, and would have been much better could she have been induced to adopt a more regular mode of living and eating.

[*To be Continued.*]

A CASE OF METRORRHAGIA.

BY WALTER WESSELHOEFT, M. D., CAMBRIDGE, MASS.

THE following case appears to me to present a sufficient number of both therapeutic and pathological points of interest to warrant its publication:—

Miss W., thirty-three; not robust, but of well-rounded frame, leuco-phlegmatic habit, and without constitutional taint; has always menstruated regularly and abundantly, but by no means profusely, the beginning of every period being attended with half a day of painful dysmenorrhoeic symptoms. She has passed through several severe sicknesses in former years, among which are to be mentioned an attack of whooping-cough some twelve years ago of great violence and long duration, and three years later, a typhoid fever. The former attack was followed —

whether in consequence of the treatment or the severity of the disease, could not be ascertained — by an enfeebled digestion with a distressing tendency to vomit after eating, with loud and painful retching, especially after any slight irregularity in diet. The typhoid fever left behind it, in addition to these symptoms, a generally debilitated and anæmic state accompanied by persistent costiveness and a tendency to facial neuralgia, all of which symptoms have remained until the present day, but without either an organic lesion or interference with a tolerably active mode of life. Within the last year, during which she has been under homœopathic treatment, she has suffered much less from dysmenorrhœa, and vomiting after meals and neuralgia.

On the 18th of May last, while in her ordinary health, the menses set in at the regular time, in normal quantity and without change in their character or accompanying sensations. Instead of ceasing, however, on the fifth day as usual, the flow continued unchanged during the following week without exciting alarm or causing additional discomfort. Having taken cold at time of the regular period by driving in an open carriage, she suffered from a distressing and obstinate cough which disturbed her sleep and affected her breathing. For this she consulted me on the fifth day of the metrorrhagia, *i. e.* ten days after the setting in of the period, mentioning incidentally that the menses were continuing unusually long. The cough yielded readily to a few doses of *Arsenic*, and its removal was attended with a general improvement in the feelings of the patient, but without affecting in any way either the character or the quantity of the uterine discharge. Four days later I was asked to visit the patient, whom I found in excellent spirits. The discharge continued undiminished, painless, slightly clotted and of a brighter red than during the menstrual flow proper, and in quantity sufficient to necessitate a change of cloths every four or five hours. The more marked features of the case were the absence of all aggravation from moving about; the decided increase of the flow at night in bed; the appearance of the uterine discharge as the continuation of the normal catamenia, and the total absence of any local or constitutional symptoms to account for its existence. Although some of the old symp-

toms of indigestion, such as nausea and retching after eating were present, the appetite was fair, the bowels sluggish as usual, and what struck me as peculiar, the evacuations, though attended with much straining and effort, caused no increase of the hemorrhage. As the case appeared to be one of simple congestive metrorrhagia, and as a vaginal examination was contemplated with terror by the patient, this was not urged at the moment. The usual symptoms of uterine flux, such as bearing down, aching in the loins, fulness and pressure, etc., were present, but caused no great discomfort. *Ipecac.* was given at first in view of the active hemorrhage of bright red blood, the nausea and vomiting of food, an oppressed, constricted feeling in the chest, and tendency to nervous irritability. This was continued for two days with but little change except a darker color of the discharge and greater coagulability: as no decrease in the quantity followed and the other symptoms became more marked in consequence of the increasing debility, *Nux Vomica* was tried, but without success. This was followed by *Secale* and finally by *Chamomilla*, as the discharge had increased in quantity, was dark and clotted, and discharged in gushes with sharp labor-like pains accompanied with increased irritability and very ill-humor, a condition which was brought about by the application of cold compresses. The last-named medicine was followed by immediate and gratifying improvement which lasted for five days. The discharge had not wholly ceased nor lost its distinct sanguinolent character, but it was sufficiently diminished to allay all apprehension of danger and to enable the system to recuperate its strength rapidly.

On the morning of June 6th, after a somewhat restless night caused by symptoms of oppression of the chest, bearing down, and slight cramp-like pains in the hypogastrium, the hemorrhage broke out afresh without any apparent cause, as the patient had committed no error and had remained perfectly quiet on the hard, cool bed upon which she had been lying from the first. A vaginal examination was now undertaken without delay, but revealed nothing of importance. The vaginal walls, though close and small near the introitus as was to be expected in a virgin, were very soft, yielding, and loose about the for-

nix; the uterus was high up in the pelvis, enlarged, heavy, softened, but perfectly movable; the cervix thickened, elongated, smooth, and somewhat flabby, except at the right extremity of the os, where a slight hardness existed with a perceptible indentation, above which, externally, careful touching could discover a very minute roughness scarcely as large as the head of a pin. As the withdrawal of the finger was followed by long-continued and painless hemorrhage in decidedly larger quantity than before the examination, and as nothing so far revealed justified the suspicion of either a pathological or physiological presence within the uterine cavity or cervical canal, further mechanical exploration was discontinued. The usual measures, such as perfect rest, coolness, air, etc., were continued as a matter of course, and as all external applications including pressure and cold had proved rather injurious than otherwise before, the treatment was confined strictly to the internal administration of medicines. *Secale*, *Millefolium*, *Pulsatilla*, *Arsenic* exercised no marked effect, though the discharge, which was painless, bright-colored, flowing at intervals, and decidedly worse at night, gradually diminished under their use until June 17, when *Ipecac.* was given and followed by a marked change for the better within a few hours in both the quantity and character of the blood.

Although symptoms of pronounced anæmia were now present, the general condition of the patient began speedily to improve under a plain, nutritious diet. The nausea and vomiting, which had been exceedingly unyielding and injurious by preventing the acceptance and digestion of sufficient food, subsided entirely, and the depression of spirits and irritability which had increased to a painful degree followed them at once. By June 16th and 17th only a very slight discharge remained, scarcely enough to cause a small stain on the napkin of a light, reddish-brown color and here and there with a slight stringy clot. During the day there was no discharge whatever; whatever came away did so during sleep at night.

As the time for the regular period had now arrived, quiet and caution were strictly enjoined and observed, and until the night of the 18th everything was favorable. But early in the

morning of the following day the menstrual molimina appeared, followed after a few hours by the usual uterine colic which lasted until the discharge was well established. The discharge was moderate at first, but soon began to increase to an alarming degree amounting by noon of the same day to actual flooding. A second vaginal examination discovered no more than the previous one except a more loose and soft condition of the vaginal walls and of the uterus itself. The hardness and indentation near the right extremity of the os had disappeared, but the small wart-like roughness still remained. The hemorrhage was steady, but slightly clotted; of a bright red color again; painless and odorless. Great nausea and loathing of food and drink had again set in, and, as the result of the renewed loss of blood, signs of a serious degree of bloodlessness were showing themselves by the evening, in spite of *Ipecac. Sabina* and *China*. Ice applied to the sacral region and to the abdomen proved as fruitless as merely cold application to the abdomen and thighs had been before. The danger was now so great that any but local and mechanical means to check the flow were out of the question. A pledget of lint soaked in dilute *tincture of iron* was placed against the os and held in place by a piece of fine cambric filled through a large-sized Ferguson's speculum with cotton wool and lint until the whole fornix and vagina were full* and could be felt *per rectum* as a large and solid mass.

* It is an exceedingly simple matter to point out when the tampon should be used in cases of uterine hemorrhage, as all the text-books and gynecological treatises abundantly show; but the precise way of applying it properly, safely, and with as little suffering as possible is a very different affair. I remember seeing in the earliest years of my practice an assistant of the late Dr. Simpson of Edinburgh attempt to plug a vagina with a large silk handkerchief, in a case of miscarriage with excessive hemorrhage. The torture he inflicted and the utter uselessness of the plug after it was supposed to be in place filled me with dismay; and it is a matter of surprise to me that plugging in that fashion should still be recommended on the authority of teachers in the profession, and attempted by men of experience, as I have had occasion to witness very lately. Let no young practitioner think that a silk handkerchief or any other fabric, however fine and well-oiled, can be introduced well up in the vagina by the fingers alone. The only way to plug successfully with the least amount of suffering is to place the patient in the lithotomy position and to introduce the plugging material, long strips of lint or cotton wool, through a large-sized Ferguson's speculum.

For several hours no further hemorrhage occurred, outwardly, at least; but towards morning the napkins again became stained, and very soon after soaked with blood, forced out by uterine contractions, which had set in, and at first led me to hope that the organ had been aroused to a healthy degree of activity either by the distension or the remedial effect of the *China*, which had been continued. The increasing anæmia, however, soon proved this hope delusive. As the bleeding increased, the plug was removed about the middle of the day for the purpose of readjusting it in a more effectual manner. With its removal, however, the hemorrhage subsided in a great measure, and as the patient was comparatively comfortable in spite of the extreme exhaustion, all mechanical interference was discontinued for the time. This favorable condition continued until near ten o'clock at night, when the flow began once more with the discharge of blackish clots and much watery blood, attended by great nausea, fainting, clammy sweat, vertigo, tinnitus, and severe neuralgic pains about the eyes and the back of the head. The pulse had become almost imperceptible, the lips blanched, the breathing oppressed, and the extremities cold. As any risk promising the least degree of hope appeared justifiable under the circumstances, I injected about two drachms of dilute tinct. of *Muriate of iron* into the cervix after having cautiously used the tube of the syringe to explore the cavity of uterus, without discovering anything in the nature of a morbid growth or an inequality of the uterine walls. Having made sure that the injected fluid was not retained by the uterus, the cervix was compressed against the sacrum by another plug as well as this could be done, while the patient was lying on her side, and a firm binder and thick pad adjusted about the abdomen. During nearly twenty hours this appeared to be effectual, and scarcely a drop of blood escaped; but by the end of that time, *i. e.* the evening of June 21st, the nausea again began, nourishment was rejected, distressing pains of a bearing-down character set in, and with them a copious oozing of serous blood. After waiting long enough to assure myself that the womb refused to contract, and that the danger to life was once more becoming imminent, the plug was again removed,

and the administration of Metcalf's *Extract of Ergot* in formidable doses immediately begun. Much gain had been made through the day under *China*, and nutritious drinks of wine, whey, strong broth, egg, etc., but it was extremely doubtful whether this would last until the *Ergot* should have time to take effect. The removal of the plugs gave much relief, and was followed by a diminution of the discharge, but the patient soon fell from one faint into another, showed marked threatenings of the convulsions of extreme anæmia, the pulse was gone from the wrist, and all were prepared for a speedy end. This, however, did not set in. On the contrary, daylight brought a gradual improvement in the general condition: intervals of rest, a perceptible pulse, the ability to swallow and retain food, etc., and what appeared most strange, without any sign either objective or subjective of contractions of the uterus. The discharge continued in the form of a steady oozing of this watery blood with occasional black clots, no longer stringy, but in the form of crumbs as the result of the styptic. Throughout the day of the 22d the *Ergot*, which appeared to be exercising a curative rather than a physiological effect, was continued, until towards evening, when the pupils became dilated, followed by drowsiness, numbness of the extremities, and other signs of poisoning, but still without any indications of uterine contractions. The day had again been sufficiently favorable, but the night was at hand, and all the powerful means had proved vain except as temporary measures. Towards midnight the neuralgic pains about the back of the head and temples again began to disturb the patient and were soon followed by nausea, retching, and finally by increased discharge. The uterus was neither smaller nor firmer than on the previous night, and it was evident that the absence of blood and arterial pressure alone prevented the final collapse. In this extremity nothing was left but individualization once more, but the salient features of the case were not easily distinguished. In looking over the remedies which were characterized by a marked increase of uterine discharge at night, *Bovista* met my eye, but would not have arrested my attention for a moment had this remedy not proved of decided service in this same patient some months ago, for

the severe neuralgic pains in the eyes and temples, with painfulness and pressure in the occiput, and nausea and vomiting of food, excessive itching of the scalp, distressing flatulence, constipation, and great depression and ill humor, accompanied by a sense of enlargement and fulness of the whole head. All these symptoms were again present under the altered circumstances of the case, besides profuse sweating of the head and many others which may be found in Allen's Encyclopædia. A fresh trituration of this medicine was therefore immediately prepared and given without loss of time, with the effect of producing marked uterine contractions after the third half-hourly dose. These contractions occurred at intervals of from twenty minutes to half an hour, and were followed at first by a copious discharge of a thin grumous character, but without any increase of the hydræmia and its attendant weakness. The nausea and neuralgic pains were also benefited though by no means removed, and by the evening of June 22d the whole condition of the patient was more hopeful. The night to the 23d passed without increase of the discharge, the pains continuing at varying intervals, and with varying intensity and duration.

On the following day Dr. Ahlborn saw the case with me in consultation, and as the tendency to improvement continued, it was decided to make no change in the remedy, notwithstanding the extreme exhaustion which still remained. As no further active hemorrhage occurred it is needless to detail the further course of the recovery, which was tedious and often most discouraging. *Ferrum* and *Arsenic*, suggested by Dr. Ahlborn, proved of great service, as did also *Crocus* and *Cocculus* at a later stage. The hydræmic state, however, produced by the long-continued and excessive hemorrhage, proved so intractable that the patient was absolutely unable to raise her head from the pillow for many weeks, and only now able to get into the air by being assisted down-stairs (Oct. 3d). The menstrual periods have been looked forward to with great apprehension, but she has already passed through three without the least sign of danger or disturbance and with very much less suffering than she ever remembers to have had at these times. The first

period, which occurred about the middle of July, was merely a slight show of this serous discharge lasting only a few hours. The second and third were more decidedly sanguineous but very moderate in quantity, so that very little is to be feared for the next and future periods.

I have detailed the case at length so that every one who chooses to read it may draw his own conclusions concerning the nature of the disease and the effect of the remedies. These latter were all given low, the *Chamomilla* in drops doses of the tincture, and the *Bovista* — from the exhibition of which I date the actual turning of the case for the better — in the second centesimal trituration.

In conclusion I may state that every clot and every cloth removed from the patient was examined scrupulously, and that nothing appeared in either to account in any way for the hemorrhage. The only possible cause which appears to me worthy of mention is the fact that a number of days before the disastrous catamenial period the patient was induced by a friend to drink freely of the St. Leon spring water, which contains, besides some thirty per cent of common salt, other salts of *soda*, *potash*, *lithium*, *magnesia*, etc., in great abundance. More than half a gallon of this mineral water must have been consumed before the patient discovered that it was not likely to do her much good.

NEPHRITIC PAINS IN ATAXY.— Dr. Maurice Raynaud has attempted to show that in locomotive ataxy, “nephritic crises” may occur analogous to the gastric crises to which M. Charcot has called attention. The statement appears to be based on one case only, which alone is not very conclusive. Its details, however, are of interest. The paroxysms of pain were of great intensity, and were at first separated by intervals of perfect health. Afterwards they were more frequent, but not less intense; and ultimately a state of continuous, profound “endolorissement” was reached with grave general symptoms. The character and seat of the pain, the retraction of the testicle, and the diminution in the *quantity* of the urine, present features closely resembling those of calculous, nephritic colic. It is distinguished, however, according to M. Raynaud, by longer duration of the attacks, lasting six or eight days without intermission; the frequent return of the attacks, which occur during several, even six months; and by the entire absence of those changes in the urine which are so constant in calculus. In the case described, sclerosis of the posterior columns of the spinal cord was found after death.—*Lancet*.

The New England Medical Gazette.

BOSTON, OCTOBER, 1876.

MEDICAL JOURNALISM.

It is our purpose in this article to lay before the readers of the GAZETTE some of the difficulties which the editors of a medical journal have to encounter. We imagine that very few physicians, except those who have had experience, can form any conception of the amount of labor, regularly recurring, which has to be performed before a journal is ready for publication. We will mention what has to be done on the GAZETTE by way of example: first, an editorial must be written for every issue; then again, other journals, allopathic as well as homœopathic, have to be read, in order that such articles and items may be extracted as would be of general interest, and that our readers may be informed of what is going on about us; again, books which are sent from the various publishing-houses have to be reviewed, and this is no small task when one takes into consideration that it necessitates the careful reading of the books and the comparison of them with standard works on the subject of which they treat. This has to be done carefully and conscientiously, since we cannot be too cautious what books we recommend and what we condemn. Last, but by no means least, we have all the proof to read and correct.

This much we are obliged to do, and we maintain that it is as much as can be expected of us. There are several reasons why we cannot fill the remaining pages of the GAZETTE from our own pen: *first*, because we have not the time with all the other work on our hands; *second*, if we had the time, our efforts would hardly represent what our journal, with its pretentious title of NEW ENGLAND MEDICAL GAZETTE, aspires to do; *third*, if we were to do so, our journal would naturally soon fall into disfavor. We often find ourselves, however, on the horns of a dilemma, with two alternatives staring us in the face: one, to try and fill up the deficiency with our own hands; the other, to delay the publication of the GAZETTE. Of these two evils we always choose the lesser one, preferring to be behind time rather than to adopt a course which would be certain death to the journal. We keep hoping from month to month that there will be a change for the

better, and that our editorial drawer will be filled to repletion with material, but alas for our hopes! we are about ready to give up in despair. Occasionally, too, for our encouragement, we hear considerable fault found because the GAZETTE does not appear promptly, or hear that Dr. So-and-so does n't think much of that journal, or that there is never anything worth reading in it, nothing original, and so on, *ad infinitum*. Now, we wonder if it ever occurred to these gentlemen that there is one good way to better matters, and that is to send us something. If any article in the GAZETTE contains views which are at variance with those held by *any* member of the profession, let *him* or *her* answer those opinions through our pages; they always stand open.

What we want here in New England is a good *live* journal, one that shall represent New England Homœopathy, one that all physicians in the East shall look upon as the medium through which they may express their opinions, argue in support of their pet theories, and report their successes or failures.

It may be that the GAZETTE cannot answer this purpose; if so, let us have one which can, and we will gladly lay aside our journal and welcome and heartily support the new one.

Meantime we shall try to keep the GAZETTE in existence, and we earnestly ask the profession for support. At this time many of the State societies are holding meetings, and many good papers must of necessity be laid before them for consideration; if they are worthy of consideration and debate, they are worth publishing, and at present there is no better place than in the GAZETTE. We hope the secretaries of the various societies will help us by sending us the best papers, and a full report of the proceedings.

Besides these papers and society matters we want short reports of cases in which the symptoms which led to the selection of a remedy are clearly shown; in this way the pages of the GAZETTE may be made a source of instruction to all members of the profession, and in this way alone can we ever hope to see the study of our *Materia Medica* systematized and simplified. What we do *not* want, is the name of the disease and the name of the remedy, for, as the veriest tyro in Homœopathy knows, the name of the disease is of very little assistance in the selection of the remedy, since no two cases ever present exactly the same train of symptoms.

Finally, we want articles on medical logic. We think it is of great importance that we should be able to give some good, logical reason for the "faith that is in us"; it is true that the results of practice

make a strong argument in favor of our law of cure, but it is hardly sufficient for educated men. We should have some satisfactory explanation of the way in which homœopathically-selected remedies act in the cure of disease. We think the ordinary explanations satisfy very few in our *own* school, and are by no means sufficient to appeal to our allopathic brethren, further than to excite their contempt and ridicule. We know that most of the men in our ranks have the ability to write as able articles as any which appear in the best of the journals of the dominant school; the trouble is, they lack the inclination. We hardly need to remind the physicians of our school of the importance of being ready to answer all the points which are raised against us by our opponents, and we merely suggest that the periodical literature is the only place in which this can be done to the best advantage. To the physicians of New England we make one last appeal to support the GAZETTE, since, with all its defects, it is the only homœopathic journal published in this part of America.

If we all work with a will, there is no reason why we may not have a journal of which we shall be proud, and which shall be worthy to stand side by side with the best in the world.

WE are informed on good authority that the people of Wheeling, Va., are lamenting the want of a homœopathic practitioner in that place. There are many homœopathic families there, and the society is said to be very pleasant.

WE are pleased to acknowledge the receipt of a new journal, the *North Western Annalist*, published in Dubuque, Iowa. The editor is E. A. Guilbert, A.M., M.D. We wish him all success, and hope that he will be well supported by the profession in his endeavors. The *Annalist* is to appear quarterly, and, judging from the number before us, will be well worth the small subscription price, \$1.50 *per annum*.

THE fourth lecture session of the Boston University School of Medicine opened on Wednesday, Oct. 4, at 12 M. The Dean, in a few introductory remarks, welcomed the students to their work, and presented Prof. E. P. Colby, of Wakefield, who delivered the introductory address (see elsewhere) before a large audience comprised of the faculty, students of the college, and physicians of Boston and vicinity. The new term opens with brilliant prospects: more than double

the number of applications having been received than ever before, and undoubtedly the whole number of students this year will reach two hundred or more.

During the past year the hospital on the adjoining grounds has been fully completed, and is in many respects the finest in the country. The spacious grounds have been greatly improved by the laying out of walks, planting of trees, and erection of a neat and tasty fence. The dispensary has been greatly enlarged, now occupying a suite of eight rooms, and is extensively patronized, thus furnishing a large amount of important clinical matter. Altogether, the school has progressed faster than its most sanguine friends anticipated, and never were its prospects so brilliant as at the present time.

CORRECTION — In the September number of the GAZETTE, the *Nitrite* of *Amyl* was printed in many cases *Nitrate* of *Amyl*. The substance in question is a Nitrite and not a Nitrate.

CORRESPONDENCE.

FROM OUR LIVERPOOL CORRESPONDENT.

ON Aug. 31, Dr. Hayward called together about twenty of his colleagues, and gave them an account of the reception met with by himself and his fellow delegates to "The World's Homœopathic Convention."

Amongst other things, he said that nothing could exceed the kindness and liberality with which they were treated; that everything had been done, professionally and socially, by their American colleagues to make the visit a pleasant and profitable one. He had been very favorably impressed by the character, the ability, and the position of homœopathic practitioners, and of Homœopathy in America; and he felt that a closer bond of union and a greater familiarity between the homœopathic practitioners of the old and new worlds would result from the convention, and be a benefit to Homœopathy and to its practitioners and patients throughout the world.

He was glad to be able to say that his American colleagues appeared inclined to enter heartily into the work of the Hahnemann Publishing Society. They had requested him to draw up a short account of its organization, its objects, and its work, past, present, and future, in order that they might understand how to act in reference thereto.

He submitted to his colleagues the account he had drawn up, and they approved of it, and hoped the Americans would put their shoulders to the wheel and carry forward the work.

The following is a copy of this document:—

THE HAHNEMANN PUBLISHING SOCIETY.

This Society has been established in England on the model of the *Sydenham Society*; that is, it is composed of members who pay a guinea subscription, and for this they receive a guinea's worth of books or other printed matter at about cost price.

Its objects are: The publication of English and the translation of foreign, well-arranged practical Homœopathic works, which, though essential to the English homœopathic practitioner, are expensive to print and of so limited a sale as to deter publishers from bringing them out at their own risk. See *Monthly Homœopathic Review*, viii, 458.

In the old school, where the workers are numerous, a sufficient number of works are presented to the Society to enable it to supply a guinea's worth each year, and the subscription is annual; but in the new school, where the workers are (at least in England) necessarily few, a sufficient number of works are not presented annually, hence the subscription is not annual but occasional; that is, a fresh subscription is called for only after the previous one has been exhausted, by the member having been supplied with a guinea's worth of books at about cost price. This must, of course, occur more or less frequently, according to the amount of matter presented to the Society for publication or translation. The number of members in the *Sydenham Society* enables it to pay for the work done for it; and with a slightly increased number of members the *Hahnemann Publishing Society* will be able to do the same; even now it is prepared to make small grants to meet certain expenses of workers.

The *first* and most important work for a homœopathic practitioner to possess being a pure *Materia Medica*, the Society first addressed itself to this object. Now, the essentials of a *pure Materia Medica* are that it shall be a record of the pure effects of the drug; and that they shall be recorded in the natural order of their occurrence, with the conditions, the concomitants, and the connections of the symptoms carefully maintained, so as to give a true picture of the morbid state producible by the drug. These essentials have been carefully kept in view in the preparation of the *Materia Medica* being issued by the Society, — *The Hahnemann Materia Medica*, — and it will be found that they have been strictly carried out with the five medicines already presented to the members; the groups of the symptoms have not been chopped up and dismembered as in other homœopathic *Materia Medicas*, but given whole and entire as they occurred. This is, however, the only *Materia Medica* in which this plan has been followed. See "Introduction to *Hahnemann Materia Medica*."

As it is necessary not only to have a general idea of the morbid state producible by drugs, but to be able to adapt the particular symptoms producible by drugs to the particular symptoms presented by patients, the second most important work for the homœopathic practitioner to possess is a *Complete and Handy Repertory*, or index to these symptoms in the *Materia Medica Pura*; the Society therefore next addressed itself to this object. Now, the essentials of a complete and

handy repertory are, that its arrangement shall be such that any symptom may be quickly found; and when and wherever found, the symptom shall be complete, with all its essential connections, and with all its conditions and concomitants, and its locality distinctly and fully given, and yet the book itself be of such a size as to be easily handled. These essentials have been carefully kept in view in the preparation of the Repertory being issued by the Society, — *The British Repertory*, — and it will be found that they have been strictly carried out in the fifteen chapters already presented to the members. It may be said, It is impossible to give every symptom in the *Materia Medica* under all the separate headings of all its parts, of all its conditions, all its concomitants, all its connections, and all its localities, and yet “the book itself be of such a size as to be easily handled.” True, it had previously been found to be impossible; but this difficulty has been overcome in the *British Repertory*, and this has been done without interfering with the general usefulness or easy reference; it has been accomplished by printing in the ordinary type only the word looked for, and filling in all the other parts of the symptom in cypher: by this means the word looked for is found as in other repertories, but each time the *whole* symptom is filled in by cyphers, so as to be given in full each time, but to occupy only little space. Thus, if a *pain* be looked for it will be found in full in ordinary type, but the condition, the concomitant, and the locality are given in cypher; if the *condition* be looked for it will be found printed in full as usual, but the pain, the concomitant, and the locality are given in cypher; if the *concomitant* be looked for, it will be found printed as in other repertories, but the pain, the condition, and the locality are given in cypher; and so if the *locality* be looked for, it will be found printed in full, but the pain with its conditions and concomitants are given in cypher: hence each time any part of any symptom is looked up, the *whole symptom*, with all its natural connections, is presented to the eye of the practitioner in a very small space. And *this is the only Repertory in which this is the case*. Speaking of this Repertory, Dr. Constantine Hering says: “A number of real, *i.e.* well-educated physicians, have performed the laborious task, with the evident intention of giving the homœopathic practitioners a better work than any former, even in the German literature, and in a more concise form, a repertory which is more complete than any other. . . . This repertory might be a turning-point in the course of our art in England and here and prevent the rapid ‘going down’ which has become apparant of late years.” *American Homœopathic Review*, 1858–9, vol. i, p. 518.

Now, besides the indications for the use of drugs presented in their pure effects on the body and mind, there are an immense number of very useful indications derived from the *usus in morbis*; and though these “clinical indications” should be carefully excluded from the *Materia Medica*, and the repertory thereto, they should not be neglected. The Society has therefore addressed itself to the collecting and arranging of these in repertorial form, in the THERAPEUTIC PART of the *British Repertory*. The British homœopathic Society has given a grant of £100 towards the expenses of the work. For the

plan and illustrations of this work, see *British Journal of Homœopathy*, xxxi (1873), p. 385; and *Monthly Homœopathic Review* (1870), xiv, p. 468; (1871) xv, pp. 89, 321, 651; (1873) xvii, pp. 524, 684, 720; see also *British Journal of Homœopathy*, xxix, p. 140.

The benefits of forming a society of this kind are, that a fund is provided to meet the expenses of publication, the works are published as economically as possible, and they are supplied to the members without trouble to them, and at about cost price: thus, books sold to non-members at 18s. are sold to members at from 9s. to 15s.; those sold at 7s. for 5s. 6d.; those at 4s. for 2s. 6d., and so on. It is earnestly hoped, therefore, that every homœopathic practitioner will join the Society, because, to carry out its objects and fully to reap the advantages it offers, and to enable it to pay for the work done for it, it is necessary that the number of its members should be large. There are in Great Britain over 300 professed homœopathic practitioners, and yet only 88 are members of this Society; though to every one of them its works are absolutely essential to accuracy of practice! If those who are not members have purchased its publications they have each paid for them about 17s. more than they would have done had they been members, besides having withheld from the Society the assistance of their countenance and support; and they have so far retarded the progress of our noble cause. All that is necessary to constitute membership is to send the name and address and a guinea to the secretary, Dr. John W. Hayward, 117 Grove Street, Liverpool (if P. O. O., made payable at Myrtle Street), and he will forward the books as they are published. Let it however be remembered that it is not only members that are wanted but it is *workmen*; indeed, the funds are in excess of the demands for them; it is workers that are wanted, and it is earnestly hoped that not only will members suggest works for the Society to publish or translate, but that they will themselves also assist in completing the *Materia Medica*, the *Repertory*, and the *Therapeutics*' work of the Society. The work offers choice calculated to meet the tastes of all:—there is *materia medica* work, which will suit those who have a taste for the real groundwork and science of Homœopathy; there is *repertory* work, which will suit those who delight in truly symptomatic treatment; and there is the clinical work which, as well as suiting those who delight in keynotes, will also offer an opportunity to the older practitioners, whose long experience has taught them many very valuable clinical indications.

These three spheres of work are confided to three Committees: I.—The “*Materia Medica* Committee,” of which Dr. Dudgeon is convener; II.—The “*Repertory* Committee,” of which Dr. Drysdale is convener; III.—The “*Therapeutic* Committee,” of which Dr. Pope is convener; and all work presented to the Society is finally submitted to IV.—The “*Printing and Publishing* Committee,” composed of the President, Vice-President, and the Treasurer and Secretary.

The Works already — 1876 — published by the Society are:—

I. — *The Hahnemann Materia Medica*, containing: *Kali bichromicum*, by Dr. Drysdale; *Aconitum*, by Dr. Dudgeon; *Arsenicum*, by Dr. Black; *Uranium nitricum*, by Dr. E. T. Blake; and *Belladonna*, by Dr. R. Hughes.

II. — *The “British Repertory,”* containing: chaps. i, “Disposition,” ii, “Mind,” iii, “Head,” iv, “Eyes,” v, “Ears,” by Dr. Dudgeon; vi, “Nose and Smell,” vii, “Face and Neck,” viii, “Teeth and Gums,” ix, “Mouth and Tongue,” x, “Throat,” xi, “Appetite, Taste and Digestion,” xii, “Acidity, Nausea, and Vomiting,” xiii, “Stomach.” by Drs. Drysdale and Stokes; xiv, “Abdomen,” by Drs. Drysdale, Stokes, and Hayward; xv, “Stools and Anus,” by Dr. H. Nankivell.

III. — *The “Therapeutic Part,”* specimen chapters: “Bronchitis,” by Dr. R. Hughes; “Jaundice,” by Dr. J. Gibbs Blake; “Acute Rheumatism,” by Drs. Drysdale and Blake; “Obesity,” by Dr. Ker; and “Morbid Growths,” by Dr. Black.

The work now in hand is — *Materia Medica: Natrum Muriaticum*, by Dr. Galloway; *Naja tripudians*, by Dr. Pyburn; *Crotalus*, by Dr. Hayward; *Phosphorus*, by Dr. Burnett; *Iodine*, by Dr. R. Hughes; *Mercurius*, by Dr. Hawkes; *Conium*, by Dr. D. Dyce Brown; *Nuxvomica*, by Dr. Charles Jones, of Albany, U.S.A.; *Actæa and Æsculus*, by Dr. H. M. Paine, of Albany; *Pulsatilla*, by Dr. Woodward, of Chicago; *Colocynth*, by Dr. Nichol, of Montreal, Canada; *Sepia*, by Dr. Gale, of Quebec. **REPERTORY.** — Supplement to chapters I, II, III, by Dr. Dudgeon; Chaps. — Female Genitals, by Drs. Drysdale and Stokes; Male Genitals, by Dr. A. C. Clifton; Urinary Organs, by Dr. Simpson; and Skin, by Dr. J. G. Blackley.

As work urgently wanting doing the following may be named: — *Materia Medica.* — *Agaricus, Aloes, Ammonium carbonicum, Antimonium tartaricum, Argentum nitricum, Arnica montana, Berberis, Bromium, Bryonia, Cantharis, Chelidonium, China, Clematis, Coccus-Colchicum, Cuprum, Cyclamen, Digitalis, Gentiana cruciata, Graphites, Hyoscyamus, Ipecacuanha, Juglans, Kali nitricum, Mezereum, Opium, Plumbum, Rhus, Sulphur, Thuja, Tilia, Zincum.* All these are powerful and well-proved medicines, and their present list of symptoms, arranged on the plan of the Hahnemann *Materia Medica*, would bring them into the place in practice they richly deserve. **REPERTORY.** — Chapters: Chest, Heart, and Lungs, Back, Upper and Lower Extremities, Sleep, and Fever. **THERAPEUTIC PART.** — Any of the diseases or classes of disease, named in the Registrar General’s Nosological Tables.

It will be seen that there is a wide range of work, and that every homœopathic practitioner of any ability may find something to do to help on the art by which he lives and by which he wishes to build up a name and fame. We say to all — old and young, English, American, German, and French, and, indeed, to every homœopathic practitioner in the world — to every one who lives by Homœopathy or loves our noble science — to all, we say, Help us! To each one we say, Will *you* undertake to collect and arrange the symptoms of one of the well-proved drugs? If you will, write to that effect to the Convener of the *Materia Medica* Committee, Dr. Dudgeon, 53 Montague Square, London. Will *you* undertake one of the remaining chapters of the *Repertory*? If you will, write to that effect to the Convener of the *Repertory* Committee, Dr. Drysdale, 36A, Rodney Street, Liverpool. Will *you* undertake to collect and arrange the clinical, non-

A PRACTICAL TREATISE ON THE DISEASES, INJURIES, AND MALFORMATIONS OF THE URINARY BLADDER, THE PROSTATE GLAND AND THE URETHRA. By Samuel D. Gross, M.D. Third edition. Revised and edited by Samuel W. Gross, A.M., M.D. Philadelphia: Henry C. Lea. 1876.

ITEMS AND EXTRACTS.

THE TREATMENT OF SEVERE SPRAINS. — Mr. Sampson Gamgee observes that severe sprains are often serious fractures; though no bone be broken, or only a bit may be chipped off, the ligaments and fasciæ are ruptured, blood being extravasated into the joints, into the sheaths of tendons, and for some distance not unfrequently between the layers of muscles. The swelling is great, the pain intense. The orthodox treatment by leeches and fomentations is valueless compared with circular compression and perfect immobilization. He quotes a passage from Mr. Holmes's recent work on Surgery to the effect that antiphlogistic treatment should be employed, but maintains that not only can the patient bear well-applied pressure from the first, however great the swelling and acute the pain, but it may be laid down as a general rule, to which he has never seen an exception, that in severe sprains effusion is most surely checked, and once it has occurred its absorption is most rapidly promoted, while pain is most effectually relieved by pressure and immobilization. He thinks it is as true now as when Velpeau taught it, that "compression is the sovereign resolvent in contusions with infiltration and swelling." Mr. Gamgee illustrates these observations by giving the details of a case of an elderly gentleman who had sprained his ankle in going over a ploughed field. The joint became hot and exquisitely painful. The circumference over the heel exceeded that of the corresponding sound joint by nearly an inch and a half. It had been proposed that an operation should be made to let out matter that was believed to have formed; but Mr. Gamgee proposed and adopted the following treatment with perfect success: the limb was enveloped from the toes to the knee in fine cotton wool; well-moulded pasteboard splints were applied on each side; a uniform compression bandage was adopted, the outside being starched. After three days the case was slit open, the edges pared and reapplied, and in a fortnight the patient was convalescent. The pasteboard splint was replaced with emplastrum elemi spread on leather, and a Churton's bandage over all; no further inconvenience was felt. — *Lancet*, April 29, 1876.

ACTION OF THE COCA LEAF. — Mr. Dowdeswell has recently made some observations on this drug, which has been brought into notice in consequence of its having been supposed to be used by Weston in his pedestrian feats, though he has himself denied the statement. The leaf has been known in Europe since the time of the conquest of Peru by the Spaniards; and the earliest account given of it was by Dr. Monardes in 1569. The plant is exclusively cultivated at the

present day on the slopes of the Andes, and is a bushy shrub from six to eight feet high when cultivated. The leaves are gathered with great care and dried. When dried they are chewed by the natives of the country, and are used both to sustain strength and to appease hunger in the absence of other food, and as a stimulant or narcotic in the same manner that opium, tobacco, and alcohol are used in other countries. A little lime is added to the leaves. Somewhat less than an ounce is chewed per diem. All accounts agree in attributing great powers of endurance to its use; miners, for instance, chewing it every three hours, being able with a handful of maize to work for twelve hours in the mines, while an Indian runner will carry a load of a hundred weight for ten leagues over rough roads in eight hours by its use alone. Stevenson again asserts that the natives, if supplied with it, require no other food for several days whilst performing work. It appears to be doubtful whether it exerts any deleterious influence on the economy or not.

ARREST OF CONVULSIONS BY THE SINISTRO-LATERAL POSTURE. — I have seen two cases of convulsions arrested almost instantly by turning the patient over upon his left side. I adopted this procedure from experience of the good effects of this posture, both during chloroform inhalation, and subsequently in the stage of recovery from the anæsthetic. The profession owes a debt of gratitude to Mr. Bader for first pointing out the advantages of this posture when danger threatens a patient under chloroform inhalation.

A few months since a man suffering from Bright's disease was seized with uræmic convulsions in my presence. I turned him upon his left side and the convulsions ceased instantly.

Recently a man, aged fifty-six years, in impaired health from chronic catarrh, was seized with unilateral (right) convulsions. His consciousness and power of speech were intact. He had been convulsed for ten minutes when I entered the house, and he was growing worse. I turned him over upon his left side, and the convulsions ceased in about ten or fifteen seconds. He had experienced a similar seizure on Dec. 9, 1875.

I hasten to report these cases, for I am certain that marvellous results will be obtained in convulsive diseases (possibly even in epilepsy) by sinistro-lateral posture. I conjecture that this form of posture acts beneficially by favoring the action of the heart, but I leave this question to physiologists. — *F. J. Brown, M.D., Practitioner.*

PERSONAL.

HENRY B. CLARKE, M.D., has removed from New Bedford to No. 9 Marlboro' Street, Boston. Office hours from 12 M. to 2 P.M., except Wednesdays and Saturdays, when Dr. Clarke will visit New Bedford.

I. T. TALBOT, M.D., has removed to 66 Marlboro' Street.

FREDERIC N. PALMER, M.D., has removed to No. 9 Joy Street, near Mt. Vernon Street, Boston.

F. J. M. WHITCOMB, M.D. of the Class of '76, Boston University, has opened an office in Nunda, N. Y.

New England Medical Gazette.

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BOSTON, NOVEMBER, 1876.

[VOL. XI.

THE HOMŒOPATHIC TREATMENT OF PNEUMONIA BY DR. KAFKA, OF PRAGUE.

EXTRACT FROM HIS GREAT WORK, DIE HOM. THERAPIE.

[*Croupous Pneumonia, translated from the Revue Homœopathique Belge.*]

NIEMEYER pretends that the results of the expectant method of Vienna and of Homœopathy are a proof that pneumonia no more needs active treatment than erysipelas, measles, variola, and other diseases of a well-determined cyclic course. This eminent professor attributes no value to the homœopathic method, which he considers the *nihilismus* in medicine; he believes that in the affection which we are considering, the best treatment is that which does not interfere with the normal course of the disease. We are of a different opinion, after the numerous observations which we have made with the greatest care. Homœopaths have learned to understand, from the labors of the physiological school, the cyclic course and the different forms of pneumonia: we know, then, upon what to rely when we find ourselves in the presence of this affection; we are convinced that by a proper employment of our remedies, pneumonia does not go through its course fatally, and that we can arrest it in its march.

Observation has taught us that each form of pneumonia demands a special treatment. Croupous pneumonia is treated differently from catarrhal, and this, in turn, differently from pleuropneumonia and from interstitial pneumonia. It is very important, therefore, from a therapeutic point of view, to be able to distinguish these varieties.

We have acquired in this treatment a precision and a certainty far beyond all other methods. Hence we are eager, in the interest of the medical art, to publish scrupulously our manner of acting.

The circumstances which influence the treatment are: the violence of the fever, the seat and the extent of the local affection, the period at which the disease has arrived when we undertake its treatment, the antecedents of the person affected, the condition of the strength, the consecutive phenomena and the complications.

Croupous pneumonia always begins with a chill more or less violent, followed soon by febrile symptoms, for which homœopaths prescribe *Aconite*. We used to follow this plan, but *Aconite*, the remedy which is often heroic, has *never* given us any results in these cases.

In catarrhal and rheumatic inflammations, it has a powerful and rapid action, but in the fever accompanying croupous inflammations, we may say it never gives any good results; not only is the temperature not lowered, but the pulsations of the heart do not diminish in frequency, there is no perspiration, and the febrile heat becomes still stronger and more dry.

The lack of efficacy of the *Aconite* is a sign that the disease which is developing will be severe.

We see the same thing in all croupous inflammations, even in *angina pseudo-membranacea*.

It is, in our opinion, the great quantity of fibrin in the blood which keeps up the fever; this diminishes only when a local exudation is formed; before that happens, antiphlogistic remedies, even *Aconite*, are of no use.

As soon as the local symptoms begin to manifest themselves, and we can diagnose pneumonia, which is impossible before the appearance of the phenomena of localization, nothing is to be expected from *Aconite*, even when the fever is very intense; we must turn to remedies which have the power of arresting the croupous exudation in the pulmonary alveoli.

We have, in the articles on croup, bronchitis, and pleurisy, indicated the remedies which we employ against croupous inflammation; we will now examine these remedies carefully with reference to the pneumonic process.

We will speak first of *Iodine* and its various preparations. Among the symptoms recorded in the pathogenesis of this remedy we find: respiratory tract strongly affected; anguish and constriction of the chest, with tearing, piercing pains; on breathing, sensation of a great obstacle in the chest, which seems too narrow; cough, with constriction and stitches in the chest, with pain when taking a deep breath, great difficulty of breathing, etc., etc. These symptoms of the pathogenesis are, unfortunately, not accompanied with toxic or stethoscopic symptoms indicating pneumonia. In the pathogenesis of *Kali hydriodicum*, however, we find some symptoms, toxic and physical, of pneumonia, but the rest of the symptoms point rather to pleurisy. We attribute this to the want of observation and research in regard to this remedy; but we can testify that in croupous pneumonia, pure *Iodine* from the first to the third dilution, six, eight, or ten drops in a glass half full of water at the commencement of the localization of the disease, a teaspoonful every half-hour or every hour, according to the intensity of the disease, has given us results as rapid and surprising as *Tart. emet.* in pleuro-pneumonia. Often after the fifth or sixth dose, the dyspnoea, the oppression and the pain diminish, the cough becomes easier, the fever abates; after six or ten hours the pulse falls from 120-112 to 100-92, very often a slight moisture is perceptible, and the patient feels better. By continuing this treatment regularly, we have never seen any exacerbation of the symptoms, and the pneumonia leaves no traces.

On examination of the patient, we ascertain still all the objective symptoms of pneumonia, but it is arrested in its evolution, and we soon see the period of resolution set in; expectoration is easy, thin, rarely puriform; it diminishes rapidly in quantity to such an extent that twenty-four hours after the exhibition of *Iodine*, the cough and expectoration have completely disappeared.

Kali hydriod., first to third, acts in the same way when there are signs of pleuro-pneumonia and when *Tart. emet.* has had no effect, which is a proof that the disease is a croupous inflammation, for the cure of which *Tart. emet.* is powerless.

The action of *Kali hydriod.* is as rapid in the treatment of secondary croupous pneumonia, which may be developed in the course of a bronchitis, and when *Phos.* has had no effect; we shall refer to it again farther on, when speaking of the treatment of secondary croupous pneumonia.

Kali hydriod. is likewise a very important remedy in cases where pneumonia begins with a violent delirium which is not controlled by *Belladonna*.

In croupous pneumonia of the clavicular or sub-scapular region, when there is an hereditary or a constitutional predisposition to tuberculosis, the exhibition of *Kali hydriod.* is of great value.

We should not fear to administer *Iodine* and the *Iodide of potassium* in spite of the intensity of the fever, for *Aconite*, judging from the numerous experiments which we have made, is of no avail against croupous inflammation, which we should strive to arrest when it tends to become localized, — a thing which we have often accomplished in a surprising manner by the employment of these remedies. The stronger the fever, the smaller and more divided should be the dose, for the preparations of *Iodine* might increase the fever and the intensity of the local symptoms, an aggravation well-known to homœopathic physicians.

We advise those physicians who do not have homœopathic remedies at their disposal, or who do not dispense them themselves, to cause a half-drop or a drop of the *Tincture of Iodine*, a half grain or a grain of *Kali hydriod.*, to be dissolved in an ounce of distilled water, of which solution a teaspoonful should be given every half-hour or every hour according to the violence of the symptoms and the age of the patient.

We repeat that this beneficial action of the preparations of *Iodine* at the commencement of the localization of croupous pneumonia is produced without any critical periods or regular cycle, and when these remedies suffice to arrest the localization, they accomplish it in a short time and with surprising rapidity.

These important facts, which we were the first to establish, we have been collecting for more than twelve years with care and

precision; we have not published them because it was our intention to reproduce them in a monograph (1865). Each year our experience has been strengthened in every particular, and to-day we can recommend it to practising physicians as a *certain fact*.

Bromine comes next. Judging from the results of physiological pharmaco-dynamics and from toxicology, it bears a strong relation to pneumonia. In the experiments on animals, beside the different inflammatory lesions, such as those of the digestive tract and of the lymphatic glands, there has been observed an inflammation of the larynx and bronchi with exudation of a plastic lymph which obstructs almost entirely the respiratory tract, moreover, *a violent inflammation of the lung with hepatisation*, especially in the lower lobes. The pathogenesis of *Bromine*, incomplete and imperfect as it is, furnishes us with symptoms which affect the respiratory function in a marked degree,—great constriction of the chest, great difficulty of breathing with ardent desire to get air, dyspnœa with violent stitches in the lungs on taking a deep inspiration, with frequent cough, and pains in the head. The stethoscopic signs of pneumonia, however, are not reported.

Upon these pathogenetic and toxic data, we have administered *Bromine* in the third dilution, in the same way as *Iodine*, in cases where *Iodine* and *Kali hydriod.* failed to arrest the pneumonic process. We are sufficiently satisfied with the results obtained.

We must confess, however, that our experience with this drug is neither sufficiently long nor extensive for us to say with certainty to which form of pneumonia it is most suitable. Meanwhile we draw the attention of the reader to this remedy, which renders such good services in all the forms of croupous inflammation, and we think it is proper to exhibit it in pneumonia when *Iodine* does not act, when the inflammation is violent, extended, more central, and especially when the lower lobes are attacked.

Phosphorus comes third. This remedy has remarkable symptoms of pneumonia, equally in its toxicological and in its pharmaco-dynamic history; they are too well known to need repeating here. Moreover, homœopaths have employed it in all

forms of pneumonia, and could not exhaust their praises of it; we have also used it in that affection, and in numerous cases of inflammation of the chest; we have watched its effects with great attention, and long ago came to the conviction, that *Phos.* moderates the symptoms in a great many cases, but it does not always modify the cyclic course of the disease by arresting the progress of the localization. Such is notably the case in croupous pneumonia; the local extent of the disease is by no means arrested by the use of this remedy; we have often seen the febrile symptoms aggravated thereafter, fibrinous infiltration developed, and the disease run its ordinary cyclic course, even so that on the fifth, seventh, ninth, eleventh, or even the fifteenth day, it arrived at the period of resolution: such a result proves nothing in favor of the treatment. At the clinics of Prof. Skoda, at Vienna, we have often seen these affections of the chest run through their normal stages under the influence of inert drugs, such as the extract of *Dog's grass* or of *Liquorice*, and in our own practice we have established similar results with other medicine than *Phosphorus*; but when there is broncho-pneumonia, that is to say, when inflammation of the bronchi extends to the pulmonary alveoli, then *Phos.* is the sovereign remedy. We will, then, resume the treatment of catarrhal pneumonia.

In pleuro-pneumonia, *Phos.* has no especial action; here we much prefer *Tartar emetic*.

From our observation of *Phos.*^{3a}, it should be employed in croupous pneumonia only when other symptoms indicate it in a very precise manner. Especially when the sickness is very protracted, when infiltration is considerable, when the fever is low, even remittent; the patient is pale, weak, and prostrated, the sputa are viscous, expectoration difficult; we cannot establish one sign of resolution, a watery diarrhœa supervenes, which makes us fear a rapid sinking of strength; sometimes the tongue becomes dry, there is some delirium, finally adynamic symptoms. In this case *Phos.* can restore the vital forces, set up a healthful reaction, and give the disease a better aspect; here it does not act as an anti-pneumonic, but as a tonic; it is only in a secondary manner that it bears upon the progress of the pneumonia.

Thus we see how *Phos.* is so appropriate in typhoid and hypostatic pneumonia; it is equally serviceable in combating certain symptoms of interstitial pneumonia, with hæmoptysis and tubercles.

We will now resume.

Tartar emetic occupies the fourth rank among remedies for inflammation of the lungs; one is easily convinced by reading its pathogenesis; we have frequently employed it in different forms and stages. We are convinced that in pleuro-pneumonia it has a rapid and certain action, but in croupous and catarrhal pneumonia, although able to change for the better certain morbid symptoms, it cannot shorten the course of the disease.

Given symptomatically, *Tartar emetic* can render great service in leading the disease to a happy issue; thus, for example, in the stage of hepatization, when some symptoms of resolution have already been established, and râles are heard with much rattling in the hepatized parts and when the patient has not sufficient strength to expectorate this great quantity of accumulated mucus; when tracheal râles are established and pulmonary paralysis is feared. This state is observed chiefly in old people and children. Even when collateral inflammation sets up in the parts of the lungs spared by the disease, and more or less râles are already heard; when dyspnœa, cough, cyanosis, increase so that we fear pulmonary œdema; finally, when icterus is added, and sensitiveness of the pit of the stomach, meteorism, nausea, and vomiting, — symptoms most frequently met in pneumonia of drunkards, — we usually give *Tartar em.*^{2d} or ^{3d}, eight to ten drops in half a glass of water, two teaspoonfuls every half-hour or hour. We advise giving a stronger dose and a lower dilution, in order to avoid diarrhœa, which would weaken the patient. Should an emetic become necessary, we give preference to *Ipecac.* for the reason we have indicated in our article on bronchitis.*

(When capillary bronchitis makes new progress, notwithstanding the use of *Ipecac.* (^{3d}), and when dyspnœa increases,

* We give in the lines in parenthesis an extract from the treatment of bronchitis, to which Dr. Kafka refers the reader.

when cyanosis supervenes, when the features express great anguish, when cold sweat covers the forehead, when the extremities grow cold while the face preserves its warmth, then it is necessary to give *Tartar em.*³ or *Arsenic.*³, every hour or half-hour; sometimes *Lachesis*⁶ and *Veratrum*^{3d} may also be employed.

So grave a condition often amends under the influence of this treatment; dyspnoea diminishes, the cough becomes easier; there is abundant, firm, white sputa, sometimes preserving the arborescent form of the bronchi (in children, sometimes found in the stools); an amelioration is apparent, and the patient convalesces, though slowly.

If there is no amelioration, the patient falls, little by little, into a soporous condition; then comes collapse, the skin becomes livid, tracheal râles are heard (symptoms of blood-poisoning by carbonic acid), and the patient succumbs to capillary bronchitis or acute pulmonary œdema.

Sometimes there are symptoms which cause *pulmonary paralysis* or *cerebral apoplexy* to be suspected.

In the first place the tracheal râles become stronger, signs of general weakness augment, sensibility is less keen, there is marked cyanosis and collapse, at the same time expectoration becomes impossible because the cough diminishes in force and frequency; if the patient attempts to cough, one would think he were going to throw up a great quantity of mucus, but it recedes into the bronchi, and the râles return still stronger. In such a case, *Tartar em.*^{3d}, in doses very close together (every five minutes), is the only homœopathic medicine which can ameliorate; but if it does not relieve very soon, there is no time to lose, for symptoms of paralysis become more and more menacing. The vital indication demands that we promptly, by mechanical means, disengage the bronchi of the mucus which is there accumulated. For this purpose we use *Ipecac.* in doses of six, eight, and ten grains each; we give these powders every five minutes, till we produce free vomiting, after which, in favorable cases, we get amelioration of the symptoms.

When apoplexy menaces, the tongue and the face become bluish, and puff up from time to time, the veins on the surface

of the head and neck are distended, the conjunctiva is injected with dark-red blood, dyspnoea is very marked, and the cough has no strength. While the organs of sense and sensibility are unattacked, and the patient can still speak, *Glonoine* ^{3d} is the only homœopathic remedy that can ameliorate; but we must give it every five minutes. When sensibility is blunted, and the patient can no longer speak intelligibly, the vital indication is equally apparent. In such a case we should make every effort to save the patient. There is nothing to hope from internal remedies, and the slightest delay augments the danger. It becomes necessary to use mechanical means to diminish the pressure upon the capillaries, — the cause of this extreme condition. Here duty exacts that the physician abandon every idea of system, and employ the only means which, according to the most renowned practitioners of every school, can alone save the patient. In this case phlebotomy is the last resort of the physician. In happy cases the effect of bleeding is truly magic; it is as if a band were removed from the patient's neck.

If no amelioration follows the *Emetic*, which does not always succeed, or the bleeding, the patient is lost; but there remains to the physician the conviction that he has tried every possible means of saving him.

[*To be continued.*]

GRAPHITES IN AMENORRHŒA.

BY C. WESSELHŒFT, M. D.

[*Continued from last number.*]

THE following case presents imperfect data in the form of scanty symptoms, but as it is not an isolated fact, it is worth recording among other cases of a similar character.

Oct. 8, 1873, Miss S. reported that she had not had her menstrual period for three months, and suffered from constipation. The patient was unmarried, of an *anxious disposition*, characterized by nervous restlessness, *despondent*, and *troubled*

with fear concerning her health, and shed tears in relating her story; she was forty-three years of age. Uncertain as the indications were, I prescribed *Graphites* ^{3d} ^{trit.}, one powder each night.

Oct. 17 this patient reported that her menses came on properly during the week; her constipation had likewise disappeared, and her physical feeling of relief was greatly heightened by the consciousness that the summer of life had not yet departed, notwithstanding a few autumnal days. Native refinement prevented an expression of fonder hopes, yet even a dull observer might have perceived flickering traces of their revival when she inquired for the name of the medicine and asked for another prescription of the same. Perchance the wise assertion will yet prove to be true, that *Graphites* is in the climacteric period what *Pulsatilla* is in youth.

The following case is one of long-suppressed menstruation, and is remarkable on account of the absence of symptoms of physical discomfort.

Mrs. N., Oct. 22, 1873, had gone over her last menstrual period, which had not made its appearance, and was in doubt whether to attribute this state to pregnancy. She was about thirty years old, and had two healthy children, the younger over a year old; since the birth of which, her menses had appeared quite regularly for months. As she never experienced discomfort during the early stage of pregnancy before, it seemed very probable that this condition existed. The only course was to watch and wait, under the influence of a few doses of *Pulsatilla*. But the next period passed and the next. Although there was no sign of the appearance of the monthly flow, there were no symptoms of bodily discomfort of any kind. The fourth month had nearly elapsed, when feeling no motion, as she usually did early in pregnancy, the case became curious, especially as palpation of the abdominal walls revealed no enlargement of the womb. Still this might have escaped detection, as sometimes happens in fat subjects with roomy pelvis. But as there was no enlargement of the breasts, the existence of pregnancy became very doubtful.

Yet the only symptom was absence of menstruation, with every sign of perfect health and comfort, and the patient demanded of her medical attendant either the restitution of her menses or the proof of pregnancy. Certainly, a perplexing dilemma, like that of an impecunious individual confronted by his creditor, who, mighty in the justice of his cause, demands money or the loss to his victim of something far more valuable. If in this case the person making the demand had not been so persistently ladylike and confiding, escape would have been less difficult; but that was out of the question. Perfect composure under such circumstances is our only means of safety. Where there is blood and confusion, a little fidgetiness may escape detection. Not so in this case. "If I'm not pregnant, dear doctor, what am I?" reiterates the gentle patient with distracting persistency, while your most adroit endeavors to fathom the mystery are fruitless; there is not a symptom to guide you.

With utmost serenity, and without the loss of another word, the patient is offered six powders of *Graphites*, ^{3d} *trit.*, with the injunction to take one every third night, and is admonished that in a few days she will know her fate, as you hope.

Fortunately things turned out as desired and ardently hoped for. On the 10th of January the medicine was prescribed, and on Feb. 6 the menses appeared and progressed naturally and painlessly, though somewhat more profusely than usual. That was a year and a half ago, and still all is well, and still there is the same absence of symptoms. Hard times, they say.

CAUSTICUM IN POST-DIPHTHERITIC PARALYSIS IN THE FAUCES.

A. H. TOMPKINS, M. D.

IN a family where a daughter of seven years had just died of diphtheria under old-school treatment, a son of five years survived a severe type of the same disease under the use of *Bell.*, *Merc. prot.*, *Kali bich.*, etc., in the hands of my partner, Dr. Cross.

Dec. 1, 1875, urgency of other engagements forbidding his

attendance, I visited the patient in Dr. Cross's stead. Found him very nearly free of the local disease, but suffering from anæmia with stomach irritation, characterized by nausea and vomiting of food, with very sour breath, desire for ice to hold in the mouth, etc. Though dressed and walking about the room he would frequently retire voluntarily to another room and lie down, as if from sudden weakness. Pallor was marked. The urine showed some albumen. Added to this the *speech was unintelligible*, though he had formerly spoken distinctly, and upon attempting to swallow fluids, much would return through the nose. Having received *Arsenicum* before with little apparent benefit, I now left him *Phos.* ^{3 dec.} in water, every three hours, and encouraged the parents to believe that control of the muscles of speech and deglutition would be regained as the general strength increased.

Dec. 6. Some improvement in condition of stomach, though there is still sour vomiting of ingesta and phlegm occasionally, and sour breath pretty constantly, bowels constipated, the mother describing "limy-looking spots" in the solid fæces, which in other respects reminded her of the stools of a dog. Upon examining the throat, which was a difficult procedure, owing to the patient's retching as soon as the mouth was fairly opened, the uvula was found apparently stuck to the right anterior curtain, as if being wholly without tone; a chance deviation from its normal position had been maintained by the adhesive nature of the secretions, which were very abundant, though not easily detached by hawking. My impression, received at this and subsequent examinations, was that it was adherent sometimes to one and sometimes to the other side, but have since doubted whether it was not always to the same right side, in which case a paralysis affecting only the left half would afford the best explanation of the fact. Speech and deglutition were not in the least improved. Depending still more upon general strength to overcome this state of things than upon specific medication, I gave directions for a substantial diet at regular hours, and left *Rheum.* ^{3 dec.} in water, three doses daily for several days. Of course I depended upon nature, because I didn't know the *true similimum*.

I did not see the boy again till Dec. 28. He was then very much improved in strength and flesh, but his parents were tired of waiting for him to regain intelligible speech and ability to drink without making a spectacle of himself at the table. The hopes I had held out to them had not been verified in these respects to the slightest extent, and I now noticed, what had not appeared at my last visit, *an unsteadiness in gait* while running about at his play, for which he seemed to have quite sufficient energy and spirit. There was even a silly merriness over it, which the mother assured me was not nature. He did not appear to be aware of anything wrong in his walk or conversation. His mother mentioned a cough, noticeable principally at night.

Having decided before leaving the office to follow Raue's suggestion of *Kali brom.* (though he speaks only of post-diphtheritic "anæsthesia of the roof of the mouth and fauces" in connection with this remedy and *Argentum*, while, in the case under consideration, I must think the motor nerves, were also involved), I left some powders of *Kali brom.*, crude, to dissolve for a gargle thrice daily.

Jan. 1, 1876. No improvement. Cough seems to trouble considerably at night. Stools have the same peculiar appearance. His hemming and hawking have a singular resemblance to the same efforts in very old men. Continue *Kali brom.*, gargle, and swallow a teaspoonful each time.

Jan. 6. The father called in the evening, and wanted to know if I could not do something to relieve the boy's cough. Said James would wake up from two to four times in the night, and cough sometimes for an hour without cessation, unless it were for a short time after taking a swallow of water; and though the cough sounded very loose, he could not expectorate at all. There was still no improvement in speech or swallowing of liquids. As Raue's recommendation of *Argentum* for a similar sequela in the fauces was based solely on the fact of his having "cured a numbness in the fauces by it," no attendant symptoms or other reason for its use being adduced, I here relinquished my intention of using that remedy, owing to a glimmering of something better ahead, perhaps, and considered the symptoms. First, the latest ones of the cough, which was *worse at night*,

loose sounding, but without expectoration, allayed for a time by a swallow of water; then the tottering gait gave, as I thought, the finishing touch to an indication for *Causticum*, and I accordingly gave that remedy in the 30th potency, twelve powders, one to be taken after each paroxysm of cough, providing they were two hours apart, otherwise skip and give after the next one.

Two weeks later, not having heard from the case, I called out of curiosity to know what had happened. Judge of my pleasure when James answered my salutation in well-articulated speech, and, walking across the floor, showed that his "legs were so queer" no longer. The mother was on the point of coming to the office simply to tell what a change the last medicine had wrought. I learned that not more than three or four powders had been taken before a decided improvement in the cough was apparent, and at the same time the speech was noticeably more distinct. After that, four or five days sufficed to rid him entirely of the cough, as well as of any disability of speech or swallowing of liquids. The stools became natural, and his return to health was rapid and uninterrupted. Since then, up to this time (November, 1876), his mother thinks he has been, in several respects, very much healthier even than before he had diphtheria, — a state of things, if true, not often obtaining, I suspect.

I should state that at this last visit I found a recent development in the form of diplopia, which yielded in a day or two to *Gels*³.

A CLINICAL CASE.

BY W. F. SHEPARD, M. D., BANGOR, ME.

LUCY F., aged fifteen years, light hair, gray-blue eyes; naturally of a bright and lively disposition and amiable temperament. Resides in Plainfield, Conn.

When seven years of age she had a severe and alarming illness, lasting about six weeks, of which pain was the most prominent symptom, first in the head and later in the stom-

ach and lower part of the body. Cannot ascertain whether the pains were rheumatic or neuralgic in character. She was treated mostly with *Morphine*.

From that time for several years she was subject to slight attacks of a similar character.

About a year and a half since, the trouble began to gain upon her, and increased in severity each month.

A year ago, in reply to some inquiries concerning her case, I received by letter the following from her aunt: "She (the patient) says, there is no commencement to the pains, and no end — for they are all the time when she is awake. They work simultaneously in the head, back, stomach, arms, hips, legs, and feet. They are, however, more severe in one locality than another, as a general thing; of late they have been more acute in the head, running down the back of the neck (not drawing the head back). These pains are attended constantly by nausea, and the more severe the pain the greater the nausea. She says it is difficult to describe it. The sensation is as if one in front and another behind were pulling at her head as though they would tear it asunder. So with the limbs: it seems as if some one were trying to draw them from the body. Sometimes spasms of sharp pain shoot across from ear to ear, and through the eyes. The pains grow slowly worse toward five o'clock P. M., and do not abate until ten, eleven, and sometimes twelve o'clock, when sleep comes in spite of the pain. She awakes with it, and after a languid morning and some breakfast, she will be comparatively comfortable for several hours. She does not sleep at all in the day-time.

"No particular tenderness of the spine, except what comes from lying in bed; never had any humor, except what is called 'hives,' which appeared three years since and which has been an occasional annoyance at times. The pains are neither relieved nor aggravated by walking or moving; warm, clear weather favorable; cold and wet, otherwise; cold applications not well borne."

As I have said, that was a year ago. During a recent visit

to Connecticut I gleaned the following: For the past year the pains have continued about the same, though less severe at times. Great nervous excitability has supervened. She can see no one but her immediate family. If even an intimate friend should enter the room unannounced, she would be prostrated by nervous shocks for hours. She cannot be touched, and scarcely moved, on account of excessive tenderness of the flesh, especially of the lower limbs. There is occasional numbness in the body and limbs, particularly the latter. Limbs and abdomen swollen and "shiny." Could not ascertain if it is anasarca, but the impression was that there is no pitting on pressure. Has to sit almost straight to avoid palpitation of the heart and distressed breathing, induced by the recumbent posture.

Tongue and fauces at times coated with whitish substance, and when this occurs there is a choking sensation; great intolerance of light and noise; has been regular in menstrual functions all through her sickness, — which is quite remarkable. A great portion of the time she suffers from chills down the spine, accompanied by intense burning in the stomach, and extreme nausea. She has vomited but twice during her illness, although the nausea has been such a constant symptom. There is great loathing of food and considerable loss of taste. At one time, during the summer, for *thirty-six days* in succession no nourishment of any kind or description passed her lips, neither was anything given by enema; she took nothing but pure cold water. Since then her diet has consisted chiefly of a little weak coffee and small quantities of weak clam or oyster broth daily; she has always craved a good deal of salt in the food. There is intense thirst for large quantities of water; bowels are usually loose, discharges watery and painless; faecal discharges, when any, consist of hard, small lumps; mind clear, and she is generally cheerful. She has taken a good deal of *Mercury* (in shape of blue pill), *Quinine*, and *Opium* in some form in times past, but has had no medicine for several months. The only relief from the pain she ever experienced was for a few days through the ministrations of a magnetic physician. As the patient is a near relative of

mine I am naturally much interested in her case. I have not seen her since she has been ill, but got this account from her friends. Of course the report of any case is incomplete without a transcript of a full physical exploration, but as it is impossible to obtain that I will venture to ask, From the symptoms detailed, what is the disease and what the remedy?

P. S. — Since writing the above, I have heard from the case as follows: The swelling of the abdomen had gone entirely down, and there was a partial diminution in the swelling of the limbs, neck, and face. The pain in the stomach and lower limbs, especially the feet, had returned with redoubled force, and is described as "terrific." The mother of the patient is an experienced nurse and a very intelligent lady, and she says that there is no pitting on pressure, knowing herself that such a condition would indicate dropsy.

DIPHTHERIA.

JOHN J. SHAW, M. D., PLYMOUTH, MASS.

THERE were a large number of cases of diphtheria in Plymouth last winter and spring, of which I treated upwards of sixty.

One of my first cases was a child five years old, robust and healthy.

About the sixth day the membrane commenced a gangrenous degeneration, which resulted in frequent and severe epistaxis, much blood and gangrenous tissue passing down the throat and causing frequent vomiting. She died from exhaustion, symptoms of laryngitis appearing just before death.

The case was treated with *Bapt.*⁶ and *Merc. bin.*³, which apparently had no effect on the progress of the disease. I also used some *Carbo veg.* crude, which seemed to have a slight effect on the hemorrhage.

In all cases after this where there was epistaxis I have always used *Carbo veg.* ^{3x}, and have never known it to fail. I think its effect has been more marked when I have left powders to be administered whenever the above symptom has appeared, than when it has been dissolved and given every two or three hours.

I have seen no good effect from *Merc. bin.* One case (a boy of eight years) in which, under its use, laryngitis was developed, I succeeded in curing with *Kali bichro.* $\frac{1}{20}$, *Spongia*, and hot applications to the throat. Another similar case, in spite of similar means, progressed to the fatal issue.

In children there has been a marked tendency to the development of the croupous form, even in mild cases, and no medicine (*Lach.*, *Spongia*, etc.) has seemed to have any effect to prevent. More than half such patients died. I had the pleasure of seeing one little girl, who was suffering severe dyspnœa, repeatedly relieved by a powder (2 grs.) of *Kali bichro.* $\frac{1}{20}$ and ultimately cured. The above means cured six out of fourteen.

In the majority of cases I have employed the alcoholic spray as an application to the throat. This has seemed to act very favorably by its homœopathic action (as I conceive) on the throat and by its power to disintegrate the membrane, while it also tended to prevent gangrenous degeneration. When there has been a decided tendency to the latter result, I have sometimes added a little *Carbolic acid* with good results.

I think highly of local internal applications, and in fact have not lost a case in which the patient was old enough or brave enough to have this matter thoroughly attended to. External applications I consider equally important.

In ordinary cases salt water applied cold and changed quite frequently has prevented the discoloration which often appears. In the laryngeal variety a slice of pork, well peppered, or painting with *Iodine* has done better. *Gelsemium* has seemed to act well in the drowsy period and when there have been nervous twitchings.

NUPHAR LUTEA AS ANTIDOTE TO RHUS TOXICODENDRON.

IN May of the present year, being severely poisoned by poison ivy, I tried quite a number of remedies without relief.

After suffering about two weeks, and growing no better, being advised to wash the parts affected with the juice of the *Nuphar Lutea*, I procured some of the fresh root, and applied

the juice with almost magical effect. The pain and swelling were relieved in a short time, and from the time that I began its use, recovery was much hastened. My design in bringing this remedy forward in this connection is that I do not remember of ever seeing it noticed as an antidote for *Rhus tox*.

At the same time that the *Nuphar Lutea* was applied externally, *Rhus*^{3d} was taken three times a day.

Since writing the above, two cases of *Rhus* poisoning have presented themselves, and have been treated locally with *Nuphar Lutea*; internally, with *Rhus tox*.^{3d}, three times a day. The result has been satisfactory.

B. A. SAWTELLE.

OPERATION FOR OBLITERATION OF DEPRESSED CICATRICES AFTER GLANDULAR ABSCESS OR EXFOLIATION OF BONE.—Mr. William Adams has performed this operation with great success. So many faces are rendered unsightly by these deep cicatrices, that any operation which results in the removal of the deformities must be a blessing to those afflicted by them. The operation is original, and consists in subcutaneously dividing all the deep adhesions of the cicatrix, by a tenotomy-knife introduced a little beyond the margin of the cicatrix, and carried down to its base, so as to carefully and thoroughly evert the cicatrix, which remains prominently raised. Two hair-lip pins or fine needles are then passed through the base, at right angles to each other, so as to maintain the cicatrix in its everted and raised position, where it is so retained for three days. At the end of this time the needles are removed, and the somewhat swollen and infiltrated cicatricial tissue is allowed to settle gradually down to the proper level of the skin. He gives the full history of three such operations in his paper. The permanency of the cure is illustrated by cuts of two cases, in one of which the operation was done nine, and in the other three years ago. The depressions seem to be completely obliterated. — *British Medical Journal*, April 29, 1876.

THE COURSE OF CERTAIN BRAIN FIBRES — A. Frey communicates the following case to the *Arch. f. Psych. etc.*, vi, p. 327. A man died of erysipelas soon after the development of the symptoms of a localized cerebral paresis. At the autopsy the only lesion found was a small, sharply-circumscribed focus of softening in the middle of the white substance of the right hemisphere, at the level of the under surface of the corpus callosum, between the nucleus caudatus internally and the fossa of Sylvius externally, at about the height of the anterior third of the corpus striatum. As the paresis involved the whole left arm, left angle of the mouth, and left half of the tongue, it was assumed that the fibres for the innervation of these parts must run through the seat of softening. — *Centralbl. f. d. Med. Wiss.*, May 6, 1876.

The New England Medical Gazette.

BOSTON, NOVEMBER, 1876.

HAHNEMANN PUBLISHING SOCIETY.

WE wish to call the especial attention of our readers to this Society, an account of which appeared in our last issue in connection with a letter from our Liverpool correspondent.

Its objects, as stated in the communication, are, "The publication of English and the translation of foreign, well-arranged Homœopathic works." At present the Society is engaged in publishing three books which are of paramount importance to every homœopathic practitioner in the world, *the Hahnemann Materia Medica*, the *British Repertory*, and the *Therapeutic Part of the Repertory*.

The *Materia Medica* is designed to contain nothing but the pure effects of drugs, without the admixture of *clinical* symptoms so common in our text-books; these effects are to be arranged in "the natural order of their occurrence, with the conditions, concomitants, and the connections of the symptoms carefully maintained." To this book one can refer with the certainty that what he finds is attributable to the drug alone, which is more than can be said of any other *Materia Medica* with which we are acquainted. This book is to be especially recommended to students, who should learn the *pure* drug effects first of all: the clinical symptoms come later.

The busy practitioner feels the necessity of some convenient book which may serve as an index, as it were, to the *Materia Medica*, that the special drug-symptoms may be adapted to the special symptoms presented by patients. This necessity is met by the second work of the Society, the *Repertory*. It is a matter of importance that the book should be handy for reference and yet contain all the parts of a symptom; "this has been accomplished by printing in ordinary type only the word looked for, and filling in all the other parts of the symptom in cipher," so that if one looks for a *pain*, a *condition*, a *concomitant*, or a *locality*, he will find the whole symptom presented at once, and in a compact form.

There are, moreover, a large number of useful indications derived *ab uso in morbis*; these are contained in the *Therapeutic part*. These clinical indications cannot be disregarded, but they should not find a place in a work on *Materia Medica Pura*; as a separate book they are

of great value, whereas confusion alone results when all are mixed together.

“The Society is composed of members who pay a guinea subscription, and for this they receive a guinea’s worth of books or other printed matter at about cost price.” This ought to be a great inducement to physicians to join, for they can save money and at the same time assist the Society in accomplishing its purposes.

It is not alone members that are wanted, but *working* members, — men who are willing to put their shoulders to the wheel and help along the good cause. Here is a splendid chance for American physicians to assist their English cousins; the number of homœopaths in England is small compared to our own country, and it seems nothing more than fair that we, who hope to derive much benefit from the work of the Society, should do our share of the labor. It seems as though a great deal of apathy had taken possession of our physicians of late years, and there seems to be a growing disinclination to work for the common good. Most practitioners are content to practise simply, and to avail themselves of the labors of the few who have the *advancement* of homœopathy at heart, without doing anything themselves to help on the cause. The union of physicians which was the chief strength of homœopathy in its early days seems to be entirely wanting now; there is as much need of it now as there ever was, for the prejudice of the old school is as strong as ever.

The Hahnemann Publishing Society is attempting a labor which will simplify and systematize the study of the *Materia Medica*; and as the committee says, the work is *homœopathic not British*, and they earnestly call upon all who love the cause to help them.

We heartily second this appeal, and urge upon all the necessity of *work*. The subscription fee, a guinea (about \$5.75), is small, and need be no obstacle to our physicians. Let all who are willing to join and *to work*, send name and address, with the necessary amount for subscription, to Dr. John W. Hayward, 117 Grove Street, Liverpool, England. (If a post-office order, made payable at Myrtle Street.) Let us all take hold with a will.

HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY.

WE clip the following from the October letter of the Secretary of our Life Insurance Company: —

“Thus far this year, we have done well. Large increase of members have rewarded our joint efforts; yet two and a half months of the best working time of the year are remaining to us.

“Steady and systematic work will produce added volume of new business.

“We want to augment the gains of this year up to its very end.

“Then obtain every additional policy and collect every dollar possible, up to the end of December.”

Our New York friends are evidently alive.

CORRESPONDENCE.

BOSTON, Nov. 9, 1876.

MESSRS. EDITORS:—

I take great pleasure in offering you the following contribution for the Gazette. The article is by a gentleman whose interest in the subject is great, and whose observations may be implicitly relied on. The article speaks for itself, and will undoubtedly lead others to a more correct estimate of the relative merits of the climate of Colorado.

Yours truly,

C. WESSELHOEFT.

COLORADO AS A HEALTH RESORT.

So many are annually going to Colorado in pursuit of health, and so many more are inquiring about the region, that a few words, by one who has spent several months among the invalids there, may not be uninteresting.

The first question is, What is there about Colorado which makes it peculiarly healthful? It is from one to two miles above the sea level, and the rarity of the air has an exhilarating effect upon people. The lungs are compelled to increased exertion, and the expansion of the chest is often remarkably increased in a few months.

Being in the centre of the continent, its climate is not affected by changes of wind. The wind sometimes does not change for weeks. In fact, no one takes any regard of it; and a Boston man, who has been accustomed to look out the first thing each day to see, by the vane, what the weather will be, loses this occupation at once.

Again, Colorado is very dry. It is an almost rainless region. The ground is so dry that a frost scarcely hardens its surface, and a thaw does not produce moisture and mud. The ground is as dry as can well be, yet has sufficient clayey material to prevent its becoming sandy. There is no dew nor mist, and very little rain.

Can I get there easily? You can go from Boston to Denver with two changes of cars, and without walking a hundred steps. You can leave Boston Monday afternoon, and go without change to Chicago, where you will arrive Wednesday morning; leave there at once, from the same depot, for Kansas City, and reach it Thursday morning; and thence, from the same depot, set out for Denver, and, after a ride which will be full of interest, reach your destination Friday afternoon. Pullman cars, or better, run all the way.

Would you advise me to go? If you need a vacation, Yes; if you

are asthmatic, Yes, for you will find complete or partial relief, and will rejoice with hundreds already there, and respectfully known as "wheezers"; if you have a tendency to throat or lung difficulties, Yes, and you may become entirely free from unpleasant symptoms; if you have dyspepsia, Yes, by all means, for a new life will come to you as you ascend toward the mountains.

A person with heart disease must not go, for he will be in the worst possible place. The heart will become more and more enlarged by its futile efforts to work in the light air, and death will be hastened. A rheumatic patient may be advised that this is the one disease of Colorado, and that he had better stay away.

How long must I stay? This is an important point, not sufficiently understood. You must go, if you go with consumptive tendency, to stay there as long as you wish to live. Your lungs, once adapted to the new climate, will never bear that of the coast and damp prairies again. Many persons invigorated beyond what they conceived to be possible by a few weeks in it, return to arrange their affairs; but they never see Colorado again, or if they do, they reach it exhausted and incapable of relief.

The writer accompanied a lady on her way east, who had spent a winter and her means in Colorado. She left there much benefited, and indicating her condition only by a slight cough. That cough grew steadily worse, and at Chicago she had a hemorrhage. The patient barely reached home, and took at once to bed.

What of persons already in consumption? The city of Denver receives many hopeless cases which ought never to have left home. No one in consumption is cured in Colorado, and if people come alone and with little means, they endure everything and enjoy nothing. The cost of living, however, is only about what it is here, and there are many consumptives who go, and bless the day they were advised to it, for they can go out nearly every day the year round. The air is never raw, and seldom very cold. Winter weather is like our October. It is wonderful to notice cases where both lungs are in advanced stages of disease, yet the patient comes regularly to meals, rides or walks out each day and, save for a daily turn of fever toward night, seems well, and passes the time in a genuine vacation.

Different persons like different places in Colorado. Some enjoy the bustling life of Denver, others seek the quiet and lovely resort at Manitou, and others seek other points. All are good. Denver has the advantage of good homes and an active out-door life, together with stores and places of amusement.

Nervous patients may be more so in Colorado. A lady, sent out after recovering from inflammation of the brain, became so excitable that she could not remain. But let it be remembered that a trip out and back is itself an excellent vacation, and can hardly harm any one, while he will long recollect with pleasure the unclouded sun, the balmy air, the glorious mountains, full in summer of camps of invalids, the continuous good weather, and the thorough hospitality of the people.

WHITLOW.

MESSRS. EDITORS:—

I WOULD like to call the attention of your readers to a method of treatment for *Whitlow* which has given me very good satisfaction in a number of cases in *private* and *dispensary* practice. The *progress* of the disease has been *materially hastened*, and the *suffering mitigated*. The device is simple, and commends itself, for *convenience* and *cleanliness*, above the *flax-seed* or *bread and milk* poulticing.

Before attempting to *describe* the treatment, I will say I have no claim to *originality*, though I do not know to *whom* the *credit is due*. When suppuration seems inevitable, I wrap about the finger patent sheet-lint (*cotton batting* does very well), saturated with a solution of *Hepar Sulphur*, and envelop this dressing in a sheath of gutta-percha tissue (for which *oil-silk* may be substituted). Thus the *warmth* and *moisture* of a *poultice* are secured. The tissue which incloses the application practically prevents atmospheric evaporation, so that the solution escapes only by *absorption* into the diseased part, whither it carries the *medicine* held in solution by it. The lint, of course, must be resaturated as often as it becomes dry. The pain is generally very quickly relieved by the application; but, if it continues, a few drops *Opi Tr.* may be added to the solution. *Suppuration* is accomplished with *astonishing rapidity* under this treatment. I continue the application so long as pus is discharged, substituting *Silicea* for *Hepar* in the solution *as soon as suppuration is established*, to derive its benefit in *limiting* the process. Sometimes during the process of *repair* granulation is *excessive* and *unhealthy*. We then observe a swollen condition of the wound, in which there may be a *pouting* fistula. This state of the part may be *transformed* into one of healthy action by an application of *Copper Sulphate* in *Glycerine* in the proportion of gr. v. (5) to ꝑiv (4), which application may be continued as long as "indicated."

This *Glycerole of Copper Sulphate* is a good application for unhealthy granulation under any circumstances, to that form popularly termed "*proud flesh*."

Have the readers of our Gazette no *clinical items* to present through its columns? They *ought* to provide you with an abundant fund of *practical* reading.

F. L. RADCLIFFE.

BROOKLYN, October, 1876.

Messrs. Editors,—Noticing "A Case of Metrorrhagia" that seemed rather intractable of treatment in the last issue of your valuable journal, I felt that it might be useful to the profession to testify to my method of treating just such or similar cases. Had the case reported been mine with the same symptoms, "*so much worse at night in bed and painless*" (see my *Obstetrics*, p. 557), *Magnesia carb.*²⁰⁰ would have been given at once. The gastric symptoms and the constipation, as well as all the other symptoms of the case, seemed to me to agree well with this remedy, and, as a whole, with no other in the

Materia Medica. I should have given it in water every three or four hours until I found some improvement, and would then have stopped unless a fresh aggravation made it advisable to repeat. I have known this remedy alone to cure many similar cases, always in the two hundredth or a higher potency.

It seems to fall to my lot to see *very many* cases of hemorrhage of different kinds, both of my own and those of my professional friends, and I can say in all truthfulness that I have no trouble in curing them always with medicines ranging from the two hundredth to the hundred thousandth potency. I make this statement with an honest desire to do the largest amount of good to the profession and thence to the human race.

Very truly yours,

H. N. GUERNSEY, M.D.

REVIEWS AND NOTICES OF BOOKS.

RUECKERT'S CLINICAL EXPERIENCES IN HOMŒOPATHY.

[*Rueckert's Klinische Erfahrungen in der Homœopathie.*]

THE meaning of the full title of this work is that it contains a complete collection of all homœopathic cures and practical remarks recorded in the German literature of our school, and of all those translated into German, to which subsequently the homœopathic cures recorded in American journals were added.

The work was begun in 1854, by *Dr. Th. Rueckert*, of Herrnhuth, and embraced the clinical experiences of 1822 to 1860, inclusive. At that time *Dr. F. G. Oehme* took up the work and continued it, including in it the German and American homœopathic literature of 1820.

Dr. Rueckert's labors resulted in four volumes containing from four hundred to a thousand pages each. In 1860 *Dr. Oehme* published the first supplementary volume of *Clinical Experiences in Homœopathy*.* After its appearance, various events prevented the continuance of the work, which, we are glad to see, is at length resumed by the industrious author, to whose efforts we are now indebted for the second part of the *second* supplementary volume, constituting the sixth of the entire work.

This collection of clinical cases, though long known in Germany, has, like many books published in a foreign language, but slowly found its way here. But now that the German language is fast being acquired by physicians, we take this opportunity of calling attention to it and its great practical advantages and special use, to which we shall presently return, after giving a description of its arrangement, from which the reader will readily derive an idea of the great service which this compilation of practical data may afford the practitioner.

Clinical cases are arranged according to the sections of the body,

* Leipsic: Edward Haynel, 1860. P. 956.

organs, tissues, and sometimes according to diseases peculiar to such parts, — a liberty of classification very appropriate in a clinical guide, if not in a text-book on pathology. It begins with the diseases of the head and brain (mind, brain, external parts of the head, eyes, etc.), and thus follows an order adopted in our common symptomatologies. Thus *the first volume* contains cured cases of mental diseases and those of the head and brain; then diseases of the eyes and digestive apparatus with numerous sub-sections. *The second volume* contains cured clinical cases of the urinary organs; the sexual systems, both male and female, including subsections on the diseases of every separate organ and tissue of these systems; also diseases of pregnancy and parturition. *The third volume* contains diseases of the respiratory organs with their subdivisions, including those of the heart, pleuræ, etc., diseases of limbs and joints; and *the fourth volume* embraces diseases of the skin, glandular organs, the nervous system, and fevers.

In order to give the reader a better opportunity of judging of the work, and also to point out its value as a book of reference, we will examine one of its chapters in detail.

The first chapter is that on mental diseases. It begins with a brief introduction and quotation of general observations by noted authors. Then follows a classification of the collection of clinical cases, showing that it embraces nearly every variety of mental diseases, such as melancholy, acute insanity, mania, idiocy, etc. The cases of each subdivision are numbered, and these numbers also serve as an index.

Next follows the enumeration of all remedies found to have been prescribed in the above-named cases, showing not only the class of remedies likely to be applicable in such cases in general, but also brief indications for each.

The detailed record of each cured case is given next, not promiscuously, but according to its value in regard to the degree of perfection with which it has been recorded. Thus the *first section* of the *first chapter* contains only cases in which one remedy exhibited a decided effect. These are, *e. g.*, cases cured with *Aconite*, preceded by a synopsis of indications upon which that remedy was prescribed, followed by a clinical account in detail of each case; this is the order throughout a list of twenty-six remedies, such as *Aconite*, *Anacardium*, *Arsenicum*, *Aurum*, *Belladonna*, *Calcarea*, etc.

Following this exact record of *bona fide* cases with one medicine and the symptoms which led to its selection, comes the second section of the chapter, containing cases requiring more than one medicine in their treatment.

In a *general review* succeeding the last section, we find recorded the relative frequency of prescription of each medicine. Thus *B. U.* was used thirty-two times, *Veratrum* ten times, *Stramon.* seventeen times, *Cuprum* five times, and so on.

A *brief indication* for each remedy, as prescribed, follows next in order.

The chapter on mental diseases is succeeded by that on affections of the brain and head, with its subdivisions on vertigo, apoplexy, inflammation of the brain and its membranes, hydrocephalus, delirium tremens, etc. Each section is carried out with the same minuteness

of detail, and affords the same opportunity for ready reference as described above, and so on throughout the first four volumes of Rueckert's *Clinical Experiences*.

We hope the title implies the use of English homœopathic literature also, which contains a wealth of excellent clinical cases, illustrative of the far-reaching efficacy of the homœopathic law.

The work is one of incalculable value in our literature, and affords the following great practical advantages:—

It is the clinical repertory of our school.

By virtue of its arrangement the physician is readily enabled to find at a glance the remedies that have been used in a given case from the beginning of our school.

It discloses in a clear and comprehensive manner precisely how far clinical use has hitherto corroborated the proving of drugs upon the healthy, often adding new practical experience in the form of cured symptoms, and also enabling us to distinguish those which prove to be of minor importance or possibly valueless.

It practically solves the question as to what disposition is to be made of clinical symptoms; here we have them safely and carefully garnered in a vast storehouse, constructed exclusively for their use. Provings are consistently excluded from this book, as clinical symptoms should be excluded from our pathogeneses or symptom-lists of provings, in order to find their proper place in a clinical repertory of this kind. Henceforth, Rueckert's *Clinical Encyclopædia*, as it might be called, should take its place beside Allen's *Encyclopædia*, of *Materia Medica*. Together these two works constitute the most complete practical guide in the use of medicine in disease.

C. W.

A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY.

BY W. S. PLAYFAIR, M. D., F.R.C.P. — H. C. LEA, PHIL., 1876.

THE object of this work is, as the author states in his preface, "to place in the hands of his readers an epitome of the science and practice of midwifery, which embodies all recent advances." It is designed as a text-book, and by its clearness and conciseness is admirably adapted to that end. The subject-matter is divided into five parts:

Part I is employed in considering "the anatomy and physiology of the organs concerned in parturition," and comprises an admirable and well-illustrated, concise description of the bony pelvis, with its diameters, planes, etc. He reconsiders also the movement of the pelvic joints during parturition, giving it as his opinion that a limited amount of movement does take place during parturition, chiefly in the sacro-iliac joints. Chapter second of this part is devoted to a description of the generative organs, and is entered into quite exhaustively, the minute structure of the different structures, particularly of the uterus and ovaries, being extensively and well described and

illustrated. Chapter third is devoted to ovulation and menstruation, and is shortly and practically considered, little time being spent upon past theories. It may be of interest just here to quote what he says, as regards the "true" corpus luteum as evidence of pregnancy. After describing the differences between the "true" and "false" corpus luteum he says, "On account of the marked appearance of the corpus luteum, it was formerly considered to be an infallible sign of pregnancy; and it was distinguished from the corpus luteum of the non-pregnant state by being called a 'true' as opposed to a 'false' corpus luteum. From what has been said, it will be obvious that this designation is essentially wrong, as the difference is one of degree only. Nor are obstetricians disposed to attach by any means the same importance as before to its presence as indicating impregnation; for even when well-marked, other and more reliable signs of recent delivery, such as the increased size of the uterus, are sure to be present, especially at the time when the corpus luteum has reached its maximum of development; while after delivery, at times it has no longer a sufficiently characteristic appearance to be depended upon."

Part II considers the whole pregnant state. Beginning with "conception and generation," it notices the "anatomy and development of the fœtus," the "signs and diagnosis of pregnancy," "abnormal pregnancies," and "diseases of the pregnant state," concluding with the "pathology of the decidua and ovum." In the "diagnosis of pregnancy" he insists strongly on the fact that the "shortening of the cervix" is only apparent, and that no real shortening takes place till the last few weeks of pregnancy. Considerable stress is laid on the value of the mammary evidences of pregnancy, and especially the presence of milk in the breasts of primiparæ. After noticing those extraordinary instances where milk has been found in the breasts of very young girls, or of males even, he says, "But these are exceptions to the general rule so uncommon, as merely to deserve mention as curiosities; and I have never yet been deceived in diagnosing a first pregnancy from the presence of even the minutest quantity of lacteal secretion in the breasts, although even then other corroborative signs should be sought for." He also considers the fact, recently pointed out by Dr. Braxton Hicks, that intermittent contractions of the uterus take place throughout the whole period of utero-gestation, and that this forms a ready and reliable means of distinguishing the uterine nerves from other abdominal enlargements. The author's own experience leads him to "entirely agree with him as to its great value in diagnosis." The remaining subjects of this section are accurately and thoroughly described.

Part III treats of labor, its phenomena, mechanism, and management. In considering the question whether uterine contractions resulting in the expulsion of the fœtus begin at full term, he notices the theories of Powers, King, Simpson, Barnes, and others, which refer the contractions to irritability of the interior nerves at a certain time in various ways, and objects on the ground that uterine contractions are to a certain extent always present during the pregnant condition, and that they may be intensified at any time so as to result in premature delivery. After objecting to all existing theories on the

subject, he neglects to substitute any solution of the problem, but concludes that, "In spite, then, of the many theories at our disposal it is to be feared that we must ourselves, too, be in entire ignorance of the reason why labor should come on at a fixed epoch." The author also believes that the contractions of the uterus take place from the fundus to the cervix rather than begin at the cervix and extend to the fundus and back, as is generally admitted at the present day. The "mechanism of labor" is shortly and plainly described.

The "management of labor" is systematically and thoroughly investigated, first considering the management of natural labor and then the various abnormalities which may occur.

Parts IV and V consisting respectively of "Obstetric Operations," and "The puerperal state," are on a par with the rest of the book for explicit delineation and apt illustration. It is only to be regretted that the management of the forceps in the "dorsal" as well as the "side" position is not given, and which has been so admirably described in the recent American edition of Leishman's "Midwifery," by Dr. Parry.

Dr. Playfair's work is well worth the careful study of both student and physician.

BOOKS AND PAMPHLETS RECEIVED.

CHEMISTRY: GENERAL, MEDICAL, AND PHARMACEUTICAL. By John Attfield, Ph. D., F. C. S. Seventh edition. (Revised by the Author.) Philadelphia: Henry C. Lea, 1876.

PRINCIPLES OF HUMAN PHYSIOLOGY. By William B. Carpenter, M D. Edited by Henry Power, M. B. A new American, from the eighth revised and enlarged English edition, with notes and additions by Francis G. Smith, M D. Philadelphia: Henry C. Lea, 1876.

HOMCEOPATHIC MEDICAL DISPENSARY.

Report of patients treated during the quarter ending Sept. 30, 1876:—

Central Dispensary, 14 Burroughs Place, new patients, 439; prescriptions, 1,372; out patients, 101; prescriptions, 377. West End Branch, 61 Leverett Street, new patients, 349; prescriptions, 900; out patients, 69; prescriptions, 408. College Branch, East Concord Street, Medical Department, new patients, 858; prescriptions, 2,055; Surgical Department, new patients, 6; prescriptions, 18; Eye and Ear Department, new patients, 79; prescriptions, 185; Heart and Lungs Department (open three weeks), new patients, 25; prescriptions, 39; Women's Department (open three weeks), new patients, 22; prescriptions, 33; Dental Department, new patients, 35; prescriptions, 61; out patients, 163; prescriptions, 834. Total, patients, 2,146; prescriptions, 6,282.

H. C. CLAPP, M.D., *Supt.*

ITEMS AND EXTRACTS.

CASE OF COMPLICATED LABOR WITH SUBSEQUENT HEMORRHAGE TREATED BY THE SUBCUTANEOUS INJECTION OF ETHER.—Dr. A. V. Macan read the details of an interesting case of complicated labor before the Dublin Obstetrical Society at the meeting held March 11, 1876. The patient was thirty-three years of age, and in her eleventh pregnancy. The labor commenced on Dec. 1, at 7 P. M., with a long and tedious first stage. At noon on the 2d the membranes were ruptured by Mr. Kilbride, and two gallons of liquor amnii allowed to escape. The uterus remained in a state of inertia till 8 P. M., though a stimulating enema etc had been employed. Dr. Macan was asked to see her, and found her in good spirits. On making an examination, the first parts that met the finger were the swollen eyelids of the fœtus; the nose could be recognised, but neither the mouth nor the chin; a pulpy mass was felt behind the brow. Both ears could be distinguished, and just behind one was a large bony projection. Further examination led Dr. Macan to conclude that he had to do with an anencephalous fœtus, the face of which was presenting, and this proved to be the case. . . . On passing the finger from one mastoid process to the other, the fœtus gave a violent kick, due to irritation of the exposed portion of the medulla oblongata. Two hours afterwards the child was born, and the birth was followed by uterine inertia with its usual concomitants,—postpartum hemorrhage and retained placenta. Firm pressure on the abdomen caused the expulsion of some clots. A successful attempt was made to remove the placenta by introducing the hand, and so little blood escaped that it was thought unnecessary to inject perchloride of iron. The uterus was however very large, and on making firm pressure over the abdomen, air was plainly heard escaping from the vulva. Brandy was freely administered, and after being bound, a draught was ordered containing 45 minims of tincture of opium and a drachm of chloric ether in an ounce of brandy. This she swallowed with difficulty, and her state was so critical that Dr. Macan determined to try the effect of the subcutaneous injection of ether. Unfortunately he had no ether with him, and when he returned in half an hour with it the woman was apparently moribund, insensible, deadly pale, pulseless, with fixed eyes, dilated pupils, clammy face and extremities, and short and superficial respiration. On examination of the vulva a thin streak of blood was observed flowing over the thigh, and as it was obvious that if the smallest quantity more blood were lost the patient must die, he determined to combine the injection of perchloride of iron into the uterus with the subcutaneous injection of ether, A fold of the skin covering the abdomen was accordingly grasped, and about half a drachm of ether was injected into the subcutaneous connective tissue, and immediately afterwards about six ounces of the usual solution of iron was injected into the uterus. Before he had finished injecting the latter the pulse returned at the wrist, and emboldened by this, he injected another syringeful, or 15 minims, of

the ether close to the former one. The effect produced was most marked, the woman soon turning of her own accord on her side, and declaring she felt much better. The change was so sudden and so great that every one was satisfied it was owing to the ether. Convalescence proceeded uninterruptedly from this time onward. (*Dublin Journal of Medical Science*, May, 1876.)

TREATMENT OF BOILS AND CARBUNCLES. — Dr. Peter Eade, of Norwich, lays down the following rules for the treatment of boils and carbuncles. Supporting Mr. Startin's views, that boils and carbuncles have frequently or constantly a parasitic origin, he believes he has greatly improved on Mr. Startin's practice (which consisted in the application of various forms of caustic, such as iodine, nitrate of silver, caustic potash, chloride of zinc, blistering liquids, mineral acids, and especially the acid nitrate of mercury) by the discovery that in carbolic acid we have an agent which is not only more safe, more manageable, and more universally applicable, but one which seems to be specifically destructive of the life and progress of both boils and carbuncles. The acid should be applied in strong solution, as in that of four or five parts of acid to one of glycerine. It must be brought into contact with the diseased tissue, for it appears to exert no influence on or through the unbroken skin. To this end, if sufficient space do not exist when first seen, a proper one must be fearlessly made in the very centre of the disease by some appropriate caustic, and the acid nitrate of mercury, he thinks, effects this better and more safely than any other. The acid solution must be occasionally reapplied to and into the hole thus formed, or those already existing, and he has found it a good plan to keep a piece of lint wet with a weaker solution constantly over the sore. (*British Medical Journal*, July 1, 1876.)

METHOD OF INTRODUCING FLUIDS INTO THE BLADDER WITHOUT THE USE OF THE CATHETER — Zeissl observes that in diseases of the bladder, and especially in inflammatory affections and in cases of hemorrhage, it is sometimes requisite to inject fluids into the bladder. In these cases, however, the employment of a catheter may be dangerous, and he recommends the following manœuvre as generally proving successful. The patient should be placed on his back with the buttock elevated and the penis extended on the belly. The extremity of an irrigator should then be introduced into the meatus, and the patient will find at the expiration of a few seconds or of a few minutes that the fluid is penetrating the bladder, simply as a consequence of the pressure of the column of fluid. Zeissl has thus succeeded in injecting from four to eight ounces at one time without producing the slightest painful sensation. (*Lyons Médical*, April 2, 1876.)

ACTION OF ACONITE. — Dr. John Harley has arrived at the following results in regard to the action of aconite. His experiments were partly undertaken to ascertain whether or not it exercises any control over the febrile state. 1. Aconite affects a portion of the cranio-spinal axis in the same manner that strychnia affects the whole. It

produces an excitation which results in intermittent spasm. 2. The focus of the action of aconite is the medulla, about the roots of the pneumogastric, hypoglossal, and spinal accessory nerves. Thence its influence radiates along the cranio-spinal axis with rapidly diminishing intensity, as far forwards as the centres of the third nerve and as far downwards as the origin of the phrenic. 3. Beyond the limits above indicated aconite exercises a depressing influence on the cranio-spinal axis almost amounting to paralysis. 4. The action of the alkaloid on the sensory function appears to be co-extensive and co-equal with that on the motor function, the area for intense action having the same limits, beyond which the anæsthesiant action rapidly diminishes in intensity. 5. Apart from the derangement of accommodation, due to spasm or enfeeblement of the muscular apparatus of the eye and the ear, the senses of sight and hearing were unaffected; the latter, indeed, was apparently wholly unaffected. There was no evidence of any impairment of smell. Taste was, without doubt, greatly disturbed, both on account of its relation to common sensation and of the deep implication of the fifth nerve. 6. Beyond the slight depression of function resulting in somnolency (after medicinal doses, and in the intervals of the paroxysms which follow poisonous ones) aconite has no direct influence on the brain, and the effects produced by asphyxia have usually only a brief duration at the end of a paroxysm or immediately preceding the death of the animal. The intense distress of impending suffocation produces, however, a total disregard for everything else but the desire for relief, and thus the animal rages frantically about as if actually delirious. 7. The sympathetic nerve is unaffected. At the moment of death the pupils dilate vigorously, and after death the heart may continue to pulsate, or, if the right heart be arrested by distention, its action may be revived by depletion. The contracted left heart is still only because it is empty. From the evidence adduced Dr. Harley thinks it conclusively proven that the heart is only secondarily affected, and as a consequence of the respiratory difficulty. 8. Death results from asphyxia and progressive collapse of the lung, the former being due to the spasmodic closure of the respiratory passages and paralysis of the muscles of inspiration, and the latter to paralysis of the muscles of inspiration, and notably of the diaphragm, which is tucked up higher and higher by the intermittent efforts of the upper intercostals, the scalenic and the sternomastoid muscles. (No. XLV. of the *Dublin Journal of Medical Science*.)

ON THE SPREAD OF CANCER IN THE LYMPHATIC GLANDS. — Dr. Bozzolo, of Turin, announces the following views as the result of his own observations on the extension of cancer to the lymphatic glands, viz., that the cancer cells first appear in the lymphatic glands in the cavities of the cortical substance; that they are often, even in the beginning, well developed, and many of them have already become horny; and that the endothelial cells of the sinuses and the connective tissue cells covering the trabeculæ of the reticulum, furnish no traces of cancerous proliferation. Hence he concludes that the cancerous elements are brought to the glands by the afferent lymphatics quite inde-

pendently of any proliferation of their connective tissue cells. By the constant accumulation of the cancerous elements in the lymph canals, he says, these become enormously distended, lose their contour, and in advanced stages render it impossible to recognize the structure of the lymphatic gland. — *Centralbl. f. d. Med. Wiss.*, May 6, 1876.

THE TREATMENT OF SANTONIN POISONING. — At the session of the *Niederrheinische Gesellschaft* in Bonn, July 5, 1875, Prof. Binz mentions a case of poisoning by Santonin, in which a child of two years had taken $1\frac{1}{2}$ gr. of the drug. There were violent convulsions, beginning in the face and extending to the extremities, and great interference with the breathing. She recovered under the use of warm baths, vinegar enemata, plenty of fluids to drink, and artificial respiration. Prof. Binz then instituted some experiments on animals to elucidate the treatment, and found that Chloral in doses sufficient to produce deep sleep prevented the convulsions, and that ether inhalations exercised a controlling influence over them. He thinks the same treatment may be employed in the human subject, coupled with artificial respiration, and, for purposes of elimination, laxatives and diluents in abundance. — *Rundschau*, May, 1876.

CONTRIBUTIONS TO THE NEUROLOGY OF THE EPIDERMIS.— Dr. J. G. Ditlelsen has found in the skin of frogs numerous fasciculi of vertical fibres, called perforating, starting from the subcutaneous cellular tissue, which is rich in nervous plexuses, and traversing the entire dermis as far as its superior limits. These fasciculi contain nerves, connective tissue, and often fibre-cells. The nerves, which are surrounded by a sheath of connective tissue, leave the latter at the upper margin of the corium and advance into the epidermis under the form of a compact fasciculus of fibres, provided with nuclei but deprived of medulla. The bundle crosses the entire epidermis as far as the corneous layer, where it appears to attach itself in an infundibuliform depression. By means of a higher magnifying power (for example, Hartnack, Obj. viii) one sees that each nerve fibre, after its entrance into the epidermis, bends somewhat in the form of a Roman S outwards and upwards, before terminating in a terminal cell. The most external fibres of the fasciculi terminate in their respective nerve-cells as soon as they have entered the epidermis, the intermediate fibres in the middle layers of the epidermis, and the central fibres after having arrived at the two layers of the corneous cells. It should be remembered that the epidermis of the frog is composed of about six or eight layers; the inferior ones are formed by vertically elongated cells, the intermediate layers by round or transversely elongated cells, and the superior layers, that is, the two corneous layers, by flat cells. If it is also remembered that the terminal nervous cells of the different layers of the epidermis resemble very much in form and aspect the proper cells of the epidermis, we shall be less astonished that the remarkable arrangement above described has remained unperceived up to the present time. In fact, the peripheral terminal cells, that is, those which are situated nearest the corium, stand over the latter in an almost vertical manner, and are

spear or chisel shaped. The middle ones are more curved outwards and are larger and leaf-shaped. The most superficial cells leave the nerve-fibres at an obtuse or almost right angle; like the surrounding corneous cell, the borders of which they touch, they are very flat. The terminal end of the nerve cylinder thus formed does not become attached to the inferior surface of the corneous layer, as appears with a lower magnifying power, but traverses the latter as far as the free surface of the epidermis. In horizontal sections of the epidermis, the transverse sections of the cylindrical fasciculi of the nerve-cells appear as large circles filled with irregular sections of terminal cells. In sections of semi-macerated preparations, the ordinary cells of the epidermis may be removed by means of a brush, when the nerve-cells will be seen attached to their respective nerve-fibres. One may then, with a certainty which leaves nothing to be decided, follow the communication between the cells and the nerve-fibres, and the latter may be traced down into the deep layers of the corium. These structures are disseminated throughout the entire skin of the animal; they are more highly developed and in greater numbers in the dorsal region. Undoubtedly they form the organs of sensation of the skin. — *Nordiskt Med. Arkiv*. Bd. 8, No. 4.

PHYSIOLOGICAL CHEMISTRY.—MM. Malassez and Picard have lately devoted considerable time to the study of the chemical composition of the spleen, and have discovered that it contains a much larger quantity of iron than the blood which it contains could supply. They pumped into the splenic artery a quantity of a solution of sea salt until it issued from the vein perfectly colorless. The salt solution drives out the blood mechanically, but does not dissolve any extraneous hæmoglobine that exists in the tissue of the spleen. After this process the spleen retained its red color, though it was certainly entirely empty of blood. A quantity of pure water, which dissolves hæmoglobine, was then injected into the artery, and when it issued from the vein it had a deep red color. At the same time the organ began to lose its red color and gradually assumed a pale yellowish tinge, the water issuing from the vein losing its red color as the spleen became decolorized. Microscopical examination of this fluid showed no red globules, but the spectroscope and chemical analysis revealed the presence of hæmoglobine. It is evident, then, that free hæmoglobine exists in the spleen outside of the vascular system, or at least that the organ contains an organic substance that is transformed into hæmoglobine by the action even of a vehicle as weak as simple water.

Another physiologist, M. Raoult, has been experimenting, with the object of determining the effect of inspired carbonic acid on hæmoglobin. He experimented on rabbits placed in an apparatus so arranged that the expired did not mingle with the inspired air, and which permitted analyses of both to be made, and allowed of changes in the composition of the latter to be made at will. The air inspired contained always a fixed quantity of oxygen, about 21 in the 100 parts, but a certain quantity of the nitrogen was replaced each time by a similar quantity of carbonic acid. The maximum dose of the last used was 24 parts in 100. The number of inspirations per minute diminished in

an inverse proportion to the amount of carbonic acid inspired, but they at the same time increased in depth, so that the volume of air inspired in a minute was nearly doubled. At the same time the amount of carbonic acid produced by the pulmonary combustion diminished sensibly; the analyses showed that when 100 cubic inches of inspired air contained 20.8 cub. in. of oxygen, and no carbonic acid at all, 2.8 cub. in. of oxygen were consumed and 2.3 cub. in. of carbonic acid produced; when, however, the inspired air contained 20.8 cub. in. of oxygen and 12.1 cub. in. of carbonic acid, the oxygen consumed was only 1.1 cub. in., and the carbonic acid produced, 0.9 cub. in. In order to overcome this diminution in consumption and production, the amount of air inspired, as is mentioned above, was nearly doubled, but even this was unable to supply the deficiency, for in the same space of time less oxygen was consumed and less carbonic acid produced. — *La France Médicale*, May 31, 1876.

PLASMA TUBES OF THE HUMAN SKIN. — Axel Key and Gustave Retzius give a brief statement of the results of their researches on the plasma passages of the skin, especially of the superior extremities. A more complete account of their studies will be found in their work, now passing through the press, "On the Anatomy of the Nervous System and the Connective Tissue." They mention the fact that, besides the true efferent lymphatic vessels, they have discovered in the skin an extended system of large plasma passages communicating with the lymphatic vessels mentioned, and resembling those which they have mentioned and drawn in the last fasciculus of their work, as existing in the mucous membrane of the nose. In the deepest parts of the skin, the plasma passages around the constituent parts (sweat-glands, hair-bulbs, etc.), are relatively large and wide; in the external portions they become more slender but abundant, and they form a fine net-work in the papillæ. They are not limited by the epidermis, however, but cross the papillæ in many places and penetrate into the *rête Malpighii*. Our authors have, in fact, succeeded in injecting in the *rête Malpighii* a fine net-work of plasma tubes with compact meshes, which fill the intervals between the various cellules in every direction as far as the corneous layer. The intercellular injection is arrested externally by the latter cell-layer; but there is a system of passages at the surface of the skin which are so disposed that the injection penetrates the excretory ducts of the sudoriparous glands. With regard to the plasma passages of the *rête Malpighii*, our authors remark that M. Bizzozero endeavored, several years ago, to prove that the spines of the cells of the *rête* do not cross each other like the teeth of two wheels, but that these "stachels and riffs" from adjacent cells hang together by their points, leaving small spaces and passages between them. It is quite evident that it is these intervals which Key and Retzius have injected in the *rête Malpighii*, and which communicate with the plasma tubes of the dermis itself. — *Nordiskt Med. Arkiv*. Vol. 8, No. 5.

THE BEHAVIOR OF CARBOLIZED CAT-GUT INSERTED AMONG LIVING TISSUES. — Mr. Fleming, of Glasgow, has made some experiments on this subject: First, by simply inserting the carbolized gut with a

needle below the skin of a dog's back, putting fresh pieces in new places at definite intervals. A month after the first piece had been introduced the dog was killed, and no trace of any of them could be found except in two places where abscesses had formed around portions which had only been in a few days. This, however, was the only instance in all his experiments in which any complication occurred, and this was probably occasioned by the use of a dirty needle. The complete disappearance of the cat-gut rendered it necessary in subsequent experiments to adopt some plan of marking its exact position, and for this, external means, such as silver sutures put in the skin, nitrate of silver, etc., were found inefficient. He was consequently led to adopt the plan of attaching silver wire to the cat-gut by twisting it firmly round it in a spiral direction for the space of about an inch and a half. This plan answered perfectly till the section had to be made, when the wire interfered, and if pulled out disturbed the very piece of tissue to be investigated. He now substituted carbolized silk, the advantages of which are that it can be closely applied to the cat-gut, is little altered in the cat-gut, seems to set up an irritation, and can be easily cut with the razor. He has made, on the whole, about twenty experiments, the results of which show that a gradual softening takes place from without inward, the gut breaking down and becoming infiltrated with cells, probably leucocytes. This part of the process takes from about five to twenty days, varying with the specimen of the cat-gut and the age and vitality of the animal. Next the pultaceous mass into which it has been converted begins to undergo a metamorphosis, and to be permeated with blood vessels, and may ultimately be described as a cast of cat-gut in a kind of granulation tissue freely supplied with blood vessels, which in many instances can be fully injected. The cat-gut ligature, it thus appears, is in reality only a temporary ligature, because when in the softened stage it cannot be held to have any constricting effect.— *Lancet*, May 27.

CUT THIS OUT.—The American Metric Bureau (13 Tremont Place, Boston, Mass.) invites public attention to two things:—

I. The Metric System of Weights and Measures has been adopted in France, Germany, Austria, the Netherlands, Southern Europe, and South America, and has been legalized in Great Britain and the United States.

II. The Metric Tables are decimal and simply related; for example:—

LENGTH.

10 milli-meters	make	1 centi-meter	($\frac{1}{100}$)	meter)
10 centi-meters	"	1 deci-meter	($\frac{1}{10}$)	")
10 deci-meters	"	1 meter	(1)	")
10 meters	"	1 deka-meter	(10)	")
10 deka-meters	"	1 hecto-meter	(100)	")
10 hecto-meters	"	1 kilo-meter	(1000)	")
10 kilo-meters	"	1 myria-meter	(10000)	")

CUBIC MEASURE.		CAPACITY.		WEIGHT.	
	1 CUBIC CENTIMETER or 1 MILLILITER	($\frac{1}{1000}$ liter) of water weighs	1 GRAM		(1 gram)
10 cubic centimeters	" 1 centiliter	($\frac{1}{100}$ ")	" 1 dekagram		(10 grams)
100 " "	" 1 deciliter	($\frac{1}{10}$ ")	" 1 hectogram		(100 ")
1,000 " " or 1 CUBIC DECIMETER .	1 LITER	(1 ")	" 1 KILOGRAM		(1,000 ")
10 " decimeters	" 1 dekaliter	(10 ")	" 1 myriagram		(10,000 ")
100 " "	" 1 hectoliter	(100 ")	" 1 quintal		(100,000 ")
1,000 " " or 1 CUBIC METER	" 1 KILOLITER	(1,000 ")	" 1 TONNEAU		(1,000,000 ")

Any one who will try to write down the common tables of long measure, cubic measure, liquid measure, dry measure, avoirdupois weight, troy weight and apothecaries' weight, also the cubical contents of the measures of capacity, and the weight of water each one holds, and the weight of a cubic inch, foot, etc., of water, may learn why the Metric System is coming into universal use.

CANCER OF THE STOMACH. — In a lecture on this subject in Volkman's *Klinische Vorträge*, Prof. Will. Ebstein observes that the stomach can claim the unenviable privilege of being more frequently attacked by cancer than any other internal organ, various authors giving 35-45 as the proportion of gastric to all other forms of cancer, whilst only from 15-18.5 per cent are of uterine origin. It appears to be rare in Egypt and Vera Cruz, though gastric catarrh is common in both places, discountenancing the ordinary view that the latter predisposes to the former. All classes of society and both sexes are equally liable to it. Three-fourths of the cases occur after the age of fifty. The causes of it are unknown, though it may be due to accident or injury and result from hereditary influence. A large proportion of cases commence at the pyloric orifice, and it is almost always primary. Waldeyer brings forward evidence that the cancer of the stomach develops from the peptic glands and the cells of the pyloric glands. As soon as these have penetrated beyond the muscular layer of the mucous membrane they begin to proliferate most vigorously in the vascular submucous tissues. The connective tissue does not remain passive, but a growth of small cells, with an abundant development of new vessels, commences at an early period between the follicles of the glands. The symptoms of gastric cancer are divisible into two groups: first, those resulting from the disease affecting the stomach, and, secondly, those consequent upon the disease being of a cancerous nature. Some of the symptoms, however, as pain and trophic disturbance, are common to both conditions. The stenosis of the pylorus arrests the onward movement of the contents of the stomach and leads to the dilation of the organ, and the degree of this distension may be ascertained by percussion after the patient has drunk some effervescing fluid. The longer the disease lasts, the longer the interval between two attacks of vomiting, but the larger the quantity vomited on each occasion. The vomited matter is usually of the consistency of thick soup, offensive, sour from containing acetic and butyric acid, which again result from the decomposition of the fats and carbohydrates under the influence of *sarcina ventriculi* and *tortulæ*. When the vomiting follows immediately upon the ingestion of food it is due, in some instances, to spasmodic contraction of the œsophagus. The vomiting of blood either pure or mixed with food and in a variable quantity is a very well marked and diagnostic symptom. . . . — *Medical Times and Gazette*, Feb. 19, 1876.

ON CARDIAC HÆMOPTYSIS.—Dr. G. Sée thinks that these hæmoptyses, which are sometimes the only guide to the discovery of a cardiac affection, may be determined by a stasis of the blood in the pulmonary circulation, followed by an increase of the venous tension and a rupture of the capillaries. M. Duguet, on the contrary, holds that cardiac hæmoptysis is attributable to the occurrence of emboli in the right ventricle, and especially the right auricle. An important element is the alteration of the vascular walls; so also an increase of the tension in the pulmonary artery; and the author refers to Dr. Barthelmy's remark that cardiac hæmoptysis is frequent, especially in mitral stenosis complicated with hypertrophy of the right ventricle.

Hæmoptysis most often occurs in connection with mitral, very seldom with aortic lesions. The characters of cardiac hæmoptysis are—in the majority of cases there is a palpable cause, a violent effort, or more or less prolonged muscular exercise, alcoholic excesses, sudden variations of temperature, pregnancy. In general the hemorrhage is slight, and the blood is usually of a dark red, sometimes black color. The expectoration may become pneumonic, especially if inflammation has taken place around the infarction; sometimes it has a garlic-odor; it is often thick, viscid, and adheres to the vessel. When there is hemorrhage, though examination of the heart and lungs reveals nothing abnormal in these organs, the case may be one of hysterical hæmatemesis.—*New York Medical Journal, from Lyon Médicale.*

THE coroner question has received a great deal of attention in England recently. In an article on the subject, the *British Medical Journal* makes the following suggestion, which we think a valuable one: That power should be given to the district officer of health to attend and make inquiry into the causes of death, when sudden or not satisfactorily explained, and, if any doubt should exist, the officer should give notice to the coroner to hold an inquest. This would put a check upon unnecessary inquests, and prevent indiscreet intrusion into a house of mourning, whether the deceased belonged to the poor or to the wealthy class. Officers of health should, of course, be adequately paid for these additional duties. In the mere matter of dispensing with unnecessary inquests there would be a saving of expense which would cover any additional cost on this ground. A power should, as suggested, be given to a coroner to hold an inquest on his own view, or by requisition from competent authority, but only after a consultation with the medical officer of health. The necessity for an inquest is really not dependent on any legal but strictly on medical grounds, where the cause of death is in question.—*Boston Medical and Surgical Journal.*

CÆSARIAN SECTION SUCCESSFULLY PERFORMED.—Mr. John Parks, of Bury, Lancashire, records a case in which this operation was performed on a woman aged thirty-two, in labor with the second child, who had been in labor eight hours, and in whom the right foot of the child protruded. On an attempt being made to seize the other foot it was found that the pelvis was too contracted in the antero-posterior diameter to allow of delivery. The circumstances to which Mr. Parks attributes the happy result of the operation are that the woman was of good, sound constitution; that the operation was performed before the powers of nature were greatly exhausted; that great care was taken to keep the abdominal parietes in contact with the uterus during the whole of the operation, thus preventing the exposure of the intestines; that complete closure of the uterus was effected, which prevented the escape of any discharge into the peritoneal cavity; and lastly, that the patient was kept constantly under the influence of opium.—*Lancet, Feb. 12, 1876.*

THE USE OF HOT WATER AS A PERMANENT BATH IN INJURIES.— Hot water has, within the past few months, been used in the treatment of some injuries, with marvellous results, in the Bellevue Hospital, New York. The manner of using it is to have tin vessels, formed so as to accommodate the extremities, and to them fastenings are attached by which bandages can be applied, so as to steady the limb in any position. The water in the bath varies from 100° to 105° Fahrenheit, and is changed as soon as it falls below this. An additional advantage is obtained by the change of the water, as any discharge which forms is removed. The following cases have been successfully treated: Compound comminuted fracture of metacarpal bones; compound dislocation of the ankle-joint; compound fracture of the metatarsal bones; gunshot injury of the hand; contusion of toe. The time that the injured part is allowed to remain in the hot-water bath varies. The rule is, that it should remain there till all sloughs which form come away, and leave a healthy granulating surface. The time varies with the amount of the injury, but is usually from one to three weeks.—*New York Medical Journal*, xxii., p. 158.

SHOULDER PRESENTATIONS. — Dr. Maxson, of Syracuse N. Y., accidentally discovered that by raising the hips of a woman in labor, so as to be relatively much higher than the shoulders, an abnormal presentation was spontaneously rectified. In a difficult shoulder case he acted upon this idea in the following manner: He says, "I folded several quilts compactly, laying them one upon another to the height of one foot, and assisted her to kneel upon the quilts, with her head and shoulders resting on the bed and her face forward so as to bring her body to an angle with the bed of nearly 90° . I then pressed my hand gently against the shoulder, which readily receded, until I was able to grasp the vertex with my fingers, and with the assistance of the next pain to so engage it that, when the patient was placed upon her left side and the quilts removed, a perfectly natural presentation presented itself. In a few hours the labor terminated in the delivery of a healthy boy weighing ten pounds. Only a few minutes were occupied in the process and subsequent experience convinces me that *shoulder presentations* can generally in this way be converted into *natural ones* without resort to "turning and with no risk to mother or child." — *Homœopathic Times*, from *Lancet*.

MENIÈRE'S DISEASE. — Several cases have recently been reported of this affection. Dr. Duffin brought one case before the Clinical Society of London at the meeting of the 25th February. The patient had suffered from greatly impaired hearing with subjective noises, fits of vertigo, and a tendency to fall to the right. Skull vibrations to a tuning-fork were almost, if not quite, absent on the affected side, although the whole range of the piano forte could be dimly followed. After eighteen months considerable amelioration set in, but the left ear then became somewhat involved, and the vertigo tended to throw him on his left side. In one of his later fits the patient lost consciousness for the first time. In the subsequent discussion Dr. Hughlings Jackson stated that he had seen several cases, especially in

medical men, who often would not believe the ear was affected though troubled with noises in it. He thought hemorrhage into the labyrinth was sometimes the cause of the symptoms. Dr. Buzzard remarked that he had observed numerous cases in which there was a tripod of symptoms, tinnitus aurium, vertigo, and cranial neuralgia. He thought that in many cases there was no structural lesion of the semicircular canals, the attacks being so short and paroxysmal, and suggested that something like the nerve-storm of migraine swept over the medulla oblongata and produced in the auditory nerve a condition comparable to neuralgia of a common sensory nerve displaying itself by these peculiar symptoms. Dr. Putnam also records a case of Menière's disease in the *Boston Medical and Surgical Journal*. (No. 20, vol. xciii.) In this case the patient had felt almost constant dizziness for twelve years, with noises in the ears like the sound of a storm with rain. The attack came on suddenly, accompanied by violent itching of the face. The vertigo was accompanied by apparent movement of objects sometimes from right to left, sometimes from left to right. He suffered occasionally from nausea and vomiting of a greenish or yellowish fluid. — *Practitioner*.

IMPERFECT MASTICATION AS A CAUSE OF DIARRHŒA. — In the able article in your October issue by Dr. Fothergill, on diarrhœa, he omits to mention one important cause of looseness of the bowels, viz. deficient mastication from defective or decayed teeth. This I have reason to believe from careful observation is a far more frequent cause of irritability of the bowels than is generally supposed. Dentists are familiar with a form of this latter, presumed to be due to the decayed teeth, inducing a more or less acid secretion from the gums which produces gastric irritation, and so sets up a species of diarrhœa, or, more properly, looseness of the bowels; but apart from this, I have observed lately, among females especially, a form of looseness and irritability of the bowels, due, I believe, entirely to an inability to masticate properly their food.

Dyspepsia is usually the first symptom noticed, but not by any means invariably. A sudden attack of spasms or abdominal colic, followed by a smart attack of diarrhœa, is frequently the only symptom that will aid us in forming a diagnosis. On inquiry we find this condition is of frequent occurrence, more especially if great care be not taken in the selection of proper food. On examining the mouth, serious defects in the number of the molars will almost invariably be found. Even should they be tolerably sound in one jaw, the teeth that should oppose them are either absent or in such a state of decay that it is painful or impossible to masticate the food properly; this latter is consequently bolted in lumps which, resisting the action of the gastric juice, are carried into the middle intestine and there set up much irritation, increasing the vermicular contraction, as also the secretion of mucus, and so causing a species of diarrhœa.

That this is no imaginary cause I have proved in many instances by suggesting a set of back teeth in place of medicine, and with the effect of obviating entirely the frequent attacks of diarrhœa. — *A. W. Edis, M.D., Practitioner, April, 1876.*

RESTRAINT FOR CHRONIC INSANE.—Dr. A. M. Shaw, Superintendent of the Connecticut Hospital for the Insane, in his Tenth Annual Report, says, “Admitting the usefulness of restraint in certain cases I desire to protest against the tendency to use it in ordinary cases of chronic insanity where employment, diversion, and watching would obviate the necessity for it. In this respect we have made great progress during the past year. On the first of November last, with a population of two hundred and twenty-five male patients, only two were subjected to any form of mechanical restraint; one had his hands in a leather muff to prevent the removal of bandages from his leg; the other wore a camisole waist a part of the time to keep him from destroying his clothing. During the past three months these two men have been without restraint and we have actually conducted the hospital on the male side on the non-restraint plan. I am under obligations to the officers and attendants, who have taken so much pains to further efforts in this direction. Much of its success depends upon the character of the attendants having immediate charge of the wards. Kindness, regularity, and watchful attention are efficient qualities in this direction. The great want in every hospital is occupation: patients who are in suitable condition to do so go out with a sense of relief to farm work, to the kitchen, laundry, or sewing-room, and regard the change as diversion. The object in setting a patient to work is not that he may repay cost of treatment, but it is to aid him in casting aside fancies and in returning to healthy feelings and thoughts.”

CILIATED PUS-CELLS.—While examining the secretions from the mouth and pharynx of a frog, when irritated by a weak solution of osmic acid, Prof. Neumann, of Königsburg, found certain cells having characters intermediate between those of epithelium and ordinary pus-cells, — having, in fact, the cilia of the one and the contractility, the size, and the opaque nucleus of the other. The cilia covered but a part of their surface, and imparted to them a rotatory motion, the amœboid changes of form beginning only when the cilia ceased to move. Here are, then, all of Cohnheim’s characteristics of pus-corpuscles, and an argument for the occurrence of true epithelial suppuration. Such bodies have, it is true, been seen before, but they have been regarded as ciliated epithelial cells of the part, mechanically detached. — *Centralbl. f. d. Med. Wiss.*, June 10, 1876.

MILK DIET IN THE ALBUMINURIA OF PREGNANT WOMEN. — Dr. Tarnier gives the account of two cases in which pregnant women suffering from albuminuria were treated with a milk diet, and with the most favorable results. In both cases no other treatment was used. The first day two portions of food were allowed, with about a quart of milk; the second day, only one portion of food and a little over two quarts of milk; the third day, half a portion of food and three and a quarter quarts of milk; the following days, four and a half quarts of milk were allowed, or even more when the patient desired it, but no other food was given. Within two weeks after this method of treatment was begun, a decided improvement in all the symptoms was noticed. The albuminuria had decidedly decreased, as had also the œdema of the lower extremities. This improvement continued until

the urine no longer showed any traces of albumen. In both cases the pregnancy terminated in the birth of healthy living children, the labor and convalescence of the mothers being perfectly normal. — *Boston Med. and Surg. Jour., from Le Progrés Médical.*

USE OF THE HYPOPHOSPHITES OF LIME AND SODA IN PHTHISIS. — Dr. Charteris, of Glasgow, states that he has satisfied himself of the power of the hypophosphites to check the night sweats of phthisis, even when all treatment of a curative kind was of no avail. They were first used alone, and afterwards combined with glycerine. Dr. Charteris draws attention to the circumstance that in phthisis the temperature varies with the side affected; that in which the mischief is making the most rapid progress being several points higher than the opposite one. He records several cases in which the patient's health appeared to undergo considerable improvement when the hypophosphites had been prescribed. — *Practitioner from Lancet, May 13, 1876.*

HYPERTROPHIC CIRRHOSIS OF THE LIVER. — M. Hanot in his thesis (Dec. 1875), states that he has made out, by careful investigations at the Hôpital Cochin in Paris, a peculiar kind of hypertrophic cirrhosis of the liver, presenting the following characters: Extra-lobular and extensive cirrhosis without any tendency to retraction of the conjunction tissue of new formation; and sometimes intra-lobular cirrhosis abnormal of development and chronic catarrh of the biliary ducts. Symptomatically it is characterized by chronic jaundice, depending on the obliteration of the biliary canaliculi, and by a considerable hypertrophy of the liver without ascites, or the abnormal enlargement of the subcutaneous veins of the abdomen which is observed in ordinary cirrhosis. The affection may last a long time, but sometimes ends in the acute malady called "severe icterus." No particular etiology has been made out, nor is there anything reliable respecting the treatment. — *Lancet.*

RINGWORM. — Dr. Watson cures this troublesome disease by applying twice a day an aqueous solution of *boracic acid* of the strength of a drachm to the ounce. — *Hom. Times, Aug. 76.*

CHLORALIZATION. — An Austrian surgeon, M. Linhart, has communicated to Baron Larrey an account of an interesting case in which the anæsthesia and muscular relaxation necessary for the reduction of a dislocation of the shoulder were obtained by the intravenous injection of chloral. The patient had inhaled chloroform on two previous occasions, but each time the excitement under the chloroform had been very intense and much vomiting followed. It was therefore decided to chloralize him. The solution of chloral employed was neutralized by a few drops of carbonate of soda. A gold needle was used, and the utmost care taken to ensure freedom from extraneous particles. The injection was made into the left arm. At the end of fourteen minutes seven grammes of chloral had been absorbed, and anæsthesia was complete. There was not the least reflex movement. The reduction of the dislocation was effected with extreme facility. Absolute anæsthesia continued for half an hour. He was then

awaked, and he drank and then slept for several hours. On recovery there was no nausea or vomiting. Slight defective sensibility continued for twenty-four hours. The vein into which the chloral had been injected showed no trace of irritation or of coagulation. — *Lancet*, Aug. 19, 1876.

THE PATHOLOGY OF SUNSTROKE. — Prof. Arndt, of Greifswald, observes that in the last few days of the month of July, 1870, the first division of the Second Army Corps made a march from Berlin. The rendezvous was at 10 A. M. in the open country; several were already faint, and the order was given to march in open column, to open the neckcloths and the top buttons of the coat, and to exchange the helmet for the cap. After the rendezvous, in which the soldiers had a very insufficient supply of drink, they marched slowly to Bankow and Schönhausen, but many fainted. After marching for half an hour, cases of true sunstroke occurred; many men fell down as though dead, or turned round and round, or moved here and there as though affected with violent cramps. Bankow was marched through in order to avoid the effects of drinking too much water. Of the more severely affected seven died; and Prof. Arndt had the opportunity of making a post-mortem upon three, which all presented the following similar characters: Two points which are somewhat opposed to one another were first noticed; the paleness of all the organs, and the repletion of all the larger vessels with dark-colored uncoagulated blood; the skin and the muscles were themselves pale, but the larger vessels were greatly distended; the brain and its membranes were anæmic, but the sinuses and large veins were excessively full of dark uncoagulated blood. The same relation was observed to exist between the substance of the heart and the coronary vessels, the liver, kidneys, and the mucous membranes of the bladder and of the intestinal canal. The engorgement of the larger vessels was so great as to lead to rupture and ecchymoses of the vessels, under the pericardium and endocardium, under the pleuræ, and in the pelvis of the kidneys. In spite of this repletion of all the large vessels the interstitial tissues of the organs exhibited great poverty or entire want of blood; there was in fact parenchymatous anæmia: this parenchymatous anæmia resulted from œdematous transudation. The brain, liver, and kidneys were swollen; the brain tightly fitted the sac of the dura mater; the convolutions of the hemispheres were broad, flattened, and compressed, so that the sulci were almost obliterated; their substance was always moist, sections appearing as though wetted with water; the ventricles contained much serum. The membranes, which were in part swollen like a bladder, were easily separated from the brain; the liver and kidneys presented the same appearances. It thus appeared that the serous transudation into the parenchyma caused compression of the smallest vessels and capillaries, driving the blood into the yielding veins. The heart, liver, and kidneys exhibited other peculiarities: the heart was hard, its tissue was discolored, pale dirty red; it was contracted, dry, and friable, and the cut surfaces, especially towards their thin edges, were glassy. The same characters were presented by the muscles of the whole body; the liver appeared as if

it had been boiled. The cortical substance of the kidneys was expanded and appeared swollen. In these organs therefore there was not only œdema, but a change of the elements, a kind of cloudy swelling which he regards as the forerunner of parenchymatous inflammation. Similar changes are observed in the principal organs of the body in patients who have died from typhus, small-pox, and pneumonia, if the disease prove fatal at its height and in consequence of the high temperature. Sunstroke only occurs in our climate on very hot days, and in those who have severe work to do as in the case of marching troops. Three degrees may be distinguished.

First degree: the temperature rises from 38° to 40° C., the pulse is 100° to 120° , the respiration is 30 per minute or more; perspiration and thirst are experienced, the head is affected, and the patient suffers from muscæ before the eyes, noises in the ears, faintness, and tightness of the chest; he is irritable and taciturn. Rapid and complete recovery results from the application of cold. Second degree: if no notice be taken of these premonitory symptoms, if no rest or water be obtained, all the symptoms increase in intensity, the temperature rises to 41° or 42° C., the pulse is 130 to 140, the respiration 40, irregular; perspiration abundant, thirst unbearable; all objects seem to vacillate before the eyes, and the field of vision becomes dark, the noises in the ears like the striking of bells, humming and buzzing sounds are experienced, tightness of the chest increases to deadly anxiety, the color changes, becoming pale and bluish or livid; though they feel excessively hot the pulse can hardly be felt, consciousness is lost; if a vein be opened, only a little and remarkably dark blood flows. The tongue is coated and there is œdema of the face, hands and feet. In the third degree the temperature rises to 44° C. The skin is no longer moist, but dry and burning. Respiration is difficult. There is well-marked anxiety about the præcordial region. The patient suddenly collapses and lies immovable, or rolls over in convulsions. The fæces escape involuntarily. The face is expressionless; the eyes are immovable; the lips and tips of the fingers bluish; the pulse imperceptible; venesection only yields a teaspoonful of dark red, uncoagulable blood. In temperate climates the case rarely terminates in an attack of fulminating apoplexy. The greater number partially recover, and then fall in the course of a few hours into a state of coma, in which they die. Others remain through life epileptic, or live with their mental powers permanently impaired, and with more or less disposition to insanity. The alteration of the condition of the blood has been regarded by some as the cause of the symptoms observed during life. Obermeier found the thin, fluid, non-coagulating, dark red blood possessed an acid reaction, and was richer than natural in urea and white corpuscles. Many believe the overcharging of the blood with carbonic acid to be the cause of the symptoms. Obermeier also observed an excess of lactic acid and of carbonate of ammonia in the blood, and it certainly contains an excess of the products of regressive metamorphosis. M. Arndt attributes the symptoms to the degree of cloudy swelling of the several organs. The fulminating cases he thinks are due to myocarditis; the subsequent symptoms to a parenchymatous inflammation of the brain, sim-

ilar to the conditions of disease associated with very high temperatures of the body in infectious diseases. — *Der Prakt. Arzt*, No. ix. 1875; from *Virchow's Archiv*. B. lxiv. 1.

DISCOVERY OF DR. LETAMENDI IN REGARD TO THE PRODUCTION OF LOCAL ANÆSTHESIA. — In a paper on the subject of local anæsthesia, S. Cardenal observes that great difficulties are sometimes experienced in producing local anæsthesia even when the best apparatuses are used and a considerable quantity of ether employed. In endeavoring to overcome these difficulties and to determine the precise moment when anæsthesia is produced, M. Letamendi studied all the circumstances that accompany the production of the anæsthesia, and has established an exceedingly interesting physiological fact. When Richardson's apparatus is used, filled with perfectly pure, neutral, rectified ether, for producing local anæsthesia in any part of the body, at a distance of three or four inches from the skin, the part which is subjected to the spray becomes, in the course of two or three minutes, strongly reddened and the seat of a disagreeable sensation of cold, but there is never any feeling of burning. If at this moment a slight incision, implicating only the epidermis and the superficial capillary network of the dermis, be made in the centre of the reddened part, with a convex bistoury, it will be found that immediately after the incision is made, starting from this cut, an anæmic zone of the skin is suddenly produced and continues to enlarge. If now the process of irrigation with ether is continued for some seconds over the part that has become anæmic this region is rendered completely exsanguine, and at the same time perfectly anæsthetic. The ischæmic and anæsthetic tissues resemble butter on section, having lost their suppleness and elasticity. Around the white circle is a zone, the anæmic condition of which is not so perfect, and which resembles a sort of penumbra, though it is strongly disposed to become as perfectly anæmic as the central area. It is sufficient, in fact, to direct the ether spray on this zone to see the anæmic condition propagated to it, and the anæsthesia to become perfect. By this means the anæmic region can be extended in every direction, and can be made to pass round an arm, to ascend as high as the shoulder, or to descend to the forearm. If the irrigation be suspended, the effects, of course, rapidly disappear, though the vessels still remain so far affected that if, after the ischæmia has disappeared for some seconds, a fresh jet of ether spray be directed not only on the part originally rendered anæsthetic but anywhere around it, an anæmic area can be produced, without practising a new incision. Anæsthetic ischæmia cannot be produced in parts covered with hair, and such part should, consequently, always be shaved. Prof. Letamendi is of opinion that local anæsthesia consists in extreme and absolute spasm of the vasomotor nervous system, and that the ischæmia is the result of the complete closure of the vessels. The first sensible effect of the cold produced by the ether on the tissues is, he thinks, relaxation, and, consequently, vascular dilatation, which continues to augment under the influence of the permanent jet of ether. But in order to obtain anæsthesia a movement of reaction must be produced in the dilated capillaries, a movement which will transform their state

of exaggerated dilatation into one of extreme constriction. This last effect may sometimes be obtained by prolonging the action of the spray; but in the greater number of instances, the vessels remain in the state of extreme exhaustion, atony, and relaxation which accompanies hyperæmia. M. Letamendi compares this semi-paralytic state of the dilated vessels, gorged with blood, to the transitory state of paralysis of the bladder, which results from its over-distension, and in which the distended bladder is unable to expel the urine it contains. It is well known that, in this case, it is often sufficient to extract a few drops of fluid from the bladder to enable the organ, rendered temporarily powerless, to regain its normal contractility. A slight depletion of blood from the congested vessels, or perhaps a feeble increase of the nervous tension of the capillary network, both of which may be caused by the incision of the hyperæmic integuments, may induce the immediate contraction of the vascular system. M. Brown-Séquard states that he has repeated these experiments on two young men, one of dark and the other of fair complexion, and that he is able to corroborate in a very remarkable manner the observations of M. Letamendi. In the man of fair complexion, the incision in the skin required to produce the above-mentioned results was so slight that it was difficult to see it with the naked eye. In both cases the anæstheticized part of the area was hard and white; it had the consistence of congealed fat, and an impression was left when firm pressure was made upon it by the finger. (*Archives de Physiologie*, No. 5, 1875.) (*Practitioner*, June, '76.)

CHLORAL AS AN APPLICATION IN FISSURE OF THE ANUS. — *The Medical Times and Gazette* reports that Dr. Croqui, writing to Dr. Sujav d' a Beaumetz in corroboration of the great value of *Chloral* as an application to all kinds of wounds, adds that he has found it also of the greatest utility in *two* cases of *fissure of the anus*. The patient having had a stool a few hours before, either spontaneously or by aid of an enema, he introduces between the lips of the fissure a small tent of charpie, consisting of about twenty fibres, and first soaked in the solution of chloral diluted to a fiftieth. This is left in until discharged during defecation next day. The first and second dressings are very painful, but afterwards they become less and less so, so that in a fortnight all pain has disappeared, and the fistula has cicatrized.

EQUISETUM HYEMALE IN ENURESIS. — *The United States Medical Investigator* of January has an article from the pen of Dr. T. H. Carmichael highly recommending the above named remedy in incontinence of urine. The doctor says that in his note book he finds upwards of twenty cases of enuresis treated during the past year with *Equisetum Hyemale*. He used it in the mother tincture and 1x, always adding six drops of the mother tincture to one half glass of water, and a teaspoonful to be taken every three hours for two or three days, which in most cases had been sufficient to effect a speedy and permanent cure. He also used it in cystitis and dysuria with unparalleled success. He does, however, not pretend that *Equisetum Hyemale* would invariably cure all cases of incontinence of urine, even in

children, considering the various causes that may cause this morbid irritability of the neck of the bladder. The exciting cause should always be made the object of particular inquiry. "But when there is no tangible cause excepting a *habit* (as it were), which has remained after the primary cause has disappeared (as it is in a great many cases), the *Equisetum Hyemale* will cure almost immediately and permanently." The writer of this recommendation, based on quite a number of clinical observations, adds that his attention was called to this remedy by a letter from Dr. Thayer, of Boston, who had used it in a case of incontinence of urine of *twenty years' standing*, curing the patient in *about ten days*. The question of the efficacy or not of this remedy in higher potencies he leaves entirely out of consideration, claiming for his low potency all that can possibly be expected from any remedial agency, namely, a perfect cure in from one to ten days.

TO OPEN AN ABSCESS WITHOUT PAIN. — Dr. Bergonzini reports in the *Rivista clin. de Bologna* that if the following solution be applied to the skin over an abscess from three to five minutes, an incision may be made into it without pain: Carbolic acid, two parts; glycerine, one part. — *Hahn. Month., Aug. '76.*

PERSONAL.

H. C. CLAPP, M.D., has removed from 518 to 544 Tremont Street, Boston.

H. P. SHATTUCK, M.D., has taken the office formerly occupied by Dr. Clapp, 518 Tremont Street.

A. L. KENNEDY, M.D., of the Class of '75, Boston University School of Medicine, for nearly two years past associated with I. T. Talbot, M.D., has opened an office at No. 7 Temple Street, Boston.

DRS. T. F. ALLEN AND ST. CLAIR SMITH have removed from No. 3 East 33d Street to No. 10 East 36th Street, between Fifth and Madison Avenues, New York City.

DIED. — Benj. F. Eldridge, M.D., of Middleboro', Mass., died at 11 o'clock, P.M., Nov. 19th, of malignant scarlatina, after an illness of fourteen days. Buried Nov. 23d, from the M. E. church of Middleboro', with Masonic honors.

New England Medical Gazette.

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[Vol. XI.

HOMŒOPATHIC TREATMENT OF PNEUMONIA.

BY DR. KAFKA.

[*Translated from the Revue Homœopathique Belge*].

[*Continued.*]

The fifth medicine of importance in pneumonia is *Sulphur*. We do not find the symptoms of pneumonia very marked in its pathogenesis; it affects principally the bronchi and the pleura. The older practitioners, allowing themselves to be guided by the Hahnemann theory, have employed it principally in pneumonias of a slow course and without reaction; they believe that this state is due to a latent psora, a hidden diathesis; the *Sulphur* is destined to struggle against this dyscrasia, and when the pneumonia has a successful end, they attribute this result to the action of *Sulphur*. Our experiments on this subject have given us a different opinion. *Sulphur* has no direct action upon pneumonia, it is not able to modify the clinical course: its action is limited to regulating the ordinary symptomatic course of the disease, especially when it is engrafted upon a tubercular constitution, either hereditary or constitutional, when it attacks the clavicular or subscapular region, when it is protracted, and when there are relapses; finally, we employ *Sulphur* with *anæmic*, badly-nourished subjects, of a soft, scrofulous, rachitic constitution, when the period of suppuration begins, when the expectoration is little and painful, and when there are febrile exacerbations towards night.

Many practitioners give the preference to *Sulphur* when croupous pneumonia has arrived at the third stage, that of

suppuration; in that case, our manner of giving it depends upon the seat and extent of the disease. When the apex of the lung is affected, it is able to prevent it from producing a tubercular cast, — at least in the annals of our medicine we find cases where this happy result has been obtained; but when the pneumonia is entirely localized in the middle or base of the lung, when it is extensive and the sputa are abundant and easy and the febrile symptoms of little importance, we prefer to raise the powers of the patient by the employment of *China*, a substantial diet, and good wines.

Ordinarily we employ *Sulphur*⁶, 4, 6, or 8 drops in half a glass of water, and give two teaspoonfuls every two hours. Quite a number of practitioners consider *Bryonia* as one of the most efficacious remedies in pneumonia. Our experience has taught us that this substance has more important relations to the pleura and bronchi than to the lungs; therefore, we attribute to it only a symptomatic action in the course of croupous pneumonia, and then under the following circumstances: when stitches in the side are very violent and when they are aggravated by cough, deep inspirations, speech, yawning, etc., while they are ameliorated by repose and the dorsal position. Also at the onset of the period of resolution, when the sputa, streaked with blood, are very tenacious; when the cough is very difficult, and when it induces great prostration with pain in the abdominal muscles, and at the same time sensibility in the region of the liver, with gastric symptoms and constipation. Finally, when croupous pneumonia is accompanied with a certain excitation of the meninges, with active delirium, dry tongue, difficult speech, obtuse sensibility, — symptoms which would indicate an adynamic condition, while in reality they are in relation with an excitation of the meninges and are of a transient nature.

Rhus tox. is likewise, in our opinion, only a symptomatic remedy in croupous pneumonia; most physicians have found it efficacious in the typhoid form, especially when the disease presents a certain amount of torpor and apathy. We can only confirm this observation, adding that it applies chiefly to those pneumonias without cough or expectoration, in which typhoid

symptoms are established at the period of resolution, — symptoms which, rightly or wrongly, we attribute to purulent resorption. We have seen several cases have an apparently happy issue after the administration of *Rhus*³. Whether it is to the remedy that we should attribute this successful result, only subsequent observations should determine.

We advise *Bell.*³ in the beginning of croupous pneumonia where there are evident signs of cerebral hyperæmia, employing cold applications at the same time. We have seen these symptoms disappear more readily than fever under the influence of *Aconite*, but we have not observed that *Belladonna* had any effect on the course of the pneumonia.

There is another indication for this remedy, — when a collateral œdema is set up in the parts of the lungs spared by the disease, which impedes the return of the venous blood from the veins of the neck. The patient is then threatened with poisoning by carbonic acid or with an attack of cerebral apoplexy; dyspnoea is then greatly developed, the sputa become serous and mucous, cyanosis supervenes, the veins of the neck and head are distended, sensibility is deadened, speech is stammering and incomprehensible. In a similar case, against which the allopaths invariably address themselves to the blood, we employ *Bell.*³, and when that does not succeed, *Glonoinum*³. If life is seriously threatened, the vital indication demands that we also try the blood.

As remedies to be employed from a symptomatic standpoint, we would cite *Nux vomica*³ and *China*³, — medicines recommended, especially in pneumonia of drunkards, more particularly when there is icterus and when the digestive organs are strongly implicated. Frequent eructations, regurgitations, nausea, vomiting, meteorismus, constipation and humor specially indicate *Nux vomica*, while *China* applies especially to the pneumonia of drunkards, with great weakness, trembling of the tongue and limbs, icterus, and watery stools, which rapidly exhaust the strength. *China* is equally an important symptomatic remedy with patients who have lost a good deal of blood and who have become anæmic and weakened to the point when the disease is protracted through want of reaction.

When the disease terminates by suppuration, *China* is indispensable if expectoration is abundant, containing considerable fibrinous detritus and epithelium, especially when there are at the same time physical signs of an abscess in process of formation, and when the sputa commence to have a bad odor. In such case, *China*¹, combined with strengthening diet, is a medicine that cannot be lost sight of in sustaining the strength; sometimes it is successful in the most doubtful cases.

A good many physicians recommend *Mercury* in the period of purulent infiltration, with weakened, badly-nourished subjects, and especially with those who are predisposed to scrofula or tuberculosis. When the disease seems arrested in its course, with slight attacks of quotidian fever, profuse sweat, emaciation, and weakness, we give preference to *Kali hydriod.* or *Sulphur*, because *Mercury* not only favors purulent exudation, but also causes decomposition of the organic elements, and it is not rare that under its influence we see the formation of caverns, which has rarely taken place under the administration of either of the two medicines we have noted above.

Finally we will mention *Arsenic*, which, given symptomatically, may cure a pneumonia which has taken a bad turn, when the stage of hepatization is coming on, with weak or anæmic subjects, with rapid loss of strength, pale and distorted features, intense thirst, great dyspnœa, and such restlessness that the patient tosses from one side to the other, groaning and gasping; from time to time he falls into syncope, and wishes to leave the bed to obtain fresh air. This medicine is still better indicated when these symptoms are combined with a diarrhœa, which threatens to exhaust the patient. These symptoms are chiefly met when infiltration is quickly established and greatly extended, and with patients who have become weak and anæmic from protracted diseases. In these cases we do not have recourse to camphor, wine, ammonia, etc.; *Arsenic*, given for several hours, causes these signs of weakness and increased sensitiveness permanently to disappear. *Arsenic*³ is a remedy which should not be neglected when the pneumonia passes to suppuration, when there is grayish expectoration, of bad odor, when the patient is pale and very thin, when he is tormented

with thirst, and when the appetite, notwithstanding the fall of the fever, does not return. *Arsenic* then acts very quickly upon the mucous membrane of the stomach, the appetite revives, strength returns, the expectoration assumes a better look, and the disease, under the influence of this little, insignificant remedy, takes a favorable turn, and that more surely and more readily than by the use of *Quinine*.

[*To be continued.*]

THE MEDICAL WORLD:

ITS PARTIES, ITS OPINIONS, AND THEIR TENDENCIES.*

[*The Monthly Homœopathic Review, Nov. 1876.*]

Gentlemen, — I think we have arrived at a period in our history as a party among the practitioners of medicine, at which we are able to take a review of our position in a calm and unprejudiced way. As regards our opponents, the heat and animosity of active persecution is over, the policy of masterly inactivity and strict blockade has nearly been played out; prejudice and party spirit are beginning to grow weak under the influence of more accurate information and better feelings, and the appeals of justice are beginning to have a chance of being heard; refusals to meet us have ceased to be bitter, are often indeed apologetic; and gentlemen feel sore at being tied up by a set of arbitrary rules, laid down during the prevalence of excited feelings, in which they have ceased to share, perhaps have never partaken. I may add that many now disregard these rules, and will not be bound by them.

So much as regards the outward aspects and external relations of the opposition. The signs are still more favorable when we look within. The pernicious and destructive practices of blood-letting, purgation, and salivation have passed away. The time has passed when violence done to the human frame could be called in any sense heroic; yet it is hardly sixty years ago when a princess, the next in succession to the throne and the hope of the nation, was bled and reduced by way of pre-

* The Presidential Address at the Congress held at Clifton, Sept. 21, 1876.

caution — prophylactically, I may say — till she sank under a natural process, which the poorest cottager in the realm, left to the mercies and even the inclemencies of nature, passes through with small help and little risk, — certainly with no prophylactic treatment.* It is but fifty-six years ago since her father, George IV, was bled by the order of one eminent physician to eighty ounces, and as if that had not been enough, by the order of another distinguished physician to fifty ounces; which latter bleeding, says Greville, “certainly saved his life, for he must have died if he had not been bled.” This, however, was not, it seems, enough, for in a day or two twenty ounces more were taken, with the view, I suppose, of improving his condition, his life having been already saved by the second bleeding. A short time after, the unfortunate Queen Caroline, in her last illness, was bled to sixty ounces, but unfortunately succumbed to the disease — not, of course, to the bleeding — before her life could be saved by the abstraction of forty ounces more, which Lord Brougham said had been intended. These things are not done now; indeed, if done, would be encountered by suits at law and the penalties of malpraxis. The times are changed, the seasons — not the physical, but the intellectual — have altered; and it is hard to find a young physician of ten years’ standing who has ever seen a patient bled. One who passed in 1871 assured me he never had.

One admires the simple faith, the depth of the convictions which carried the practitioners of the time through these sanguinary practices. One hundred and fifty ounces of royal blood on one’s hands is a serious matter, to say nothing of its being human. There is a *naïveté* about the whole procedure which is quite touching and really instructive. For these were not experiments made by young practitioners *in corpore vili*, for whom a Vivisection Act might be needful, — experiments made on obscure persons, whose fate would make no noise: they were practices sanctioned by the highest wisdom and greatest experience of the profession. It was the Baillies, the Henry Hal-

* I was told by an old lady friend that in her time ladies were bled in pregnancy, to prevent abortion. Possibly the buffy coat of the blood in pregnancy may have had something to do with it.

fords, and the Matthew Tierneys of the day who thus dealt with the highest and most valued people of the realm. We all recollect the interest awakened by the recent illness of the Prince of Wales, how a nation held its breath until he was pronounced out of danger. Well, this was but a faint emotion, compared with that with which the announcement of the death of the Princess Charlotte was received — the young wife, the young mother, the hope of the good, who had anticipated in her the purification of a polluted and desecrated court, — a hope now happily realized in our present beloved queen.

What an assurance of being right, what a conviction of their own infallibility must these men have had, to have ventured upon such practices upon such persons! How ignorant are those who do not know their own ignorance! Fancy a man in the dark, who thinks he sees! What collisions and sore places may we not expect for himself and his friends? And these infallibilists were the first authorities of their day! How are they looked on now? How are they regarded by the infallibilists of the present day, their successors, — the men who, in the face of these facts, dare to proscribe the exercise of free thought and practice among their contemporaries, under penalty of excommunication? Well may we say with Talleyrand, when asked what he thought of a *gaucherie* of William the Fourth's, "C'est bien remarquable." Let us carry the inquiry a little further. What will be thought of these authorities, who deal in excommunication, by the next generation? Are we sure that the hypodermic injections of *Morphia* or *Atropine* daily used, the habitual use of large doses of *Chloral*, of *Bromide of Potassium*, and other drugs, without a knowledge of the peculiar changes in their action when given in different doses, and of their general action on the system, as brought out by provings on healthy individuals of different sexes and at different ages, will be considered, a generation hence, as fair play to the human system, or the acts of prudent and wise men? Will alcoholism be considered scientific, or polypharmacy?

These lingering relics, however, of the animal impulse to do things with the strong hand, as manifested in the treatment not only of disease, but of so-called heresy, are gradually

fading away before the influence of scientific training. The infallibilists of the present day are not so consciously infallible as their predecessors. They do not commit such atrocious outrages on the human body, though there is much room for improvement even now. They are not so intolerant of free thought and practice and would be even less so than they are if they dared. Patient observation and a desire to know more thoroughly the nature of the remedial agents they employ and their effects on the organism, and a more conscientious appreciation of consequences, are gradually taking the place of the combative instincts, and diseases as well as differences of opinion are more respectfully treated. A most hopeful feature, to my mind, is the consciousness, now widely felt among medical men, of their knowing little about the physiological action of drugs, and of the necessity of such knowledge before they can be used scientifically or conscientiously in the treatment of disease. Our first position, therefore, — the necessity of proving a medicine on the healthy body to get at its physiological action as a basis for use in disease, — is conceded. This is the thin end of the wedge, and all the rest must necessarily follow. An accurate knowledge of the action of drugs, including their twofold and opposite actions, — the antipraxis of Dr. Sharp, — must inevitably lead to the acknowledgment of similarity between the symptoms produced by the large dose of the medicine and those of the disease as the principle of selection; while the aggravation produced by its use in a large dose will infallibly necessitate a diminution of the dose to the point at which its curative action begins. This of course implies the reception of the small dose in the treatment of disease.

At present, whenever an allopathic writer warns us against the use of this or that remedy in the treatment of this or that disease, in consequence of its producing aggravations, we take it as an indication for its use in our doses, knowing as we do — what he does not yet know — that if we diminish the dose to a certain extent, we get curative action.

This fact has been taken up and brought prominently forward by our esteemed colleague, Dr. Sharp, who has opened out a rich vein of research for all who wish to be useful in the

interesting investigation of the point in the dose of each drug from which its opposite actions diverge. This change of action is, of course, due to no change of properties in the medicine, but entirely to the tone of the nerves acted on. A medicine, from a minimum dose upwards, stimulates and causes an increased display of action of the nerve-power upwards, up to a certain point; and then, gradually or suddenly (a point not yet, I think, experimentally inquired into), but it is to be supposed gradually, as nature rarely does anything *per saltum*, opposite effects are produced, ending in paralysis of function. The range of each kind of action will vary, within limits, to some extent in each individual, largely in the different temperaments. Idiosyncrasy, we know, as in the case of *Ipecac* or *Musk*, extends the range in the direction of a minimum very largely. In the direction of the maximum dose which can be borne, as in the case of alcohol, there are also considerable differences. These differences, however, will never affect the advantage to be derived in practice from a knowledge of this opposite action. We shall always be able to find a medium dose on either side of the turning point which will suit the great majority of constitutions.

Now a very important question arises. The preceding observations apply to nerves in a healthy state: how do medicines act on them when in a diseased state? and how does that action stand in relation to the hypothesis of the selection of the remedy on the homœopathic principle but its use on the enantiopathic principle? Here we are met with the fact, that in order to cure symptoms similar to those produced by the small dose of the remedy, viz., those of stimulation, we dare not give the large dose, or the dose which produces depression of function tending to paralysis; that is, we dare not act on the enantiopathic principle. Let us hear what that industrious worker, Dr. Hale, of Chicago, says: —

“For primary symptoms,” he says, “the smallest possible dose is best indicated. Who would dare to give *Nux* in doses of the crude drug, or even an attenuation below the 3x, in cases of uterine spasm depending on spinal congestion? Who would select appreciable doses of *Nux* for angina pectoris, cardialgia,

or other tetanoid affections of the viscera? What dose would be safe in cerebro-spinal meningitis, myelitis, or other congestive or inflammatory affections of the cord? In looking over," he goes on to say, "the reported cases of cures by *Nux Vomica*, I find that the most brilliant cures were made by the high potencies, when they were primarily indicated."*

Now, are these enantiopathic cures? Certainly not. They are homœopathic cures; cures made by a medicine selected for its homœopathicity, and administered in a dose acting homœopathically; cures made by medicines acting in the same direction as the morbid agent. In the cases before us, the morbid agent stimulates the morbid parts, and the curative agent also stimulates the same parts. One thing, however, is noteworthy: the stimulating power of the curative agent is much inferior in degree to that of the morbid. If it were equal to it, or nearly equal to it, it would aggravate and intensify the symptoms. This fact it was which led Hahnemann to reduce his doses below the aggravation point; and he found the diminution might be carried to an inconceivable extent without diminishing the extent and durability of the curative results.

How to explain these results I don't know. It's like damning a man with faint praise to take the conceit out of him. My predecessor in this chair, in his able address, adduced the instance of the curative action of alcohol in relieving fatigue, as an illustration of what happens in the case of the small dose, homœopathically chosen. "The sphygmograph," he says, "shows that the small dose of alcohol has power to restore arterial tonicity when it is administered to a patient in whom there is a want of this tonicity, caused by fatigue." The case before us is a different case. Our case is a case of increased tonicity amounting to disease, relieved by a smaller dose of a similar agent acting in the same direction. It is not a case of enantiopathic action, it is a case of homœopathic action; and an explanation drawn from the opposite actions of different doses of medicines does not apply. The case, however, is one

* "Primary and Secondary Symptoms of Drugs as determining the Dose." —*N. A. J. of Hom.*, May, 1876, p. 556.

of real occurrence, and can be reproduced by any experimenter. I do not think we need wait for a case of natural disease for our experiment. An artificial disease can at any time be excited by small but appreciable doses of a powerful medicine, — an artificial disease presenting the stage of excitement; and that can be treated by a sufficiently small dose of a homœopathically-selected remedy — a plan, by the way, which will much increase the interest and utilize the value of our provings. The truth of the homœopathic law can thus be verified in a scientific way. We shall be able to try the issue, not on the ever-shifting field of natural disease, encumbered as it is by a thousand different complications, but on a field of our own choosing, in conditions of our selection, with an immensely greater probability of ensuring results. Nay, more! we shall be in a position to experiment on the dose, and so to put it on a scientific basis; we can vary it to any degree and in any mode, and ascertain what dose and what time or mode of administration produces the best effects. In fine, by gaining the power to reproduce our experiments, we shall approach — at a long interval, I admit — the advantageous ground occupied by the chemists and the natural philosophers, and arrive at, at any rate, a prophetic foretaste of the exactitude of their results.

I now proceed to the dose proper for the cure of secondary states, — states similar to those produced by large or excessive doses of a drug. I quote from Dr. Hale again. He says, "What is the proper dose to be prescribed for secondary conditions?" The history of the treatment of paralysis with *Nux* and *Strychnia* is the best answer to this question. I can find no record of cases of paralysis cured by the middle or higher potencies of this medicine. The fact that it is absolutely necessary to use appreciable doses of *Strychnia* for the cure of the various forms of paralysis is ample proof of the law of dose which assumes that for *secondary* symptoms *appreciable* quantities must be prescribed. A spasm of the sphincter vesicæ may disappear under the use of *Nux*³⁰; but a paralysis of the same sphincter will require at least the 3x to remove it. A paraplegia from congestion of the cord may give way to *Strychnia*¹², but a paraplegia from anæmia of the cord will require the 1c

or even the 1x. This class of cases may come under the enantiopathic law, as far as regards dose; for I suppose it will be conceded that the 1c or 1x of *Strychnia* will not paralyze, but will excite. Here, therefore, an excitant dose is given to remove an opposite state of paralysis, and the case is brought under the category of the ex-president's illustration from the action of alcohol. In both sets of cases, however, the homœopathicity of the remedy is the reason of its being given. It will produce both the states for which it is given. In each case it is given in a dose far below that which is sufficient to produce the state for which it is given, as if it were necessary to go up stream to affect the waters below. In the first case, that of excitement, the remedy has to be given in a very small dose, far beneath that which is capable of exciting the state it is meant to remove; yet it seems to be an agent in the direction of producing it, and we are left at a loss to account for its curative action. Now, we really know very little about the mode in which nerve action is propagated. We are apt to suppose that an action of excitement is like the course of a smoothly flowing stream; it may, however, be an action of oscillations and alternations, comprehending opposite states; and this state of things may be quite inconsistent with a persistent state of spasm or pain. We must recollect, also, that the nerve in question is in a state of disease, of excitement, and we do not know what alterations of action the smallest stimulus may set up. However that may be, the fact exists and is demonstrable, that an exceedingly small dose, quite incapable of producing an appreciable effect in health, is capable of moderating or removing morbid excitement which a larger dose of the same medicine is capable of setting up. I shall never forget a case of this kind which occurred to me many years ago.

A young lady, a teacher at a school, while walking out with the scholars on a cold, frosty day, when a sharp, northeast wind was blowing, was seized with sharp, violent pleuritic stitches. I found her in bed; a hard pulse of 120; in great agony; every breath caused acute stabs; every movement was acutely painful, yet she was so restless she couldn't keep quiet. One dose of *Aconite*³⁰ was the only medicine I gave her. In a

short time after taking it — five minutes, she said — a most violent perspiration broke out, the excessiveness of which she wanted terms to describe, and all her pains left her. The next morning I found her free of pain and fever, but weak.

The second case, where the cure is apparently enantiopathic, may not really be so. The fact is; though we know that the action in the dose given would produce an opposite action in health, we don't know what it actually does in disease, more than to diminish or remove the actually existing state of torpidity. In general this is done gradually, and takes say weeks or months, and repeated doses; so that the result looks more like the effect of a slow process of nutrition than of a change of action, as is the case, I believe, in galvanic cures.

But little seems to be known about the way in which the nervous activity is produced or regulated. Some physiologists attribute it to chemical action, somewhat in the way that a train of gunpowder is fired. One is tempted to speculate on the quantity of combustibles that Captain Webb must have had in his body when he swam across the Channel; but the wholesome reflection that one knows nothing about the matter makes one feel that ridicule is out of place. We of all men know that the *reductio ad absurdum*, as used against ourselves, has been much oftener the mirror in which the ignorance of our assailants has been revealed than the magnifying glass which made manifest the minuteness of their knowledge. The theory of molecular movement in consentaneous arrangement, as soft iron takes on magnetic action when subjected to a galvanic current, is yet unproven, and does not seem to help us much in our speculations on curative action.

There is a class of cases in which, apparently, we do not have to do with opposite effects; I mean, where the sympathetic system of nerves is affected. Here we meet with every variety of symptom, both in kind and degree, so that the scene reminds us, as regards its variety, more of the solar spectrum or the chromatic scale or the movements of a spider's web than of the simple antagonisms of the spinal nerves.

In such a state of things, opposition is lost in variety, and the negation of a positive symptom is to be found in a state of

health, and not, apparently, in an opposite state of disease. I do not wonder that our valued colleague, *nulli similis aut secundus*, Dr. Dudgeon, should be at a loss to find an opposite to waterbrash. He is as acute as any of us in finding opposites—witness his most felicitous and delicious illustration of feline opposition; but it is clear that, with his usual sagacity, he sees that there is more in a homœopathic cure than is dreamt of in the doctrine of opposites merely.

Still it is possible that behind this scene of apparently infinite variety and complexity, there may be a set, I do not say of wire-pullers, but of wires pulled, whose states may range between extremes through the finest gradations, expanding as they affect nutrition, secretion, motion, or sensation, into the endless variety of phenomena we have to observe. This would be a beautiful instance, among the multitude of others by which we are surrounded, of simplicity arising out of complexity, of general laws evolved from particular instances, of radii pointing from immeasurable circumferences to narrower circles and through them to the great Centre of all, who merely condescends to space to evolve order, the origin of all law, being himself eternal and essential harmony. Microscopic anatomy and careful, systematic experimentation will some day do much to unravel for us these mysteries. Dr. Drysdale's learned and laborious work has done much for us in collecting what has been ascertained and is known on this recondite subject, to say nothing of the value which the work derives from his logical and judicious treatment of the subject. Nerve-cells, disposed over the system in immense numbers, seem fitted to be impressed, each in its way, by every possible variety and mode of impression. Innumerable nervous fibrillæ, invisible to the naked eye; seemingly inextricably interwoven, but never confounded; apparently without beginning and without end, but looping themselves as they lie applied to the manifold organs they influence, sometimes in spirals, sometimes in plexuses, and what not, combine and regulate, if they do not produce all the complex operations of the organism. How they do this, who can tell? Whether they form a circuit or circulation, or both, is yet unknown. Dr. Drysdale, with much to support his

views, "is compelled to conclude the force must be a distinct force, not like heat, light, or sound, but a current force analogous to electricity, galvanism, or magnetism, but distinct from these," which he aptly and prudently terms "vis nervosa." Swedenborg saw, underlying these phenomena, a circulation analogous to that of the blood, indeed a fluid prepared by it, and its very essence and continuation, a circulation corresponding to it in a higher series. Should this view ultimately be adopted, there is nothing in it to preclude the possibility of the analogy to the galvanic circuit which Dr. Drysdale thinks likely. The fluid may be endowed with qualities analogous to those of the galvanic fluid, and act by induction on muscular fibres and otherwise. What a noble field of inquiry lies before us! Not a single fibril of this marvellous web but can be touched by some medicinal agent in a suitable dose, and its action revealed by the symptoms excited. Microscopical anatomy will go hand in hand with microscopical physiology, and pathological disturbance render manifest to our consciousness what is continually going on unfelt and unperceived, itself affording a new application of an instrument of immense power. I mean medicinal action scientifically used. Even to this power a knowledge of the homœopathic law will greatly add, by giving us the means of controlling or checking the phenomena.

There is a question I will briefly touch upon, to show that it has not escaped my notice. I mean the dyscrasias, consisting, as they seem to do, in an abnormal chemical composition of the fluids. Produced as these often are by improper diet, it is rational, I think, to exclude such as come under this category from the domain of medicinal agency, and to treat them with reference to their cause, I mean, dietetically. I am aware of the complexity of the subject, and the various causes to which these states may be referred; but I think it right to notice cases which fall without the limits of the homœopathic law, though they belong to a class which includes others, upon which that law may be brought to bear.

Now, gentlemen, a curious subject of speculation arises. How is it that a mode of procedure in medicine, such as ours, should have drawn upon itself the repudiation, even the anath-

ema, of men of liberal education, who profess to be in search of the best mode of healing disease? A system such as ours, founded on a larger induction from facts than any that has been made in the whole history of medicine; put forth in no partisan spirit (though it is true that some of our number had homœopathy on the brain during the earlier years of its existence); bolstered up by no attempts to conceal weak points, but honest and straightforward. What is it that has made the great bulk of the profession — honest, plain men, men certainly not of deep thought, but good common sense, practical men — set us down as either fools or knaves?

I do not deny that the idea of a law of healing which should be of universal application is *prima facie* improbable. The fact of a complex organism, liable to derangement in an infinitude of modes by an infinity of agents! Is it possible that this variety of disorder can be rectified in one and the same way? This question can easily be answered, but I am putting it as it would appear to superficial thinkers. To those who don't think — that is, to the great bulk of the profession — it would present no difficulty. The medical world has never been remarkable for its repudiation of sweeping generalities founded on insufficient data. Humoralism, solidism, vitalism, the speculations of Brown, Cullen, and Broussais are the most familiar, but by no means the only instances of the truth of this assertion. When, at the very time that Homœopathy was beginning to assert its claims, a man of celebrity, Dr. Armstrong, was crying out, "The lancet is the right hand of medicine and calomel is its left," and was being applauded to the echo by a very large portion of the medical world, we may be sure that hasty generalization was not the ground on which the claims of our system were so discourteously rejected. Its want of plausibility it was that damned it. If a new theory accords with the prevailing notions of the time, it has every chance of being accepted with open arms. But antagonism or antipathy, narcotism and counter-irritation were the received modes of treating disease; Homœopathy, however, was the expression of a fact, especially as explained at the time, utterly irreconcilable with those notions. That like should cure like; that medi-

cines acting in the same direction as the disease and on the same parts, should arrest disease, was Beelzebub casting out devils — and just as likely; but to crown the whole, the doctrine of infinitesimals shocked at once the experience which men thought they had of the immunity of the body from the minute noxious influences which surround us, and their ideas of the very possibilities of action. • Such a monstrous absurdity seemed to render exaggeration impossible, and every statement fair which put the absurdity in the strongest light. Thus to give to “airy nothings a local habitation and a name,” and to pretend to cure disease with them, was a mode of statement which satisfied every one who didn’t care about truth, and gave to every witling the means of laughing to scorn the greatest discovery, perhaps, in the annals of medicine. The mirror was held up to the public, to be sure; but it was the mirror of the intellectual state of the men who held it, not of the facts of the case; and thus, as Pope once said on a similar occasion, according to my friend, Mr. Proctor, —

“Did coxcombs vanquish Berkeley with a grin.”

Since that time, however, the prism in spectroscopic arrangement has demonstrated the inconceivable minuteness of matter; and physiological research, aided by the microscope, has revealed the fact that animal organisms are composed of an infinitude of most complex molecules, in a constant state of change, so that the form is the only thing that appears to remain fixed, but the substance is in constant flux. As the rainbow that in the sunshine constantly spans the waterfall, apparently unchanged, while the particles that are the material element of its existence are in a constant state of flux, thus the scorn of yesterday bids fair to become the glory of to-day, — at any rate, of to-morrow; and the doctrine of infinitesimals, which a generation ago could not be conceived as possible — a doctrine which that generation could not bear, on account of the limited extent of their information — is likely in the next generation to become a necessity of belief, the only doctrine that will square with the then present state of knowledge.

This delay in progress would not have occurred had men

acted on scientific principles and tested experimentally the state of the case. Whenever, like an emperor of Germany who was "*super grammaticam*" in virtue of his kingship, they venture to judge the possible by the limits of their knowledge, they play fantastic tricks before high heaven, and excite in more enlightened intelligences pity or ridicule, according to the moral state of the beholders, and merely fret their hour on the stage, instead of having taken their place in the real business of life.

The lesson has its value: there are other things which are quite as improbable as small doses, quite as much opposed to prevailing ideas, — things which a rational and modest man will carefully test before he denounces.

I have alluded before, in speaking of the reaction in the medical world which is taking place, to the endeavor to test the action of drugs on animal organisms. I regret, however, that animals are preferred for these experiments to the human organism. Results thus obtained must frequently mislead. Hahnemann, speaking just eighty years ago of such experiments, says, "How greatly do their bodies differ from ours! A pig can swallow a large quantity of *Nux Vomica* without injury, and yet men have been killed with fifteen grains. A dog bore an ounce of the fresh leaves, flowers, and seeds of monkshood: what man would not have died of such a dose? Horses eat it, when dried, without injury. Yew leaves, though so fatal to men, fatten some of our domestic animals."* And after other examples, he adds, "This much at least is certain, that the fine internal changes and sensations which a man can express by words must be totally wanting in the lower animals. In order to try if a substance can develop very violent or dangerous effects, this may in general be readily ascertained by experiments on several animals at once; as likewise any general manifest action on the motions of the limbs, variations of temperature, evacuations upwards and downwards and the like, but never anything connected or decisive that may influ-

* I have reason to doubt the accuracy of some of these statements, but believe, however, that experiments on animals are not safe guides in therapeutics.

ence our conclusions with regard to the proper curative virtues of the agent on the human subject. For this such experiments are too obscure, too rude, and if I may be allowed the expression, too awkward." Had Hahnemann read the report of the committee of the British Medical Association, published in the *British Medical Journal* last year, I think he would hardly have asked permission to use the term "awkward." All the powers of his sarcastic wit would have been exercised to show the folly of expecting normal results from proceedings so abnormal, in a sphere so different. Research cannot, however, long remain in this uncertain state. There is too much industry and too much ingenuity at work to be long satisfied with fruitless labor. One has only to cast his eyes over the *Handbook of the Physiological Laboratory*, prepared by Messrs. Klein, Burdon Sanderson, Brunton, and Foster, to have evidence of the minuteness of research and of the wealth of instrumental ingenuity which is being applied by these sappers and miners of the army of progress in the investigation of the phenomena of life. Among these self-denying workers I must not omit the name of Gamgee, who would rather pass a night in his laboratory than spoil an observation or lose an idea. Such industry and such ingenuity must ultimately be applied to drug-disease, and we shall have provings marked by an exactitude in observation, a minuteness of detail, and a precision in characterization and definition, of which we have all sorely felt the need in the selection of our remedies. Every advance in experimental accuracy, every discovery in science must work in our favor; for we stand on the solid rock of fact, on a law of nature, empirical, if you like, but founded on a larger induction from facts than any in the realm of therapeutics. Such a law may be explained by further scientific investigations, that is, resolved into a larger law, including it, but can never be shaken, and must at last be universally accepted. In the mean time we can bear with the lets and hindrances to our course which we experience; with the loss of the countenance of men who stand high in public opinion, but who dare not meet us for fear of losing that eminence; with the weakness of noble men, who would be nobler if they were less

timid, and didn't care so much about hornets' nests; with the misrepresentations in the journals of the profession, which we are not allowed an opportunity to contradict or to rectify; with exclusion from access to the general medical public by our publications, unless we will sink the mention of Homœopathy altogether; and lastly, with exclusion from the public offices of honor and emolument, and the high places of the profession.

All this is but the outward show and seeming of a monster, —

“*Monstrum, horrendum, informe, ingens, cui lumen ademptum,*” —

whose vitality is at a very low ebb, and who begins to be ashamed of his existence; but beside him we see advancing toward us a charming young creature, enlightened by our principles, animated by our feelings, and so like us that we would fain claim her as a daughter; but strange to say, she doesn't know her own mother, though I would fain hope that her blushes indicate a consciousness that she is ashamed of the disclaimer. To have called such a rare creature into existence is enough for us; and we are content to await the coming of ripe reason for the disappearance of some foolish, but not, everything considered, unnatural feelings.

To drop the language of metaphor, it is a matter of notoriety that the literature of the profession has for some years been largely imbued with our principles and its practice enriched with our medicines; and that these acquisitions have been treated as treasure-trove, — that is, as treasures, the owners of which cannot be found, though they are well known. It is known as a fact that if one of our members, of average abilities, should disown our name, repudiate our language but not our principles, and leave our ranks, he will be received with acclamation; should he write a book, rich in the spoils of our literature, it will be honored and reviewed with praise, and its writer be exalted to the lecturer's chair, to teach the very truths, with some change of language, which we for nearly half a century have been outlawed for proclaiming. Valuables appropriated without acknowledgment are, however, dangerous property; they breed disunion in the camp; and our hard-headed brethren of the north are already beginning to cry out

that they know where the spoons came from, though the crests have been effaced. There are occasions when honest men come by their own. But, gentlemen, it is not the appropriation I grudge: I deplore that want of a free and generous and candid and just spirit which is manifest in men who still ostracize those through whom they are enriched. Most welcome are they to all truths that can enlighten humanity; most welcome are they to every medicine which can alleviate suffering; above all and peculiarly, most welcome are they to all men who think they can best serve truth *incognito*. For ourselves, let ours be the spirit of the noble Paul: "They put us in: nay, verily, let them come and fetch us out." We wait the time when a more enlightened generation will honor the memory of those whom their fathers denounced. We wait the hour when the Hahne-mannian oration shall take its place beside the Harveian, and be pronounced by the same man from the same chair, with equal or superior honors. We shall be there in spirit, if not in body.

THE REFLEX INFLUENCE OF PARTIAL PHIMOSIS, ADHERENT PREPUCE, ETC., UPON THE NERVOUS SYSTEM AND GENERAL HEALTH.

BY B. H. CHENEY, M. D., NEW HAVEN, CONN.

IN the spring of 1875, a little boy four years of age, was brought to me for relief of an irritable condition of the prepuce, to which, it was stated, he was subject, and which caused him much pain in urinating. On examination the prepuce was found swollen and inflamed, especially about its edges. The cause of this condition was also apparent in the existence of a partial phimosis, some drops of the urine being more or less constantly retained in the pouch thus formed, and acting as a constant source of irritation.

The grandmother of the child went on to say that his general health had never been good; that he was subject from infancy to sudden starting and screaming in sleep, disinclined to play like other children, and was, in short, exceedingly and unaccountably "nervous." Upon my inquiring if the attacks of

screaming and crying in the night did not cease as soon as he had passed urine, she replied that they uniformly did, but neither the family nor the physicians consulted had put any connection between this and the attacks. She further stated that he usually had to wait some time before succeeding in an attempt to pass water, and that he was quite subject to priapism. His appearance was pale, anæmic, shrinking.

In a conversation which I had the previous year with Dr. Lewis A. Sayre, of New York, he had explained to me his views regarding the frequent occurrence of infantile paralysis, and other conditions, from reflex irritation caused by partial phimosis, adherent prepuce, etc. In passing, I may be allowed to say that this subject well deserves the careful attention, not only of surgeons, but of physicians also, and a perusal of Dr. Sayre's practical little pamphlet would save much trouble, anxiety, and fruitless medication.

It was evident to my mind that this little patient's nervous system and *morale* were suffering from a constant reflex irritation caused by his physical condition, and that the sedatives, worm medicines, etc., which he had taken from his birth up, were as uncalled for as they had proved useless. I accordingly explained to the grandmother, that, in my judgment, an operation would not only relieve him of the local irritation, but also of his nervous attacks, and improve his general health.

The operation of circumcision was performed with a bistoury and the fenestrated forceps, and the prepuce over the glans slit also with scissors. The prepuce was found to be adherent, and was separated from the glans with the thumb and finger, and the glans thus freed and bared back to the cervix. The penis was then wrapped in a piece of lint spread with cold cream, and the wound dressed daily until healed.

The result of the operation fully justified all that had been expected of it. The urine was passed freely and with no impediment or waiting from the very day of the operation, and within a few weeks the little fellow entered upon the manufacture of mud-pies and similar pursuits with an energy that soon showed its results in a ruddy complexion and a vigorous physique.

ARSENICAL POISONING.

BY E. W. BERRIDGE, M. D.

SOME years ago, Dr. Kesteven, an allopath, wrote in the *Medical Journal* on the subject of arsenic-eating; he also entered into correspondence with several medical men on the subject. The following are extracts from their letters, which Dr. Kesteven kindly allowed me to examine.

(1.) *From Dr. Neman.* The arsenic-eaters of Styria say that they only use *Arsenic* during the increase of the moon, *i. e.*, eight days out of twenty-eight; that if a certain dose is exceeded, very dangerous symptoms and even death ensue; and that they always give it up monthly during the moon's wane. From the account I deemed that it produced œdema of the face and slight conjunctivitis, and (in horses) looseness of the larger hairs, and that the symptoms described by Johnson as being produced by the poison being left off were actually produced by the poison having been already taken in excess.

(2.) *From Dr. Balfour.* *Arsenic* when applied externally causes exfoliation of the outer scarf-skin, often leaving behind a tenderness to touch of the part so treated, which may pass on to those eruptions and ulcerations of which Vicat and Knape give instances. The one speaks of a carpenter who got a violent inflammation of the scalp, with excruciating pain and a papular eruption from the application of *Arsenic* to the head; the other mentions a bride and her maidens, who used *Arsenic* instead of hair-powder, and got a violent inflammation, with deep ulceration of the scalp, from which they took long to recover.

See also Schleser, in *Gesundheit der Bergleute*.

(3.) *From Mr. Harris.* I have seen eruptions about the mouth, nose, and genitals of two or three persons from working in the tin and arsenic works near Redruth.

(4.) *From Mr. Barham.* In cattle which died from eating *Arsenic*, inflammation and ulceration of the mucous surfaces and abscess of the liver seemed to be the most frequent lesions.

(5.) *From Mr. Moyle.* Occasionally boys who remove the

impure *Arsenic* from the flues of the calcining houses have a very severe eruption on the scrotum, and if their shoes are low or bad, between the toes.

(6). *From Mr. Jajo.* A man over fifty years of age was employed in the arsenic works. He had pains in soles which almost prevented him from walking. He had an eruption chiefly affecting the scrotum; it was a mixture of scab and mealy skin. Some excoriations with attendant ulcerations over considerable parts of glans penis and prepuce. (It is more than twenty years since he had venereal disease.) He says that *every* man who labors in the arsenic factories is subject to a complaint of the skin. It comes out in pimples, which he compares to small-pox; that these run together and form thick scabs; that the scrotum is sure to be affected severely; that the hollow between the chin and under lip is a favorite spot for the eruption, also in the angles between the nose and cheek, and along by where the hat fits the brow; in a word, in every crevice where the Arsenic is likely to accumulate. The perspiration will gather in these regions too. Sometimes parts of the skin become exceedingly itchy and inflamed. They are liable too to shortness of breath and cough. Unless they plugged their nostrils, the nostrils would smart and unbearable sneezing be produced. Mr. P., surgeon to the Union, says that in every case that he has witnessed there has been a pustular eruption, chiefly about the under lip. The pustules coalesce into a scab, which becomes on its disappearance a very rough, furfureous skin. The pustules had not a depressed centre, but he always noticed a general resemblance to variola. He regards it as a constitutionally and not locally produced eruption. In some cases there is great bodily debility, emaciation, profuse sweating on the least exertion, while the urine has been scanty. A remarkable dyspnoea, and such a violent palpitation of heart as to be audible to a bystander. Tongue was always furred white, with inflamed papillæ, especially at edges, and the margin of the gums looks red. In the worst cases everything is vomited as soon as swallowed. There is always pain in stomach-pit in the earlier stages.

ERRATA IN PREVIOUS PAPERS.

Vol. 9, p. 293, line 16 from bottom, for *genitals* read *brows*.

“ p. 402, line 15, from bottom, for 12 read 24.

10, p. 167, line 6, for 3 read 6.

 CHEMOSIS AND GUARÆA.

BY A. CLAUDE, M.D., PARIS, FRANCE.

CASE I. — I gave the notes of this case to Dr. John C. Minor, of New York, to be published in a paper of that city. I don't know what became of that report, though I think it was not published, so I can only give here the information from memory.

A young man, seventeen or eighteen years of age, consulted me in '73 in New York, for a chemosis of the right eye (I believe). The eyelids were tumefied and the conjunctiva was swollen, red, and so thick that we could scarcely see the pupil, and the affection was a few days old, and there was, if I remember right, an excessive photophobia. The diagnosis and the etiology were easy, since the young man, having an acute gonorrhœa, had inoculated it in his eye. I prescribed *Guarœa* low, and in about three or four days the cure was radical. What was the most singular in this case, the eye that was cured was smaller than the other. I was struck at once with this disproportion, and the boy made the same remark. As for the gonorrhœa, there was no change during that time. I thought that *Guarœa* would have some influence upon this disease, because it had cured one of its manifestations. But I was mistaken, for after ten days of treatment the case was not improved and I was obliged to resort to the old remedies, *Cantharis*, etc.

CASE II. — Mr. X ———, a painter, sixty-five years old, was subject from his youth to numerous attacks of articular rheumatism. Since he was twenty years old he never passed one year without an attack of this disease, and both knees had been several times ankylosed, when he thought that he would try Homœopathy. I found him sitting in a low chair, and mov-

ing his right limb with a mechanical apparatus. His general health was otherwise good. There was no pathological peculiarity about his circulation, respiration, or digestion. He did not pay much attention to his present arthritis, because it was an old affair with him, but he was anxious about a slight redness and itching of the left conjunctiva. I could not evoke any mechanical cause, nor excess of work, etc., and I was forced to consider it a rheumatismal conjunctivitis. In consequence, I prescribed *Spigelia* 3^x. The next day, 19 Dec., 1875, he was worse and had some fever. Light was excluded from the room, because it was too harmful to the eye. I prescribed *Aconite* 1^x, to be alternated with *Spigelia*. The 20 Dec., I found my patient much worse; his pulse was at 120, the skin was burning, great thirst, and his bowels had moved, but the matter was hard and brown. The eye was very much swollen, and the vessels of the conjunctiva were very thick and pink-red. The pupil was bright, but not easily seen. It was a clear case of chemosis; and the family were very anxious and losing their confidence in Homœopathy; they were very cold with me. Seeing that, I prescribed *Guaræa* 1^x, to be taken every two hours, and left the room. Towards evening I was called again, and Mr. X — told me that his nephew had consulted one of our best oculists, who told him that he could not help without an operation, and he asked my advice about it. I told him that the inflammation of the eye was of the same nature as his rheumatism, and that nobody had ever proposed to cure his knees by amputation.

The pusillanimity of the patient, perhaps, more than my arguments, induced him to try a little while longer my homœopathic treatment. So they administered my medicine of the morning at six o'clock P. M. The next day I found him with his pulse at one hundred, skin was not so warm, less thirst, but there was no change in the eye. The patient was more quiet and willing to follow my treatment. On the 22d December there was a great amelioration in the general symptoms, and the pupil could be seen more distinctly in the bottom of its infundibulum. I continued the prescription. On the 23d, there was a marked improvement, and the vascularity of conjunc-

tiva was greatly diminished. Four spoonfuls of *Guaræa* during the day. On the 26th, there was only a single vessel inflamed, forming a fork that surrounded the iris. On the 2d of January, 1876, this last symptom had disappeared, and Mr. X. was able to resume his occupation. His arthritis was not influenced by this treatment or by this diathetic manifestation, and remained in my charge during several weeks. But at this time Mr. X. is very well.

CASE III. — D., mattress maker, very strong and robust, thirty-four years of age, of temperate habits. I have treated this man for a long time for a professional asthma, provoked by the dust of the wool. I can only mitigate his bronchitis and asthmatic attacks with *Ipecac.* and *Tartarus Emeticus* low. Last February he came to consult me for a conjunctivitis of the right eye, caused by dust. I everted the superior eyelid and examined for a foreign body, and I found one. There was, however, slight redness of the conjunctiva with great sensitiveness. On account of the traumatic cause I prescribed *Arnica* internally and locally. Two days after, *i. e.*, 20th February, D. came again to my dispensary. The vessels of the conjunctiva were more red and broad, there was a burning pain in the eye but no fever, and the general state was good. D. had abstained from work for a week. I then prescribed *Euphrasia*⁶ internally, and a few drops of the tincture in a glass of water to be applied locally with compresses. Two days after, I was called into the country for a case of confinement and I could not go to my dispensary. On the 23d I paid a visit to D. who had a very severe chemosis. He told me that applications of *Euphrasia* were painful. I prescribed immediately *Guaræa*^{1 x} every two hours, and I recommended him to keep his bed because he had some fever. I will not follow this affection through its whole course; but suffice it to say that the chemosis was better in the afternoon of the 24th of February, and that D. was able to resume his occupation at the end of the month. A curious fact to notice is, that after each dose of *Guaræa* there was an abundant and liquid stool, and sometimes the desire was very sudden and imperious. D. was not weakened by this diarrhœa and I lengthened the time between the doses.

One must not conclude from these three cases that I propose *Guaræa* as a panacea for all cases of chemosis. If the experiment has been varied, it has not been repeated enough to authorize such a conclusion. I don't think that I am too enthusiastic in relating the properties of a remedy which after all I did not discover. But since the publication of the original proving by the late Petroz, in the fifth volume of the *Journal de la Société Gallicane de Médecine Homœopathique*, *Guaræa* has been too much neglected. *Hale's New Remedies* only translate the French provings, and Hughes does not even mention it in his recent edition. However, *Guaræa* deserves to be studied by practitioners and by those who pay special attention to provings, because it has shown itself efficacious in a tedious affection, and one difficult of treatment, which the allopaths abandon to the surgeons; because it was good for patients of different habits and constitution, one very healthy except his mechanical affection, the other affected with a virulent and contagious disease, and the last martyr of one of the most persistent diatheses. Moreover, *Guaræa* deserves attention, because in these three cases one only did not present a peculiarity outside the original proving. Case I shows a symptom (diminution of the volume of the eye) which has never been mentioned, and Case III shows another (diarrhœa) in complete opposition to symptoms related in the proving.

THE METRICAL SYSTEM ADOPTED BY OPHTHALMOLOGISTS.

BY H. C. ANGELL, M. D.

It may interest the readers of the GAZETTE to learn that the metrical system of numbering spectacle lenses is now being adopted by oculists all over the world.

In this system the unit is one metre instead of one inch. The new lenses are called diaptics. Formerly a No. 1 lens was a glass of one inch focus; now, No. 1 D is a lens of one metre focus, or about thirty-six Paris inches. The numbers of the new glasses do not express their focal distance as formerly, but

this is readily found by dividing the unit, one metre or thirty-six inches, by the number of the diaptric.

For example : —

D.	No. 1.	(new)	=	about	No. 36	(old).
“	“	1.25	“	=	“	“ 30
“	“	1.5	“	=	“	“ 24
“	“	1.75	“	=	“	“ 20
“	“	2.	“	=	“	“ 18
“	“	3.	“	=	“	“ 12
“	“	4.	“	=	“	“ 9
“	“	9.	“	=	“	“ 4
“	“	18.	“	=	“	“ 2

The principal advantages of the new system are these : By the adoption of the metre or a glass of about 36-inch focus as the unit we are enabled to express the power of the stronger glasses by a whole number instead of a fraction. Thus we may make any combination of glasses and find their collective power easily, without the use of pen and paper as formerly. For instance, No. 36 and No. 9 combined give us, under the old system, No. 7 ($\frac{1}{36} + \frac{1}{9} = \frac{5}{36}$). Under the metric enumeration we have only to say that No. 1 D added to No. 4 D gives No. 5 D, a glass of about 7-inch focus, as before.

It is also an advantage to have a uniform standard of measurement, the inch being of different length in different countries.

The intervals between the old numbers are very unequal. Between Nos. 42 and 48 it is $\frac{1}{36}$, and between Nos. 7 and 8 it is $\frac{1}{56}$. The intervals under the new system are much more nearly equalized.

There are other advantages attractive to oculists in the new method, such, for instance, as the simpler method of determining the refraction and accommodation of the eye ; but I need not occupy further space with matters which are not of general interest.

ON THE ACTION OF ALTERATIVES.

BY JAMES ROSS, M. D.

*Physician to the Southern Hospital for Diseases of Women and Children,
Manchester.*

THE importance of the subject must be my apology, if any be needed, for asking permission of the editor of the *Practitioner* to make a few remarks "On the Action of Alteratives," after the very important and able paper which appeared on the subject from his own pen in the September number. Even if Dr. Brunton had not expressly said that one of his main objects in writing his paper was to awaken criticism, I should have been certain that one who has done so much solid work as he has done would court criticism rather than avoid it. My object, however, is not so much to criticise, as to approach the subject from a different standpoint; and the view which I shall advocate is not necessarily in antagonism with the one advanced by Dr. Brunton.

I may be permitted to recall principles of therapeutics which I advanced a few years ago in this journal. These were four in number, and were enunciated in the form of practical precepts. In the treatment of disease the physician must: (1.) Supply the organism with the conditions and materials necessary for the maintenance of health. (2.) Avoid or remove the conditions which either cause disease or aggravate one already established.* (3.) Deflect the course of the diseased process toward the healthy standard of the individual; and (4.) Enable all the organs of the body to form a new equilibrium about the diseased organ. Let me now select for examination one of the instances of alterative action adduced by Dr. Brunton, viz., the quiet action of nitro-hydrochloric acid in curing some cases of pain above the eyebrow. Suppose it proved that nitro-hydrochloric acid produces its action according to the first principle by supplying a deficiency of a material necessary to health, just as a certain amount of chloride of sodium is necessary to

* See *The Practitioner*, "On the Principles of Therapeutics," No. xxxix. April, 1871. *Ibid*, No. xliii. August, 1871.

healthy nutrition, this action would, I imagine, no longer be regarded as alterative, however silent and slow it might be. Suppose, again, that it is proved that the pain in question is owing to the presence of a certain alkali in the blood which is neutralized by the acid, and thus that the remedy, acts according to the second principle, by removing a cause of disease; then in this case also the remedy would no longer be regarded as an alterative, however silent might be its action. And suppose, finally, that the remedy is proved to act by an action upon the heart through which the circulation is accommodated to the diseased organ, and that thus the remedy is known to act according to the fourth principle; then I think the remedy would still not be regarded as alterative in the narrow sense of which we are now writing. It might appear that we at once cease to regard a remedy as an alterative whenever any reason can be given for its action. This, however, is not the case, for if it can be proved that the brow-pain is a collateral effect of disorder of the liver, and that the acid acts upon the liver itself in such manner as quietly to deflect its morbid process towards health, the action would now be regarded as an alterative. We see, therefore, that in order to be alterative it is not sufficient that the action be "slow and secret": it must be a direct action on the tissue or organ diseased.

Another circumstance which I would like to emphasize is, that "alterative" is an epithet which cannot be applied so much to any class of agents as to the actions and mode of administration of those agents. A man under my care for accidental arsenical poisoning, who had most violent purging and vomiting, parted with a tapeworm, and thus got cured of a most troublesome malady. Another, after taking small doses of *Arsenic* three times a day for six weeks, got cured of a chronic skin disease. The agent which effected the cure was, in both instances, the same, the modes of administration and action were different. Similarly with regard to *Mercury*, one dose purges, another produces the silent action we call alterative. Dr. Brunton has well shown that *Rhubarb* and *Sulphate of Magnesia*, even when they act as purgatives, may be regarded as alteratives in the widest sense of the term; but I see no reason why they

may not, if given in small and frequently repeated doses, act in suitable cases as alteratives in its narrowest sense.

How do alteratives act? To answer this question — even to attempt its answer — we must pass into a new region. Hitherto we have spoken of “suitable cases,” “health,” “disease,” “cure,” all of them, terms of art and not of science. The fact that *Arsenic* may kill a rat is as interesting, and may be much more important, to the man of science, as the one, that it may cure an emperor; and a true scientific explanation of the action of the agents employed to produce an alterative action must take cognizance of their action when they cause a disease as much as when they cure it. We are, therefore, driven back to the science of general pharmacology for an answer to our question, — a science which unfortunately can scarcely be said to exist yet. We have already seen that alteratives must have a direct action upon the tissue or organ affected by disease; and consequently at the foundation of a theory of their action I would place the law of the elective affinities of the tissues. Others before me have noticed the dependence of the action of these agents upon this law, and it is for this reason that the term “specific” has been applied to them. “Specific,” however, is one of the most ambiguous words in the language, and for upwards of two thousand years it has never ceased to be the source of fallacious reasonings in Natural History, until the labors of Darwin placed its use upon a truly scientific basis; but in medicine the word is used with as much latitude and as much ambiguity as if Darwin had never existed. Sometimes a medicine which acts in some unknown way is called a specific, simply because it cures a disease. The action of *Quinine* in the cure of intermittent fever is an instance of this mode of specific action. But to do justice to those who have most frequently employed the term “specific” as descriptive of the action of medicines, they have used it because experience shows that each drug acts in a particular manner upon a special tract of tissue; and this is only another mode of expressing the law of the elective affinities of the tissues. But let us not be the slave of words. What is meant by the elective affinities of the tissues? It is simply an abstract method of expressing the mutual relation subsisting between

large and important groups of facts, just as the law of the attraction of gravity is an abstract method of expressing the mutual relation subsisting between still larger and more important groups of facts. It is well known that each structure in the body has the power of taking from the blood the materials appropriate for its nourishment, and that the materials which are appropriate for one kind of structure are quite inappropriate, and may even be poisonous, to another. It is also known that when drugs are introduced into the blood, one agent acts upon one part of the body and another upon another. *Cantharides* acts upon the urinary organs, *Squills* on the mucous membrane of the bronchi, *Rhubarb* on the liver and duodenum, and so on. These, then, are the kinds of facts which are intended to be brought into mutual relation when we speak of elective affinities of the tissues; or, in a more limited sense, when we speak of the specific action of drugs. But there is one important difference between the law of gravitation and that of the affinities of the tissues. When the scientific man has given the best expression to the relation between the facts in the case of gravitation, he can give no further account of them. He may hand them over to the metaphysician, who will resolve them, probably, into "bundles of sensations," and the relations between "bundles of sensations." The law of gravitation is either ultimate, or at least very near being an ultimate law. The case is very different with the law of the elective affinities of the tissues. We are not content simply to give expression to the relation subsisting between the facts, but we are entitled to ask *why* the tissues select particular agents. And even if science cannot as yet answer this question, we live in the hope that the answer will be forthcoming some day. The law is, in short, not an ultimate, but a derivative law, and science will resolve it some day into still more general and fundamental laws. Even at present we may see a glimmering of how this law may be resolved.

When alcohol, for instance, is introduced into the blood, it acts at first upon the higher brain centres, producing various disturbances of function, ending in unconsciousness. There is no occasion to suppose, however, that alcohol has any special

affinity for the tissues of the brain. Let us suppose that it acts equally upon protoplasm in every part of the body; several reasons may be given why its most marked action should be on the brain. The brain is a very vascular organ and consequently a larger amount of alcohol will be supplied to it in the same time than to less vascular organs. Again, a slight interference with the protoplasm of the brain will cause a manifest disturbance of function; while a considerable interference with the protoplasm of more passive organs will not declare itself at once in this manner. Also the intercellular substance of the gray matter of the brain is so delicate in structure that it will allow a diffusible agent like alcohol to pass almost immediately to the protoplasm; while the flow of this agent to the protoplasm will be much retarded in tissues having a dense intercellular substance. In the case of the alcohols and the anæsthetics, therefore, it is probable that the action they exercise upon nervous tissue may be explained by well-known physical laws without having recourse to the supposition of any selective action.

That like gathers to like is not a mere metaphor, but a law of extensive application in chemistry, geology, biology, and other sciences, and it will also help to explain the selective action of drugs for particular tissues. This law explains why the chemical agents which have massive atoms act principally upon the dense structures of the body, while those of the least massive atoms act upon those parts of the body which have a delicate structure, like muscle and brain, and on tissues which have no real structure, like blood. The salts of iodine, mercury, silver, lead, and of the metals generally act upon the bones, tendons, and cellular tissue; those of potash and soda on muscle; those of carbon and the gaseous elements principally upon nervous tissue. It also explains why the compounds of the elements with massive atoms are eliminated by the bowels, those of elements with atoms of medium mass by the kidneys, and volatile substances partly by the skin, but principally by the lungs. Two other laws which will help to explain the selective power of drugs are: that, other things being equal, the more massive the molecule of the element, the more definite

and local will be its action or that of its compounds; and that, other things being equal, the greater the molecular mobility of an agent, the more general and diffused will be its action or that of its compounds. I cannot, however, wait to illustrate the action of these two laws at present.

Such, then, is a very imperfect sample of the laws by which the elective affinities of the tissues will some day be explained; but until this law of affinity is much more fully explained than is possible in the present state of our knowledge, we must be content to accept it as a mere statement of the relation subsisting between a large number of facts. It is one of those convenient resting-places (*anhaltspunkte*) in science upon which it will be quite safe to erect a temporary structure, until the time comes when we can subject the foundation itself to rigid analysis, and are able to build a more permanent structure upon the solid rock beneath.

So far we have only got to the level action of medicines; but we must now inquire into the *nature* of that action. I cannot express that action better than by saying that I believe it to be of a stimulant nature. I must refer the reader to a paper of mine "On the Action of Stimulants," which appeared in the *Practitioner*, August, 1874, for a full exposition of my views on stimulant action. A stimulant determines the tissue to energize. If it acts upon an active tissue, like nerve or muscle, it determines to give out its ordinary function; but if the stimulant continues to act upon the tissue after the store of material which is available for function is exhausted, then it acts as an irritant, that is, the tissue now exhibits proliferation of its cellular elements, congestion of vessels, and all the signs indicative of the first stage of inflammation. When a stimulant acts upon a passive tissue like connective tissue, it first appears to increase its nutritive activity; but this again gives place to the irritative phenomenon just mentioned. Now, when a tissue is suffering from defective nutrition (and all tissues are in this condition in the second stage of inflammation), the slight stimulant action, which must always be short of that which produces irritation, helps to deflect the most morbid process towards health. This slight stimulant action of an agent which has

a special affinity for the diseased tissue or organ constitutes the alterative action of the drug.

I have said that the view I advocate is not necessarily antagonistic to the one advanced by Dr. Brunton. It is quite free for me to say that a drug acts upon a particular tissue by means of a primary action upon a ferment, although I do not think that this statement would much advance my knowledge. It appears to me that the most important part of my assertion would still be the fact that the tissue itself is affected by the drug.

I prefer, therefore, to rest the theory of the action of alteratives on the local stimulant action of drugs upon particular tissues without mention of the circumstance that this action may possibly be brought about by an action on the ferments by means of which nutrition is carried on.

ON PARASITIC GROWTHS IN THE HUMAN LUNG. — Dr. Paul Fürbringer, of Heidelberg, has arrived at the following conclusions regarding the growth of fungi in the lungs. 1. Their seat is only in diseased portions of the parenchyma, and they are to be regarded as a secondary affection. 2. Stagnating blood, and the products of its decomposition, furnish a favorable soil for the development of fungi. 3. Acute affections of the lungs, occurring in those of healthy constitutions, exclude this growth, while the opposite conditions of chronicity and cachexia favor it. 4. The presence of putrid decomposition appears to prevent the formation of mould-fungus, while that of the schizomycetes, especially bacteria, goes on. 5. The clinical diagnosis of this condition will depend upon the discovery of the germs of the fungus in recently expectorated sputa. — *Virchow's Archiv.*, March 28, 1876.

ON THE RELATION BETWEEN PHOSPHORIC ACID AND NITROGEN IN THE URINE. — We quote, from Dr. W. Zuelzer, of Berlin, the following brief summing up of his own conclusions on the subject. In support of them, he furnishes very numerous tables of comparison and observations of the action of various remedies and in various diseases. 1. The relation between phosphoric acid and nitrogen in the urine is under normal circumstances constant, but when subject to different influences, variable. 2. The fluctuations in this relation are characteristic of the periods of advance and decrease of the conversion of tissue in the nervous substance. 3. The general metamorphosis of tissue (of the "flesh") is dependent upon the nervous activity. — *Virchow's Archiv.*, March 28, 1876.

The New England Medical Gazette.

BOSTON, DECEMBER, 1876.

IN our October number we took occasion to call the attention of our readers, more especially throughout New England, to the obligation under which, as members of a struggling cause, they must necessarily consider themselves of supporting the GAZETTE, not alone with their subscriptions, but with their contributions as well, in the form of free expression of opinion and records of their best and most carefully sifted experience. The natural and pardonable impatience engendered in the editorial bosom by the increasing dullness and stagnation following among our brethren from individual success and worldly prosperity, caused us to lift up our voice with a somewhat painful wail, which has elicited prompt responses from various quarters. As the general tone of these responses is one of surprise and indignation that material should be so short where there appeared to be so many to supply it, we are led to infer that nothing more is wanted than a gentle fillip on some sensitive spot in the New England homœopathic organism to arouse it to the requisite degree of literary activity and productiveness.

We are grateful to those whose expressions of interest and encouragement for the journal have been accompanied by articles and promises of articles; but we beg to point out to all the absolute necessity that exists for so large a supply of practical, original papers that Homœopathy may be creditably represented, and our editorial labors and annoyances materially lessened. It is to be remembered that it is not so much individual success in practice that attests the vitality and progressiveness of our school as the free and enthusiastic contribution to our literature, and it is not to be supposed for a moment, that, in this respect, New England will long be found behind other sections of the country.

As the GAZETTE is not a pecuniary enterprise nor an advertising medium for ambitious doctors, but an organ of expression, called forth by the necessities of our school here, and approved by common consent, we are at liberty to speak with perfect freedom to its constituents, before whom we need have no business secrets, and with whom we are not under the necessity of resorting to the usual business tricks to keep afloat. Whatever changes may take place in the edi-

torial staff of the journal, or in its management, and however it may languish, from time to time, in consequence of the languid supply of contributions, it is not to be conceived that it should cease to exist or to fill an important position as a means of adding to the general stock of professional knowledge, of recording mature experience, of teaching the young, of airing grievances, and of uniting the scattered energies of our colleagues upon a common object. While these are the reasons of its being, it is not likely to go down, except with the wreck of Homœopathy itself, — a consummation of which there never was less likelihood, — and it will be saved, furthermore, from becoming the mouth-piece of any clique or exclusive hobby-rider, or, worst of all journalistic fates, of degenerating into a receptacle for text-book literature, crude and undigested assertion, editorial poetry, or buffoonery such as would suit the columns of the *Danbury News*. Let no man forget that there is genuine and heavy work to be done, and that the time is rapidly approaching when every one will be called upon to justify his own position, and when it may be desirable to have at hand a literature able to bear the test of rational criticism.

WE learn from Dr. Worcester, of Burlington, Vermont, that powerful and partially successful efforts were made by the Allopathic Medical Society of that State, in the last session of the legislature, to create a State Board of Health under allopathic control, and to pass a bill to “Regulate the Practice of Medicine.” The main object of these well-laid moves were defeated for the present mainly by the efforts of homœopaths; but the fight appears to have been a hard one. Dr. Worcester promises to send us at an early day, for publication, a more detailed account of the affair, which cannot fail to interest our readers, especially as coming from so able a pen, and from one who took the leading part in warding off the attack.

DR. A. CLAUDE, whose interesting article on *Guarœa*, appears in this number of the GAZETTE, has recently removed from Rue Faubourg St. Honoré to No. 18 RUE CAUMARTIN, Paris. Dr. Claude is the acting secretary of the Homœopathic Society in Paris, and was for some time connected with the French Legation at Washington, and is therefore quite familiar with our language and the habits of our people, many of whom will be glad to have his address on visiting Paris.

REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON HUMAN PHYSIOLOGY. By John C. Dalton, M.D., 6th Edition, revised and enlarged. Phila.: Henry C. Lea.

THE merits of this work have been so long and so well known that it calls for no extended notice at our hands at this time. The significant fact that this is already the sixth edition, and that it has been most carefully revised and judiciously enlarged, to bring it to a level with the progress made in physiology since the appearance of the fifth edition, should be pointed out with particular emphasis. To the many physicians in this country who, as we may say, have been reared on Dr. Dalton's text-book, and who, therefore, use it as a book of reference with the more convenience and with especial trust, this new edition must be most welcome, and to students no better work can be recommended.

Unlike Dr. Flint, Dr. Dalton eschews as vigorously as possible all fruitless discussions, hypothetical statements, and doubtful observations. His aim is to present all the well-ascertained physiological facts, and the legitimate inferences from these, in language as plain and concise as may be consistent with a lucid explanation of the subject, and in this no man has been more successful. The key-note of the whole book is to be found in the introductory chapter, p. 26, in the plain statement that "the only method by which physiology can be studied is the observation of nature. The phenomena presented by living creatures are only to be learned by direct examination, and cannot be inferred, by any process of reasoning, from any other facts of a different character. Even a knowledge of the minute structure of a part, however exact, cannot furnish any information as to its active properties or function; and these properties can be learned only by examining the organ when it is in a state of activity." When this most fundamental of all scientific truths relating to medicine shall be fully recognized in therapeutics, as well as in the auxiliary science, the homœopathic lamb may lie down securely by the side of the allopathic lion.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. Designed for Practitioners and Students of Medicine. By Austin Flint, Jr., M.D. Appleton & Co.

WITHIN the last year a sudden eruption of physiological works has taken place in this country, quite unexampled in the history of our professional literature, and marking, apparently, a new departure in American medicine. As American physicians have prided themselves, hitherto, upon the purely practical or, more properly speaking, clinical direction of their pursuits, and as their best successes have been achieved at the bedside, it is by no means certain as yet whether

this new departure in the auxiliary sciences is to be hailed with joy. There can be no doubt, however, that some of the physiological works which have sprung from it are of a high order of merit. Among these, Dr. Flint's *Text-Book* takes its place in the front rank, and if we look for completeness in the traditional form of text-books of physiology, there is none in the language that can be placed by its side.

The author points out in the preface that the work is neither more nor less than a condensation of his large encyclopædic work, prepared to meet the wants of the student, and we may add, it possesses both the merits and short-comings of the parent work. Like this, it embraces not only what may be safely accepted to-day as well-established physiological facts, but all the endless mass of dogmas and theory which have, until recent years, been supposed to be as good as positive data. In this respect the work differs widely from the most modern works of European physiologists designed for the use of students, and if its bulk is compared with that of the text-books of Folk, Hermann, Küss, and others, we cannot but wonder at the difference. While these occupy no more space than is afforded by from two to three hundred pages, medium octavo, in wide and fair-sized print, Dr. Flint's work covers close upon a thousand pages, royal octavo, in type quite too small for a handbook.

This difference is accounted for in part by the full and detailed anatomical descriptions which have been retained here, while, in the works mentioned, they are very properly omitted, and in part too by the numerous and finely-executed wood-cuts, which form a prominent feature of the work. But it must be confessed that, leaving these fair reasons for bulkiness aside, the proportions of the book are still too ample for the purposes it is intended to subserve, and this in consequence of the unnecessary amount of theoretical detail, the mass of insufficiently established observations of doubtful value, and also in consequence of a painful tendency on the part of the author to indulge in repetition and verbiage. Instances of these serious defects in any book, but especially in a text-book, are to be found in nearly every chapter, and although they give the whole an appearance of completeness and accuracy much to be desired in a book of reference, they necessarily detract from its value by the vagueness and confusion they cause in the student's mind.

A marked example of this vagueness, lack of accuracy, and tendency to repetition, is to be seen, among others, in the four closely printed pages (55 to 58 inclusive), purporting to treat of the rhythmical contractions of the heart. The subject of rhythm, or even of alternate contraction and relaxation, is scarcely mentioned in these pages, which are devoted instead to the discussion of the nature of muscular contractibility in general, its discovery, history, and differentiation from nerve influence, all of which are again discussed under the respective heads of the physiological properties of muscular tissue, of irritability of nerve-tissue, and of the influence of the nervous system upon the heart's action.

This repetition is all the more unnecessary and misleading as the contractility of the heart's muscle is by no means the cause, but

rather the indispensable condition of the rhythmical contractions. The cause of the regular alternation between contraction and relaxation is to be looked for in the action of the inhibitory and regulating centres of the pneumogastric and of the sympathetic, and all that can safely be taught concerning these can be said in less than two dozen lines.

The same tendency to diffuseness may be seen in the detailed description of innumerable experiments, of little or no practical value, on animals, together with the instruments and procedures by means of which they are carried out, all of which may be of interest to the specialist, but can be of very little importance to the physician or student. In the chapter on the functions of the encephalon, the disposition of the author to attach importance to detail, and his determination to say something concerning all the parts treated of, whether this be sound or not, become positively trying. The almost endless discussion of mooted points, such as the localization of the faculty of speech in the anterior lobe of the left hemisphere, the analysis of Andral's ninety-three cases of disease of the cerebellum, the vain attempts to determine the functions of the corpora striata and optic thalami, and the enumeration of the experiments of Maury upon himself, to establish what was known with quite as much certainty beforehand, namely, the fact that the reflex ideas called dreams may take place during sleep, as the result of external impressions, all abundantly sustain this adverse criticism. It would almost seem as if everything was fish that comes to Dr. Flint's net, at least everything that comes from the quarter which he is disposed to look upon as authoritative or trustworthy. In the chapter on fecundation, he quotes at length "a most remarkable paper" by one Dr. Beck, who lives "out West," in Fort Wayne, Ind. This Western doctor declares that he observed with his own eyes how the mouth of the womb actually opened and shut "in five or six successive gasps" at the height of the sexual orgasm, thus actually showing itself capable of swallowing up bodily any matter which may be placed before it at the right moment. This statement is even less probable than that of a gynecologist in one of the German periodicals, who found that the spermatozoids make use of the elongated plug of clear, tough mucus, often found projecting like a cord from the os, to climb to their destination, much in the same way, we may suppose, as a sailor shins up the mainstay to the mast-head.

We might cite many more instances of the author's eagerness to swell the volume of his book by detailing inconclusive experiments and observations of the most faulty and imperfect kind, which are thus made to pass current for "science," and to assume a degree of importance which they by no means merit. But it would be unjust to hold Dr. Flint personally responsible for this lavishness of information, or to suppose him guilty of the unreasonable desire to lend the weight of his authority to what is untrustworthy. The fact is that, as a teacher of experience, he is fully aware of the claims of the profession on medical students and young physicians, and that both in this country and abroad, it is the fashion to accept as sound and authoritative whatever emanates from the physiological laboratories, or any other source

having the sanction of the great medical trades-union. This body must surround itself with an air of infallibility, in order to exclude effectually all that does not suit its leading notions, and to maintain its traditional authority.

Having called attention to the shortcomings of the work, we must guard against giving them undue prominence. If we have been constrained to say that it contains much that could have been omitted with advantage, we cheerfully bear testimony to the fact that very little has been omitted which such a book may be expected to contain. It bears evidence everywhere of the painstaking ambition of the author to place in the hands of the student and practitioner an exhaustive physiological treatise. The very defects we have mentioned are attributable to what we must look upon as over-conscientiousness in this regard. We heartily commend the work, therefore, as a handy book of reference, rather than as a text-book, and can assure our readers that it is a little physiological library in itself, which will prove of great advantage to all who look for the most modern teachings of physiology.

BOOKS AND PAMPHLETS RECEIVED.

- THE PHYSICIAN'S VISITING LIST FOR 1877. Lindsay & Blakiston.
- THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. 2d Edition. By Robert Faulkner, M.D. Boericke & Tafel.
- MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL ANATOMY. By Carl Seiler, M.D. No. 6, September, 1876. Phila.: J. A. Coates & Co.
- A SERIES OF AMERICAN CLINICAL LECTURES. Edited by E. C. Seguin, M.D. No. 11 On the Treatment of Eczema. By R. W. Taylor, M.D. G. P. Putnam's Sons.
- OPHTHALMIC THERAPEUTICS. By Timothy F. Allen, M.D., and Geo. S. Norton, M.D. Boericke & Tafel.
- BOERICKE AND TAFEL'S QUARTERLY BULLETIN OF HOMŒOPATHIC LITERATURE. November, 1876.
- REPERTORY TO THE NEW REMEDIES. Based upon and designed to accompany Hale's Special Symptomatology and Therapeutics. By C. P. Hart, M.D. New York and Philadelphia: Boericke & Tafel, 1876.

ITEMS AND EXTRACTS.

OVARIOTOMY, WITH DRAINAGE THROUGH THE PERITONEAL CAVITY. — Dr. Olshausen, of Halle, has summarized his experiences in ovariectomy, with especial reference to the use of drainage through Douglas' cul-de-sac, giving an exhibit of twenty-five cases in which he has

operated. He has come to share Sims' former opinion, that the majority of deaths after ovariectomy are due to septicæmia, but thinks that the question of the advisability or not of the use of drainage tubes should be determined by practical experience, and not by theoretical considerations. He discusses the objections to the use of the carbolized spray in the operation, and expresses the opinion that drainage and greater care in preventing septic infection will improve even the admirable figures of Spencer Wells. He gives the details of the operation as he practices it, insisting particularly on numerous antiseptic precautions with carbolic acid. After the removal of the tumor is completed, he makes a puncture from Douglas' cul-de-sac into the recto-uterine excavation with a trocar of full four-tenths of an inch calibre, and carries a drainage tube of the same size through it, and places it in the superior angle of the wound. He regards the first forty-eight, and more particularly the first twenty-four hours after the operation, as the most important in respect to after-treatment in this method, believing with Sims that, during that period, a thin fluid secretion is rapidly produced, having highly septic properties, and that it must be promptly got rid of. To this end, he recommends syringing out the tube with a warm salicylic acid solution every hour or two hours during the first day. He generally removes the drainage tube about the twelfth day. The thermometer generally indicates, by the third day, what is to be the fate of the patient. Of the twenty-five cases which he reports, the last fifteen were treated with the drainage tubes. Of the first ten cases two recovered, of the last fifteen, eleven. He does not, however, claim the whole of the improvement for the drainage, but attributes it to better surroundings of the patients, greater cleanliness, and especially thorough disinfectant measures, and to his own increased skill. He believes, however, with Nussbaum, that drainage has saved many cases that would otherwise have rapidly succumbed. — *Berl. Klin. Woch.*, March 6 and 13, 1876.

THE INOCULABILITY OF RELAPSING FEVER. — Dr. Motschutkoffsky, of Odessa, has been experimenting for several years with inoculations upon man and animals with the matter of typhus, typhoid, and relapsing fevers, and was successful in the case of the last disease only, and in the human subject. He succeeded only by the use of the blood taken during a paroxysm of fever, and it made no difference whether it contained spirilla or not. The disease thus induced differed in no respect whatever from that due to other causes, nor was any other form of fever ever developed from inoculations of the blood of relapsing fever. The period of incubation was between five and eight days. Blood kept hermetically sealed for two days in a capillary tube yielded positive results, as did also blood diluted in equal parts with a watery one per cent solution of muriate of quinine, but when diluted with the one-tenth part of spirit the results were negative. — *Centralbl. f. d. Med. Wiss.*, March 11, 1876.

TYPHOID FEVER IN A CHILD, WITH RUPTURE OF THE SPLEEN. — Dr. Wittmann, from observations in the Children's Hospital at Pesth, declares that in all cases of typhoid in which hemorrhage from the bowels occurred, it was preceded for a few days by slight hemorrhages from the

mucous membrane of the mouth and gums. He gives the history of a well-marked case of typhoid in a boy of ten, admitted to the hospital, December 29, with the history that he had been seriously sick for five days. The temperature ranged between 104° and 106° F., the pulse from 120 to 132; there was delirium at night, slight bleeding from the lips and gums appearing on the 30th. The cold water treatment was not used, because a little girl, on whom it had been used under like circumstances a few days before, had died of hemorrhage from the bowels. On January 2, however, delirium increasing, he was put in a wet pack. The next day there was sensitiveness in the region of the spleen, and the bleeding from the mouth continued in spite of various modes of treatment. On January 5 the stools contained blood, and he fell into a state of collapse and died, the temperature falling from 104° to 97.2° F. during the last six hours. At the autopsy, an ulcer, with hemorrhagic appearance of base and edges, and half an inch wide, was found on the posterior wall of the pharynx, between the orifices of the Eustachian tubes. The stomach and intestines contained altered blood; the Peyerian patches were the seat of the characteristic lesions of the disease, and the peritoneal cavity contained about a pound and a half of dark fluid blood. The source of this was found in the spleen, which organ was enlarged to four times its natural size and was the seat of two long and deep lacerations or ruptures, one of them two and a half inches long and an inch deep. — *Jahrb. f. Kinderheilk.*, IX, 3, 1876.

SEPARATION AND DESTRUCTION OF THE PANCREAS, AFTER PERFORATION OF THE STOMACH BY ROUND ULCERS. — The following unusual pathological conditions are reported by Dr. Hanns Chiari, of Vienna, as found at the autopsy of a woman of intemperate habits, fifty-four years of age, the immediate cause of death being a fatty degeneration of the heart. The most important and interesting concerned the stomach primarily. The posterior wall of this organ was the seat of two round ulcers the size of strawberries, through which a communication was established between the cavity of the stomach and the sac of the omentum, the latter constituting a sizable suppurating cavity, the contents of which were prevented from escaping into the peritoneal sac by intimate adhesion of the margins of the foramen of Winslow. The lower wall of this sac was in places adherent to loops of the jejunum, and there were openings into this part of the intestine. In this sac, together with other broken-down tissues, was found a mass nearly five inches in length, and entirely separated from all other parts. This, on examination, proved to be all that was left of the pancreas. The author considers the ulceration of the coats of the stomach to have been the first step in the morbid process. — *Wiener med. Woch.*, March 25, 1876.

AQUAPUNCTURE. — Mr. R. Clemens Lucas calls attention to a number of cases illustrative of the relief derived from this treatment. Dr. Lélut unwittingly employed this simple expedient. His servant had by accident overturned a bottle containing morphia in solution; and, wishing to conceal her misfortune, refilled the bottle with water. The

next day Dr. Lélut employed the liquid as a subcutaneous injection for a patient suffering from sciatica, in whose case he had previously injected morphia. The patient was relieved, and the pain disappeared without the nausea that had been excited on former occasions. After finding that the bottle contained only pure water, he repeated the experiment on other patients, and found that it invariably gave them relief without inducing the unpleasant nausea caused by morphia. As to the manner of injection and the quantity of fluid to be introduced, Dr. Dieulafoy recommends that eight or ten drops of water be injected at the seat of greatest pain, repeated ten or fifteen times at one sitting if necessary. Dr. Lafitte says that he injects two grammes, and then waits a couple of minutes; and if the pain be not relieved, then injects two grammes more. — *The Lancet*, March 4, 1876.

ON THE ACCESSIBILITY OF THE DUODENUM TO OPERATION. — Dr. Braune has come to the conclusion that the so-called vertical part of the duodenum is accessible to operation from behind, to the entire avoidance of the peritoneum, which it is known only partially covers the anterior surface. The experiments and observations, which he details, were made upon bodies carefully hardened by chromic acid and alcohol injections, and by freezing. He states that, as a rule, the right kidney stands somewhat higher than the lower end of the perpendicular portion of the duodenum, and that the lower and inner wall of this portion is behind the peritoneal sac. He performs the operation on the cadaver as follows: The body being turned face downwards, an incision is made from the region of the posterior superior spinous process of the ilium, above and close to the right of the median line, to above the twelfth rib. The muscles are divided successively until the sacro-lumbalis is reached. This being pulled aside toward the median line with hooks, the quadratus lumborum appears, and must be split through. Hugging the vertebral column, the lower border of the right kidney is made free, the twelfth intercostal nerve and artery are cut across, the ureter and inferior vena cava pressed to the inner side, and the kidney upwards. The intervening connective tissue being now separated with forceps, the wall of the duodenum on the median side can be recognized, when an incision about two inches long may be made in it. — *Archiv. der Heilk.*, May 1, 1876.

VALUE OF GOKHRU IN CERTAIN FORMS OF SEMINAL DISCHARGE AND INCONTINENCE OF URINE. — Cheytan Shah, assistant surgeon to the City Dispensary, Peshawar, states that whilst preparing a list of remedies alleged to be useful in the treatment of seminal discharges and impotence, he found Gokhrû described in Vaidak and Hekmat works as possessed of very important attributes. Thus, when speaking of the juice of the fresh leaves and stalks, it is stated that it augments the quantity of semen and removes weakness of the generative organs. Grain seeds twice soaked in its juice are considered to be unparalleled in their effect in curing seminal weakness. The English practitioners in India, or authors of Indian therapeutics, like Dr. Waring, while fully confirming the statements of Oriental writers as to its demulcent and diuretic properties, and its usefulness in gonorrhœa, seem

to have made no special mention of its further effects on the sexual organs. From some successful trials of it, Cheytan Shah determined to prescribe it systematically. At first it was given empirically, in all sorts of cases of sexual weakness, but afterwards, and gradually, he came to rely upon it only in cases of seminal discharges attended with slight symptoms of weakness of the neck of the bladder, or in cases accompanied with slight irritation in the urethra or in the vesiculæ seminales. For instance, in a case of seminal discharge, where a patient said that his urine dribbled away after micturition, Gokhrû gave satisfactory results. It also proved of some value when indications of congestion of the prostatic portion of the urethra were present. Out of sixty-four patients, forty-six never returned a second or third time, but most of them took a supply and went to distant countries; of the remaining eighteen, it was of no service in two, but in sixteen it proved more or less beneficial, and he arrived at the following conclusions in regard to it: 1. It is useful in certain cases of premature discharge and for certain forms of involuntary emission. 2. It entirely cures the moisture or dribbling that occurs from the orifice of the urethra shortly after micturition. 3. The effects are manifested in the course of a week. 4. In a few cases relapses occur. 5. A few patients complain of lassitude, and a few of dryness of the mouth, from its use. 6. It appears to have a marked effect upon irritability of the bladder and prostatic region, and after its use urine can be retained in the bladder for a longer period. — *The Indian Medical Gazette*, July 1, 1876. (*Practitioner*, November, 1876.)

GASTROTOMY. — Dr. Wolzendorff, of Greifswald, has unearthed from the German medical literature the histories of two operations of gastrotomy, performed by German surgeons in the 17th century. The first was performed by Florian Matthis, of Brandenburg, in 1602, and a knife which had been in the stomach fifty-one days was extracted. The knife had an iron blade and a horn handle, and was nine thumb-breadth (seven inches) in length. Contrary to the expectations of the doctors, the patient recovered. The second operation was performed by Daniel Schwab, the Königsberg lithotomist, in 1635, and a knife which had been forty-three days in the stomach was extracted. The patient recovered.

A CHARACTERISTIC OF CONIUM. — Some three years since we had under treatment a peculiar case of spermatorrhœa in a young man of twenty. The disease was the result of onanism, and was most aggravated. *Conium* was decided upon as the remedy, and was exhibited in the first decimal dilution; a dose three times each day. The first dose induced pain in the teeth, — a jerking pain, — and during mastication the teeth seemed to be loose. For three days the pain was severe for an hour after each dose, and then gradually subsided, to be renewed when the next dose was taken. The patient had no decayed teeth, and had never before suffered odontalgia. On his second visit he mentioned the matter, and objected to taking any more of "that medicine." We, however, gave him the third, and this reproduced the same symptom, but in a minor degree. The following week, con-

trary to his wish, *Conium* was repeated in the 15th, and the symptom was again observed, but consisted simply of *twinges* in the teeth, and these were not unbearable. During the exhibition of *Conium* the excessive nocturnal (and daily) pollutions were markedly reduced in frequency and quantity. — *Northwestern Annalist*.

EXCRETION OF BLUE URINE. — M. Ramonède reported to the *Société Anatomique*, on January 14, a case of gangrene of the mouth with interstitial nephritis, in which the urine had contained indican during the entire course of the disease. The autopsy showed commencing interstitial nephritis; the tissues of the kidney were blanched; the vessels, especially the veins, were surrounded by newly-formed connective tissue, and there were some ecchymoses; the spleen was the seat of multiple infarctions.

M. Robin called attention to the fact that the blue matter was not the same in all cases of blue urine. Neither M. Gubler nor himself had ever found the urine to contain indigo. Indican should not be confounded with indigo; it is produced by the action of oxidizing agents that destroy indigo. He referred to a case, formerly reported by him, in which the blue color of the urine was due to the presence of cyanurine. This cyanurine is a substance intermediate between urea and uric acid. — *Le Progrès Médicale*, April 22, 1876.

GIANT CELLS. — These bodies have just received some further elucidation through Prof. Bizzozero, in the examination of a curious tumor, which he calls a tuberos elephantiasis of the right labium majus, and which may be considered as an exaggerated hypertrophy of the corium. In one part of the tumor he saw a large number of giant cells, sometimes isolated, sometimes in groups, of various forms, and whose interior was filled with globules of fat, after the removal of which he noticed the presence of two, ten, fifteen, and more nuclei in the centre of the cell. Besides these histological characteristics, Bizzozero demonstrated the derivation of these giant cells from the hypertrophy of the simple cells of the connective tissue, as he found in the tumor all the gradations, from the small normal cells up to the largest of the giant variety. — *Gaz. d. Cl. di Torino*, February, 1876.

SUBCUTANEOUS DIVISION OF THE FEMUR. — On May 16, 1876, Mr. Richard Davy divided the femur subcutaneously (after Langenbeck's method on the tibia) for bony ankylosis of the ilio-femoral joint in a boy aged fourteen. The right femur was flexed on the abdomen at an angle of 90°, the angle being measured at the anterior superior spine of the ilium; the femur was also adducted so that the legs crossed; the genitals were partially eclipsed, and the right inguinal fold deepened. A small cut was made down to the anterior plane of the femur, immediately below the trochanters; the commencing shaft was drilled through, and through this opening a keyhole-saw almost effected division of the femur by right and left movements; complete division was caused by periosteal fracture. The limb was at once abducted, straightened, and placed symmetrically; correct position was maintained by splint and sand-bags. The young fellow progresses

without any unfavorable symptom, and bony union in the re-formed position is being accomplished by nature. — *British Medical Journal*.

THE ANATOMICAL STRUCTURE OF THE SOFT AND HARD CHANCRES. — Dr. J. Caspary, of Königsberg, expresses the opinion that the essential difference in the structure of the hard and soft chancres consists in a new formation of connective tissue in the former, while it never reaches the same development in the latter, because of the constant destruction of tissue which goes on. In recent indurations, this new formation is seen in the dense, thick network which everywhere surrounds the cells, while in those of longer standing, bundles of fibres run between the newly-formed cells. He regards the narrowing of the vessels which he observed in the older cases as the result and not the cause of the sclerosis. He believes that the formation of these fibres proceeds from the infiltration cells, and not from a growth inwards of the peripheral young connective tissue. This latter he believes to be in the nature of a capsule, due to inflammatory action. — *Vierteljahrsschr. f. Derm. u. Syph.* III, 1, 1876.

TO CLEANSE THE OS UTERI. — Every gynæcologist, says Prof. Pajot, knows how difficult it often is to cleanse the uterine orifice of the viscid mucus which is characteristic of certain forms of catarrh. After trying a variety of chemicals in order to discover a satisfactory detergent, the simplest substance suggested itself last, and was found all that could be desired. It was the yolk of egg. Dip a piece of charpie or cotton in the yolk of a fresh egg, apply it to the orifice, throw some water into the speculum, continuing to mix the yolk and the mucus, then let the water escape, dry the os and it will be found perfectly clean. — *British Medical Journal*, Oct. 14, 1876. (*Practitioner*, November, 1876.)

PRACTICE OF MEDICINE IN FRANCE. — No medical man can practise in France without a license, which costs several hundred francs yearly; neither dare he write a medical certificate or similar legal document except on paper bearing the government stamp.

FIVE CHILDREN AT A BIRTH. — The *Melbourne Medical Record* reports the case of the wife of a native who, at one birth, created a family of five children, three sons and two daughters.

PERSONAL.

MARRIED. — GUERNSEY — THOMAS. At the First Presbyterian Church, Catasauqua, Penn., Thursday, Nov. 16, 1876, by the Rev. C. Earle, Dr. Joseph C. Guernsey, of Philadelphia, to Gertrude Thomas, of Catasauqua.

REMOVAL. — Former patrons, friends, and the profession are respectfully requested to note the removal of WM. JEFFERSON GUERNSEY, M.D. (formerly of 4430-32 Frankford Avenue), to No. 1319 Arch Street, Philadelphia. Office hours: From 9 to 10 A.M.; from 4 to 6 P.M.

REMOVAL. — Dr. Joseph C. Guernsey respectfully announces that he has removed to 1439 Walnut St., Philadelphia, where he will continue his practice. Office hours, till 9 A. M., from 2 to 3 and after 7 P. M.





