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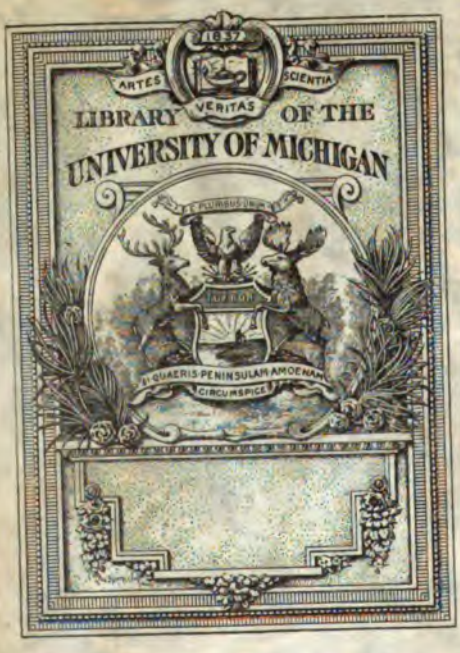
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THE

NORTH AMERICAN

HOMŒOPATHIC

JOURNAL,

A QUARTERLY MAGAZINE OF MEDICINE
AND THE AUXILIARY SCIENCES.

CONDUCTED BY

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VOLUME I.

NEW-YORK:
WILLIAM RADDE, 322 BROADWAY.
PHILADELPHIA: RADEMACHER & SHEEK.—BOSTON: OTIS CLAPP.—ST. LOUIS C. F. WESSELHOEFT.—MANCHESTER: TURNER, 97 PICCADILLY.

1851.

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ANGELL, ENGEL & HEWITT,
Printers,
Nos. 1, 3 and 5 Spruce-street.

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XXVII. De la Fièvre Typhoïde et de son Traitement Homœopathique. Par AUG. RAPOU, Docteur en Médecine de la faculté de Paris. Paris, 1851. pp. 107 355
XXVIII. Truths and their Reception considered in relation to the doctrine of Homœopathy; to which are added various Essays on the Principles and Statistics of Homœopathic Practice. Second edition. Published under the superintendence of the BRITISH HOMŒOPATHIC ASSOCIATION. London, 1849. 8vo., pp. 251 . 363

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PREFACE.

The life of Man is reckoned by years—that of Truth by ages. Scarce half a century has elapsed since the doctrine we advocate began to have a being in the minds of Men—a quarter only since it was first presented on the Western Continent; and but ten years since it can be said fairly to have taken root among us. With a vigor of vitality peculiar to Truth, it has survived the neglect of the scientific, resisted the combined attacks of the prejudiced, the ignorant and the unprincipled, and has attained a growth beyond the prophecies of its most enthusiastic adherents. With a list of Physicians in the United States numbering, at a moderate estimate, fifteen hundred, and an army of Patients of at least a million and a half, Homœopathy need no longer blush on account of her youth, in asserting her claims to a prominent position among the scientific Truths of the world. The atrocious crime of being young will be compensated by the number and intelligence of her advocates, the solid rapidity of her progress, and above all, by the abounding testimonies of suffering Humanity, to the promptness and efficacy of her healing power.

The development of the homœopathic science and art, has hitherto been principally effected in the Journals of Continental Europe, and especially in those of Germany,

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its birth-place, where the labors of a host of disciples have accumulated a fund of valuable literature such as exists in no other country or language; but it requires but little of the gift of prophecy to foresee, that the achievement of its greatest conquests is reserved for the coming age, and our own country. The power of thought in the Nations of the Old World must, for an indefinite period to come, be concentrated upon obtaining the right to think, and until that is accomplished, the master-minds will have no leisure for the comparatively inferior matters of science. It is here that the battle is to be fought between the Goliath of the Old Medicine and the young David of the New; here, that the doubts and uncertainties that perplex our infant system are to be resolved, and the full development of a rational Healing Art achieved.

To the furtherance of these objects this Journal is devoted. It recognizes no party but that of Truth, and in this spirit will gladly present the views of all upon the mooted points of the New School. It will keep a watchful eye over the contributions to knowledge of our colleagues in all lands and of all schools; its aim being to exhibit the whole science and art of Medicine from the homœopathic point of view, and to put on record all advances in the auxiliary sciences which have any bearing upon its progress—in short, to present every subject to the enlightened Homœopathic Physician upon which he would desire to be informed.

New-York, January, 1851.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

FEBRUARY, 1851.

Original and Translated Papers.

ARTICLE I.—*Bibliographical History of Homœopathy in the United States of America, with a few critical remarks, by* J. W. METCALF, M. D., New-York.

THE early history of all great movements is, for the most part, buried in obscurity. Their inception is generally too feeble to be deemed worthy of a record; when they attain some vigor, their champions have generally occupation enough in defending and propagating their novelties, and when the time arrives that brings with it triumph and its attendant rest, the favorable moment has passed, and the materials for a history of the struggle are no longer accessible. It is then the duty and should be the care of every age to see to it, that all that is of interest to the cause of knowledge, and especially to the progress and development of humanity, be enduringly recorded for the information and benefit of its successors. Nor should it be hasty in deciding that this or that particular is too minute or too unimportant to be transmitted; its office is simply that of *scribe;* the generation of *judges* is not yet born.

It is in this view that I have prepared an account of the publications of the new school of medicine in this country;

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not doubting, that when its universal prevalence shall, by releasing its advocates from the toils of the field, afford them leisure for the pursuits of peace, the result of my labors will be welcomed as an acceptable contribution to the history of our cause, and of the progress of the world.

The first whisper of Homœopathy, that was heard upon the Western Continent, so far as is now known, was breathed by Dr. H. B. Gram. An American by birth, he resided in his native city, Boston, until the age of twenty-one, when the death of his father, who, before his removal to this country, had held the important post of principal Secretary of the Danish West India Government, rendered it necessary for him to visit Denmark. He reached Copenhagen in 1808, and there resumed the study of medicine, which he had already commenced in this country, and prosecuted it with such success and éclat that he received the offer of the post of Assistant Surgeon in a large Military Hospital. This he accepted and retained until 1814, when he went into general practice in Copenhagen, and in the course of eleven successive years, accumulated a respectable fortune, and acquired the friendship and esteem of the most distinguished scientific men of that country. His heart, however, seems to have yearned for his native land, and in 1825, he put in practice an intention, which he had doubtless long cherished, of returning to spend the remainder of his days in America. He arrived in the city of New-York from Copenhagen on the 10th day of September, 1825. It is not known how long he had been an advocate of Homœopathy before that time, but he was a most confirmed disciple of Hahnemann on his arrival, and claimed the honor of having early adopted the new faith. His course in New-York was a chequered one. In the great commercial revolution of 1825, he lost the property he had laboriously accumulated abroad, and was thrown upon his professional resources for a living. He continued to practise until May 1839, when he suffered an attack of Apoplexy, a second of which put an end to his life on the 26th of February, 1840.

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Dr. Gram was a remarkable man,—of deep, accurate, and very varied learning, and with an exceedingly ingenious and original cast of mind, it is not to be wondered at, that he produced strong impressions and exercised great influence over those with whom he came in contact. His friends were many and affectionately attached to him, and his pupils in Homœopathy were indelibly stamped with his peculiar views. He made but one publication, which appeared in 1826.

1. *The Characteristics of Homœopathia.* (*From Hahnemann's "Geist der homöopathischen Heillehre."*) By H. B. Gram, C. M. L. New-York, 1825.

Of this pamphlet I have not been able to obtain a copy. It is said to have been nothing more than a rendering into indifferent English of the minor paper of Hahnemann, to which reference is made on the title page. It met with no success. It was laughed at by the profession, and there was as yet no public appreciative of Homœopathy.

From this time until 1833, the press seems to have been silent. In New-York, by the efforts of Gram and his pupils, Gray, Channing and others, the new doctrine was making silent but very slow progress among the laity, while in other than the great Atlantic cities of the Union, the name even, had scarcely yet appeared. In March, 1833, our learned colleague, Dr. Constantine Hering, arrived in Philadelphia from Surinam, whither he had sailed from Europe in 1826, and the prospects of Homœopathy began to brighten. A Hahnemann Society was founded in Philadelphia on the anniversary of the birthday of the master, 10th April, 1833, and before this body Dr. Hering delivered an address, which was the next publication of our school.

2. *Kurze Uebersicht der homöopathischen Heilkunst, ihrer allmäligen Entstehung und jetzigen Ausbildung, von* Constantin Hering, M. D., *praktischem Arzte in Philadelphia. Vorgetragen in der Hahnemannschen Gesellschaft zu Philadelphia, den* 18. *April* 1833. Philadelphia: Wesselhoeft, 1833. (Pamphlet, pp. 30.)

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3. *A concise View of the Rise and Progress of Homœopathic Medicine. By* CONSTANTINE HERING, M. D. *Translated from the German by* CHARLES F. MATLACK, M. D. Philadelphia, 1833.

The English translation of the address by Dr. Matlack, was printed at the expense of the Society, and the German original, with a preface by the author, was subsequently published for the benefit of the numerous citizens of Pennsylvania speaking that language.

1834. In the latter part of this year, the New-York Homœopathic Society was founded, an association of laymen and physicians, having for its object the dissemination of Homœopathy.

1835. 4. *The American Journal of Homœopathia. Edited by* JOHN F. GRAY, M. D., *and* A. GERALD HULL, M. D. New-York, 1835.

The first number of this journal appeared in February, 1835. It was in octavo form, containing forty-eight pages, every two months, and was very creditably conducted: but according to the testimony of Dr. Hull, (Hom. Exam., 2..67,) was still "too early for public opinion," and was discontinued after four numbers were issued. Homœopathy, however, had begun to attract so much attention, that in this year a person of the name of William Leo-Wolf, M. D., was induced to publish a scurrilous book, of some 270 pages, entitled, "*Remarks on the Abracadabra of the 19th Century,*" which was aimed at the doctrine, but seems, from some cause or other, to have fallen still-born from the press.

5. *Letter to the Physicians of France on Homœopathia, by the* COUNT DES GUIDI, M. D. *Translated by* W. CHANNING, M. D. New-York, 1835. (Pamphlet.)

6. *A concise View of the Principles of Homœopathia. By the* BARON DE BRUNNOW, *of Dresden; with introductory remarks in presenting this exposition in English to the New-*

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York Homœopathic Society, by JOHN L. SULLIVAN, A. M. New-York, 1835. (Pamphlet.)

7. *A popular View of Homœopathy. By the* REV. T. R. EVERETT, *Rector of Wicklow.* 8vo. Philadelphia.

A second edition was published, by Radde, in New-York, under the editorial care of Dr. Hull, in 1842, with notes by Dr. Gray, and an appendix, consisting of three papers, which had previously appeared in the Homœopathic Examiner.

A society had existed for some time in the interior of Pennsylvania, under the name of the "Northampton Homœopathic Society," the moving spirit of which was Dr. Wesselhoeft, who had practised Homœopathy among the Moravian settlements in that state since about the year 1830.

On the 27th of May, 1835, a public meeting of the friends of Homœopathy was held in Allentown, Pennsylvania, at which it was resolved to establish a hospital and school of instruction in Homœopathy. The "*North American Academy of Homœopathy,*" which was subsequently incorporated by an Act of the Legislature of the State of Pennsylvania, passed on the 25th February, 1836, was then organized, and a large amount subscribed for its support. Dr. Hering was chosen president, and delivered an address, prepared for the occasion, which was subsequently published under the following title:

8. *Ueber die Nothwendigkeit und den Nutzen der Homöopathik, gesprochen bei Eröffnung der nordamerikanischen Akademie der homöopathischen Heilkunst zu Allentown an der Lecha, den 27. May,* 1835, *von* CONSTANTIN HERING, M. D.

9. *Correspondenzblatt der homöopathischen Aertze, herausgegeben durch die nordamerikanische Akademie der homöopathischen Heilkunst zu Allentown an der Lecha,* 1835, 1836.

Fourteen numbers of this periodical were published, containing reports of cases, &c.

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10. *The Homœopathist, or Domestic Physician. By* C. Hering, M. D. *Professor in the college of Homœopathic Medicine at Allentown, Pa. First part.* Allentown, 1835, pp. 177. *Second part.* Allentown, 1838, pp. 290.

1836. 11. *Treatise upon a new manner of medical practice called Homœopathie, elucidated by comparing the high station of Homœopathie with the usual mode of practice called Allopathie; dedicated to our patients and the friends of truth and humanity. By* I. G. Rosenstein, M. D., *allied in practice with two skilful Homœopathic physicians,* M. Biegler *and* M. Seitz. Albany, 1836.

12. *Organon of Homœopathic Medicine, by* Samuel Hahnemann. *First American, from the British translation of the fourth German edition, with improvements and additions from the fifth, by the North American Academy of the Homœopathic healing art.* Allentown, 1836. 8vo. pp. xxiii, 212.

The first English edition of the Organon was published in 1833, and was translated from the fourth German edition. The present work is a reprint of the English translation, corrected by the fifth German edition, with a short preface of some half dozen pages, by Dr. Hering. It is very well printed, with clear type, and on good paper, and formed an invaluable contribution to infant American Homœopathic Literature, for which we are indebted to the Allentown Academy and its president.

13. *G. H. G. Jahr's Manual of Homœopathic Medicine. Translated from the German. With improvements and additions by* C. Hering, M. D. Allentown, 1836—1838, pp. 600.

This work forms two volumes, (usually bound in one) the first containing the provings of the remedies, and the second the repertory. It was published in five parts and contains 200 remedies.

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14. *A familiar Exposition of Homœopathia, or the new mode of curing diseases, illustrating its superiority over the prevalent system of medicine. By* Jonas Green, M. D. Philadelphia, 1836.

15. *Homöopathischer Hausarzt. Für die deutschen Bürger der Vereinigten Staaten, nach den besten vaterländischen Werken und eignen Erfahrungen bearbeitet. Von* C. Hering, M. D. *Professor der homöopathischen Akademie in Allentown, Pa.* Allentown an der Lecha: J. Behlert, 1837. 8vo., pp. 352.

The Domestic Physician by C. Hering. The second and subsequent editions of this exceedingly popular work were published in Germany. The last, the seventh, appeared in 1850.

16. *On Homœopathic Medicine, illustrating its superiority over the other medical doctrines, with an account of the regimen to be followed during the treatment of diseases, by* M. Croserio, *Doctor of Medicine, President, &c., &c., &c. Translated from the French, with notes, containing the opinions of Brera, Broussais, &c., on Homœopathia, by* C. Neidhard, M. D. Philadelphia: Kiderlen & Stollmeyer, 1837. (Pamphlet, pp. xi.—89.)

17. *Denkschriften der nordamerikanischen Akademie der homöopathischen Heilkunst. Erste Lieferung; enthaltend: Wirkungen des Schlangengiftes zum ärztlichen Gebrauche vergleichend zusammengestellt durch* Constantin Hering, *mit einer Einleitung über das Studium der homöopathischen Arzneimittellehre.* Allentown, 1837.

Effects of the poison of serpents, with an introduction on the study of the Homœopathic Materia Medica, by Dr. Hering.

18. *Homœopathia revealed. A brief exposition of the whole system, adapted to general comprehension, with a*

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notice of Peora and Dr. Duringe's objections. By Alexis Eustaphieve. New-York, 1837. (Pamphlet.)

A second edition of this pamphlet, preceded by a letter to John Forbes, M. D., F. R. S., and followed by a sketch of Isopathy, was issued in 1846. pp. x—91.

1838. 19. *Homœopathic Practice of Medicine. By* Jacob Jeanes, M. D. Philadelphia: Waldin, 1838.

20. *The Philadelphia Homœopathic Journal. By* Drs. C. Hering, G. Lingen *and* Neidhard. Philadelphia: Kiderlen, 1838.

Six numbers of thirty-six pages each were issued and subsequently published under the next following title:

1839. 21. *Miscellanies on Homœopathy, edited by an Association of Homœopathic Physicians.* Philadelphia: W. L. J. Kiderlen & Co., 1839. pp. 216.

22. *Domestic Homœopathy.* By P. F. Curie, M. D., *formerly surgeon in the Military Hospital of Paris, &c., &c., &c. With additions and improvements by* Gideon Humphrey, M. D., &c. Philadelphia, 1839. 12mo. pp. xxxiv —250.

A republication of the English work with a preface of thirty pages by the American editor.

23. *The Reformation of Medical Science demanded by inductive Philosophy: a discourse delivered before the "New-York Physicians' Society," on their Anniversary, Nov.* 21, 1838. By William Channing, M. D. New-York: Wiley & Putnam, 1839. (Pamphlet.) pp. 58.

1840. 24. *The Homœopathic Examiner, Edited by* A. Gerald Hull, M. D. New-York, 1840. 8vo.

This periodical was issued monthly, commencing January, 1840, and continued to be published somewhat irregularly

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until January, 1844; forming three royal octavo volumes of 432, 392 and 382 pages. It was then suspended until Aug., 1845, when it was revived under the editorship of Drs. John F. Gray, and Charles J. Hempel, continued for two years and finally discontinued.

25. *Theory and Practice of Homœopathy. First part, containing a Theory of Homœopathy with Dietetic rules, etc.* By I. G. Rosenstein, M. D. Louisville, 1840, 12mo. pp. 288.

26. *Letter to the Hon. ———, with reasons for examining and believing the fundamental principles of Homœopathy.* By C. Ticknor, M. D. New-York: 1840. (Pamphlet, pp. 31.)

This interesting pamphlet contains the experience of the lamented Dr. Ticknor, a most intelligent, sober-minded and honest physician of long practice in the old school, in his investigation of and conversion to Homœopathy. The following extract will explain the reason of the publication, and will also tend to show the state of feeling in regard to Homœopathy at this time.

Various reports are coming to me, almost daily, that I am charged with entertaining heretical opinions on medical subjects—that I am the disciple and advocate of a system of medical practise which is denounced by ninety-nine in a hundred of my professional brethren, as sheer quackery and imposture —that I have, therefore, lost my reason or lack honesty, and, as a consequence, the community is to be injured. I am charged with having become the disciple and advocate of the system of medicine called Homœopathy.

There is a more weighty reason yet for thus addressing my friends. In the January number of the New-York Medical Journal there is an article upon Homœopathy, denouncing the whole system as a chimera, and all those who believe in any part or parcel thereof, as deluded or dishonest. That article was written, as the author says, in consequence of his attention having been drawn to the subject by "several spirited discussions in one of the medical societies." Those "*spirited discussions*," as they are called, arose from a paper which I had the honor to read before the society—a fact which is well known to all the profession and others who have ever heard of the "discussions." The article in the Journal annihilates Homœopathy most logically; but, unfortunately, the writer was so little acquainted with his subject or was so eager for victory, that all his facts, as to the

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reputation of the new doctrine, and its adherents abroad, are *totally false.* This article has been copied into some of the popular journals of the day; and as I have been the innocent cause of this diffusion of error, and having borne whatever opprobrium there is attached to it among my brethren in the city, I felt it to be incumbent upon me to ask the Editors of the Medical Journal to permit me to reply, and correct the mis-statements. My request has not been granted—the pages of the Journal are closed against me; and "as the appeal has been made to Cæsar, to Cæsar I will go."

1841. 27. *Jahr's New Manual of Homœopathic Practice. Edited, with Annotations, by* A. Gerald Hull, M. D. *Second American, from the third or Paris edition.* New-York: Radde, 1841 and 1842. 2 vols., 12mo. pp. 651–710.

A reprint of the English translation, with corrections and additions from various sources. The toilsome labors of the indefatigable editor have laid the cause of Homœopathy in this country under great obligations to him. This edition having been for some time entirely out of print, a third is in process of publication; the Repertory, or second volume of which, with additions, has already appeared, (1850).

28. *Homœopathia a principle in medicine and not an exclusive system; in a letter to Alban Goldsmith, M. D.* By Jno. Aug. McVickar, M. D. New-York: Taylor & Co. 1841. (Pamphlet, pp. 45.)

29. *Life of Hahnemann.* By A. Gerald Hull, M. D. New-York: Felt & Co. (Pamphlet, pp. 18.)

A publication of the first article in the second volume of the Examiner in pamphlet form, with a portrait of Hahnemann.

30. *Popular Considerations on Homœopathia. By* William Cullen Bryant, Esq. *Delivered before the New-York Homœopathic Society, December* 23, 1841. New-York: Radde. (Pamphlet, pp. 24.)

31. *Practical Observations on some of the chief Homœopathic Remedies. By* Dr. Franz Hartmann. *Translated from the German, with notes, by* A. Howard Okie, M. D., *of Phi-*

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ladelphia. First series. Aconite, Bryonia, Mercurius solubilis Hahnemanni, Mercurius sublimatus corrosivus, Mercurius præcipitatus ruber, Mercurius dulcis and Chamomilla. Philadelphia: Dobson, 1841. 12mo. pp. 171.

The second series, containing *Belladonna* and *Nux vomica*, was published in 1846.

1842. 32. *The Practical Advantages of Homœopathy, illustrated by numerous cases. Dedicated, by permission, to Her Majesty, Queen Adelaide. By* HARRIS DUNSFORD, M. D., &c. &c. Philadelphia: Pennington, 1842. 12mo. pp. 201.

A reprint, apparently without alteration or addition.

33. *New Homœopathic Pharmacopœia and Posology; or, the Preparation of Homœopathic Medicines, and the Administration of Doses. By* G. H. G. JAHR. *Translated, with additions, by* JAMES KITCHEN, M. D. Philadelphia: Dobson, 1842. 8vo. pp. 304.

34. *Homœopathy, with particular reference to a lecture by O. W. Holmes, M. D. By* A. HOWARD OKIE, M. D. Boston: Clapp, 1842. (Pamphlet.)

35. *Answer of the Homœopathic Delusions of Dr. O. W. Holmes. By* CHARLES NEIDHARD, M. D. (Pamphlet.)

36. *Some Remarks on Dr. O. W. Holmes's Lecture on Homœopathy and its kindred Delusions. Communicated to a friend. By* ROBERT WESSELHOEFT, *Homœopathic Physician in Cambridge.* Boston: Clapp, 1842. (Pamphlet, pp. 59.)

The three foregoing pamphlets, issued nearly simultaneously from the press, in reply to the most readable abuse of Homœopathy, which has been published on this side of the Atlantic; "Homœopathy and its Kindred Delusions, &c. By Oliver Wendell Holmes, M. D." Boston: Ticknor. 1842. The witty doctor only needed to have known a little about

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Homœopathy, to have written a very intelligent criticism upon it; as it is, his book is interesting and amusing.

1843. 37. *Domestic Homœopathy; or, Rules for the domestic treatment of the maladies of infants, children and adults, and for the conduct and treatment during pregnancy, confinement and suckling. By* JOHN EPPS, M. D. *Graduate of the University of Edinburgh, &c. First American edition.* Boston: Otis Clapp, 1843. 16mo. pp. 195.

An exact reprint of the second London edition, without note or comment. The call for works on Domestic Medicine, is an exceedingly significant sign of the progress which Homœopathy was now making among the laity. The fourth American from the fourth London edition was published in 1849.

38. *Family Guide to the Administration of Homœopathic Remedies. By* * * * M. D. New-York: Radde, 1843. 32mo. pp. 44.

A reprint from the English, of a little pamphlet, intended as an accompaniment to a box of medicines.

39. *The Homœopathic Medical Library. Materia Medica.* Philadelphia: Dorsey, 1843. 8vo. (Pamphlet, pp. 24.)

This pamphlet was issued as a prospectus for a large work to be published in numbers, and to contain a translation of the provings of all the remedies of the school, commencing with the Materia Medica Pura and the Chronic Diseases. It is to be remembered that at this time those works existed only in foreign languages. The attempt, however, was too grand for the time, and was soon abandoned.

40. *An Epitome of Homœopathic practice, compiled chiefly from Jahr, Rückert, Beauvais, Bönninghausen, &c. By* J. T. CURTIS, M. D., *and* J. LILLIE, M. D. New-York: Radde, 1843—pp. 200.

A second edition of this little manual was published by Radde, in 1850.

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41. *Homœopathic Domestic Medicine, by* J. Laurie, M. D. *edited by* A. Gerald Hull, M. D. New-York: Radde, 1843.

A second edition was issued by the same publisher, in 1844; a fourth in 1848, and a fifth in 1849.

42. *Homœopathy vindicated in a letter to J. V. C. Smith, M. D., editor of the Boston Medical and Surgical Journal, containing a reply to his review of Drs. C. and L.'s "Epitome of Homœopathic Practice" with the acceptance of Dr. J. V. C. Smith's and Dr. C. A. Lee's challenges and the consequences. By* James Lillie, M. D., *Brooklyn, L. I.* New-York: Boggs, 1843. (Pamphlet, pp. 8.)

An issue in pamphlet form of an article appearing originally in the N. Y. Evening Post.

1844. 43. *The Homœopathist; or Domestic Physician, by* C. Hering, M. D. *Second American, with additions from the fourth German edition.* Philadelphia: Behlert, 1844. 8vo., pp. 217.

The third edition was issued by Rademacher, Philadelphia, in 1846; the fourth in 1848, and the fifth in 1850.* In the fourth edition, the part relating to the diseases of Women and Children was contributed by Walter Williamson, M. D., of Philadelphia, and was subsequently published as a separate work.

44. *An Appeal for Homœopathy; or remarks on the decision of the late Judge Cowen, relative to the legal rights of Homœopathic Physicians. By* F. Vanderburgh, M. D. New-York: Radde, 1844. (Pamphlet, pp. 29.)

"The following circumstances called for this letter. Dr. Paine, of Newburgh, presented his diploma to the Medical Society of Orange County, for admission to the privileges of membership. He was refused on the ground of his being a Homœopathist. On applying to the Supreme Court for a *mandamus* to compel the Society to receive him, Judge Cowen, who presided, decided against his application."

* See a notice of this edition in the subsequent pages of the Journal.

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It was in this year that the "American Institute of Homœopathy" was formed, an account of which will be found further on. (See No. 57 *post.*)

1845. 45. *The Chronic Diseases, their specific nature and Homœopathic treatment.* By Dr. SAMUEL HAHNEMANN. *Translated and edited by* CHARLES J. HEMPEL, M. D. *With a preface by* CONSTANTINE HERING, M. D. New-York: Radde, 1845. 12mo., pp. 202; vols. 2, 3, 4 and 5, *Antipsoric Remedies*, 1846, pp. 323, 328, 378, 401.

The obligations of the American disciples of the New School to Dr. Hempel's unremitting labors are great. It is through his industry that they have been first put in possession of the great classics of Homœopathy, the works of the master.

46. *Ruoff's Repertory of Homœopathic Medicine, nosologically arranged. Translated from the German, by* A. HOWARD OKIE, M. D., *Translator of Hartmann's Remedies, with additions and improvements by* GIDEON HUMPHREY, M. D., &c. *Second American edition, carefully amended and revised, with additions.* New-York: Radde, 1845. 12mo., pp. 251.

This is stated on the title page to be the second edition. I have not seen a copy of the first.

47. *Boenninghausen's Essay on the Homœopathic Treatment of Intermittent Fevers. Translated and edited by* CHARLES JULIUS HEMPEL, M. D. New-York: Radde, 1845. 8vo. (Pamphlet, pp. 56.)

The translator has prefixed a preface illustrating the mode of using the work, has added the indications for a few remedies, and has arranged the repertory in a more convenient form for use.

48. *Short Elementary Treatise upon Homœopathia, and the manner of its practice; with some of the most important effects of ten of the principal Homœopathic Remedies, for the use of all honest men who desire to convince themselves by experiment of the truth of the doctrine. By* G. H. G.

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JAHR, M. D. *Second French edition, corrected and enlarged. Translated by* EDWARD BAYARD, M. D. New-York: Radde, 1845. 24mo. pp. 90.

49. *A Manual of Homœopathic prescriptions, with a full and improved Repertory, in which diseases are alphabetically arranged with the remedy for them connected. An introduction in which the doctrine and nature of the Homœopathic system is explained. Also a complete catalogue of poisons, with the most certain antidotes and remedies for them. With directions for diet and regimen during the use of Homœopathic treatment. By* HUNTING SHERRILL, M. D., *Member of the New-York Homœopathic Physicians' Society, etc., etc.* New-York: Radde, 1845. 24mo. pp. 181.

50. *Views of Homœopathy, with reasons for examining and admitting it as a principle in Medical Science. By* DANIEL HOLT, M. D. New Haven: Benham, 1845. 8vo. (Pamphlet, pp. 48.)

51. *On Eclecticism in Medicine; or, a critical review of the leading medical doctrines. An Inaugural Thesis, presented at the New-York University on the first of March,* 1845. *By* CHARLES JULIUS HEMPEL, M. D. New-York: Radde, 1845. 8vo. (Pamphlet, pp. 45.)

52. *A Treatise on the use of Arnica in cases of contusions, wounds, strains, sprains, lacerations of the solids, concussions, paralysis, rheumatism, soreness of the nipples, etc., etc., with a number of cases illustrative of the use of that drug. By* CHARLES JULIUS HEMPEL, M. D. New-York: Radde, 1845. 8vo. (Pamphlet, pp. 16.)

1846. We have now arrived at a point when Homœopathy has acquired such firm hold of the feelings of the public, that its success and permanent establishment are no longer a matter of doubt. Its friends are open and bold; and its enemies, however bitter and abusive, are, nevertheless, compelled to admit that it has taken rank as an acknowledged part of medical science. Through the labors of Dr.

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Hempel, several valuable additions are made to our literature from foreign sources, the most important of which is the *Materia Medica Pura.*

53. *Materia Medica Pura. By* Samuel Hahnemann. *Translated and edited by* Charles Julius Hempel, M. D. New-York: Radde, 1846. 4 vols., 8vo. pp. 221, 194, 202, 260.

The translator has added under each remedy, both in this work and in the chronic diseases, the clinical suggestions of Noack and Trinks.

54. *Additions to the Materia Medica Pura. Collected and edited by* Ernst Stapf, M. D. *Translated by* Charles Julius Hempel, M. D. New-York: Radde, 1846. 8vo. pp. 292.

This volume contains the provings of *Rhododendron, Senega, Valerian, Coffee, Sabadilla, Ranunculus bulbosus and Sceleratus, Crocus, Juniper, Clematis, Teucrium* and *Agnus castus,* which had appeared from time to time in the Archiv; to which is added Müller's proving of *Argentum nitricum,* from the Austrian Journal.

55. *Practical Observations of some of the chief Homœopathic Remedies. By* Dr. Franz Hartmann. *Translated from the German, with notes, by* A. Howard Okie, M. D. *Second Series.* New-York: Radde, 1846. 12mo. pp. 192.

Contains *Belladonna* and *Nux-vomica.*

56. *Therapeutics of Homœopathy; or, Outlines of successful Homœopathic cures. Collected from the best Homœopathic periodicals, by* Dr. Ernst Ferdinand Rueckert. *Translated by* Charles J. Hempel, M. D. New-York: Radde, 1846. 8vo. pp. 496.

Dr. Rückert's work, of which the above is a translation, was originally published in Leipzig in 1837—the author's preface bears date November 25, 1836. It is a laborious compilation of all the published cases of cures by homœopathic remedies down to the time of publication, condensed

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and abridged, and with a reference to the original report of every case. This last feature, which is frequently neglected in homœopathic literature, gives the work a peculiar value to the student.

57. *Transactions of the American Institute of Homœopathy, Vol.* 1. Philadelphia: Rademacher, 1846. 12mo., pp. 299.

We quote, as part of the history of Homœopathy, the account of the founding of the Institute, from the first pages of this volume:

"The New-York Homœopathic Physicians' Society," in July, 1843, in view of the benefit to be derived from a mutual cultivation of the art by the various members of our school throughout the United States, appointed a committee to draft and send suitable invitations to them. They performed the duty assigned them, and on the 10th of April, 1844, a convention of the practitioners of Homœopathy of the United States, took place in the city of New-York, at the Lyceum of Natural History, upon the anniversary of the birth of the illustrious Hahnemann.

Dr. Constantine Hering, of Philadelphia, was elected President; Dr. Josiah F. Flagg, of Boston, Dr. William Channing, of New-York, Vice Presidents; and Henry G. Dunnel, Secretary.

A preamble and resolutions in these words were adopted, viz:

Whereas, A majority of the allopathic physicians continue to deride and oppose the contributions to the materia medica that have been made by the Homœopathic School; and whereas, the state of the materia medica in both schools is such as imperatively to demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who seek diligently for truth alone; and, inasmuch as the state of the public information respecting the principles and practice of Homœopathy is so defective as to make it easy for mere pretenders to this very difficult branch of the healing art to acquire credit as proficients in the same;

Therefore, Resolved, That it is deemed expedient to establish a society entitled "The American Institute of Homœopathy;" and the following are declared to be the essential purposes of said Institute:

1st. The reformation and augmentation of the materia medica.

2d. The restraining of Physicians from pretending to be competent to practice Homœopathy who have not studied it in a careful and skilful manner.

Dr. John F. Gray was elected General Secretary of the Institute, and Dr. S. R. Kirby, Treasurer.

The convention then adjourned.

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First session of the "American Institute of Homœopathy" was organized immediately after the adjournment of the Convention, on the evening of the 10th of April, 1844, at the call of the General Secretary elect.

This work contains American provings of the following remedies: *Benzoic, fluoric* and *oxalic acids; Eupatorium perfoliatum; Kalmia latifolia; Lobelia cardinalis* and *inflata; Podophyllum peltatum; Sanguinaria canadensis;* and *Triosteum perfoliatum:* with a repertory.

The institute has yearly published a small pamphlet containing the proceedings of its annual meetings, but no further volume of transactions. It is understood, however, that one is in contemplation, and will shortly appear.

58. *The American Journal of Homœopathy, by Drs.* KIRBY *and* SNOW.

The first number of this semi-monthly journal, intended principally for lay readers, was issued on the 26th April, 1846. It is still published (16 pages monthly) by Dr. Kirby, and is consequently in its fifth volume, and increasing in circulation.

59. *A Manual of Homœopathic Cookery, designed chiefly for the use of such persons as are under Homœopathic treatment. By the wife of a Homœopathic Physician. With additions by the wife of an American Homœopathic Physician.* New-York: Radde, 1846. 18mo. pp. 176.

60. *Homœopathy, Allopathy and "Young-Physic," by* JOHN FORBES, M. D., F. R. S., *one of the Editors of the Cyclopœdia of Practical Medicine, etc.* New-York: Radde, 1846. 8vo. (Pamphlet, pp. 58.)

A republication of the article of Dr. Forbes in the forty-first number of the British and Foreign Medical Review.

61. *Letter to John Forbes, M. D., F. R. S., Editor of the "British and Foreign Medical Review," on his article, entitled "Homœopathy, Allopathy and Young Physic," contained in the number of the review for January,* 1846. *By* WILLIAM HENDERSON, M. D., *Professor of Pathology in the University at Edinburgh. Extracted from the British Jour-*

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nal of Homœopathy for April, 1846. New-York: Radde, 1846. 8vo. (Pamphlet, pp. 66.)

62. *An Inquiry into the Homœopathic Practice of Medicine. By* William Henderson, M. D., *Professor of Medicine and General Pathology, etc. in the University of Edinburgh.* New-York: Radde. 8vo. (Paper covers, pp. 154.)

A republication of the cases of Homœopathic treatment, which occurred during the author's investigation of the subject. They are preceded by prefatory and explanatory remarks.

63. *The Homœopathic Domestic Physician. By* Charles J. Hempel, M. D. New-York: Radde, 1846. 18mo.

A second edition was issued in 1850.

64. *Reasons why Homœopathy should receive an impartial investigation from the Medical Profession and the Public. By* B. F. Bowers, M. D. New-York: Radde, 1846. 8vo. (Pamphlet, pp. 24.)

A republication of an article which was originally contributed by Dr. Bowers to the Examiner, Vol. 4, p. 378.

65. *The Principles of Homœopathic Practice, as contrasted with those of the old school of Medicine, or Allopathy. By* Henry Wigand, M. D. Boston: Clapp, 1846. (Pamphlet, pp. 7.)

1847. 66. Hartmann's *Theory of Acute Diseases, and their Homœopathic Treatment. Third German Edition, revised and considerably enlarged by the author. Translated with additions and adapted to the use of the American profession by* Charles J. Hempel, M. D. New-York: Radde, 1847—48. 2 vols, 12mo. pp. 272—204.

This is a valuable work for the student of Homœopathy, containing the results of twenty-eight years' practice of the system, by one who stands high as a physician in his native land. The third edition appeared in Germany in 1846.

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67. *Organon of the Specific Healing Art. By* Gottlieb Ludwig Rau, M. D.—*Translated from the German, with an essay on the present internal condition of the Homœopathic school. By* Charles Julius Hempel, M. D. New-York: Radde, 1847. 8vo. pp. 200.

The work of the independent philosopher of Giessen is too well known to need any comment. However much his brethren may have differed from him in many of his views, none have denied him the merit of patient thought, much learning and great originality. The Organon was published, I think, in 1838. Dr. Hempel's essay, mentioned in the title, is not appended to the work.

68. *Boenninghausen's Therapeutic Pocket-book for Homœopathists; to be used at the bedside of the patient, and in the study of the Materia Medica. Edited by* A. Howard Okie, M. D. Boston: Otis Clapp, 1847. 12mo., pp. 483.

69. *Therapeutic Pocket-book for Homœopathic Physicians, to be used at the bedside of the patient, and in studying the Materia Medica Pura. By Dr. C. Von Boenninghausen, Counsellor, etc., etc. Edited by* Charles J. Hempel, M. D. New-York: Radde, 1847. 8vo. pp. 504.

The original of Boenninghausen's Pocket-book was issued under the author's eye in three languages, simultaneously, German, French, and English.*

The English translation of which the above works are reprints, seems to have been effected by the aid of a dictionary and having been printed and published in Germany, abounded in inaccuracies of translation, and contained some gross errors of the press. The task of the American editors consisted simply in the correction of these.

In 1846, Dr. Roth, of Paris, published a French Edition of

* The German title is as follows:

Therapeutisches Taschenbuch für homöopathische Aerzte, zum Gebrauche am Krankenbette und beim Studium der reinen Arzneimittellehre, herausgegeben von Dr. C. Von Boenninghausen, *Königl. Preussischem Reg.-Rath a. D., etc., etc.* Münster: Coppenrath, 1846. 8vo. pp. 510.

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Boenninghausen which Dr. Laurie has lately translated into English. The alphabetical arrangement is dropped and a methodical one adopted, which, however scientific, is by no means as convenient. The errors and omissions, too, are numerous and important, if I may judge by those which come to light on a by no means thorough examination. Boen. 14, Whiskers; 22, False sight; 52, Longing for herring, salt food and sourcrout; 97, Mild leucorrhea; 107, Cough and being obliged to swallow what is detached; 110, Cough with expectoration tasting like chronic coryza—Expectoration with musty taste; 111, Tasting like tobacco juice; 171, Uterine spasms—are specimens of omissions. Boen. 119, "Kreuz," small of the back, is translated "Sacrum," (No. 668);—Boen. 137, "Beissender Schmerz," smarting pain, is rendered "Itching pain" by Roth (No. 888) and "Pruriginous pain" by Laurie; Boen. 142, "Brennen," burning, is rendered "Ardent pain" by Roth (No. 876), and "Violent pain" by Laurie (p. 141); Boen. 206, the remedies for "sensibility of the periosteum" are transposed with those for "suppuration of the periosteum" (Nos. 1123, 1124); Boen. 254, "Nagel rippig," ribbed nails, is rendered "splitting nail" by Laurie (No. 1528); Boen. 258, "Wounds with injuries of the bones;" the remedies given under this rubric (by Roth, 846,) are those for "Warts with burning pain;" the proper ones (Con. PH-AC. *Puls.* RUTA, Sil.) are omitted. Dr. Laurie considers the amelioration and aggravation from the act of "chewing" to be the same as from "eating," although different lists of remedies are given by Boenninghausen. "Verschlimmerung beim Säugen (Stillen) der Kinder," Boen. 339, Aggravation when suckling—is completely metamorphosed by Roth, who makes it refer to the children instead of the mother, No. 1794. Laurie (1794) copies the error "in the case of children at the breast." "Adern," Boen. 134. 275., is misrendered by all the translators as referring to "blood-vessels" instead of "veins." Roth and Laurie, 1657.

A number of errata are noted by Boenninghausen which

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have not been corrected in the American republications. I give them, with references to Hempel's edition, for the convenience of those consulting Boenninghausen, who may not have access to the German.

Hempel, p. 72. *Stomach; Ipec.* should be IPEC.
81. *Gray stool;* insert SEPIA.
83. *Before evacuation; Bry.* should be BRY.
95. *Ovaria;* insert KALI.
99. *Menstruation protracted;* Calc. should be CALC.
287. *Aggravation in evening;* Arg. should be ARG.
291. *From want of attention;* BELL. should be HELL.
308. *Lying head low;* insert ARG.
309. *While leaning against anything;* SULPH. should be SAMB.
340. *In winter;* insert ARG.

The errors and omissions which have been noted may by some be considered exceedingly trivial and unworthy of attention; but such should remember that accuracy the most minute is insisted upon by Boenninghausen, and sought after by his followers as the most important element of success in prescribing. Of the editions in the market at present, that of Hempel is the best.

70. *Inaugural Address delivered by* HENRY G. DUNNEL, M. D., *President of the New-York Homœopathic Physicians' Society, on the 6th of January,* 1847. (Pamphlet, pp. 16.)

Originally printed in the Homœopathic Examiner, vol. 5, p. 258.

71. *Discourse on the evidences of the power of small doses and attenuated medicines, including a theory of potentization. By* B. F. JOSLIN, M. D., of New-York. (Pamphlet, pp. 18.)

An article which was contributed by Dr. Joslin to the American Journal of Homœopathy. Vol. 1, p. 263.

72. *Consumption treated Homœopathically. From the German. By* A. C. BECKER, M. D. New-York: Radde, 1847. 18mo. pp. 86.

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A translation of Dr. Rückert's collection of cases of consumption, with an introduction.

73. *Diseases of the Eye, treated Homœopathically. From the German. By* A. C. Becker, M. D. New-York: Radde, 1847. 18mo. pp. 77.

74. *New Manual of Homœopathic Veterinary Medicine: or the Homœopathic Treatment of the Horse, the Ox, the Sheep, the Dog, and other domestic animals. By* F. A. Gunther. *Translated from the third German edition, with considerable additions. Reprinted from the London edition.* Boston: Clapp, 1847. 12mo. pp. 408.

1848. 75. *Jahr's new Manual, (or Symptomen-Codex.) Translated with extensive additions from various sources. By* Charles Julius Hempel, M. D., *aided by* James M. Quin, M. D., *with a preface by* Dr. C. Hering, *revisions and clinical notes by* Dr. J. F. Gray, *contributions from* Drs. A. Gerald Hull, G. W. Cook, B. F. Joslin, C. Hering, J. Jeanes, C. Neidhard, W. Williamson and J. Kitchen. New-York: Radde, 1848. 2 vols. 8vo. pp. 943—1060.

This immense work is the most complete collection of the results of the development of Homœopathy that exists in any language at the present time. Though founded on the Symptomen-Codex of Jahr, it yet contains all that is valuable, (and much, perhaps, that is not,) in Noack and Trinks, and the results obtained by the Austrian provers up to a reasonable time before its publication. Its very bulk, however, is the greatest argument of its imperfection, and of the rawness of our system; and the ordinary practitioner, and the scientific homœopath look forward with equal eagerness, though for different reasons, to the dawning of that genius which shall reduce the Materia Medica to order, produce the touchstone for the separation of its false facts, and evolve light from its obscurity. Until then, we must accept it in its present chaos, of which these volumes are the most comprehensive and convenient manuals.

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76. *Diseases of the Digestive Organs and Constipation, treated Homœopathically. By* W. Broackes, M. D. and M.R.C.S. *Second American from the third London edition. With preface and additions by* A. C. Becker, M. D. New-York: Radde, 1848. 18mo. pp. 128.

77. *Dentition, according to some of the best and latest German authorities; intended for domestic use. By* A. C. Becker, M. D. New-York: Radde, 1848. 18mo. pp. 82.

78. *Allopathy, Hahnemannism and Rational Homœopathy, Compiled from the German of* Dr. Griesselich, *Physician to the Staff, etc., by* A. C. Becker, M. D. New-York: Radde, 1848. (Pamphlet, pp. 24.)

Dr. Becker, whose useful labors were cut short by an early death, was strongly captivated by the strong sense, keen wit and rational views of the lamented Griesselich, and he has here translated and reproduced in fifty-four propositions, what may be called the creed of the rationalistic school of Homœopathy.

79. *The rival schools of Medicine; or Homœopathy* vers. *Allopathy. A Lecture by* Dr. J. Bryan, *of Northport, L. I.* New-York: 1848. (Pamphlet, pp. 24.)

80. *The Mariner's Physician and Surgeon; or a Guide to the Homœopathic treatment of those diseases to which seamen are liable; comprising the treatment of syphilitic diseases, etc. By* Geo. W. Cook, M. D. New-York: J. T. S. Smith, 1848. 18mo. pp. 105.

81. *The North-western Journal of Homœopathy.* George E. Shipman, M. D., *editor and proprietor.* Chicago: Davis & Haddock, 1848.

A very respectable monthly journal, which only survived a few numbers.

1849. 82. Samuel Hahnemann's *Organon of Homœopathic Medicine. Third American edition, with improvements and additions from the latest German edition and* Dr. C. Hering's *introductory remarks.* New-York: Radde, 1849. 8vo. pp. 230.

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This is, at present, the only edition of the Organon in the market.

83. *Quarterly Homœopathic Journal, edited by* A. C. Becker, M. D. Boston: Clapp, 1849.

The first number appeared January, 1849, and was the only one prepared by Dr. Becker, his death having occurred on the 15th January. The seven subsequent numbers were published under the editorship of Drs. Birnstill and De Gersdoff.

84. *Hartmann's Theory of Chronic Diseases, and their Homœopathic treatment. Third German edition, revised and considerably enlarged by the Author. Translated with additions, and adapted to the use of the American profession by* Charles J. Hempel, M. D. New-York: Radde, 1849. 2 vols. 12mo. pp. 258.

These two volumes complete Hartmann's work on acute and chronic diseases.

85. *A Domestic Homœopathy, restricted to its legitimate sphere of practice; together with rules for diet and regimen. By* Edward C. Chepmell, M. D. *First American edition, with additions and improvements. By* Samuel B. Barlow, M. D. New-York: Radde, 1849. 18mo. pp. 224.

The presence of the Cholera now caused the issue of several monographs on that subject.

86. *The Cholera and its Homœopathic treatment. By* Dr. F. Humphreys. New-York: Radde, 1849. 18mo. pp. 72.

87. *Homœopathic Treatment of Diarrhœa, Dysentery, Cholera Morbus and the Cholera, with repertories for these diseases. By* B. F. Joslin, M. D. New-York: Radde, 1849. 18mo. pp. 144.

88. *On the Homœopathic Treatment of Cholera. By* C. F. Hoffendahl, M. D. Boston: Clapp, 1849. (Pamphlet, pp. 20.)

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89. *A Report read before the Homœopathic Association of Cincinnati, October* 2, 1849. Cincinnati, 1849. (Pamphlet, pp. 48.)

90. *The Cholera in Cincinnati, or a connected view of the controversy between the Homœopathists and the Methodist Expositor. Also a review of the report read before the Homœopathic Association. By* S. A. Latta, M. D. Cincinnati, 1850. (Pamphlet, pp. 40.)

91. *Review of Dr. S. A. Latta's pamphlet, entitled, &c., &c., by* Adam Miller, M. D. Cincinnati, 1850. (Pamphlet, pp. 16.)

I have placed these three pamphlets together, as they are connected by a single thread of history. It seems that two homœopathic physicians of Cincinnati, Ohio, inserted in the public papers, on the 11th of August, 1849, a report of the cases of cholera treated by them, in which the per centage of deaths was certainly very small. This account did not at all please Dr. Latta, who, besides being a physician, was also editor of a religious newspaper, and on the 25th of the same month he attacked their report, alleging that it was not true, and professing his readiness to give facts and names. These were called for and given, and the excitement grew warm; the Homœopathic Association of Cincinnati appointed a committee to investigate the facts, who reported in favor of the physicians attacked. Their report was reviewed by the clerical doctor and his review replied to by Dr. Miller, and the matter ended after the true polemical fashion, by both parties becoming satisfactorily confirmed in their previous opinions. It is probable, however, that the cause of Homœopathy was advanced among the laity of the Queen City by the discussion.

92. *An Address delivered in the Homœopathic Medical College of Pennsylvania, as a preliminary to the course of* 1849–50. *By* A. E. Small, M. D., *Professor of Physiology and Pathology.* Boston: Clapp, 1849. (Pamphlet, pp. 19.)

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The Homœopathic Medical College of Pennsylvania delivered its first course of lectures under a charter obtained from the state in the winter of 1848—49. It is now in the third year of its existence. Another College has just been organized in Cleveland under the laws of the state of Ohio.

93. *The Law of Cure. An address delivered before the American Institute of Homœopathy at its sixth annual meeting, held at Philadelphia, June* 18, 1849. *By* B. F. Joslin, M. D. Boston: Clapp, 1849. (Pamphlet, pp. 18.)

94. *The Pocket Homœopathist and Family Guide. By* John A. Tarbell, M. D. Boston: Clapp, 1849. 32mo. pp. 63.

95. *The first Annual Report of the New-York Homœopathic Dispensary Association; the Constitution and By-laws of the Association; together with the annual lecture. By* B. F. Joslin, M. D. New-York, 1849. (Pamphlet, pp. 27.)

1850. 96. *Elements of Homœopathic Practice of Physic; an appendix to Dr. A. G. Hull's Laurie's "Homœopathic Domestic Medicine." Arranged as a practical work for students. Containing, also, diseases of the Urinary and Genital Organs.* New-York: Radde, 1850. 12mo. pp. 372.

97. *New Homœopathic Pharmacopœia and Posology; or, the mode of preparing Homœopathic Medicines, and the administration of doses. Compiled and translated from the German works of* Buchner *and* Gruner, *and the French work of* Jahr, *with original contributions by* Charles J. Hempel, M. D. New-York: Radde, 1850. 12mo. pp. 359.

98. *Alphabetical Repertory of the Skin Symptoms, and external alterations of substance, together with the morbid phenomena observed in the glandular, osseous, mucous, and circulatory systems, arranged with pathological remarks on the diseases of the skin. By* Dr. G. H. G. Jahr. *Edited by* Charles J. Hempel, M. D. New-York: Radde, 1850. 18mo. pp. 515.

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99. *Jahr's Clinical Guide, or Pocket Repertory, for the treatment of Acute and Chronic Diseases. Translated and edited, with annotations, by* CHARLES J. HEMPEL, M.D. New-York: Radde, 1850. 18mo. pp. 409.

100. *The Homœopathic Theory and Practice of Medicine. By* E. E. MARCY, M. D. New-York: Radde, 1850. 12mo., pp. 629.

101. *The Sources of Health and the Prevention of Disease; or Mental and Physical Hygeine. By* JOHN A. TARBELL, M. D., *Member, &c., &c.* Boston: Clapp, 1850. pp. 170.

102. *Principles of Homœopathy. In a series of Lectures. By* B. F. JOSLIN, M. D. New-York: Radde, 1850. 12mo. pp. 185.

103. *The Duty of the State in relation to Homœopathy; an Inaugural Address delivered before the Hahnemann Academy of Medicine, on Wednesday, January* 9, 1850, *by* JOHN F. GRAY, M. D., *President. Published by order of the Academy.* New-York. 1850. (Pamphlet, pp. 28.)

The prefatory note gives a succinct account of the origin and object of the Academy.

The Homœopathic physicians of the city of New-York and its vicinity, after several preliminary meetings, on the 28th day of November, 1849, organized themselves into an Association under the name of "THE HAHNEMANN ACADEMY OF MEDICINE." The preamble of the Constitution declares the assent of its subscribers to the three following truths: 1. That the law propounded by Hahnemann "*Similia similibus curantur*" is a fundamental truth in the theory of Medicine and the only safe guide in its practice. 2. That the best mode of ascertaining the effects of drugs is by provings upon the healthy organism. And 3, that there is efficacy in attenuated remedies. The object of the Association is stated in the Constitution to be "*the advancement of the Healing Art by mutual consultations and by public and private teaching.*"

On the 12th day of December, the Academy was incorporated as a Scientific Society under the general law of this State, passed April 12, 1848, by the filing in the offices of the County Clerk of the City and County of New-York and of the Secretary of State, a certificate duly acknowledged by the Executive Council, in the form required by law.

By the By-Laws of the Academy, the President is required to deliver an inaugural address on the second Wednesday of January in every year. The

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following address was delivered in pursuance of that regulation on the evening of Wednesday, January 9th, 1850, at a public meeting held at the Hope Chapel, Broadway, in the city of New York, and is now published by order of the Academy.

104. *Address delivered before the American Institute of Homœopathy, at its annual meeting in Albany, in* 1850. *By* A. E. Small, M. D. Boston: Clapp, 1850. (Pamphlet, pp. 42.)

105. *An Address delivered before the Rhode Island Homœopathic Society. By* A. Howard Okie, M. D., *President of the Society.* Providence: Whitney, 1850. (Pamphlet, pp. 28.)

106. *Valedictory Address, delivered at the second annual commencement of the Homœopathic Medical College of Pennsylvania, March* 2, 1850, *by* William S. Helmuth, M. D., *Professor of Homœopathic Institutes and the Practice of Medicine.* Philadelphia: 1850. (Pamphlet, pp. 16.)

107. *Homœopathy in Germany and England in* 1849, *with a glance at Allopathic men and things: being two preliminary Discourses delivered in the Homœopathic Medical College of Pennsylvania. By* C. Neidhard, M. D., *Professor of Clinical Medicine.* Boston: Clapp, 1850. (Pamphlet, pp. 45.)

108. *Letter to Worthington Hooker, M. D., of Norwich, in relation to so much of his book entitled "Physician and Patient" as has reference to Homœopathy. By* F. Mather, M. D. Boston: Clapp, 1850. (Pamphlet, pp. 16.)

109. *Letter to Valentine Mott, M. D., in reply to his Valedictory Address to the members of the New-York Academy of Medicine, by* F. Vanderburgh, M. D. *New-York, June 3d,* 1850. New-York: 1850. (Pamphlet, pp. 8.)

There are doubtless some errors in the above list, and some homœopathic publications may have been omitted, but probably none of any great moment. I shall receive with gratitude from correspondents any corrections or additions.

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JOURNALS.

Of the following list of Journals, none, I believe, survives, except the American Journal of Homœopathy.

Am. Journal of Homœopathia, 4.
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ARTICLE II.—*Daily Cycles in Diseases and in the Effects of Drugs.* By C. HERING, M. D., Philadelphia.

I DESIRE to communicate to the practitioners of our school, a rule which I have followed with more and more confidence for the last ten years, and which I wish to have more extensively and fully tried.

I acknowledge, as "practitioners of our school," such only as are accustomed to observe the general, practical rules laid down in the Organon, *i. e.* those which require the most careful inquiry into the symptoms of each case, as a case by itself; the writing down of all the symptoms; the selecting of one remedy according to the characteristic similarity, and the administering of that one in the smallest doses, and at the longest intervals the case allows.

The rule I propose to give may not answer for cases in which this course is not pursued, or only in some instances. I do not know, but in those in which I have preferred the lowest preparations frequently repeated, I have found it of the same utility as in others.

It is further to be remarked that this rule is only a subordinate one, the main rules never being altered by it, and that it is thus subject to apparent exceptions and modifications.

RULE.—*Morning aggravation of a looseness of the bowels indicates the* ACIDS *or electro-negative drugs.*

Evening aggravation of the same indicates the ALKALIES *or electro-positive drugs.*

With COUGHS, *the reverse is the case; an exacerbation in the morning indicating the alkalies, one in the evening, the acids.*

The looseness of the bowels, as well as the cough, should be what is called "*active*"; if they form a very subordinate group among the symptoms, the rule cannot be applied with the same certainty.

By "morning," I understand the hours from midnight until noon; by "evening," the hours from noon till midnight.

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For the purpose of bringing into view all our medicines which belong to these two classes, I add a table containing all hitherto proved, including also some which have not yet been published, though proved by myself and my friends.

−	+
Electro-negative.	*Electro-positive.*
Oxygen.	Hydrogen.
Nitric-ac.	Ammonium.
Chlorine.	Causticum.
Muriat-ac.	Kali-c.
Bromine.	Natrum-c.
Iodine.	Lithium-c.
Fluor-ac.	Baryta.
—Sulphur.	Strontian.
Sulph-ac.	Calcarea.
—Selenium.	Magnesia-c.
Phosphorus.	Alumina.
Phosph-ac.	——
Arsenicum.	Zincum.
Antimon. crudum.	Cadmium.
Silicea.	Stannum.
—Carbones.	—Ferrum.
Graphites.	—Niccolum.
Oxalic-ac.	—Manganum.
Citric-ac.	Cuprum.
Lactic-ac.	Mercurius.
Benzoic-ac.	Argentum.
—Tellurium.	Plumbum.
—Osmium.	Aurum.
	—Platina.
	Palladium.
	—Petroleum, etc.

Those substances which are preceded by the sign (—) are such as may act in an opposite way. All such as readily form gaseous compounds with hydrogen may act like the alkalies. I observed this long ago with Sulphur, and a few weeks ago with Tellurium; it may be the same with Sele-

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nium, Arsenicum-metallicum, Bismuth-metallicum and Antimonium-metallicum.

The combinations of Hydrogen with Chlorine, Bromine, Iodine and Fluorine act electro-negatively.

The alkalies we have proved as carbonates, and it would be of very little use to prove them in their caustic state, as either another combination is formed with the vehicles, or they unite with carbonic acid while on the tongue or on their way down to the stomach. That they become free from chemical affinities in the potentized state has not yet been sufficiently proved to be adopted as a rule.

The heavier metals are only mentioned provisionally, as we shall consider them separately hereafter; and the Iron-group seems to incline to the other side. In fact, here, as well as everywhere else in nature, there are links between the extremes.

Plants and animals used as drugs always present combinations of alkalies or acids, and the application of the rule must be modified or restricted according to the prevalence of positive or negative action.

In the course of my lectures on Materia Medica, in Allentown, I stated to the students that such of our drugs as belonged to the same family—as, for instance, the *Solaneæ*—were connected by a rule of relationship, in regard to their polarity of action, *Capsicum* being the electro-negative extreme and *Tabacum* the positive, the others standing in a regular order between. Among the Ranunculaceæ the positive end is occupied by *Helleborus*, the negative by *Staphysagria*. This, I find, holds good in every family of plants and in every family of chemical substances; and we may from this conclude, that the different plants also may be arranged in two classes according to their prevailing chemical constituents. There seems to be a correspondence between such families as are remarkable for containing acrid substances, as the Ranunculaceæ and Euphorbiaceæ, and the electro-negative chemicals, and between such families as contain bitter and narcotic substances

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and the electro-positive chemicals. In accordance with this remark I subjoin a small table of plants, as far as I think the rule holds good.

—	+
Electro-negatives.	*Electro-positive.*
Aconitum.	**Nux-vomica.**
Pulsatilla.	**Ignatia.**
Staphysagria.	**Belladonna.**
Podophyllum.	**Dulcamara.**
Mezereum.	**Lycopodium.**
Cepa.	**Rhododendron.**
Jatropha.	**Senega.**
Thuya.	**China.**
Rhus.	**Sanguinaria.**

Whenever the symptoms indicate a medicine belonging to the opposite side, the diarrhœa or cough may also subside, but in most cases it is subsequently aggravated.

Practitioners using this rule will find that it gives especial aid in excluding medicines belonging to the other side, in all cases in which the time of the day is very marked, but the other symptoms not sufficient to indicate a remedy with precision. Of course the selection of the drug within the indicated class must be rightly made or the rule cannot be expected to be found correct.

In a subsequent communication I shall endeavor to show the theoretical importance of these considerations, especially for the transformation of our empirical Materia Medica into a natural science, and shall afterwards point out other characteristics of both classes.

ARTICLE III.—*Allopathy and Homœopathy—the points at issue between them.* By E. E. MARCY, M. D., New-York.

IN discussing the comparative merits of different systems of medicine, and in entering a field of investigation where we are to analyze the opinions which have been promulgated by

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some of the greatest intellects of ancient and modern times, we take this occasion to pay a passing tribute of respect to the memories of all those great men of the profession who have gone before us. When the Father of Medicine founded his system, let it be remembered that he had not the lights of science to guide him; and if the dogmas which he advanced were erroneous, let it be attributed to his utter ignorance of anatomy, physiology, chemistry, and pathology, rather than to any lack of penetration or intellectual greatness. And throughout the many ages subsequent to his period, let it ever be borne in mind by the modern physician, that those foundations upon which all real knowledge in medicine rests, were not as yet laid. Hence then, the many absurd hypotheses and the erroneous views which have come down to us. Could Hippocrates, and Galen, and Themison, and Celsus, and Paracelsus, and Stahl, be again brought back to the world in all the vigor and acumen of their once gigantic intellects, but illuminated by the scientific facts of the present time, we entertain no doubt that they would repudiate their former hypotheses, and, from more accurate and precise data, deduce more logical and philosophical conclusions.

In regard to the medical gentlemen of the present century, who have enjoyed so many advantages with reference to the structures and functions of the human body, and the pathological appearances induced by diseases and by drugs, much also may be advanced in excuse for their having made so little progress in the method of curing diseases. One of the prominent causes of this slow advancement, consists in the fact that for more than 2000 years the minds of the medical world have been directed in one particular channel. Certain fundamental points have been arbitrarily assumed, and particular expressions have been adopted, which are entirely fallacious, and which have led to the most mischievous practical results. Instead of precision and accuracy in the use of language, and of confessing ignorance when satisfactory explanations could not be offered, mysterious terms have been invented which might mean everything or nothing at

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all, as occasion required. We grant that it is a facile method of disposing of intricate and obscure points connected with our art, to attribute all morbid and curative phenomena to some disturbance of a vital principle, but we question its utility or its propriety. It may save the physician from a suspicion of ignorance, and thus serve to convince patients of his profound knowledge of the healing art, but it can never promote the cause of truth.

We can well pardon those heathen philosophers who lived when no true ideas obtained respecting the immortality of the soul, for inventing words which should express their views of a spiritual part connected with the Organism; but in modern times, when the laws of life are so well understood, and the facilities for acquiring facts are so abundantly afforded, there is no excuse for retaining these spiritual opinions of the ancients,—the *phusis*, the *vis insita*, the *vis animæ*, the *vis vitæ*, the *Archeus*, and other imaginary existences, under the comprehensive term of vital principle. But, it will be asked by the vitalist, if we reject the existence of this principle, what presides over the wonderful phenomena of life, and how can we explain the mysterious operation of morbid and medicinal agents upon the economy in causing and in curing diseases?

We reply, when God created man, he first formed a material body subject to the ordinary laws of matter, and capable of being impressed by material agents, both in their crudest and in their most attenuated and subtle forms; but he also infused into this physical structure a Spiritual Principle, or an Intelligence, which should preside over the whole machine, and which should be capable of exercising effects inexplicable by any physical laws, and which may properly be called spiritual, but not dynamic or vital. We object therefore to the use of these last terms for the reason that they explain nothing, but, by inducing the physician to confound really spiritual with material effects, lead to mysticism and error. We are aware that many of the profoundest writers of both schools are advocates of the vital theory, and entertain the

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belief that all diseases proceed from a disturbance of this principle, and that our curative efforts must be directed with reference to a restoration of this subtile spirit. But does not the admission of this doctrine close the door to all inquiry? By assuming the existence of a mysterious and inexplicable power, as a satisfactory explanation of the phenomena of disease and the processes of cure, do we not repress the investigation of facts, and thus deprive ourselves of original deductions? It will be our aim in future, to demonstrate by accurate chemical and pathological facts, the potent influence of material atoms in impressing the various tissues of the organism so as to cause or to cure diseases. At the same time we shall endeavor to discriminate distinctly between those powerful morbid and curative results which proceed from the operation of the spiritual part of man, including mental emotions, moral influences, etc.

So far then as regards the existence of a vital principle and the influence it exerts in health and in disease, a majority of both schools entertain very similar opinions. We shall take another occasion to allude to this subject at more length, both for the purpose of pointing out the evils which have accrued to science from the arbitrary retention of a spiritual power independent of the soul, and to insist upon the importance of precision and definitiveness in the use of medical expressions.

Before proceeding to a consideration of the differences of opinion which exist in the two schools, we shall make a passing allusion to the methods of attack which have been adopted by modern allopathists. From the period of Hahnemann to the present time, our opponents have been divided into two classes:—first, the small and insignificant men of the school, who having nothing to lose, seek notoriety by the frequent use of vulgar epithets, by cunningly-devised falsehoods, and by a constant practice of professional chicanery: and second, the more honorable gentlemen of the profession, who, unwilling to descend to vulgarities or personalities, adopt a most adroit system of medical politics to

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obtain their ends. With the first class we have nothing to do; as their motives are always apparent, and their acts, both of oral and printed calumny, always bear with them a clear refutation. But with the second class, the points which strike the observer, are the false issue which they make respecting our doctrine of cure, and the rigid avoidance of any allusion to their own opinions. Instead of alluding to the great principle *similia similibus curantur*, upon which our whole system is founded and without which Homœopathy could not exist, they confine their attention to the minor and comparatively unimportant subject of small doses. Instead of contrasting their own theoretical doctrines with those of Hahnemann, and endeavoring by physiological, pathological, and therapeutical facts, to sustain their views, they have been satisfied with reiterating their groundless assertions respecting the inefficiency of imponderable atoms of matter. But they have not rested here: both in Europe and in our own country, the halls of legislation have been entered, and influences brought to bear for the purpose of curtailing our just rights and of impairing our general influence. Every where medical societies have been formed, with vindictive laws and with stringent regulations, for the avowed purpose of putting us down. The barking men of these societies—the expletives of the profession—may always be recognized by their egotistical assumptions, and their puerile attempts to sneer at our doctrines and their advocates. Nor have the sacred precincts of the social circle remained free from the contaminating influences of the stealthy inuendo, and the cunning slander. With weapons like these has Homœopathy thus far been assailed; but the time has arrived when the public demands reasons and facts, instead of false issues and arbitrary denunciations, and, so far as our humble abilities are concerned, we shall endeavor to meet the demand.

In order that both systems may be clearly understood, we shall endeavor to point out very briefly the more prominent characteristics of both schools. Although many theoretical and practical diversities obtain in the modern allopathic

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ranks, yet there is one fundamental dogma to which all subscribe in theory, viz.: *the necessity of impressing healthy structures with medicinal agents, and of producing in them abnormal actions for the purpose of removing diseases of single and perhaps distant tissues.* In other words, it is deemed essential to punish the whole body,—to inflame the stomach and intestines with emetics and purgatives, to irritate the kidneys and bladder with diuretics, the cutaneous exhalents with diaphoretics, the skin with blisters and escharotics, to depress the energies of the nervous system with narcotics and stimulants, and to exhaust directly the chief source of physical strength and vigor by blood-letting—in order to dispel a local and perhaps circumscribed inflammation. If the brain is the organ disordered, the cure is attempted by attacking other parts of the organism, and medicinal means are employed which would reduce the most healthy individual to the brink of the grave.

But many gentlemen assure us that they are eclectics, and that, in their practice, they select whatever is good from all sources. They most cheerfully concede that opium and brandy will cure delirium tremens; that bark will cure intermittents; that mercury is specific in syphilitic and bilious complaints; that small doses of ipecacuanha will speedily remove obstinate nausea and vomiting; that diuretics are proper in urinary affections; that topical applications are indispensable in ophthalmias, and in certain disorders of the air-passages, and of the urino-genital apparatus; and finally that many drugs prove promptly curative, which, when taken in health, produce a train of symptoms similar to those of the malady. Yet with all of these acknowledged practical results constantly before them, these very individuals are loudest in their denunciations of Homœopathy—yea, of the identical principle upon which their most successful cures are founded. Like the other factions of the old school, they make false issues respecting our doctrines, and endeavor to divert attention from the great principle of cure, to the minor question of doses, while at the same time they

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are in the daily habit of prescribing, although clumsily, in accordance with *Similia.*

So likewise in their therapeutical applications; they not unfrequently administer drugs in a form as imponderable and as much attenuated as the subtilest medicines of the homœopath. As examples we may cite the use of the vapors of ether and chloroform in tetanus, delirium tremens, mania, and asthma; the employment of iodine, tar, mercury, and stramonium vapors by inhalation, for the cure of several diseases; the respiration of oxygen and other gases in the treatment of pulmonary affections and cholera asphyxia; the use of the 4th attenuation of iodine in cod-liver oil, for the cure of phthisis; the employment of sea-air (which contains imponderable atoms of marine exhalations,) for the cure of a variety of disorders.

Notwithstanding, however, this occasional divergence from the ordinary allopathic line—notwithstanding that some of the gentlemen eclectics devote themselves to specialities in practice, adopting Hahnemann's theory of cure, yet in the vast majority of cases our opponents address their remedies to the *primæ viæ* in the form of cathartics. If the pulmonary structures are affected with inflammation or congestion, the innocent intestines are made to suffer; if the joints are suffering under inflammatory rheumatism, still are the stomach and bowels punished; if fever pervade the system, their drugs are addressed to the intestinal canal, as if fever could be expelled by mechanical violence through the rectum; if nature is struggling to relieve the system when laboring under scarlatina, variola, rubeola or other eruptive disorders, by developing their legitimate symptoms in the form of eruptions upon the skin, the Allopath interferes with his purgatives, and diverts her beneficent operations from the surface of the body where alone the malady can safely manifest itself, to the artificial disease he has created in the intestinal mucous membrane: if the patient is afflicted with cerebral inflammation, with ophthalmia, with amaurosis, with dropsy, with sthenic or asthenic complaints, with a

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paralytic or an erethetic condition, still is attention directed to the gastro-intestinal structure.

It is true that the old school physician employs what are termed alteratives, diaphoretics, diuretics, blisters, etc., but these are purely empirical measures, adopted without any definite knowledge of their influence upon the malady, and with a total uncertainty as to whether they will ameliorate or aggravate the existing symptoms. If it were true that diseases could be cured by artificially inducing profuse sweats, increased urinary, salivary, or alvine discharges, then might these means be employed with advantage; but the fact is universally conceded, that the dry skin, and the diminished urinary, salivary and biliary secretions, which accompany most constitutional disturbances, are only *individual symptoms* of disease, and sustain a very limited relation to the general malady. Is it not then an incontrovertible fact, that the ordinary practice of the old school is indirect, uncertain, and empirical? Can they predict beforehand the effects upon the diseased organism of an emetic, a cathartic, an alterative, a diaphoretic, or a diuretic? Can they decide what symptoms are induced by the natural disease, and what by the medicinal one? In reply, we submit the following fundamental laws, the truth of which is acknowledged by the most distinguished writers of both schools.

First, The most strenuous advocate of allopathy will not for an instant pretend that he can predict beforehand, with any kind of certainty, the effects which any given drug will produce. If he prescribe a mercurial cathartic, he knows not whether it will enter the circulation and salivate, induce disease in the bones, the joints, and skin, or expend its force upon the nervous system, developing mercurial erethism, or, by inflaming the intestinal canal, give rise to copious dark and slimy stools. Nor, when he resorts to a diaphoretic, a diuretic, or an alterative, has he any assurance that the required effects will follow; or if, by chance, they should do so, can he be at all certain whether they will aggravate or ameliorate the malady. On the contrary, how often do we witness

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as results of what are termed remedies, the most unmanageable medicinal diseases in the form of mercurial ulcerations and sloughing of the mouth and throat, palsy, rheumatism, eruptions, diseases of the bones, or of irritable bladder, from abuse of diuretics, or of dyspepsia and confirmed constipation from the use of purgatives, or of serious mental and physical degeneration from an indulgence in opiates and narcotics, or of enlarged and indurated liver, and various forms of neuralgia, from the employment of bark and quinine, or of organic affections of the heart, from the use of antimonial and other violent emetics, or of hemorrhoids and *prolapsus ani*, from aloetic purges, or of a permanently discolored skin from the internal exhibition of nitrate of silver; or, in a word, of the thousand artificial diseases under which over-drugged mortals are laboring.

Physicians of both schools may disagree as to the precise nature of a given malady, and entertain totally different opinions respecting the primary and principal location of the inflammation; but in the practical application of therapeutic agents the homœopath has the advantage; for his doctrine of cure teaches him to prescribe his drugs in precise accordance with the actual *symptoms present*, while the allopath, for the most part, administers his medicines according to the particular *name* by which he happens to designate the disease. Thus, a case is presented with febrile symptoms. The practitioner of the old school must decide whether it is to become a typhus, a bilious, or an inflammatory fever—sthenic or asthenic in its character, and from this uncertain general decision must he determine whether his treatment is to be antiphlogistic, tonic, or expectant. The practitioner of the new school cares not by what particular name the affection may be designated, but selects the *simile* from his Materia Medica, and thus combats every symptom as it arises.

The second great law to which we shall allude, and one which sustains a most important connection with the healing art, is the conceded *impossibility of inducing inflammation in any structure of the body, whether by morbid, medicina*

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or mechanical agents, without exciting corresponding sympathetic derangements of greater or less intensity, in other and healthy parts.

Every tissue is endowed with peculiar susceptibilities, and with sympathetic relations of the most varied description. This is witnessed in the peculiar and distinct phenomena which accompany inflammations of the brain, lungs, stomach, intestines, liver, kidneys, etc., as well as poisonous doses of drugs. There is an equilibrium in the operation of the functions, which cannot be disturbed with impunity. Health obtains when this equilibrium is normal, and when every organ executes its office in a definite and uniform manner. If one of these functions is deranged by medicinal or mechanical means, the whole machine becomes disordered, and artificially-induced symptoms pervade the whole system. Almost every tissue of the organism is differently constructed, as to texture, form, and chemical constitution. Some are abundantly endowed with minute sensitive nerves, and with extensive sympathetic connections, which may be excited into abnormal activity by the subtilest material or mental impressions; while other parts are coarsely organized, possessing but few nerves or sympathetic relations, and, of course, incapable of responding equally to the same causes. How pernicious then must be the empirical routine of revulsives, derivatives, and narcotics, when the system is already laboring under serious morbid symptoms! How foolhardy to administer violent drugs to the diseased body, when the most learned of the profession acknowledge their entire uncertainty, and the difficulty in deciding respecting their applicability in the majority of cases! How presumptuous to create artificial symptoms in healthy parts, and thus run the risk of fatally complicating morbid conditions already existing!

The chief points at issue, then, between the two systems, may be briefly summed up as follows:

Allopathy, in her efforts to cure diseases, strikes at the whole organism, and strives, by creating artificial inflamma-

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tions in *healthy tissues*, to divert the enemy from the primary point of attack. She beholds the citadel in flames, and her engines direct the subduing element in torrents towards the *neighboring* buildings to repress the conflagration.

Homœopathy, on the other hand, impresses with her drugs the *affected structures alone*, and induces in them those changes which speedily effect a curative re-action. She does not act upon healthy parts, or in any way complicate the original malady; but by substituting *medicinal* in the place of *morbid* symptoms, places the system in the most favorable condition for a speedy and spontaneous recovery.

Allopathy, in order to palliate temporarily morbid phenomena, is obliged to administer inordinate doses of crude drugs for the purpose of producing such violent mechanical effects upon the general system, as to conceal, partially and for the time being, the primary affection. Thus, an emetic, a drastic purgative, a blister, or a nauseant, may divert attention momentarily from a febrile affection; or an opiate may benumb the organism, and thus cover up pains; but, in the meantime, the malady advances unchecked, while a new train of medicinal symptoms has been superinduced.

Homœopathy, taking advantage of the important fact, that the tissues acquire vastly-increased susceptibilities to medicinal impressions during disease, employs her specifics in those doses which experience has proved to be most suitable to subdue the morbid action. Therefore her adoption of all strengths, from the concentrated tinctures up to the highest attenuations, in her therapeutical applications. The only question with the homœopath in the selection of his dose, is, what strength will cure most promptly and with the least detriment to the organism? In deciding this point, he takes into consideration, age, sex, temperament, habits of life, the structure affected, and the nature of the morbid action, and from the grand totality of the case, selects that dose which he deems requisite to produce the desired impression upon the disordered parts. We appeal to

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the judgment of the whole profession, whether this course be not in accordance with reason and sound philosophy.

The theoretical doctrines of allopathy, notwithstanding they have been in process of accumulation for more than two thousand years, and might naturally be supposed to have acquired some uniformity, are still so various and contradictory as to shake the confidence of large numbers of her own wisest adherents, respecting the value of the present condition of the healing art; while her therapeutical measures are characterized by so much diversity, indirectness, uncertainty, and oftentimes positive injury, as to attract the observation and excite the distrust of a very large portion of the intelligent public.

Homœopathy, on the contrary, has but one principle of cure—simple, easy of comprehension, and invariable. Upon this great principle every homœopath founds his therapeutical applications, and it is the universal recognition of this momentous truth which must necessarily unite every disciple of the illustrious Hahnemann in the promulgation of the doctrine. Without *similia similibus curantur*, Homœopathy could have no existence; but with its glorious characters emblazoned upon our flag, we may range the whole domain of the sciences, and continue to accumulate facts which shall serve as blessings to the afflicted portions of our race.

The after effects of an allopathic course of medicine, are always more or less detrimental and permanent; while no secondary medicinal disorders ever result from homœopathic treatment.

Finally, the employment of drugs allopathically, often enjoins the necessity of a persistence in their use, since their secondary and permanent effects are the opposite of the primary ones, or *morbid;* while the secondary effects of homœopathic medicines are always *curative*, and tend to a speedy restoration of health.

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ARTICLE IV.—*A Critical Inquiry into the Principles and Practice of Homœopathy.* By CHARLES J. HEMPEL, M. D. New-York.

I.

(Read before the Hahnemann Academy of Medicine, June 5th, 1850.)

AN impartial and scientific examination of the internal condition of the homœopathic school, ought not to be looked upon as uncalled for and censorious criticism. The principle of Protestantism or free inquiry, is a sacred right which has been conquered for humanity by means of blood and tortures, and of which every honest investigator of truth has a right to avail himself, for the purpose of determining for himself in his own reason, what is conformable to absolute truth.

From the earliest stages of the human intellect, two apparently contradictory principles or forces, have been contending with each other for supremacy in the development of the mind, and it is by the action and re-action of those forces, that true and useful progress is effected in all things. These forces are variously named in the various spheres and orders of thought or life: synthesis and analysis, order and liberty, duty and right; but under whatever names they are known in language, they are the same in essence and accomplish the same result, which is, to construct order on the one hand, and to subvert it again as soon as the established form appears unsatisfactory to the progressing intellect.

It is well known that the forces to which I have alluded, have been constantly active in the science of medicine. Systems have been established and overthrown, and the partisans of conflicting theories have assailed and persecuted each other with all the bitterness of fanaticism. Doctors, as well as members of the other learned professions, are in the habit of identifying the man with his professional acts, with the principles he promulgates, or the theories he endeavors to establish. Hence the bitterness and animosity with

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which discussions are carried on; a cure is the doctor's work, not the necessary result of the correct application of true therapeutic principles; personal ingenuity is more highly valued than obedience to Nature's laws, and the overthrow of a powerful and successful rival is a subject of far greater importance, and more intense interest than the promotion of scientific truth.

As regards homœopathic physicians, it would be useless to deny the existence of bitter personal feelings between them. They exist clandestinely and in broad daylight—here and in other countries. Personal jealousies, and above all, conflicting interests, disunite hearts and minds, and will continue to disunite them until speculative theories shall have given way to the undeniable evidence of truth, and it shall have become impossible for any member of our profession to exert an influence which is not justly and strictly proportionate to his love of wisdom and his good-will to obey the dictates of truth.

The interests of humanity require at our hands continual efforts to enlarge the boundaries of our science and to perfect our means of cure. We are bound as men of honor, charity and sense, to criticize each other with moderation and fairness; to discuss the doctrines taught by Hahnemann with a spirit of reverence, but at the same time with bold and manly independence, and to study Homœopathy, not as a system invented by human ingenuity, but as a science inscribed upon the eternal tablets of Nature.

Let us banish Obscurantism from our midst; let us hail with joy every glimpse of light which dawns upon our science, and let us never suffer dogmatism, false ambition and a servile imitation of the great founder of our school, to become the worst enemies of the great principle for which we are contending and upon the universal adoption of which by the leaders of opinion, depends, in a great measure, the redemption of the world from evil.

It cannot be denied that the attempts which have been

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hitherto made to construct our system of cure upon an unassailable scientific basis, have failed. And yet we have had a number of fine minds among the followers of Hahnemann—devoted men, who, like their illustrious leader, would have sacrificed everything for the triumph of their cause, and who were possessed of minds well prepared to carry out a bold and comprehensive reform. The disciples of Hahnemann have shared the fate common to the followers of every great reformer; they have clung to the precepts of their Master with child-like confidence, and they have reverenced his teachings as infallible revelations. According to Hahnemann's view and definition of Homœopathy, the limits of that science are exceedingly narrow. Disease, according to him, is an unknown and never-to-be-known something—a state of existence which, though possessed of internal properties, is an inaccessible mystery to the physician, and is nothing to him except insofar as it is a thing indicated by perceptible symptoms which have to be removed by means of an agent capable of producing, by means of large portions of the drug, a train of similar symptoms in the healthy organism. According to Hahnemann, the cure depends altogether upon the similarity existing between the symptoms of the drug and those of the disease; the internal states, the pathological character of the disease and the physiological state induced by the drug, and of which the symptoms are mere external indications, are not only irrelevant to the cure of the disease, but it is believed that the physician who dares to look into the internal state of the organism, in order, by means of a clear perception of the symptoms, to ascend to a rational conception of the disease, is an audacious fool, a dangerous sophist. The business of the therapeutist is thus reduced to the mechanical drudgery of taking a record of the symptoms, and ascertaining which among the known drugs is capable of affecting the organism with similar tearing, stinging, pulling, dragging, jerking, pressing, or other pains. When this is done, all that is then required is to administer such a "*simile*"; and, provided the similarity

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is true and complete, the cure cannot fail. Hahnemann undertook to limit the sphere of human reason to the observation of the most superficial phenomena of disease, and Hufeland was right in declaring, that Homœopathy, as understood and defined by Hahnemann, would become the grave of medicine. In one sense, Hufeland will probably prove a true prophet. I firmly believe that Homœopathy will ultimately lead to the extirpation of disease, and will altogether supersede the necessity of medicinal agents; but how will this brilliant result be accomplished? Is Homœopathy, this beautiful daughter of heaven, to act the part of a despotic censor? Is not Homœopathy progressive and endless as Nature? Does she not lift her head into the very bosom of God, and rest her feet upon the laws of his infinite wisdom? And shall any man, even were that man Hahnemann, dare to bid my reason think so far and no farther? I adore the revolutionary principle; if there be a man among us whose heart does not respond to the most exalted aspirations of liberty, let him leave our ranks and join the men who would fain substitute dogmatism for reason, empiricism for scientific art, arrogance for skill and worth, and the pride of faith for free and true religion.

Even if Hahnemann's mode of practising Homœopathy have led to perfectly-satisfactory results, yet the formula which he has chosen as the fundamental expression of his doctrine may not be the most adequate generalization to convince the opponents of our system of its scientific truth. And even as regards practical results, who would be willing to assert that Hahneman's success must necessarily have been the acme of perfection? It is well known that Hahnemann failed in cases where a cure was accomplished by his disciples. Thus Noack and Trincks record a case of painless paralysis of the feet, which had been treated by Hahnemann for three years without success, and was completely cured by the tincture of *Rhus toxicodendron*, of which the patient consumed four ounces without experiencing a single untoward symptom from the medicine, which was administered in increased doses.

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Reason is infinite as God, with this difference, that God's infinity is absolute, and the infinity of human reason consists in the power which it possesses from God to progress in the investigation of truth without end or fear. In proportion as a science is more comprehensive and therefore nearer the centre or inmost of Divine Truth, it is less given to man to discover at a first glance its ultimate boundaries. In the words of Newton, his discovery is like a shell picked up on the shores of the ocean of truth, and it would ill become an elevated mind and a true heart to settle down in a state of quiescence on the platform which even such a bold reformer as Hahnemann had marked out for succeeding generations. Onward, onward! this is the watchword of every true friend of humanity, and it is with this watchword inscribed upon my banner that I shall hereafter proceed to lay before my readers the inmost thoughts of my heart in reference to the great and glorious subject of Homœopathy.

Hahnemann's Formula.—We must do Hahnemann the justice to admit that no thinker has ever stated his doctrines with more clearness than he did. He leaves no room for misapprehension. His language is emphatically precise, his definitions are as lucid as the theories of Old School pathologists are vague and obscure. It is impossible to misunderstand the meaning of the Hahnemannian formula, "similia similibus," after having read Hahnemann's explanations of those terms. Disease, according to Hahnemann, is a dynamic state, an abnormal condition of the vital principle. We know nothing and never can know anything of the inmost nature of that state, no more than we can know anything of the nature of the vital principle itself. All we can know of that state is the symptoms by which it reveals its existence to our senses. Disease, therefore, from a therapeutic point of view, is a mere group of symptoms perceived by the external senses. And therapeutics, in the Hahnemannian sense, consist merely in the application of a remedy, which, if taken in large portions, by a person in perfect health, shall produce a

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train of symptoms closely resembling the group of symptoms which constitutes the disease as perceived by the senses. In the Hahnemannian therapeutics the points which deserve especial consideration, are, therefore, the external resemblance existing between the symptoms of the disease and those of the drug, the time of day when, or the side of the body where they occur—in fact every thing constituting a mere external resemblance. It is true, Hahnemann is very particular in noticing every symptom which might indicate the least possible irregularity of action in the organism. From the head to the feet he notices every abnormal appearance, every twinge of pain, but a knowledge of the internal connection of the symptoms is entirely lost sight of as totally unnecessary, or rather, as a dangerous impediment to a cure.

A mere knowledge of the external symptoms not sufficient to a cure.—A mere external resemblance of the symptoms is not a sufficient guide for the selection of a proper remedy. Does a mere external resemblance of the symptoms constitute the true curative character of a remedial agent, or is it not absolutely necessary, in order that a remedial agent might be the truly curative agent in a given case, that the inmost character of the natural affection should correspond to the inmost character of the artificial disturbance? We know very well, that a group of natural and artificial symptoms may resemble each other very closely, and yet there may be a complete absence of all internal correspondence, and the remedy may leave the disease unaltered in all its essential features. Thus, a cold may induce a burning in the bowels, bilious vomiting, anguish, pain in the small of the back, chills and coldness, profuse diarrhœa, etc., and a physician who would select a remedy exclusively by the symptoms, might be induced to give *Veratrum* or *Arsenic;* but neither of those remedies might be of any avail, whereas *Aconite* would effect, perhaps, a speedy and radical cure. Two individuals may resemble each other very closely in their external appearance, and yet, how different may be their natures, their

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dispositions and feelings? Does the external reflect the internal in every case truly and fully? Does a beautiful soul dwell, in every instance, in a beautiful body, or do ugly features reveal a hateful temper and a criminally-disposed heart? Is it necessarily true, that the perceptible symptoms reflect the internal disease truly and fully? Do we not see men who were apparently in the enjoyment of good health, ate and drank heartily, and scarce ever complained of pain, suddenly struck by the hand of death; and do we not find, on examining their bodies after death, that a fatal disease—an aneurism, for instance—had been slowly undermining the foundations of life? I remember the case of a gentleman who died almost in an instant from the bursting of an aneurism of the aorta; he had been enjoying himself with his friends the day before his death, and with his cloak and hat on, he was on the point of taking leave of his family and going to his business, when, without previous warning, death seized him, and a post-mortem examination showed the extent of the danger to which he must have been exposed for years past.

Disease is not a mere group of symptoms, it is a state, an internal as well as external existence, and it is not by any man's fiat that a line of separation can be drawn between these existences, and that the attention of reason can be confined exclusively to either. Symptoms of themselves are mere names, and have no meaning, except insofar as they indicate states or affections of the vital principle. Hahnemann confined his attention to the study of the external form of disease, and denounced and proscribed any desire on the part of reason to become acquainted with the internal nature, the true character of disease. But we are not only not bound to confine ourselves to such narrow limits; we ought, on the contrary, to avail ourselves of our more precise knowledge of the external form of disease, for the purpose of obtaining a true perception of its essential nature. It cannot be denied, that this is by far the more interesting part of a physician's study. A physician who undertakes to prescribe

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for a patient without knowing anything of his disease except the mere symptoms, cannot do his patient justice. He is bound to know the internal relation of the symptoms, the bond which connects them into a rational unit, and he cannot possibly obtain that knowledge without a previous knowledge of the functions which the various parts of the organism are called upon to perform, and the manner in which they depend upon and are related to each other. The case is with disease as it would be with a friend. We are not satisfied with observing his external form, the mere outlines of his figure, we want to know his soul, mind and heart, his whole internal man; the mere external man, the portrait, is but a meagre substitute for the living personality. Hahnemann has justly condemned the practice of prescribing for mere names; but has he taken sufficient measures to guard his disciples against falling into a similar error? He has not, and the practice of prescribing for mere names has almost become as universal among homœopathic as it was among allopathic physicians. For "*burning*" pains we prescribe *Arsenic* or *Carbo-veg.*; when bearing-down pains are mentioned, we jump at *Nux* or *Belladonna*; and very few physicians would think of treating acidity of the stomach or constipation of the bowels, with *Aconite*. We have got into the habit of associating certain remedies with certain names of symptoms, and, by this means, have, perhaps, popularized, but not elevated the character of our practice. It is not my intention to condemn the attempts which are constantly being made to render our practice accessible to laymen, by means of popular publications; but, at the same time, it would afford me pleasure to witness the gradual and progressive elevation of Homœopathy to an eternal and boundless science. But we shall never be able to accomplish this high and noble end, if we do not draw a line of distinction between the science and the peculiar manner in which its discoverer viewed it. As long as we continue to identify Hahnemann with Homœopathy, it will remain the system of a man, but will never become an independent and philosophi-

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cal science. Hahnemann's mission was to discover the existence of that science, and to secure it a foothold in the understanding; but as every truth is constantly acquiring new developments from God, inasmuch as it is God's, and not Man's, though discovered by him, so will Homœopathy expand into the infinite proportions of an infinite being, until it shall have become a truly divine creation, a reflex of absolute Reason.

True Formula of Therapeutics.—If Homœopathy be a thing of God, a part and portion of His Creation, it is not only an experimental science, but is a thing of the pure reason, and, as such, admits of a demonstration *a priori*. Surely, a man must be allowed to ask himself the question—If there be such a thing as disease, is there such a thing as a science which teaches us the means of curing it? During the infancy of the human mind, such a question could not be asked, though disease existed, and attempts were made to remove individual cases. In those early ages, the art of curing could not be anything but what it really has been, a collection of cases yielding empirical rules for the application of remedies when the same disease should occur again under similar circumstances. But now, when the understanding has elevated itself to the idea of a science of medicine, and has abstracted that idea from a vast series of facts, it behooves reason to inquire into the law by which those facts are governed, and combined into a philosophical unit.

The law of true medicine, as expressed by Hahnemann, is not a fact of the pure reason, but of the understanding exclusively; it is abstracted from phenomena observed by the senses, but sufficiently clear and comprehensive to reveal the fact that a science of medicine exists, and to invite reason to investigate and establish its true generalization.

I feel myself placed in the same position that Hahnemann occupied previous to making his brilliant discovery. I know that he has arranged a new Materia Medica, and has offered a therapeutic law, according to which the vast multitude of

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symptoms of which his Materia Medica is composed, are to be used as curative indications in the treatment of disease. And yet, although I reverence the persevering industry, the toilsome patience and heroic privations and sufferings with which Hahnemann accomplished his great work, his ultimate conclusion, the very formula which he has intended as the philosophical groundwork of his system, leaves my reason unsatisfied, and prompts it to review the grounds over which he has travelled, and to establish the doctrine which he has promulgated, in my inmost reason as a principle founded in God and Nature.

The perceptible things of nature—animals, plants and minerals—are distinguished from each other, both by their external and internal properties. They are, furthermore, effects of creative causes. We know that no effects can exist without a cause, and that, on the other hand, a cause cannot be cause, unless it manifest and embody itself in corresponding effects. We do not require a special revelation to know that the things of Nature have not created themselves; reason is abundantly sufficient to demonstrate the existence and the actual presence in every thing of a creative cause. Let us compare a tulip with a peach, or any thing with any other thing in Nature. We know that both the tulip and the peach are composed of certain ultimate particles of matter, carbon, oxygen, hydrogen and nitrogen, and we know likewise that these constituents are combined in different proportions in both the flower and the fruit. A mere chemist might argue that it is this very difference, which imparts to the peach and tulip their respective shapes, hues and all other individual properties. But a philosophical observer would inquire a little further, and would wish to know by what power or influence that very difference is established and maintained. Is it sufficient to say that it is by God's power, or does it not rather behoove us to investigate the mode in which God's providence creates the individualities of Nature, and maintains and preserves them?

It is not my intention to arrive at any ultimate conclusions

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by a circuitous route; but I find it impossible to discuss the question of life separately from the doctrine of God and from the *modus operandi* of his providence. And I find, moreover, that we cannot take a single step towards a rational consideration of that *modus*, unless we admit in the first place a co-eternity of existence in regard to all the essential component parts of the great whole. The bitterest and the most absurd controversies have arisen from the fact that those component parts, instead of being considered as equally necessary portions of one living and universal existence, have been considered as arising out of each other in this sense, that one part—the spirit, for instance—was pre-existing independently of the other parts to which it was supposed to have given its origin, and from which it may separate itself according to its pleasure. This doctrine is a tenet of supernaturalism, and it has taken possession of men's minds to such an extent that even at this moment most people suppose the spirit or soul to be a vaporous something, which will sooner or later be divested from its material envelope, and without shape or substance, hover to all eternity throughout infinite space, either in Heaven or in Hell. The same notion is entertained of the Infinite Spirit. God is supposed to be a shapeless, an indefinite, unsubstantial something, existing independently of the phenomenal Universe, and establishing between this latter and himself such relations as his sovereign and unrestrained will may determine. Spiritualism believes that God is at liberty to arrange, modify, and govern creation as he pleases, for this reason—that he created it out of nothing, that it was his good pleasure to create it, and that he may suffer it to exist, or else destroy it again, according as his good pleasure may direct.

The idea that something can be created out of nothing, is absurd. In the first place, God never ceases to create. In the divine sense, creation signifies an infinite development or evolution of life; and then, suppose there was a time when matter had yet no existence, does it therefore follow that there was a void? Has not God been omnipotent at all

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times, and does it not therefore follow, that the infinite space must have been filled with him, either with his spirit or his substance? If God be both eternal and infinite, how can there ever have been a time when there was nothing? The idea of nothing, is a foolish ideological abstraction, upon which spiritualism has foolishly and recklessly ingrafted its notions of creation and omnipotence. The idea of creation must necessarily have pre-existed in the Divine Mind, whatever may have been the nature of that idea—it must have been a fountain of life, an active principle, of which the phenomenal universe is the *substratum* and permanently-progressive development.

There is another class of philosophers who consider spirit or mind as the result of material organization. According to their doctrine the soul is the mere result of a process of sublimation or gradual refinement, which takes place in the so-called molecules of the material body. But why should spirit be matter sublimed, rather than that matter should be spirit condensed? One supposition is as rational as the other. Suppose mind were a result of material organization, why does it cease to manifest itself in the body which a drop of prussic acid, applied to the tongue, has suddenly changed from a living one to a dead? There is no appreciable difference in the two bodies. The blood has its healthy appearance; there is no apparent lesion of any of the tissues, no cerebral degeneration; and yet, in a short while after the acid has produced its effect, dissolution sets in, and the material organization is converted back again into its original elements. Upon what physical principles do you explain the rising of the sun, the fading of a flower? Are these phenomena results of organization? But suppose that mind is the result of organization, what then is organization the result of? It must either have created itself or it must have been created. It would be absurd to say that anything can create itself; therefore, organization must have been created, and every particular species of organization must have been created. The various metals, plants

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and animals must all have been created. You might say that a higher species of matter makes an inferior, that gold creates silver, silver creates brass, etc.; but in that case, mind, which is the highest known material organization, would not be a result but a cause of all inferior organization. Here then, the original proposition that mind is the result of organization, is completely overthrown by a legitimate and irresistible inference, and the advocates of that doctrine are, upon their own ground, driven to admit the existence of a First Cause, creative of all other causes.

Mind, therefore, is neither the result of matter, nor is matter the result of a mere fiat of the Divine Mind. There is another relation which can exist between mind and matter, and this relation we are necessarily led to admit if we reject the two former. Mind and matter may have created each other. But inasmuch as this cannot be understood in this sense, that mind is either the result of matter, or matter the result of mind, it must necessarily be understood in this other sense, that both those principles are necessary to each other's existence, that they develop and maintain each other, and constitute an indivisible and co-eternal composite unit.

Standing upon this ground, Nature ceases to be a mere thing of matter. There is a spirit even in a plant and mineral. The flower which is rearing its gentle head and filling the air with sweet perfume, is not a mere agglomeration of molecules, it is inhabited by a spiritual essence, of which the visible form, the petals, hues and pistils, are the *substratum* or material embodiments. When the inherent principle or power which, by its continual presence, makes the flower to be what it is, and preserves its individuality, leaves again the material form, the flower ceases to be, and crumbles into incoherent molecules of matter. Is it not evident that the mere combination of atoms, according to certain proportions, does not make the flower? If such were the case, why has not the Chemist the ability to reconstruct the flower after he has analyzed it into its constituent particles? Does it not require the presence of a

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power to preserve the combination of the material molecules? And is not that power the inmost essence of the flower—its soul, as it were? We have no means of furnishing a physical demonstration of the existence of that inmost principle or soul, but the facts of reason, though less accessible to the generality of men, are just as real, and even more so, than the facts which the chemist develops in his crucible. What is it that distinguishes gold from silver and silver from brass? We have all read of the fruitless attempts that were made several hundred years ago, to make gold; it is just as impossible to make any other natural substance. If the making of a natural thing consisted merely in combining material molecules according to certain proportions, man might create just as well as God; but even if we knew the number of atoms of which a natural substance is composed, and had it in our power to unite them chemically, we should not be able to reconstruct the original substance; the combining force or principle which had embodied itself in the substance, and which constituted the soul of the thing, its true individuality, would be wanting, and could not be conjured into life by the mere chemical combination of the bodily particles. The life-principle of an organized being is not a result of the organization, but the organization is a result of the action of that principle upon matter—it is a materialization, an embodiment of the life-principle in matter. Such a principle is not present in organized bodies alone; even inorganic bodies derive their so-called properties not from the mere mode in which their atoms are combined, but from the permanent presence of the inherent force which originally caused the combination. If, by creation, we understand the ultimate materialization of those forces or principles, it follows that there must be as many of those mediately creative forces as there are different substances in nature; it follows, that the things which we see are merely the reflex of a spiritual order or sphere, and that this spiritual order or sphere is the true reality. Where this spiritual order or sphere is originally located, whether it exists above this atmos-

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phere, or constitutes its inmost nature, and therefore pervades it as intimately as the life-principle does the body, is not for me to say. I have never seen anything of that spiritual order or sphere, any more than I have ever seen anything of the soul or the life-principle in man; I know by my reason that there are such spiritual spheres, and that the perceptible forms of matter owe their existence, their properties, to the all-pervading and permanent presence, in the inmost nature of things, of those spiritual spheres or forces, which, for want of a better appellation, I will designate by the term "aromas." Both the good and bad, constructive and destructive substances of nature are mere results of the action of these aromas upon the ultimate molecules of matter. By embodying themselves in matter, these aromas or spiritual forces obey a supreme law of order in the divine economy of Nature. The constructive spheres are thus enabled to offer us an endless variety of means for the development of our minds and bodies, and the destructive spheres are held in subjection, whereas, if they were permitted, instead of localizing themselves in fixed forms, to hover through the atmosphere as free principles, miasmata and the like, nature and man could not, for one moment, exist. Man, however, is constantly exposed to the action of these destructive spheres, and there are states of the body when these subtile spheres invade it and endeavor to convert it back again into incoherent ultimate molecules. When such an invasion takes place, the body feels what we term "sick," the life-principle struggles against the invading destroyer, and must either yield or conquer. The real struggle is between spiritual forces; and the symptoms of pain by which that struggle manifests itself, are its most external characteristic indications. Since the life-principle is one and pervades every part of the animal economy, the struggle must take place in all the inmost parts of the body, and the true inmost character of that struggle is a subject of legitimate inquiry. Disease, therefore, is not a mere group of external symptoms; it is a vital state affecting every part and function of the

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body, either directly or indirectly; and it is moreover induced by the temporary presence of an evil force, which, if developing itself according to order, embodies itself in the shape of some poisonous animal, plant or mineral. It will therefore be perceived that the forces which induce disease in the animal economy and those which preside over the formation of all destructive or poisonous substances in Nature, are one and the same thing. There must therefore be an intimate relation between the body in a state of disease and some one of the destructive or subversive agents of Nature. What that agent is, we can, for the present, determine in one way only; we must find out by experimentation in what way the animal economy, in a state of perfect health, would be affected by the different subversive agents in Nature, and if there be one among them which affects the body similarly to the symptoms by which the disease manifests itself to our senses, we must conclude that such an agent is most intimately related to the morbid vital state. But in order that the relation may be complete, the force which created the agent must be the same which induced the disease, otherwise there might be similarity of symptoms, but there would be no perfect correspondence. "*Correspondence*" is the term which I shall adopt to designate both the external similarity of the symptoms and the internal relation of the states, and I here take occasion to state, that the formula which I shall ever after use as the more adequate generalization, which truly and fully embodies the spirit of our doctrine, will not be "*similia similibus,*" but "*correspondentia correspondentibus curantur.*" The subversive agent is the material type of the disease. If we know the type, all that we have to do in order to remove the subversive force from the organism, is to introduce into it the material type of the disease in suitable forms and proportions, and the result will be a cure, provided the affinity, which naturally exists between the disease and its material type, is not overcome by the greater affinity which the morbid force had succeeded in establishing between itself and the

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organism. The mode in which the disease unites itself to its type is unknown to us. My own view is that the type exercises an attractive influence over the disease, that the disease converges in a suitably-prepared type as its focus, and that the complete materialization of the disease in its type constitutes a cure.

ARTICLE V.—*Fragmentary Contributions to Materia Medica and Therapeutics.* By C. HERING, M. D., Philadelphia.

A GREAT deal is said in the German journals about "*Symptomenfragmente*" or "fragmentary provings," which has found or will find its way over the ocean, and be repeated from mouth to mouth without reflecting how nonsensical it is.

The majority of homœopathic physicians have not proved drugs upon themselves; this work has been done by the minority, and the former in a kind of self-defence, sneer at all provings, and especially at "fragments." They feel their burden already heavy; they cannot master what has already been proved and they naturally dislike every addition. Instead of letting them alone, they endeavor to throw suspicion upon such unwelcome intruders, declaring them superfluous, uncertain, doubtful, &c., and they especially characterize the fragments as useless. Give them a whole bookfull of symptoms and they exclaim, "What trash! Who can tell how much of this may be false!" Give them a few symptoms, the beginning of a pathogenesis, and they cry, "How imperfect! Why print such small matters? No physician can make use of it!" And thus they would have every new medicine cut and dried according to their own fancy.

Let them try themselves to produce a perfect pathogenesis if they can, and we will all receive it with thankfulness; but they will soon find the tediousness of the way by which we arrive at a general characteristic. They entirely forget that all our great polychrests were once little fragments. In

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1823, I made a copy of the first fragments of *Sepia* and I am filled with astonishment and admiration at the sagacity of the Master who could see, in the little embryo, the elements of the hero which it has been since 1828. We must have a mass of observations to be enabled to form a general idea of a remedy; from a small commencement it must grow to a large collection, and from this, it will in time be condensed again to a mere general characteristic.

Have such complaints as these against "fragments" ever been heard in any other natural science? Have chemists ever complained when new observations, even if incomplete, have been published? Have geologists ever complained because new facts, botanists because new plants, or zoologists because new animals have been brought to their notice, however imperfectly?

I hope it will never be so among us, and that the opposition in Germany will find no parallel in an opposition here. They talk loudly there of the necessity of criticism, as though criticism were of any value unless based on undoubted principles. The worst effect of this sneering against fragments has been, that it has had the effect of suppressing a large number of most valuable observations through fear of the critics, and it is this particularly that induces me to speak.

We have used a number of new medicines in Philadelphia, according to a few symptoms. Why should not others derive the same benefits from them that we do? And it is very probable that others have done and are doing the same thing with other remedies.

Let every one come out with every little observation, even if it be not "certain," or if it be "incomplete," and that not only with respect to the old remedies, but also as to the new. What is there in the world that is complete? what certain? There is no end to doubt when we once begin. Let us have one observation, and hope for more; if more follow, the first may be established, and

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by thus ascertaining one thing after another, we shall, in time, render all complete.†

I commence with a fragment communicated to me in a letter by my friend *Haubold*, who had it from *Dr. Wahle*, of Rome.

Myrtus Communis.

Take a small bunch of the myrtle, as it is everywhere cultivated in pots, put it in a bottle with alcohol, and in a few days the tincture will be ready to form the attenuations.

Symptoms.

* Stitches in the left chest, through to the back, under the shoulder-blade, resembling those which frequently appear in tuberculous patients.

* Hepatization of the left lobe of the lung.

* Catarrhal fevers, with pain in the elbow and knee-joints, with dry, hollow cough, caused by a tickling in the upper and front part of the lungs, especially in the mornings —less in the evening—accompanied by lassitude in the afternoon.

Several Homœopathic physicians in Philadelphia, besides myself, have used the third attenuation in cases like the above, with great success.

I will add a fragment for the repertories on the subject of

† We not only cordially concur in the desire expressed by Dr. Hering, that every physician would contribute his fragmentary knowledge to the common stock, but shall always reserve a special place for such communications. We recommend our correspondents, however, to imitate the minuteness and accuracy of observation of our learned colleague, and to remember that the neglect of these is the prevailing vice of the old school. "I have found X very useful in cases of diarrhœa; I find in my practice that some coughs readily yield to Y; my experience with Z in dropsies has been very gratifying;"—are samples of every-day contributions to the Materia Medica of Allopathy, which it does not become us to regard with favor.—(Ed.)

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Sticking Pains through the Chest to the Back.

Of uncertain seat. Sil. ambr. caust.

Towards the shoulders. Baryt-carb.

Downwards and through. Amm-carb. nitr-ac.

During breathing. Bovist. cham. tabac. con. lobel-infl.

On the left side—

Very high to the shoulder and throat. Therid.

Upper part. Myrt-com. *with tuberculosis, (Wahle.)

Middle. Ran-bulb. *(Jeanes.) *Above Mamma.* Bovist.

Lower part. Canth.

Towards the shoulder. Lauro-cer.

Region of the heart. Anac.

Different places. Sulph. *(Neidhard,) sulph-ac. tarax. lycop. *(Neidhard,) hepar. magn-carb.

While walking. Cocc.

In the middle—

Above. Merc. Especially with sneezing and coughing.

Central. Indig. *To the shoulders.* Kali-hydr.

Somewhat to the right, and while breathing. Lauroc.

To the right shoulder. Phosph.

Below. Plumb-acet. And both sides.

When sitting. Dulcam. — *drinking.* China.

On the right side. *Sepia.* asafœt. nitr-ac. colch. kali-bichr. *(Neidhard, Hering.)

When sneezing or coughing. Merc.

From last rib to point of shoulder-blade. Aconit.

Below the ribs. Nitrum.

From the right in front to the left at the back. Anac.

From the back towards the breast-bone. Lauroc. psorin.

Pressing pain in the chest through to the back. Ant-crud.

— *in the right side to the shoulder.* Carb-veg.

— *in the breast-bone and between the shoulders.* Alum. bell. ol-an.

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ARTICLE VI.—*Two Cases of Neuralgia treated Homœopathically.* By E. E. MARCY, M. D., New-York.

CASE 1.—*Cephalalgia.*—Mr. C—, aged about 50 years, of a sanguine, bilious temperament, active habits, and hitherto in the enjoyment of excellent health, began to experience, about the 1st of July, 1849, periodical attacks of dull, pressive pains, in the anterior part of the head, attended with morbid sensitiveness of the scalp, and depression of spirits. During the month of July, the paroxysms only made their appearance at intervals of three to five days, usually after breakfast, and continuing until the patient slept at night. In the month of August the pains recurred daily, after breakfast, commencing with a sense of contraction and pressure in the forehead, and becoming, towards noon, acute and throbbing. The ordinary allopathic routine of bleeding, blistering, cathartics, opiates and tonics, was commenced at the onset of the malady, and persisted in until about the middle of January, 1850, without arresting the paroxysms or even mitigating, to any notable extent, the sufferings of the patient.

On the 11th of February, 1850, he came under the writer's care with the following symptoms: daily paroxysms of throbbing and pressing, or shooting pains, generally located in the forehead, but sometimes semi-lateral, and occasionally pervading the whole head, accompanied by depression of spirits, disinclination to mental or physical effort, tenderness of the scalp, sensation of heat and fulness in the head, and sometimes by nausea. Aggravation of the symptoms resulted from walking or from jarring the head, and temporary relief was obtained from cold applications and from gentle frictions over the affected part. The attacks commenced soon after breakfast, and continued until the patient was lost in sleep at night.

Feb. 11th, 9 o'clock, A. M.—Grain doses of the 3d trituration of *Arsenicum* were prescribed, to be taken dry, and repeated at intervals of six hours; regimen, moderately strict.

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Feb. 12*th*, 6 *o'clock*, *P. M.*—The pains came on at the usual time this morning, but with much less severity than heretofore. A sensation of weight and dulness was experienced in the forehead in the place of the more acute and throbbing pains, which persisted until evening. The medicine to be continued at intervals of 8 hours.

Feb. 13*th*, 7 *o'clock*, *P. M.*—A sensation of heaviness in the forehead and slight confusion of ideas were felt this morning at 9 o'clock, which disappeared at 11, leaving the head free from pain. Medicine to be continued.

Feb. 14*th*, 9 *o'clock*, *P. M.*—Symptoms to-day the same as yesterday. Continue the medicine.

Feb. 15*th*, 7 *o'clock*, *P. M.*—Has experienced no pain or unpleasant symptom to-day, up to this hour. Continue the medicine morning and evening.

Feb. 27*th*.—Mr. C. has remained quite well since the 15th instant, having continued the *Arsenicum* twice a day. Medicine to be discontinued.

March 6*th*.—Has been suffering from a cold for the past two days, with the following symptoms: sore throat, dry, irritating cough, dull, throbbing pain in the temples, eyes red and somewhat sensitive to light, and a slight oppression at the upper part of the thorax.

A drop of the 3d dilution of *Belladonna* was prescribed at intervals of six hours until the symptoms should be ameliorated, after which the periods of repetition were to be extended as circumstances appeared to require.

March 9*th*.—The catarrhal symptoms have disappeared and the patient is apparently well.

June 16*th*, 1850.—Mr. C. informs me that he has had no return of the neuralgic pains since February, but has remained in the constant enjoyment of excellent health and spirits.

Case 2.—Mrs. H., aged about 45, of a nervous, sanguine temperament, light hair, fair complexion, blue eyes, mild disposition, and inclined to melancholy, has been afflicted with frequent attacks of what have been termed nervous

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headaches, for more than fifteen years. During the first few years, the headaches made their appearance at intervals of from two to four months, since which time the attacks have gradually become more frequent, and the pains upon the whole more intense. The following is the record of her symptoms when she came under my care, on the 23d of September, 1850:

Paroxysms of headache, generally recurring once in three or four days, always preceded by depression of spirits and inclination to sleep, confined to a circumscribed spot in one of the temples, in the first instance, but in four or five hours, extending to the eye of the same side, causing contraction of the lids and redness, attacking each side of the head at alternate paroxysms. The patient always wakes up with the pains in the morning, and they continue from 24 to 36 hours, without any cessation. The pains are of a severe aching, and sometimes of a throbbing character, ameliorated by moving about in the open air, by taking coffee, by cold topical applications, and aggravated by sitting quietly in a warm room, by lying down, by sleeping, or by anxiety. There is always some swelling under the affected eye, the eye-ball is sore to the touch, and she is faint, irritable, and inclined to weep during the paroxysms. Any unusual care or anxiety is almost certain to bring on an attack. Hands and feet cold during the paroxysms.

Prescription: Pulsatilla, 6. one drop every afternoon on sugar. *Regimen*, plain, but nutritious.

Sept. 26th, 12 *o'clock*, *M.*—Mrs. H. woke up this morning at six, with a pain in the left temple, but less severe, and of a different kind from those she usually experiences—the character of the pains being numb or gnawing, rather than aching and throbbing. The pain has continued about the same up to this hour, accompanied with great depression of spirits, irritability, and apparent grief. A single dose of *Ignatia*, 3. was ordered, and the *Pulsatilla* to be omitted until to-morrow.

Sept. 30th.—The pains for which *Ignatia* was prescribed

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on the 26th instant, subsided in about two hours after the administration of the medicine, and none have been since experienced; but in their stead, a light, and somewhat confused sensation in the forehead every morning on rising, which goes off on moving about. Continue the *Pulsatilla*.

Oct. 5th.—No more headaches have been experienced, but there still remains some lightness in the head on first waking up in the morning, and frequent sensations of faintness during the day. There is also a puffy appearance under the eyes, resembling the condition to which large doses of *Arsenic* give rise. The *Pulsatilla* to be omitted, and *Arsenicum*, 30. to be taken every morning.

Oct. 12th.—Symptoms all improved since the *Arsenicum* has been employed. The faint feelings have all disappeared, the spirits have been good, and the general health in all respects is better. There is yet, however, an occasional sensation of lightness in the head in the morning. *Arsenicum* to be omitted, and a drop of *Pulsatilla*, 30. to be taken every afternoon for six days.

Nov. 20th.—Mrs. H. informs me that she has had no return of the headache, or other unpleasant symptoms, since the last prescription. Her general health is better than it has been for the last fifteen years, and she considers herself quite well.

Dec. 19th, 1850.—Mrs. H. has had no return of her disease up to this period, and assures me that she is entirely cured.

ARTICLE VII.—*On Fissures of the Anus and their Homœopathic Treatment.* By J. PERRY, M. D. (*Translated from the Journal de la Société Gallicane de Médicine Homœopathique.* By E. E. MARCY, M. D.)

FISSURE of the Anus, as every one knows, is a very painful affection, which occasionally presents itself, especially in

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women, and which cannot be cured allopathically except by a surgical operation—by a deep incision of the anus and of the inferior extremity of the rectum, including the mucous membrane and the whole thickness of the sphincter as far as the cellular tissue. Sometimes the surgeon is satisfied with cauterizing the fissure, but this course is always painful, and very rarely succeeds in effecting a cure. The same thing may be said of the practice of dilatation by the introduction of wicks of charpie. Recently, M. Gerdy has attempted to increase the efficiency of this process, by substituting in the place of the charpie, the forced introduction of a voluminous body into the rectum—of the hand, for example, fixed in the form of a cone. This brutal measure is excessively painful, and contrary to sound surgical doctrines.

The incision, then, is at present generally preferred as being more efficacious than any other measure known to Allopathy. To the incision, succeeds a dressing which consists in introducing and retaining in the rectum for a period of six to eight weeks, wicks of charpie. Sometimes, at the end of this period, we perceive that the constriction of the sphincter is not entirely overcome, and it becomes necessary to renew the incision. Boyer has cured only one case without an operation, and then solely by the employment of topical emollients; this was in a case of fissure with a very moderate constriction.

I ask pardon of my readers for alluding to these elementary details, but I could not resist the temptation of placing side by side, these surgical processes, so painful in the first instance and so lingering and painful afterwards, with those by which Homœopathy so easily arrives at the same result.

Nowhere, in homœopathic publications, have I seen any mention made of the treatment of fissures of the anus. They are not alluded to in Beauvais' Clinique. In the few cases which are there reported, we are able to recognize only hemorrhoids more or less inflamed or ulcerated, but in no instance a true fissure with spasmodic constriction of the sphincter.

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Nor has Jahr alluded to them in his Manual; for we must not confound with the affection under consideration, *rhagades*, or hemorrhoidal cracks, of which he has treated in his Clinical chapters II. and XVII. We must not forget that the essential character of fissures is not only the long and narrow ulceration concealed among the folds of the rectum, at a greater or less distance from the anus, but more particularly the constriction of the sphincter which accompanies it, the difficulty at stool, and the acute pains which accompany and follow defecation. These pains not unfrequently manifest themselves without this last cause, and extend to the bladder and the uterus, and lead to suspicion of a disease of these organs, and thus frequently deceive the patient as well as the physician. Such are the distinctive traits which now characterize *fissures of the anus*, and which some have very justly proposed to call *constriction of the anus*, since the removal of this symptom suffices to effect a cure, not only of the fissure, but of all the other symptoms. We see by this, the error into which the homœopathic practitioner falls, who, in view of the fissure alone, and governed by analogy, supposes it necessary to employ the medicines which Jahr's Manual indicates for rhagades or cracks of the anus.

To retrieve his error, they tell us that there are also dynamic symptoms—acute pains during and after defecation, or at other times, and that the totality of the disturbances of the sensations and of the functions form the complete portrait of the morbid state. Very well; but we must be careful not to pause at this general view, nor to suppose that homœopathic pathology claims nothing beyond this exact determination of all the morbid elements. It is at least necessary, to say nothing more upon this important subject, to establish the relative value of these elements. It is in this sense, in the affection under consideration, that I have decided to place in the second rank, among organic symptoms, ulceration or *fissure*, and in the first rank, stricture of the sphincter. I should add that among the dynamic

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symptoms, the first rank belongs also to smarting or sore pains, and to those of constriction and tenesmus, which manifest themselves sometimes at stool, and again for a long time afterwards, sometimes also at other moments in paroxysms more or less severe and prolonged, and without appreciable cause. The other dynamic symptoms, in a general point of view, possess only a secondary importance. It is always necessary to take a record of them for the individualization of cases, and to fix the choice to be made between the different medicines which almost equally present the characteristic organic and dynamic symptoms which I am about to portray.

Hartmann, in his *Treatise on Acute and Chronic Diseases*, Vol. II., p. 434, certainly makes a few remarks, under the title of *Proctalgia and Tenesmus*, respecting cracks and constriction of the anus, which lead us to suppose that he refers to fissure; but he has not treated specially of this affection, and, as regards the symptoms enumerated, he confounds them with all other painful symptoms which occur at the inferior extremity of the rectum, such as pruriency, burning, pressure, smarting, etc., which often accompany hemorrhoids. I propose, nevertheless, to consult this passage of Hartmann, for the purpose of comparing the medicines which he recommends with those of which I am about to speak.

If we seek in the Materia Medica Pura for the medicines which respond more or less exactly to the tableau which we have traced of *fissure*, we shall find the number already somewhat large. But an accurate comparison of these medicines with each other will induce us to attribute to them an importance far from being equal, and which accordingly enables us to classify them in the following order:

Nitric acid and *Ignatia* belong to the first rank.

Then come *Plumbum*, *Arsenicum*, *Sulphur*, *Lachesis*, *Natrum muriaticum*, *Phosphorus*, and *Sepia*.

Finally in the third rank come, in a manner more hypothetical, *Causticum*, *Silicea*, *Nux-vomica*, *Thuja*, *Tabacum*, *Gratiola*, and *Mezereum*.

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It is necessary now to enter into some developments to justify the kind of classification which I have established, so that no more importance may be attached to it than is justly due.

Among all the medicines which I have named, *Nitric acid* is that whose pathogenesis represents most completely the tableau of fissure at the anus. Thus we find among the symptoms:

622. On going to stool, pain in the rectum, as if something were torn away.

623. On going to stool, twitchings in the rectum and *spasmodic contraction of the anus many hours afterwards.*

657. Smarting, more in the rectum than at the anus, immediately after stool and continuing two hours.

648. Contraction of the anus, almost every day.

629. Heat at the anus after stools.

630. Twitchings and scraping sensation in the rectum and anus after stools.

Add to these symptoms those which are enumerated at numbers 625, 648, 654–56, 658–64, consisting wholly of heat, smarting, twitching at the anus and in the rectum, and you see that medicinal traits can nowhere be found which more strongly resemble those which characterize *fissure.*

Besides, *Nitric acid* acts very powerfully upon the inferior portion of the rectum, provoking there, hemorrhoidal congestions, pains, external piles, and especially *prolapsus of the rectum*, an important fact, which we shall subsequently find in all the drugs which appear most suitable to cure *fissure.* And this fact, contradictory in appearance, I recommend to the attention of homœopathists, for it is connected with a more general fact in the history of medicines, the explanation of which will throw much light upon the study of the characteristic symptoms of drugs.

After *Nitric acid*, I place *Ignatia.* Here the symptomatology is less rich; but it is, nevertheless, very expressive. The following are the symptoms:

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366. Contraction of the anus, unattended with pain, a kind of shrinking, which lasts many days.

368. Constriction of the anus in the evening, returning the next day at the same hour, painful in walking, etc.

577. A short time or immediately after a soft stool, pain in the anus, similar to that which proceeds from blind piles, or *a laceration.*

379. Pain in the rectum, similar to that of hemorrhoids, *constrictive and smarting*, like touching a wound.

380. One or two hours after stool, pain in the rectum, as after blind piles, consisting of *constriction and smarting.*

These symptoms assume still more value in connection with those of numbers 363, 364, 365, 367, 370, 371, 378, 381, and with the hemorrhoidal symptoms, and especially in consequence of the fact above mentioned respecting the tendency so characteristic of *Ignatia*, to produce *procidentia* of the rectum; a tendency so great that this agent may be regarded as the principal medicine to combat this affection, as the experience of many homœopathic physicians has demonstrated, and as I have convinced myself in many cases where I have employed it with complete success.*

Arsenic comes next; it will, however, sometimes rank highest, especially where there is conjoined to the constriction of the rectum a similar condition in the canal of the urethra, with great difficulty, or even impossibility of emitting the urine. *Arsenic*, then, produces:

451. In going to stool, painful constriction immediately above the anus, which extends toward the sacrum.

453. Tenesmus with heat.

470. Heat and pain in the rectum; and at the anus, a kind of tenesmus, as in dysentery, with continual pressure.

457. Retention of fæces and urine, notwithstanding the internal inclination to expel it.

* My estimable friend and confrère, Doctor Nuñez, has met with similar success from the employment of *Ignatia* in the treatment of fissures. The testimony of such a practitioner is, in my view, a valuable confirmation of what I myself have observed.

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The special symptoms of the rectum, even including those which belong to hemorrhoids, are here less striking than in the three medicines which follow; but they assume much value in connection with the characteristic symptoms of the medicine, which are, as we know, burning and spasmodic constriction; the *procidentia* of the rectum is alone wanting in its pathogenesis.

I am not certain but that *Plumbum* deserves to be placed in the first rather than in the second rank, in the treatment of fissures. What drug produces more thoroughly, obstinate constipation and spasmodic constriction of the anus? I shall not enumerate the numerous symptoms relative to constipation, as they can be found described from number 488 to 510. I shall confine myself to the following:

517. Stool hard and accomplished with effort, and a sensation as if a rough body traversed the rectum.

545. Burning in the anus during stool.

546. Tenesmus at the anus.

547. Squeezing and retraction of the anus.

548. The anus is strongly compressed and drawn upwards.

549. The anus is retracted in the inside.

544. Itching and burning pain in the rectum, the perineum and the neck of the bladder.

489. No stool or urine during the first part of the day.

555. Complete inability to emit the urine.

556. Suppression of urine.

557. By turns the urine cannot be passed.

It is necessary to add to these symptoms those enumerated from 558 to 556, all relative to the difficulty or to the impossibility of emitting the urine, and 550, or *procidentia* of the rectum.

We cannot fail to recognize the resemblance between this drug and *Arsenicum*, in regard to the above symptoms and their extension to the urinary organs.

Sulphur points to the following symptoms:

865. *Tenesmus for an hour after having been at stool;* the pain at the anus prevents his sitting down.

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915. *After stool, pulsating pain in the rectum during the whole day.*

918. After stool, *constrictive pain at the anus.*

914. After a difficult but not hard stool, *lancination from the anus towards the rectum, so violent as almost to cause syncope;* afterwards chill and prostration.

866. At night continual and pressing desires to go to stool; the subject is obliged to relieve himself ten times, and he cannot rest either in the lying or in the sitting posture, *on account of lancinations and a kind of painful smarting at the anus.* After having been at stool, and especially in attempting to reduce the anus, smarting, and a sensation as if pricked with a pin, are experienced.

A few other symptoms complete this tableau, without omitting procidentia of the rectum indicated at number 866, and expressly mentioned at 908. I ought to say, however, that I have not derived as marked advantages from this medicine as from those which precede it, either because I have not taken a sufficient record of cases where I have employed it with success, or because I have not made the application in a manner sufficiently homœopathic.

Lachesis appears to me also to possess valuable therapeutic qualities, judging from the following symptoms:

1524. *The anus is as if closed.*

1526. Painful constriction of the anus.

1527. *Internal cramp-like pains in the anus a short time before and after stools.*

1528. Internal spasmodic pains in the anus and rectum after a natural stool.

1529. Pain and binding sensation in the rectum at the first stool.

1531. Pains in the anus during a hard stool.

1545. Heat in the anus during and after stool.

1547. Smarting of long duration, with burning, after an ordinary stool.

And as counterproof:

1555. *Fall of the rectum after stool.*

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1556. *Fall of the rectum, which is thick and uniformly tumefied, without severe pains; after having reduced it with difficulty, the anus contracts spasmodically.*

Natrum-muriaticum, if we except a few symptoms, such as 664, 666, 667, 668, 672 and 675, which relate to lancinations and heat at the anus during stools or at other moments, offers only two symptoms which can apply to fissure; they are:

664. *Spasmodic constriction of the anus.*

665. *On going to stool the rectum seems contracted; there is voided, after great efforts, only a small quantity of hard fæces, with tearing, bleeding, and smarting at the anus*, and finally some soft matter.

In this drug, we also find *prolapsus* of the rectum, but of a very different character from that of simple prolapsus; for example, at number 679; *Prolapsus of the rectum and heat at the anus, with abundant discharge of sanguineous sanies.*

From whence we see, that if *Natrum-muriaticum* can be employed in fissure, it ought to be only as an accessory remedy or in very peculiar cases. Its symptoms refer much more to chronic contractions of the anus, to engorgements, or to acute or chronic relaxations of the rectum, and even to cancerous affections of these organs, in which last especially, I have, in many instances, found it useful.

I have perhaps erred in giving so low a rank to *Phosphorus*, whose pathogenesis presents so many symptoms which appear to refer so well to the affection under consideration. The more as the last observation but one reported in this article would lead us to suppose that this drug justifies clinically the promises of the Materia Medica.

966. Before stool, *strong constrictive pain in the rectum*, with lancinations.

967. Before and during a hard stool, smarting pressure at the anus.

969. *Smarting in the rectum during a stool which is not hard.*

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980. After stool, *great irritation and heat at the anus with urgent desire to urinate*, although but little urine comes away.

983. After stool, *terrible tenesmus.*

985. *After a soft stool, vivid heat at the anus and in the rectum, with great faintness.*

1000. Considerable painful spasm of the rectum, in the morning, in bed.

1002. *The rectum seems contracted, and at the passage of the stool, although soft, there arises an acute smarting pain which lasts many hours and extends even into the abdomen.*

We should consult, moreover, symptoms 982, 984, 990, 995–97, 999 and 1001, which all express smarting and lancinating pains, or a difficulty at the anus or in the rectum; then the very important hemorrhoidal symptoms of this drug, and finally the two symptoms of the urinary passages: 1010. Difficult emission of urine as if there was some obstruction to its issue; and 1011. The urine stops every instant; which, corresponding with 980 which we have cited, remind us, to a certain extent, of *Arsenicum* and *Plumbum*, the effects of which are very similar. We should never forget that *Phosphorus* does not produce precisely *prolapsus* of the rectum, at least that we should not regard as having this signification, number 1003: *The internal hemorrhoids project very far out.*

I do not think that *Sepia* should be passed over in silence, although I have not yet derived any benefit from it in the cases of fissure where I have had occasion to employ it. Its pathogenesis, without being as characteristic as that of many of those which precede it, is nevertheless rich in symptoms pertaining to the anus and rectum; besides, the *prolapsus* of the rectum noticed at numbers 803 and 804, and the fall of the hemorrhoids at numbers 809 and 810, concur in recommending it to our favorable consideration.

Without entering into the details of symptoms 773, 784, 791, 792, 807, which offer lancinations, smarting and heat during and after stools, we find at 767 and 768: *Constrio-*

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tive pain in the rectum extending to the perineum and into the vagina.

769. Constrictive pain in the anus, afterwards in the belly, on going to stool.

775. *Pain in the rectum on going to stool, and which persists for a long time after sitting down.*

We cannot fail to see that, if these symptoms agree in part with those of *fissure*, particularly with that kind whose pains extend to the vagina and uterus, they respond perhaps still more to those which are the result of piles. No one is ignorant of the great relation of *Sepia* to the hemorrhoidal vessels, and its utility in some affections of that kind.

I would also mention *Causticum* whose symptoms 671, 687, 703, 711, 712, and especially 664, 722 and 723, deserve to be taken into consideration. *Silicea* also deserves notice in its symptoms 539, 540, 544, 547 and 551.

In reading the symptoms of *Nux-vomica* inscribed at numbers 491, 493, 494, 522 and 532, and more particularly at numbers 492, 515, 530 and 532, physicians will doubtless be astonished that I have not given place to this drug, either among the first medicines of this list, or at least among the second. We think immediately of *Nux-vomica* as soon as we hear of difficult and painful stools, constrictive pains at the rectum, and hemorrhoidal or other symptoms of this organ. I ought to say, however, that in fissures at the anus, I do not remember ever to have obtained any benefit from this medicine, and even in simple hemorrhoids with constrictive pain at the anus, that I have often been much surprised at not observing any advantage from it, nor in those frequent cases where the hemorrhoids protrude, forming voluminous red tumors, bluish, and sometimes with violent pains.* Shall we say then that *Nux-vomica* has no action on the hemorrhoidal vessels, and that its whole pathogenesis respecting these vessels and the rectum is without value? Assuredly not; but perhaps we ought to conclude that its

* See note at the end of this article.

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action upon these parts is not so direct and specific as that of *Nitric-acid*, for example, or of some other substance; that it is rather indirect and sympathetic or symptomatic of an action produced elsewhere, either upon another portion of the system of the vena porta, or upon other points of the digestive apparatus. We must never lose sight, in touching upon fissures, that *Nux-vomica* does not produce *prolapsus* of the rectum, which, admitting the value of the remark which I have made upon this subject, serves to explain why this medicine is not applicable to the radical cure of *fissures*, and cannot be introduced except as an accessory, in their treatment.

Causticum and *Silicea* are in the same condition in regard to *prolapsus* of the rectum, which determines me *a priori*, although their pathogenesis may be more characteristic, to place them in the third rank, as well as *Thuja*, which affords some symptoms worthy of attention—also *Tabacum*, *Gratiola*, and perhaps *Zingiber*.

In preference to these last medicines, I would recommend finally *Mezereum*, whose pathogenesis, not as Jourdan presented it in the last edition of the "*Chronic Diseases*," but as it really exists in the German texts, offers the following notable symptoms: 293. *Painful constriction, tearing and drawing at the anus, in the perineum, and from thence through the urethra.*

290. *After stool, the anus contracts upon the rectum, which has become prolapsed, and which remains strangulated, causing, when touched, a pain like a wound.*

This is little, I allow, to respond to the symptoms of *fissure*; so I have only named it after all the other drugs, not having yet made a sufficient number of observations to justify the opinion which I entertain respecting its value.

After having examined the symptoms which the Materia Medica affords us, it is not without interest to seek a confirmation of them in clinical facts. I proceed, with this view, to report some observations which I have collected in my practice during the single year that I have occupied myself with the question of *fissures*.

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Case 1.—Victorine C., aged eleven years, of a scrofulous constitution, who has been under treatment for several months for glandular swellings of the neck and under the right side of the jaw, complained to me, May 3d, 1849, of acute pains at the anus during and after stools. Her mother assured me that she had suffered in this way at each evacuation for more than three months.

Having opened the anus, whose sphincter presented a pretty strong contraction, I perceived at the anterior commissure a small hemorrhoid, and above this, a fissure, about a centimètre in length, with red edges, and an appearance like mother of pearl at the bottom, formed by the tendinous fibres of the sphincter.

I gave her *Nitric-acid.*, 30. three globules, to be dissolved in ten spoonfuls of pure water, of which she took one spoonful daily, for ten days.

May 24th, (the twenty-first day of the treatment.) She has been much better since the first days of the employment of the medicine; the stools are infinitely less painful. *Nitric-acid.*, 300. two globules in ten spoonfuls of water, a spoonful to be taken daily for ten days.

June 21st.—Since the commencement of the month, (consequently, since the fourth week of the treatment,) there have been no pains at the anus either during or after stools, and the evacuations have been natural and regular. Having again examined the anus, I could no longer find the fissure; but in the place which it occupied, the mucous membrane was yet a little red, and, on distending it, it appeared as if it could easily be torn. I again gave a single dose of *Nitric-acid.*, 300. Since that period, the child, whom I have continued to treat for the glandular disease, has never complained of the fundament.

Case 2.—Madame R., a burnisher, aged 21 years, thin, pale, delicate, and of a lymphatic constitution, came to consult me on the 24th of December, 1848. She was confined six weeks ago. Three weeks after her delivery, hemorrhoidal swellings appeared at the anterior part of the anus, and

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she experienced there lancinating and tearing pains during stools. She got *Sepia*, 30. which she was directed to take daily for eight days; after which, I did not see her until the 22d of February.

The pains at the fundament have continued since the last visit, and have even been aggravated. She has experienced continual smartings and lancinations at the lower part of the rectum, and these symptoms have acquired a great intensity during and after stools. On examining the rectum, I recognized the existence of a fissure, situated above a small hemorrhoidal fold, and which bled in consequence of the examination I made. I administered *Silicea*, 30. three globules in a tumbler of water, to be taken by the tea-spoonful daily, for six days.

March 4th, (the twelfth day of the treatment.) The patient has suffered less at the rectum, but having recently taken cold during her menstrual period, there are developed inflammation and swelling of the left tonsil. I gave her *Baryta-carb.*, 30. to take for the angina; afterwards, when this indisposition has entirely ceased, *Silicea*, 30. to be taken daily, for six days, as before.

March 17th.—She has taken *Silicea* until yesterday. The amelioration of the symptoms is not kept up; the pains have returned, and the fissure bleeds again. *Sacch-lact.*

March 25th.—For some days, without any appreciable cause, there has been an aggravation of a greenish leucorrhœa, which is habitual with her, attended with smartings, lancinations, and sharp pains at the vulva and in the vagina, the mucous membrane of which is very red, and sensitive to the touch. There is no change in the fissure. *Sulphur*, 30. six spoonfuls.

April 1st.—Vulva better, and less leucorrhœal discharge; condition of the anus the same. *Sulphur*, 24. six tea-spoonfuls.

April 15th.—Vulva much better; but, for several days, painful weight in the lower part of the abdomen, and there is a discharge of blood by the vagina, which has prolonged

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the duration of the menses for fifteen days. The pains at the anus continue as violent as usual. *Nitric-acid.*, 12. two globules in eight tea-spoonfuls of water, a tea-spoonful to be taken daily, for eight days.

April 22d.—The symptoms of the anus better; she discharges less blood after stools; the smartings at the vulva have equally diminished. *Nitric-acid.*, 12. to be taken as before.

April 29th.—The symptoms at the anus much better; she still complains a little, however, of smarting. Vulva well. *Nitric-acid.*, 12. as before.

On taking this last dose of *Nitric-acid.*, every symptom of fissure had completely disappeared.

The 24th of June following, a few days after an attack of cholerine, which was promptly removed by *Ars.* and *Verat.*, she was taken, after a natural stool, with a discharge of hemorrhoidal blood, so abundant as to cause frequent attacks of fainting. Nevertheless, the symptoms of fissure did not re-appear. Four months afterwards, Madame R. came to consult me for a dysmenorrhœa, and informed me that she had not experienced any pains at the anus since I relieved her of them in the latter part of April.

Case 3.—Madame P., aged 33 years, (I have no record of her constitution,) came to consult me on the 17th June, 1849, respecting pains at the anus, which had troubled her for five months, and which followed a delivery otherwise happy. These pains consisted of smarting and violent lancinations during stools, and for a long time afterwards. I did not examine the rectum, and administered *Nitric-acid.*, 24. two globules in a tumbler of water, a tea-spoonful to be taken daily, for seven days.

July 22d.—From the first spoonfuls, diminution and then cessation of the pains of the anus. Since yesterday, however, there has been a slight return of the smarting and lancinations during stools. I gave another dose of the *Nitric-acid*, 24. to be taken as before. This accomplished a permanent cure, as I subsequently ascertained.

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I could multiply cases in which *Nitric-acid.* has sufficed to dispel in a short time, often from the first dose, symptoms which I have every reason to attribute to the existence of *fissures* at the anus; for it is a kind of affection that I have encountered quite often in my practice; but since in this case, as in the preceding one, I did not determine the existence of lesion, these observations lose in that way much of their value, and I do not wish to fatigue the reader by useless repetitions.

As to the cases which I have cured with *Nitric-acid.* alone, after having recognized the existence of fissure, I can affirm that they are not limited to the two which I have described; but, lost among the records of my observations, I have been unable to devote the time it would require to look them up.

I come to other cases in which *Ignatia* has completed the action of *Nitric-acid.*; and also where *Phosphorus* has been successfully employed after both of these remedies.

Case 4.—Mademoiselle M., embroiderer, twenty-four years old, of good constitution, although slightly lymphatic, and never having been sick, came to consult me the 2d of September last, respecting a small ulceration on the labia minora, below the clitoris, which made its appearance only two days before, and did not appear to be of a syphilitic character. It yielded readily to *Mercurius-sol.*, 30.

The first of November following, I was called in the morning to this young person, who, for several days, without appreciable cause, perhaps in consequence of a difficult stool, has experienced about the anus excessively acute pains, as if from a wound; these pains became intolerable after stool, causing her even to cry out, and continuing so far into the night as entirely to prevent sleep.

Having examined the anal opening, I discovered a fissure above the sphincter, which was spasmodically contracted. I gave to the patient *Nitric-acid.*, 30. two globules in a glass of water, a dessert-spoonful to be taken every four hours, and afterwards at longer intervals as the pains subsided.

Nov. 2d.—Nitric-acid. accomplished wonders yesterday;

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the pains diminished in a short time, and then ceased entirely during the afternoon; the night was also excellent, but in the morning after a very hard stool, for which the patient should have employed a mucilaginous lavement which I had advised, the pains returned with the same intensity as in the first instance. The patient, in despair on account of this sudden relapse, and not yet having any great confidence in Homœopathy, called in a surgeon. He, after having ascertained the existence of the fissure, declared to the patient that there was no other mode of curing her but to make an incision in the rectum. Thereupon, much frightened, she dismissed him and recalled me.

I again gave her *Nitric-acid.*, 30. every four hours, and as I could not see her again under two days, I left her a dose of *Ignatia*, 30. to be taken in case the *Nitric-acid.* should not afford decided relief. This time again, the *Nitric-acid.* produced a prompt and notable amelioration; perhaps it would even have been sufficient to have effected a cure, but the patient, actuated by her impatience, took, from the next day the *Ignatia*, 30. by the spoonful every four hours.

From the 3d to the 4th, the amelioration progressed rapidly, under the influence of *Ignatia*, the pains being almost null during and after stools. Two or three days later, the *Ignatia* having been continued at intervals of twelve hours, the cure was complete and decided. Since this period, Mademoiselle M. has had no return of this painful affection. Five to six days, then, sufficed to accomplish the cure.

Case 5.—G. G., aged ten years, of a nervous-sanguine constitution, thin, slender, blonde, having a clear, white, and high-colored skin, has suffered from fifteen to eighteen months with a fissure at the anus. The ordinary family physician, not daring to propose the incision, made repeated applications of nitrate of silver, and with temporary amelioration. He then attempted to dilate the sphincter by the introduction of charpie; and afterwards, seeing the futility of his efforts, which only added to the sufferings of the little

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patient, he resorted from this time to palliatives, such as baths, mucilaginous or narcotic injections, etc. A season passed at a watering place had a very good effect at first, and for one or two months the child was supposed to be cured. The waters of Aix-la-Chapelle taken the year after, (last summer,) caused a momentary cessation of the pains, but they again returned as before.

Having been requested to take charge of the child, as the existence of the fissure had recently been confirmed by a surgeon, and as there was a repugnance to another examination, I did not insist upon seeing the parts, and contented myself with the details already given by the other gentlemen, to which we may add, that all of the stools were excessively painful when they were not facilitated by mucilaginous injections; and even for some time before the stools, he experienced ordinarily a more or less severe smarting in the rectum; that the apprehension of the pains which would accompany and follow the evacuations caused him to put them off as long as possible; that nevertheless the pains were far from being always equally severe; that he was now and then taken suddenly, day or night, with violent attacks of lancinating and burning pains in the rectum, which continued for many hours, and could not be calmed except by the employment of gum-water injections, baths, etc.; otherwise, his health is good, excepting headache, to which he is subject, and some slight gastric troubles.

On the 2d of December, 1849, I gave him *Ignatia*, 30. two globules in a tumbler of water, to be taken each day, by the spoonful, for six days.

Dec. 9th.—There seems to have been some improvement. A new dose of *Ignatia*, 30. to be taken in the same manner, for four days.

Dec. 18th.—Notwithstanding the employment of *Ignatia*, the pains have returned. We are not certain but that the amelioration that we observed in the first instance was accidental. *Nitric-acid.*, 30. a dessert-spoonful to be taken daily, for eight days.

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Dec. 24th.—No change. *Sacch-lact.*

Jan. 5th.—For several days there has been a great improvement. *Sacch-lact.*

Jan 14th.—There are no more sufferings at the anus; but for two or three days past, there have been loss of appetite, pressive pains in the hypochondria, alternating with pains of the same kind in the temples; some rumblings in the abdomen; tongue a little red at the point, and furred; chilly, and cross. His mother has remarked, since the commencement of the fissure, that when its symptoms were ameliorated, the head or the digestive tube were always affected. I ordered *Nux-vomica*, 30.

Jan. 19th.—The remark communicated to me by the mother proved to be just; the next day after taking the *Nux-vomica*, the pains of the abdomen, and the other symptoms, had disappeared, but those of the fissure were felt anew. *Nitric-acid.*, 30. to be taken daily, for four days.

Jan. 29th.—The amelioration does not appear to progress. Since the commencement of the treatment, there have been no more crises, and the pains of defecation are much less severe; but there is always a little smarting in the rectum before and after stools, and the child dares not evacuate without injections. *Sulphur*, 6000. two globules in four dessert-spoonfuls of water, to be taken in two doses, to-day and to-morrow.

Feb. 18th.—*Sulphur* has not produced any perceptible modification. *Phosphorus*, 30. eight spoonfuls.

I know not precisely at what period *Phosphorus* produced a curative effect upon the fissure, for I waited a considerable time before I re-visited the patient. For the last three months he has not complained at all of the fundament, and he goes to stool without any injections, and without experiencing any pains. Nor does he suffer at all in the stomach or abdomen; and, if he sometimes complains of his head, it is only what was customary before he had the fissure.

From this case, it will be difficult to derive an argument in favor of either of the medicines employed. In the first

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place, I was unable to follow the patient so exactly as to enable me to appreciate accurately the influence of each medicine; then, again, the treatment was applied a little *ad libitum* by the parents, so that the *Ignatia*, and afterwards *Nitric-acid.*, were not administered as I should have wished.

As to *Phosphorus*, which seemed to have determined the disappearance of the symptoms, I do not know how much should be attributed to it. I have only to remark further in regard to this case, that *Ignatia*, *Nitric-acid.*, and, finally, *Phosphorus*, although administered in an unmethodical manner, and with many interruptions, produced, in less than three months, the cure of an affection which commenced one year and a half before, and which had resisted the employment of the different means which I have enumerated. Is this cure radical? I dare hope it, not only from my confidence in the means employed, but because it has continued longer than any of the palliative cures formerly produced by the waters of Spa and of Aix-la-Chapelle; and, above all, because it has not been followed by any derangements of the digestive apparatus.

Case 6.—Mademoiselle R. H., seamstress, aged twenty-six years, of a lymphatic constitution, nervous, of a delicate appearance, has suffered for two years from pains at the anus, without knowing to what they were attributable. Constipation, violent smarting during stools, and especially afterwards, for many hours; there are then added, pains of a constrictive and lancinating character, sensation of weight in the lower part of the abdomen, pains which she describes badly. After eating, trembling, a kind of anxiety at the stomach, sometimes with nausea; *menses* often delayed, and small, during which there are heavy, bearing-down sensations in the lower abdomen, which are aggravated by walking.

Feb. 14*th*, 1850.—She received *Nitric-acid.*, 30. two globules in four dessert-spoonfuls of water, to be taken at two doses.

Feb. 21*st.*—She suffers much from the anus and from the

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stools; aggravation of the constipation. *Ignatia*, 30. four spoonfuls at two doses.

March 14*th*.—Anus and stools better; but she has had frequent headache, heavy sleep, and aggravation of the heavy sensations in the lower abdomen. *Sepia*, 30. four spoonfuls at two doses.

April 21*st*.—The patient having been prevented by accidental causes from following the treatment, returned complaining of acute pains at the anus during the night which followed the evening stool, the pains consisting of lancinations, burnings, and violent beatings, which continued through the whole night and prevented sleep. I again gave *Ignatia*, 30. four dessert-spoonfuls to be taken at two doses.

April 28*th*.—She is better. *Ignatia*, 18. four spoonfuls.

May 12*th*.—She suffers less. *Ignatia*, 30. four spoonfuls.

May 19*th*.—Anus much better. Scabs in the nose. Continual headache, lancinating and very painful. *Belladonna*, 30. two spoonfuls; then, if necessary, *Sulphur*, 30. to be taken two days afterwards, if *Belladonna* has not relieved the pain of the head.

June 15*th*.—The amendment of the anal symptoms which existed before taking the *Belladonna* and *Sulphur* has continued since, without appearing to augment by this last medicine. The patient does not suffer now except from heat, and a dull smarting for a few hours after stools. She has felt a slight aggravation for some days past, of the pains of the lower abdomen. *Ignatia*, 30. eight spoonfuls, one to be taken daily.

In this case, the definite result of which is not yet precisely known,—we see in a very evident manner, the salutary action of *Ignatia* manifest itself by a prompt amelioration, which became more and more marked after each new dose. Perhaps it will be found that I too soon abandoned the use of *Nitric-acid.*, and that I ought to have given at least one other dose before passing to *Ignatia*. How difficult to avoid falling into this error when we entertain, in spite of ourselves, the desire to relieve our patients promptly! In

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this case, however, I decided less from impatience than because I have remarked in fissures, that when the medicine is capable of effecting a cure, it promptly produces an amelioration; at least this appears to have been the result in the preceding cases. I should sooner regret that I had administered *Sepia* for the abdominal pains; and later, *Belladonna* and *Sulphur* for the headache, on account of their interference with the *Ignatia*. We can, however, draw from the case the conclusion that neither *Sepia* nor *Sulphur* have had any manifest action upon the symptoms of fissure.

But the second case has likewise shown us that *Sepia* has no effect upon fissure, and that *Silicea* produces only a doubtful and transitory amelioration. In the sixth case we have also seen that *Sulphur*, 6000. did not modify the condition of the rectum, and that *Nux-vomica* only had the effect of reproducing the pathological state which had preceded the gastric symptoms.

I close with a still more incomplete case than the preceding, but one which is not without interest.

Case 7.—M. de C., thirty-two years old, a native of Spain, of a bilious-sanguine constitution, and in robust health, was attacked one year ago with a gonorrhœa which was cured in a few days by *Thuja*, followed by *Nitric-acid.*, after an allopathic treatment continued without avail for eight months.

He is subject to constipation; but he has suffered much more from it within the past twenty days. During this time he has experienced during and after stools, or attempts to evacuate, very acute, smarting, constrictive and lancinating pains. For the last eight days he has not had an evacuation, but feels often illusory inclinations, a sort of titillation which extends from the anus to the prostate, even into the urethra. When he wishes to urinate there is a kind of spasm at the neck of the bladder which prevents the flow; after efforts, and sometimes a prolonged attempt, the emission is effected, sometimes in a regular jet, and sometimes with difficulty, drop by drop.

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Having examined the anal opening, which I had much difficulty in distending sufficiently, I discovered the presence of a fissure situated on the right side and very high; wishing to investigate farther the condition of the rectum, I introduced a finger, and encountered a considerable constriction of the sphincter, a swelling of all the lower portion of the mucous membrane of the rectum; and the pains caused by this exploration were such that the patient lost consciousness.

I gave him *Aconite*, 30. in the hope that this medicine would remove for a while the urinary retention; (for this purpose, I think that *Belladonna* would have answered better.) *Aconite* had no effect. I then gave him *Ignatia*, 30. to be taken by the dessert-spoonful, morning and evening for two or more days, according to the result. At the end of two days there was no amelioration. The gentleman, impatient to be relieved and having some knowledge of the homœopathic practice, administered to himself, guided by the symptoms, *Arsenicum*, 30. which immediately procured a sensible amelioration; the spasms at the neck of the bladder ceased almost entirely, and he had a stool with much less acute pains. In this condition the patient came to see me ten days since, when I advised him to persist in the use of *Arsenicum*. As he has not returned since that time, I have reason to suppose that the good effects of the *Arsenic* were kept up.

From the progress of this case we have learned the inefficacy of *Ignatia*, and the amelioration produced by *Arsenic*, where an obstinate constipation and a state of violent constriction of the anus existed, which extended to the neck of the bladder in such a manner as to produce urinary retention.

As to the conditions which should point to *Ignatia* more than *Nitric-acid.* and *vice versa*, it appears to me impossible to establish them from presumption alone, after the limited number of observations we have recorded. A great number of facts is necessary to determine, not only the relative value of

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these two medicines, but of the other drugs to which I have alluded. I trust that this first essay will be the means of inducing our brethren to publish the results of their own experience upon this interesting question, and to correct the errors which I have doubtless committed in many of my deductions.

Note.—In relation to his estimation of the value of *Nux-vomica* in fissure, Dr. Perry adds, that after the reading of his paper in the Gallican Society, Dr. Roth related a case of well-attested fissure where the sensibility of the rectum was so excessive, that the introduction of the finger for the purposes of an operation, was three times followed by prolonged syncope, in which a single dose of *Nux* immediately diminished the pains, relieved the costiveness, and in the course of a few weeks obliterated every symptom of fissure, producing a lasting cure.

Bibliographia.

Article VIII.—*Recherches cliniques sur le Traitement de la Pneumonie et du Choléra suivant la Méthode de Hahnemann, précedées d'une introduction sur l'abus de la statistique en médecine, par le Docteur* J. P. Tessier, *Médecin de l'Hôpital Sainte-Marguerite (Hôtel-Dieu Annexe) à Paris.* Paris, 1850. 8vo. pp. lxxvi—298.

Clinical Researches on the Homœopathic Treatment of Pneumonia and Cholera, with an Essay on the Abuse of Statistics in Medicine. By Dr. J. P. Tessier.

Twenty years have not elapsed since the walls of *La Pitié* witnessed what was humorously styled a trial of Homœopathy. How falsely the clinical condescensions of M. Andral were so called, no homœopath needs now to be informed, nor how frequently and with how great effect they have been since quoted as a final and conclusive answer to the reproach that the new system was condemned without having been tried. But the retributions of Time, though tardy, are sure to come round, and occasionally they are effected with a sort of poetical justice. It is so in the present case. In one of

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the public hospitals of Paris, and under the direction of one of her accomplished physicians, a trial is instituted, and the creature which had been awkwardly dressed in the semblance of Homœopathy, is righteously condemned; in a similar institution, and by a similar officer, not twenty years afterward, the real party is arraigned and after a severe examination acquitted with honor and applause. The evidence of *Andral* may now be fully met, and more than counterbalanced by the testimony of *Tessier*.

This gentleman is physician to the *Hôpital Saints Marguerite*, one of the Hospitals annexed to the Hotel Dieu, and containing, we believe, about one hundred beds. His attention was attracted by Homœopathy and as it pretended to be a reform in therapeutics and promised a speedier and better mode of curing the sick, with a courage and conciencentiousness which deserve to be more common, he determined to investigate its claims.

"After the preliminary study of the writings of Hahnemann and his disciples," says he, "I read some of the works in which are recorded individual cases of disease treated by the new method. Having possessed myself of the spirit of the maxim, "*similia similibus curantur*," I proceeded to verify the efficacy of infinitesimal doses. I devoted six months to this verification at the bed-side of such acute and chronic patients as could not, by any possibility, be injured by the experiments I was conducting. The evidence that the doses *acted* was complete in a few days; but I continued the experiments on this point for the whole of six months, and it was only at the expiration of that time, that I sought to ascertain the *therapeutic* value of the new method, by applying it as rigorously as I knew how." (p. 2.)

Here we would point out to our allopathic friends the truly philosophical mode of proceeding adopted by M. Tessier in the investigation of Homœopathy, as one entirely worthy of their imitation, and as far superior to that of M. Andral. He first studies the works of Hahnemann and his disciples—this, M. Andral had not done; not content with that, he reads the record of cases homœopathically treated, that he may become perfectly familiar with the spirit of the great law of cure—this M. Andral had not done, and finds his excuse in the fact that he was not familiar with German, and that, at that time, there were no practical works in French. He then proceeds cautiously to remove from his path that great stumbling-block of the beginner, the want of faith in small doses, and then to the verification of the therapeutic law with all the acumen of which he was master. That such an examination, conducted in such a spirit of earnest seeking after truth, should terminate in a

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perfect conviction of the soundness of the new doctrine, will surprise no homœopath, and we fear will only act as a beacon to warn our allopathic brethren from a similar course through fear of a like result. Such, however, was the case, and the treatment in at least one of the public hospitals of Paris, has been for some time exclusively homœopathic.

The work of which we have quoted the title, and of which we propose to give rather an account than a criticism, is published by the author as a sort of justification of his desertion from the ranks of rationalistic medicine, to those of the true healing art. That he has encountered much obloquy and persecution, and that he has persevered in the face of the entreaties of friends and the opposition of enemies, we should have inferred from the nature of the case, and without the modest and unobtrusive hints which he gives to that effect;—that he should consider a simple relation of his experience with its glorious results as the best and most conclusive answer to all, and as an allowable vindication of his own motives in the course he has pursued, we think most reasonable and judicious. His aim has not been, he says,

"To decide in an absolute manner on the value of the Hahnemannian reformation. It has been simply to convince my colleagues of the impropriety of condemning a method of therapeutics without an experimental examination, and solely on the ground of a pretended scientific inspiration. Man is not gifted with intuition; he can know nothing with certainty in natural science but at the price of experiment. In the words of Pascal, 'he is neither angel nor brute, and misfortune' will have it that he who attempts to play the angel will only act the brute.'"—(p. 299.)

In a preface of some thirty pages our author notices the accusations that will probably be brought against him, takes a general view of the doctrine of Hahnemann and of the more prominent objections to it, and decides in its favor as an important advance in therapeutics.

"Some will say that I have been recreant to the laws of medical honor by treating in a serious and scientific manner, a method which they consider as despicable jugglery, and which should only be noticed through the legal tribunals. Others will allege that it is a violation of conscience to submit the sick poor, who seek in our public hospitals the aid of charity and science, to a pretended therapeutic method condemned by schools, academies and the most learned and practical men, and branded by them as an aberration of human intelligence. These last, say they, will never understand how a public body, which owes to the poor all the care of a father to his children, could permit a physician to submit the largest proportion of his patients to a treatment which only excites the indignation of the most enlightened medical men. Others will tell me that although freedom of opinion should be respected, it should also be respectable, by refusing to investigate notions *evidently absurd.* Others again will urge that the sim-

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ple fact that Hahnemann's theories have been tested in a public hospital will have a tendency to encourage the private quackery of the Homœopaths. By others, it will be said, that Homœopathy has already been tried by men whose knowledge was only equalled by their probity, and that to repeat their experiments is to cast suspicion upon their intelligence at least. By others, that as certain stomachs have cravings for strange and repulsive aliment, so certain minds can only be satisfied by similar unnatural food. By others, that it is not strange that one who despises prevailing doctrines and rejects the authority of the most distinguished men of his day should fall into the most culpable extravagances.

"I have but little doubt that these charges will be repeated again and again, *as they have already been urged* with a violence which it is useless to characterize or to conceal."—(p. i.)

He proceeds to show that all these objections rest upon one and the same basis—that the therapeutic method proposed by Hahnemann is an absurdity—and to consider whether there is any ground for such an assertion. If it be, as it pretends to be, a fundamental reform in therapeutics, it should present a solution of the four fundamental questions in that department of medical science, which, according to our author, are: 1. What are the properties of drugs? 2. How are they to be classed? 3. In disease, what shall serve as an indication? And, 4. How shall the indication be met?

Having examined the method proposed by Hahnemann, and having found it to give answers to these four points which, if not beyond cavil, are, at any rate, not chargeable with absurdity, he concludes that it has abundant claims to the consideration of scientific men, and that its almost uniform rejection by them must be accounted for on other grounds.

"What, then, are the true motives of its rejection? It seems to me that one may be discovered in the strangeness and improbability of the facts and ideas advanced by Hahnemann; two qualities which certainly cannot be denied them, and which produce an unfavorable impression upon every mind.

"But is that a legitimate rejection which is founded upon such an impression? It seems to me not—for truth is not always truth-seeming. The simple fact that the new truth was unknown before, makes it strange—it is the common lot of all great discoveries at their birth. There are, undoubtedly, degrees of strangeness—thus, auscultation is less strange than the circulation of the blood, and this last than the existence of microscopic animalcules, and this again than the homœopathic attenuations. Here we pass at once from ponderable doses to divisions of matter, for which mathematics have not yet even invented a name, and this constitutes, unquestionably, a high degree of strangeness and improbability."—(p. xiii.)

These infinitesimal doses, however, strange and improbable as they may at first sight appear, are not without a crowd of most striking analogies in Nature, and a little fur-

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ther examination develops to our author facts and laws which not only render the Hahnemannian assertions less strange, but even raise them to the rank of a respectable *a priori* probability.

"It is an axiom in physics that bodies are infinitely divisible, and that every atom is endowed with all the essential properties of the mass of which it constitutes a part.

"It is admitted in chemical science, that bodies act and re-act with more facility in proportion as they are more finely divided.

"In physiology, all the phenomena of growth take place by accessions infinitely small. The growth of the tissues is a striking example of this truth. What is the amount of the daily addition of matter to the retina or iris of a child? A finger is the result of twenty or thirty years' growth—let its elements be analyzed, and let the physiologist point out what was the amount of addition to the skin, the areolar tissue, the vessels, the nerves, at any given moment.

"Chemists give us no account of the difference between virulent and healthy pus—they must differ, nevertheless. Can they detect marsh miasmata? Will they seize and submit to our examination the essential differences between odors of various kinds, those invisible emanations in infinitesimal doses? They cannot—and yet these phenomena are not accounted strange."—(p. xv.)

M. Tessier finds two other insufficient though probable causes of the rejection of the Hahnemannian therapeutics by medical men, in the alleged facts that the partisans of the new school are not all pathologists of the first rank, and that on several important points Hahnemann promulgated fatal errors. These he proceeds to point out and briefly to argue.

"Hahnemann's doctrine consists of two parts—pathology and therapeutics; the first may be considered as synonymous with his errors, the second with his truths, and Homœopathy as presenting two hemispheres, a false and a true.

"The pathology of Hahnemann is that of Hippocrates; few recognize its falsity and its dangers, the glorious renown of the Father of Medicine throwing a protecting halo over the most extensive and fatal of medical errors. It may be shortly expressed in the maxim—'*There are patients, but no diseases.*' Such is the result to which Hippocratism necessarily leads in pathology, and this result is the ruin, the annihilation of pathological science. What, if there be no diseases, are diagnostics, nosography, and nosology, but so many phantoms?

"But this is not all. By means of the theoretic notion, that disease is always the reaction of the vital principle against some enemy concealed within the system, Hippocratism leads the mind in search of the foe, and draws it into a fabulous etiology. A morbific agent is necessarily supposed as the cause of the reaction which constitutes the disease; for reactions do not take place without a cause. And hence, that prolific brood of imaginary causes, such as alterations of the blood, bile, phlegm, atrabile, acridity, and the reverse, salt, serosity, animalcules, miasms, unknown poisons—in short, the whole etiological mythology of Pandora's box. Such hypotheses are the necessary complement of the theory of reactive disease.

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"Hahnemann did not recognize the falsity of the physiological hypothesis upon which Hippocrates founded the whole science of medicine; he adopted the pathological error, as it came to him by tradition, or rather, he submitted to it, as so many others have done. It was the source of all his errors, and these latter cannot be arraigned without, at the same time, bringing to the bar the doctrine of Hippocrates.

"It was in consistence with these views that Hahnemann denied the existence of essential diseases, and affirmed that *psora* was the common cause of nearly the whole list of chronic affections. It makes but little serious difference if in place of *psora* we substitute *black bile*, or if we reverse the arrangement, and put *black bile* in place of *the itch*.

"Such, in my opinion, are the capital mistakes of Hahnemann, and to these may be traced all the minor errors that are to be found in his works." (p. xx.)

It is little less than a miracle when a physician, bred in the scientific schools of modern pathology, consents to examine a doctrine, the founder of which aims such determined blows at his favorite notions; nor is it a slight tribute to the power of the Hahnemannian discovery that the investigator is compelled to adopt it in spite of all his prepossessions, and notwithstanding its intimate connection with what seem to him such fatal errors. Attracted by the simplicity and beauty of the doctrine, and captivated by the few glimpses of truth which, from time to time, reward his search; he is also more and more forcibly repelled from the barren rocks and arid wastes of the Old School Materia Medica and Therapeutics, among which his life has hitherto been spent. He soon learns, too, that it is not essential to his being a homœopath, that he should believe that Hahnemann was infallible, or that his announcements were the be-all and the end-all of the healing art; and he proceeds with cautious and reverent hand to fulfil the solemn duty of every earnest thinker, and to re-construct for himself, out of materials which seem sound to him, the Æsculapian temple, erecting it always upon that solid and eternal foundation, the therapeutic axiom of the Master.

We would willingly follow our author through the remainder of his preface, but must pass on. Omitting for the present, any notice of his essay on the abuse of statistics in medicine, we come to the treatment of pneumonia. That he should have selected, in justification of his belief in the truth of the homœopathic theory, the results of the treatment of two such formidable maladies as pneumonia and cholera, is certainly evidence of great confidence or of great rashness, and may be accounted for by the opponents of that theory, on the supposition either that he is an honest man but a bad

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observer, or that being an acute observer, he is a false reporter. That he is not a bad observer the cases detailed most abundantly prove; and, that he is not a false reporter appears as conclusively from the fact that the patients were daily seen by the under physicians of the hospital, who attest the correctness of the statements, and whose testimony would at once expose any variance from the truth. If, then, M. Tessier be admitted to be a competent observer and a faithful reporter, what inference can be drawn from the fact that he has selected two such grave diseases as pneumonia and cholera, except that he is honestly convinced that the homœopathic treatment of those diseases is superior to that of the Old School, and that that conviction is founded upon data which should cause every intelligent physician to pause and consider?

We extract the opening remarks on the subject of pneumonia.

"Pneumonia is a frequent, acute and serious affection, the characteristics of which are very pronounced; for these reasons I have selected it as the first example of my experimental applicationof the Hahnemannian therapeutics. No physician will deny its frequency nor its acute character; its severity depends upon the degree in which it is present, and if it be admitted that there are cases of spontaneous cure, it must also be allowed that, left to itself, it often proceeds to suppuration of the inflamed parenchyma. Now, suppurative pneumonia and fatal pneumonia are synonymous terms in practice; here, if anywhere, we say that the exception confirms the rule. The pathognomonic signs of this disease are generally easy of observation, and in admitting the possibility of an error on the first examination, I make every concession that can rightfully be demanded of me. It is not reasonable to suppose that such an error could be continued, when the patients are visited twice a day, and their chests carefully examined by auscultation through the whole course of a pneumonia, the development of which has been attentively studied. Have we reason to be as well satisfied as to the value of the common modes of treatment? I think not, and this doubt imposes upon me much reserve; it would, therefore, be premature to compare the results which I have obtained with those made public by other physicians. I desire simply to establish the fact, that remedies, infinitesimally divided, and administered in accordance with the formula expressing the relation between the indications and the drug, produce an incontrovertible effect upon the symptoms, the course and the result of pneumonia. Earnest minds will conclude from this fact, that the system of Hahnemann is worthy of an investigation, and to such investigations it is my sole aim at present to excite."—(p. 1.)

To a conscientious physician, the approaching a malady of the grave character of pneumonia with new remedies, dictated by a theory, unsupported by experience, and derided by the most learned medical authorities, must be a trying moment, and one demanding great deliberation and precau-

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tions of a peculiar kind. M. Tessier thus describes his mode of proceeding:

"The principal indication in pneumonia, is bloodletting, which generally brings about a marked remission, characterized by a diminution of the febrile action and a profuse sweat, attended by softening of the epidermis of the hands and forearms. We have then the pulmonary hepatization to resolve, and this must be accomplished by tartar emetic and blisters. It would not be safe to leave the inflamed lung to itself—the fever would relight—the treatment must begin again—and sometimes the organ would pass either into suppuration or carnification. I ventured, in the case of a patient in whom I had produced the remission by means of bleeding, to substitute *Phosphorus* for the tartar emetic usually administered. He recovered without accident, and I repeated the experiment several times with the same success.

"These happy results, however, might very properly be attributed to the energetic antiphlogistic means pursued at the beginning of the disease, and I could only conclude from them, that if I had done no good, I had, at least, done no harm. I then resolved gradually to diminish the number of bleedings, and to introduce the Hahnemannian method before the usual remission was produced, reserving always the right to resort to the ordinary treatment, if the amendment did not appear with sufficient promptitude. I omitted one, two, three, four bleedings in the next patients that presented themselves, thus bringing the administration of the new remedies gradually nearer and nearer to the first onset of the malady; beginning with a dose of *Aconite*, followed, after an interval of twelve or twenty-four hours, by *Bryonia*, to which *Phosphorus* succeeded. The less I bled, the more grateful was the action of the infinitesimal doses to the suffering patient, until I decided to bleed no more, and to employ the method of Hahnemann from the commencement. *Aconite* seemed to be of little service after having been administered for a few hours; *Bryonia* appeared to be very energetic in its action, and *Phosphorus* seemed to be useful in local inflammations threatening to pass into suppuration.

"I cannot express the anxiety which attended these first experiments. Notwithstanding my express directions to resort at once to bleeding if the patients became worse, and in spite of repeated personal attendance at their bedsides, I could not escape the constant feeling that some catastrophe was about to happen. But nothing of the kind occurred. The patients who were first submitted to the treatment recovered without exception, and the condition of others was rapidly improved. *For two years I have had but a single death*—two others have died, but they entered the ward in the agonies of a pneumonia already suppurated, and if they figure in my statistics, they should not be taken into account in a discussion of my therapeutics. Since then, I have employed the same method in many cases of pneumonia, and, by degrees, my fears have vanished. I say no more; let the facts tell the rest."—(p. 3.)

The treatment of the patients was as follows.—They were allowed as a drink, from two to six pints per day of sweetened water (*eau sucrée*) of such a temperature as was most agreeable to them. As medicine, they had one or two potions every twenty-four hours, according to the circumstances of the case, composed of four ounces of filtered water, in which from four

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to six globules of the attenuated remedy had been dissolved; these potions were administered, a spoonful every two or three hours. The remedies most frequently employed by M. Tessier were *Aconite*, *Bryonia*, *Phosphorus*, *Sulphur*, *Belladonna*, *Arsenic* and *Iodine*—the attenuations were 6., 12., 15., 18., 24. and 30. The following is the first case detailed:

"Case 1.—*Grippe of* 1847.—*Intercurrent Pneumonia.*—*Bronchitis preceding the Pneumonia.*—Joseph Croaré, 23, tailor, admitted 19th November, 1847.

"Nineteen days since he caught cold; he coughed a good deal but did not expectorate; had fever but no headache. On the 17th November the fever persisting and constantly increasing, he had a chill which lasted an hour, and a stitch in his side, (antero-lateral portion of the left side.) The same day he noticed that his sputa were yellow and rusty. Sleep broken. No unpleasant dreams nor delirium, neither diarrhœa, constipation, vomiting nor nausea.

Nov. 20.—On examining the patient, he complains of the stitch in the side, left antero-lateral region. Respiratory murmur inaudible at the base; below the scapula a very loud *souffle;* higher up, harsh respiration. There is bronchophony, a little crepitant râle in the axilla. On the opposite side the respiratory murmur is stronger than natural; dulness at the base of the left lung on percussion. Oppression, the patient coughs often; sputa abundant, tough and plainly rusty. General appearance, slightly icteric; red spots on the cheek-bones; skin hot and dry. No headache; pulse 120; not *hard* but *soft and full.* Abdomen not painful; bowels relaxed to-day for the first time; mouth and throat not painful, but there is *stomatitis* with whitish coat upon the gums and tongue; lips cracked; tongue broad, coated white, not too red on the edges.

Anamnesis.—A few days before the appearance of the first symptoms, the patient was exposed to cold while warm—has never been seriously sick until now—has always had a good appetite, was comfortably provided for, and guilty of no intemperance of any kind.

Treatment.—*Aconite* 15. every hour.

Nov. 21*st.*—Pulse 100; thinks he is a little better; has less oppression; the *souffle* is weaker below the scapula, louder above it; slight diarrhœa. *Aconite* 6.

Nov. 22*d.*—Pulse still 100; complains of great prostration; *souffle* very loud at the summit of the lung; a single diarrhœic stool. The stomatitis is worse; the icteric complexion less; the painful spot in the side is more in front; he has coughed a good deal this morning and has, several times, experienced an inclination to vomit.—*Bryonia* 30.

Nov. 23*d.*—The pain has extended over the whole chest; pulse 100; face pale; stomatitis unaltered; four loose stools last night. He was imprudent enough to get up yesterday to go to the closet. *Souffle* constant, very sharp at the summit; sub-crepitant râle in the region of the scapula, heard also but with less facility at the base. (*Crepitans redux?*)—*Bryonia* 30.

Nov. 24*th.*—No more stools; thick muddy urine; *pulse* 70; *souffle* less intense at the apex; râle de retour; sputa not rusty.—*Phosphorus* 30.

Nov. 25*th.*—The *souffle* has entirely ceased except a very moderate sound at the apex; the *crepitans redux* is very perceptible opposite the angle of

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the scapula; no fever nor oppression of the respiration; no rusty sputa nor diarrhœa.—*Phosphorus* 30.

Nov. 26*th.*—*Souffle* no longer distinguishable at the apex.—Broth.—*Phosphorus* 30.

Nov. 27*th.*—Improvement continues; no fever, no *souffle.* Discontinue the remedy.

Nov. 29*th.*—Complete resolution.

Dec. 1*st.*—An allowance.

Dec. 3*d.*—Pulse 50.

Dec. 4*th.*—A slight stitch in the left side; pulse 70. *Scilla* 6. one dose a day.

Dec. 14*th.*—Stitch continues.—*Scilla.*

Dec. 16*th.*—The same—a plaster to the sore spot.

Dec. 21*st.*—The general state is good; a little of the stitch still remains. Discharged."—(p. 8.)

We have not selected this case on account of any striking feature or peculiarity, although it is evident that it was one of great severity, but have simply taken it at hazard to afford our readers a view of M. Tessier's conduct of a case, and to give them an idea of his treatment. We might readily have chosen one among the forty he has reported, which would have shown a more rapid amelioration and a more perfect recovery. Neither is it any part of our purpose to criticise the treatment, but simply to present the case as one of a long series, from which our allopathic friends must be compelled to draw one of two inferences—either the homœopathic remedies are powerful agents in the modification and cure of pneumonia, or the omission of the usual medication of the Old School, and leaving the patients to the care of Nature alone, constitute an important improvement in the therapeutics of that disease. They must take one or the other horn of this dilemma, and we firmly believe that Humanity will have occasion to rejoice at their selection of either. Our author chooses the first supposition because he thinks the second far less probable.

"On what ground can it be urged that such constant and brilliant results are to be attributed to the expectant method, that is, to the absence of all treatment, except the simplest hygienic conditions?

"On the ground of tradition? It is unanimous in affirming that pneumonia is a disease requiring the most rapid and energetic treatment to escape fatal results. That a pneumonia, abandoned to nature, may sometimes recover, does not admit of a doubt, but it is the exception which proves the rule.

"On the ground of experience? I am not aware of any authentic results of the treatment of pneumonia by the expectant method. I have seen some cases in which a system of remedial means of a by no means energetic character was adopted, consisting of a few purgative mixtures and blisters, and I have been present at the post-mortem examination of many patients so treated. I have seen the sick obstinately refuse to undergo

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the active treatment proposed, and when the disease was severe, that is to say, generally and locally well marked, such have almost uniformly died. Who is not familiar with these things?

"Is it, then, on the ground of the character of the affection? But we are assured by all the authorities that pneumonia is a parenchymatous inflammation, and results in suppuration or solidification, rarely in resolution, when left to itself, and frequently too in spite of all the resources of art. Is this account of it, then, fabulous? Is the gray hepatisation a rarity on the dissecting-table? Are we to laugh at the clinical observations of *Laennec*, *Andral*, *Louis* and *Chomel* as mere mortuary tables dressed up to act as scarecrows to patients and physicians? * * * * * The objection drawn from *expectation* is a shift unworthy a scientific mind. * * * What! pneumonia to be cured by water alone, and you insist upon treating it by bleeding after bleeding, enormous and repeated doses of emetics, blisters, which make the recumbent posture an inexpressible torment, which is daily raised to fresh torture by dressing! If this be medicine, is it not the most mysteriously cruel of all arts?"—(p. 163.)

The second part of the work before us, refers to the Asiatic Cholera, and contains a report of the first twenty cases which entered M. Tessier's wards during the epidemic of 1849. The rapid multiplication of patients prevented that attention which would have been necessary to preserve a full history of those cases which were subsequently admitted. Of these twenty, thirteen recovered and seven died, a mortality of thirty-five per cent. which though large, still contrasts favorably with the usual hospital mortality of about sixty per cent.

The work of M. Tessier is an exceedingly suggestive one, but we have already exceeded our limits. We recommend it with great earnestness to those physicians who are seeking to know the truth about the new method; and if, after an attentive and unprejudiced study of its facts and its conclusions, they do not become disciples of Hahnemann, we are satisfied that they will, at least, be better physicians and more enlightened men than before.

ARTICLE IX.—*Magazin für physiologische und klinische Arzneimittellehre und Toxikologie. In Verbindung mit mehren Gelehrten herausgegeben von* DR. J. FRANK. Leipzig: Baumgärtner, 1846—1850.

THE laborious editor of this magazine has, at immense pains, collected and condensed from European Medical Literature, every reported case in which the administration of *a single drug was the apparent cause of the appearance or disappear-*

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ance of a symptom. It is evident that it is thus an immense and exceedingly valuable treasury of knowledge, derived from the accumulated experience of the Old School, and containing all in it that is of especial value to the disciples of the new. It would take up too much of our space to enumerate the titles even of the works which have been explored by the editor in the preparation of this compend; suffice it to say, that the first part contains the therapeutic and pharmacological essence of two hundred and ninety-eight volumes, and various pamphlets; part two, of three hundred and forty volumes, and number 1 of part 3, of one hundred and seventy-five volumes. The work is apparently executed with great care and circumspection; if it err at all, it is on the side of too great diffuseness.

Those who are sufficiently familiar with German to consult works of reference in that language, will find the one in question exceedingly valuable, and pregnant with practical hints of the highest utility; to such, we would, by all means, recommend its purchase. Each volume is furnished with a copious index, not only of the drugs mentioned in it, but also of the diseases in which they will probably be found useful.

A translation of this work, with an addition of similar matter from the past literature of America, would not be a very serious labor, and would present to the practitioner and to the student of the Materia Medica a most acceptable contribution to the resources of our school. It would present, in short, all that has really been done towards the foundation of a sound Materia Medica by allopathic efforts for two thousand years; and the insignificance of the result, compared with the time employed, would be the best argument against the correctness of their method. It is our intention to perform this work in future, as respects the contemporaneous literature of this country, in this journal; collecting, from time to time, from the published records of the old art, whatever is sufficiently clear of the abounding sin of polypharmacy to render it available for the purposes of legitimate Medicine, and storing it up for future reference. If, in the meantime, any physician, or any number of physicians, would undertake the translation of Frank, or would devote themselves to the by no means arduous task of separating the wheat from the chaff of what has already been given to the light in our own country, they would confer a lasting benefit upon Homœopathy, and assist in advancing toward perfection the true Healing Art.

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ARTICLE X.—C. HERING'S *Domestic Physician. Revised, with Additions from the Author's Manuscript of the seventh German edition. Containing, also, a Tabular Index of the Medicines, and the Diseases in which they are used. Fifth American edition.* Philadelphia: Rademacher & Sheek, 1851. pp. 509.

IT is only necessary for us to announce the publication of the fifth edition of this deservedly popular domestic manual. The appearance of seven successive editions in Germany, of five in this country, and its recent translation into the French language, are a sufficient testimony to its value. We notice the addition of nearly a hundred pages of new matter, the more full description of some diseases, and the introduction of several which did not appear in the last edition. The part relating to the diseases of women and children, which was then contributed by another hand, is supplied in the present issue by the author himself; a great improvement, as it gives to the work a desirable completeness, which the productions of different individuals can never present.

We are also happy to say, that the paper, printing, and typographical arrangement of the copy before us, are very decided advances upon previous editions; though we beg the respectable publishers not to suppose that they have yet attained the maximum of what is desirable in these respects.

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MATERIA MEDICA.

1. *Arsenic.*—We find the following case of poisoning by this drug in the New-York Journal of Medicine.

Charles Wilson, æt. 41, Swede, seaman, entered N. Y. Hospital, 1st Dec., 1849. He states that accidentally, about five months ago, he swallowed some arsenic, which had been laid aside for the purpose of killing rats: that remedies were promptly used which counteracted the primary effects of the poison; felt perfectly well for seven days afterwards: was then attacked at night with a violent cramp in index finger of right hand, successively invading the other fingers and lastly the thumb, then attacking the other hand in the same manner and finally the feet, the pain in the hands subsiding as the feet became affected: that the whole duration of the cramp was about 30 minutes, after which he fell into a sound sleep, which continued until morning: that when he awoke he felt free from pain, but on attempting to rise, was surprised to find that he had lost the use of the affected parts, and was in fact perfectly helpless: and that this paralysis has continued unchanged to the present time accompanied with a feeling of heat and numbness which invaded the upper extremities from tips of fingers to a point about three inches below the elbow, and the legs from the toes to a point a little below the knee. Has also had lancinating pains in these parts, regularly commencing about 5 P. M., and continuing until midnight.

Present state. Paralysis and nocturnal pains as above stated; can neither feed himself, nor stand alone when placed upon his feet. Has dryness of throat and great thirst; on 10th January his urine was found to contain arsenic estimated at 1-170,000th part; traces of it were no longer detectable on the 18th of May.

On the 14th July, seven months and a half after his admission, he is reported as having slowly and steadily improved; had had no pain for some time save on *the approach of stormy weather*, when peculiar painful sensations were perceived in the fingers. He had taken Sulphate of Quinine, Strychnine and Electricity, and is finally reported as discharged relieved on the 15th of July.

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2. *Sulphate of Atropine. Belladonna.*—We abstract the following interesting case from the N. Y. Journal of Medicine.—Daniel Homan, æt. 60, admitted into the colored ward of N. Y. Hospital, 21st June, 1850, with cataract in both eyes. A saturated solution of extract of

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Belladonna was dropped into the eyes daily to dilate the pupil with a view to an operation, until the 2d of July, when a solution of two grains of *Atropine* in half an ounce of water, acidulated with sulphuric acid, was substituted, the Belladonna not producing the effect desired. At 10, P. M. the patient took about four-fifths of it by mistake after which he slept pretty well, but at six o'clock of the following morning the nurse found it impossible to arouse him and noticed that different parts of the body were affected with spasms. He was found by the physician comatose with clonic spasms of the *biceps flexor cubiti* and of the muscles of the jaw; extremities cool; pulse of fair fulness and strength 110; pupils not unusually dilated but perfectly immovable. He had passed no water since the preceding evening; bladder not distended; abdomen swollen and tense but not tympanitic; upon pretty firm pressure upon it, patient gave signs of suffering; upon making vigorous efforts to arouse him, he also exhibited some signs of consciousness. The spasms of the muscles above spoken of were increased by disturbing the patient; when left to himself, they came on at intervals of two or three minutes. No stertorous breathing. Swallowing appeared to give pain manifested by grimaces and increased spasm of the facial muscles. Carbonate of ammonia and brandy were administered, and sinapisms, Granville's lotion and the magnetic battery employed as remedies. Powerful shocks from the latter were passed from the nape of the neck, and neighborhood of the cervical plexus to the abdomen and inside of the thighs, which were more effectual in arousing him than any other means. He now had in succession a stimulating enema, croton oil on the tongue, and large doses of strong coffee in addition to the stimulants; expression of countenance vacant and staring; occasional vomiting. At 3, P. M. he could stand up with assistance and move his limbs slightly in locomotion, but the spasms continued unabated. When left to himself he did not appear to drop off into coma as do those who have taken opium, but would occasionally open his eyes with a vacant, amaurotic expression, and turn his head from side to side. On the next day (July 4,) he complained of sore throat and inability to pass his water; pupils unchanged; countenance still vacant and spasms not diminished; could not hold a vessel of fluid in his hands nor carry it to his mouth. On the 5th he passed his water in drops and with great difficulty. From this time till the 11th, the catheter was daily applied; the spasms were almost gone on the 9th, but his vision continued more imperfect than before the administration of the poison. He was subsequently operated upon for cataract by extraction with prospect of success.

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3. *Brayera Anthelmintica—Kousso.*—This proposed remedy for *taenia* is making quite a stir among European physicians of the Old School, and bids fair to become the rage. It should not be put forward, however, as new, having been recommended by Dr. Brayer twenty years ago. In the Hygea, vol. 1, p. 211, (1834,) we find a notice of

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Coso or *Hepah* by Dr. Griesselich, founded upon information derived from Dr. Steinestel, who had resided as a missionary in Abyssinia. He states that it is there currently believed that sleeping or even sitting awhile under the tree would effect the expulsion of the worm—that a decoction of the flowers would do the same in from one to two days, and the 30th to the 60th attenuations in from six to eight.

In another part of the Journal we have given some clinical examples of its use in the London Hospitals. Dr. Pereira furnishes an extended notice of the plant to the Pharmaceutical Journal, which we extract.

The Kousso, or Brayera Anthelmintica, is an Abyssinian tree twenty feet high. Branches round, rusty, tomentose-villose, marked by the annular cicatrices of the fallen leaves. Leaves crowded, alternate, interruptedly impari-pinnate and sheathing at the base. Leaflets oblong, or elliptical lanceolate, acute, serrate, villose at the margin and on the nerves of the under surface. Stipules adnate to the petiole, which is dilated at the base and amplexicaul. Flowers dicecious, small, greenish, and becoming purple; repeatedly dichotomous; the pedicles with an ovate bract at the base.

The so-called male flowers may be regarded as hermaphrodite flowers, inasmuch as the carpels are well developed. The female flowers are somewhat different in their structure. The outer segments of the calyx are much more developed than in the female flowers, and are four or five times larger than those of the inner row, and are placed somewhat below them; the petals are entirely wanting; the stamina rudimentary and sterile. The ripe fruits are unknown.

The tree grows in Tigre, Agame, and Shoa; it is cultivated everywhere, and Dr. Beke writes that the tree is "found throughout the entire tableland of North-Eastern Abyssinia, but appears to require an elevation of upwards of six thousand (perhaps of seven thousand) feet for its growth. Where I found it most luxuriant was in the vicinity of the source of the river Abai (Bruce's Nile), at an elevation of close upon nine thousand feet. Tigre, the northern portion of Abyssinia, being on the whole of lower elevation than the rest of that country, the tree is only found there in a few places."

Bruce describes the flowers as being of a greenish color, tinged with purple; and when fully blown of a deep red or purple. The petals, he says, are white.

Preparation.—Mr. Johnston states that the kousso is gathered for medicinal purposes before the seeds are quite ripe, whilst still a number of florets remain unchanged. The branches are suspended in the sun to dry, and if not required for immediate use are deposited in a jar.

Pharmacography.—I have seen only one package of kousso; this was kindly opened in my presence by M. Simond, of the firm of Caylitis, Simond & Co., the agents of M. Rochet d'Héricourt. It was a deal box, containing about 30 lbs. of the dried flowers, wrapped up in a large skin of red leather. On removing the lid of the box and untying the leather package, the fragrant or balsamic odor of the dried flowers was very powerful. It appeared to me to be somewhat similar to the combined odors of tea, hops, and senna-leaves. The flowers had apparently undergone no preparation beyond that of dessication. The bunches of flowers were perfect and unbroken, though of course compressed. The general color of the dried mass was greenish-yellow; but when the flowers were more closely examined the edges of the petals were seen to have a reddish or purplish color.

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The taste of the dried flowers is at first not very marked, but after a few minutes a feeble, senna-like, acrid, unpleasant taste becomes perceptible. By soaking the dried flowers in water, they may be unfolded sufficiently to determine their botanical characters, which have been already described. When submitted to microscopic examination, the hairs are perceived to be simple lymphatic hairs, tapering at the distal extremity. In Abysainia, two sorts of kousso are distinguished—viz.: first, the *red* kousso produced by the female flowers; secondly, the male flowers known as *kousso esels*. In commerce the two sorts are always mixed together.

Adulteration.—Considering the enormous price (about 1*l.* 15*s.* per ounce, $8,) at which kousso has hitherto been sold in Paris, and the very limited quantity originally supplied by M. Rochet d'Héricourt, it cannot be surprising that the article should be extensively adulterated. Indeed I have been assured, on credible authority, that the powder now selling as kousso is, in fact, the powder of pomegranate bark; and that legal proceedings have been commenced in Paris to put a stop to the fraud, which is well calculated to injure the reputation of the genuine Abyssinian remedy. I have no doubt but that the microscope would readily detect the substitution; but the surest way of obtaining the genuine article is to purchase the dried flowers in the entire state, not in the form of powder.

Although it is not improbable that the anthelmintic property of kousso may in part depend on tannin (since the pomegranate bark, which contains this principle in abundance, is, like kousso, also an anthelmintic), yet what may be termed the peculiar property of the kousso probably resides chiefly in the bitter acrid resin. This is soluble in alcohol and in ether, and appears to be a neutral body, manifesting neither distinct alkaline nor acid properties.

By boiling the dried plant in water a fragrant odor is evolved. No doubt this as well as the odor of the dried plant itself depends on the presence of a *volatile oil*, of which, however, no mention is made in Wittstein's analysis, the oil being present in too small a quantity to admit of its collection when small quantities of the flowers are operated on. It is not improbable that the anthelmintic properties may, in part, depend on this oil; for Schimper states that in Abyssinia the plant is considered to have lost its anthelmintic powers in the third year after its collection. In Europe, however, it retains its powers for a longer period (on account of the cooler climate)?—for the flowers which have been used for all the recent experiments, have been collected more than four years, and we are told in the shop-bill of a Parisian pharmacien, that they may be kept for an indefinite period.

An infusion or a decoction of kousso strikes a dark green olive tint with a solution of the sesquichloride of iron.

Medicinal Properties.—Neither botanical characters, sensible qualities, nor chemical composition, would have induced us to suspect that kousso possesses the valuable anthelmintic properties which experience has shown that it does. The general and prevailing quality of the rosaceæ is astringency, dependent on the presence of tannic and gallic acids. This is observed in the flowers (*e. g.* rose petals) as well as in other parts of the plants. In this quality kousso agrees with its congeners. But it can scarcely be on this that its vermifuge property solely depends: otherwise, rose-petals, or any other equally powerful astringent, would be as effective in expelling worms as these Abyssinian flowers (!) But in rosaceæ, as in many other families of the vegetable kingdom, anomalies exist—and to this head we must for the present be content to refer kousso. (!!)

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Our confidence in the anthelmintic properties of kousso rests, then, on experience only: and the evidence on this point is very strong. All modern travellers in Abyssinia are agreed on the great success of the remedy on the natives of that country; and the experience of physicians in France, England, Germany and Switzerland, confirms the favorable reports made by those who have seen the kousso used in its native country.

In Paris it has been employed with great success by Chomel and Sandras, as well as by numerous other distinguished physicians. In London, our experience of it is much more limited; but the successful results of its use in King's College Hospital, in the hands of Drs. Budd and Todd, and of Dr. Gull in Guy's Hospital, confirm the favorable reports of its efficacy which had reached this country from abroad.

The physiological effects of kousso are not in general very great. Sometimes it excites a slight sensation of heat, nausea, or even vomiting, creates thirst, and frequently, perhaps usually, a gentle action on the bowels. But the latter is commonly so slight, that in a considerable number of cases it is necessary to follow its administration by a mild purgative. It is obvious, therefore, that the efficacy of kousso as an anthelmintic does not depend on its purgative or evacuant influence, but on its poisonous or toxic action on the worm; in fact, it is a true *vermicide*. In one case, that of a woman in France, it brought away ten worms, of which one only manifested evidences of vitality, and that for a few minutes only.

Kousso appears to be an effective anthelmintic in both kinds of tapeworm —viz., the *tænia solium* and *bothriocephalus latus*. In most of the reported successful cases, the *tænia solium* was the parasite expelled; but in one of Chomel's cases, the worm which was evacuated was the *bothriocephalus latus*, and I am informed that kousso has proved most effectual in Switzerland, where, as is well known, the *bothriocephalus* is the prevailing tapeworm.

The dealers in kousso assert that one dose will, in every case, effect the radical cure of tapeworm. But this must be obviously an error. Even supposing that it invariably destroys all the worms in the alimentary canal at the time of its exhibition, it can in no way prevent their recurrence, provided the patient retains his predisposition (which there is no reason to suppose is affected by the kousso), and is subjected to the same influence. It certainly does not radically cure the Abyssinians; since, as several writers tell us, they resort to this remedy monthly. Schimper, the Governor of Adoa, says it does not completely expel the tænia, or at least rarely does so. But he adds that, possibly, in Europeans, in whom the verminous disposition is not so pronounced as in the Abyssinians, it may perhaps act in a more complete manner. In the Abyssinians, this verminous disposition is innate, and is dependent, he adds, on the regimen which they adopt.

Hitherto the great drawback to the use of kousso has been the difficulty of procuring the remedy, and its enormous cost. At the time when it could be purchased in Paris, its price was 1*l.* 15*s.* per ounce, or 17*s.* 6*d.* per dose. M. Rochet d'Héricourt, the sole holder of the medicine at the present time, refuses to sell any quantity less than his entire stock at the rate of one guinea per ounce. His nephew tells me that his uncle possesses 1400 lbs. of it, which, at one guinea per ounce, will cost 22,400 guineas. The impossibility of effecting a sale on such terms will, I doubt not, ultimately compel the holder to reduce his demands to something approaching to reason. It does not appear that the remedy is very costly in Abyssinia. Schimper, writing from Adoa, in Abyssinia, says that it is found in commerce at a very low price. At Yangaro (commonly called Zingaro) the

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sovereign has the exclusive use of it, his subjects being prohibited from employing it; but in other parts free trade in kousso is permitted. Considering the frequency and rapidity of our communications with Egypt (to which place, according to Dr. Brayer, kousso is conveyed by caravans), no difficulty, I apprehend, will be experienced in obtaining an abundant supply of it. Its present price is a virtual prohibition of its use.

The flavor, though not very strong, is by no means agreeable; and is sufficiently powerful in some patients to create disgust and excite vomiting. In one case under M. Chomel, the whole of the remedy was rejected by vomiting. No ill effects have resulted from its use in this country; nor have I met with any statement of its injurious action, except in Mr. Johnson's "Travels in Southern Abyssinia," where it is stated that "its operation is speedy and effectual; and to judge by the prostration of strength it occasioned in my servants when they employed this medicine, it must be dreadfully severe. I can answer for this, that it occasions frequent miscarriages, often fatal to the mother, and even men have been known, after a large dose, to have died the same day from its consequences. I am therefore surprised at the noise this remedy has occasioned the last few years in Europe, as if it promised to be a valuable addition to our materia medica. This, I conceive, can never be; for no civilized stomach could bear the bulk of the drug necessary to produce its effects. Even in Abyssinia it is but barely tolerated, and let another remedy equally efficacious for dislodging tapeworm be introduced into that country, and the use of kousso will be soon abandoned. In fact, several other vegetable productions are now employed to escape the punishment of a dose of this violent cathartic."

Administration.—Both Bruce and Schimper tell us that the Abyssinians take a handful of the dried flowers as a dose. In Paris, the dose has varied from four to six drachms. In general, however, half an ounce (troy weight) is considered a dose for an adult. For different ages the doses are thus adjusted:—

Adults	1 dose=240 grs. (½ oz.)
Children from 7 to 12 years . .	¾ of a dose=160 grs.
" 3 to 7 " . . .	½ of a dose=120 grs.
" not exceeding 3 " . . .	⅓ of a dose= 80 grs.

The kousso should be taken in the morning fasting. The only preparation necessary is that the last meal of the previous evening should be slight. The evacuation of the bowels by a mild purgative or a lavement is also desirable. The mode of administering the remedy is as follows: The powdered flowers are to be mixed with lukewarm water, (for an adult about ten ounces,) and allowed to infuse for a quarter of an hour. A little lemon juice is then to be swallowed, and, the infusion being stirred up, the whole is taken, liquid and powder, at two or three draughts, at short intervals, being washed down by cold water and lemon juice. To promote the operation, tea (without sugar or milk) may be taken. In three or four hours, if the remedy has not operated, a dose of castor oil or a saline purgative should be administered.

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4. *Bromine.* Dr. Snell in the N. Y. Journal of Medicine relates a case of poisoning by bromine in which nearly an ounce was taken undiluted and proved fatal in seven hours and a half. The principal symptoms noted were: violent inflammation of the lips, tongue, fauces

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and œsophagus, cold perspiration, skin in many parts tinged slightly blue and shrunken; countenance haggard and bluish pale; features pinched; eyes sunken, pupils natural, conjunctiva lustreless and corrugated; incessant burning pain; frequent ineffectual desire to stool; restlessness; breathing short and laborious with prolonged expiration and considerable mucous throat rattle. No vomiting, purging or thirst. The post-mortem examination revealed extensive disorganization of the parts with which the poison had come in contact.

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5. *Bromide of Potassium.*—M. HUETTE has been induced, by reason of the analogy in composition which this substance offers to iodide of potassium, and by the recommendation by a few practitioners of its therapeutical employment, to try a series of experiments with it. These have resulted in complete disappointment; but during his investigation he discovered two effects producible by the bromide, which, if confirmed on farther trials, may admit of useful application. One of these is the power it possesses, even when given in small doses, of inducing a state of *insensibility of the palate and pharynx*, which, commencing on the second day, continues during the whole course of treatment. It is so complete, that the finger may be carried to the base of the tongue, touch the amygdalæ and posterior nares, or tickle the uvula, without inducing any effort at vomiting or deglutition whatever. This local anæsthesia seems deserving of investigation, as being preferable to that derivable from chloroform, when tedious and delicate operations about the mouth and throat are in question. Still other investigations are required; for on the one hand, the insensibility might not subsist under the action of a cutting instrument, and on the other perhaps the glottis itself is involved in a like insensibility, and would not indicate the passage of blood into the trachea.

The bromide possesses also remarkable power in inducing *torpidity of the genital organs.* A patient tormented by a vivid imagination, and subject to frequent consequent pollutions, found himself quite freed from his infirmity after having taken 15 grains *per diem* for three days; while some patients to whom the drug was administered reproached the author with this effect, which however passes off in a few days after the discontinuance of the medicine. The medicine thus seems indicated in *chordee*, in relieving which camphor and opium so often fail, as also in certain forms of spermatorrhœa. —*Brit. and For. Review* from *Gazette Médicale.*

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6. *Heracleum.* In the N. Y. Journal of Medicine Dr. Wells, U. S. Army, stationed at Fort Gibson, reports that on the 8th March, 1849, at 3, P. M., three privates were brought into the hospital laboring under symptoms attributed to Cholera, as that epidemic was at the time prevailing in the valley of the Mississippi. Symptoms: vomiting and purging of large quantities of serous matter, violent pains in the stomach and bowels, clonic spasms of the *gastrocnemii* and abdominal muscles, great depression of the vital powers; burning sensation in epigastrium, tortured by thirst, tendency to collapse and dilated pupils in each case without impairment of intellect or tendency to coma. In one case, collapse perfect, asphyxiated, visage ghastly and cadaverous, blueness of the hands; in one word an extreme state of collapse. In

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the course of the afternoon it was ascertained that the men had been eating Heracleum or parsnip (raw) (*Heracleum lanatum?*). They all recovered after suffering from symptoms of gastro-enteritis. Dr. Wells had diagnosed it from the first as a case of poisoning from the single fact that they both had *dilated pupils.*

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7. *Jatropha Curcas.* Dr. Farquharson witnessed two cases of poisoning by the seeds of this plant on board the U. S. Schooner Taney, at *Porto Praya,* Cape de Verds.

Two of our men, being ashore, tasted the seeds of the *Jatropha curcas* (which grows in great abundance on these islands), and finding them pleasant, ate of them, one to the extent of a handful, the other being satisfied with three or four. In both cases, vomiting and purging of a violent character came on in the course of an hour; and in the instance of the man who had eaten but a small quantity, the effect only extended thus far. In the other case, more alarming symptoms rapidly supervened. The muscles of the extremities were contracted by violent spasms; the patient was affected with dizziness and vertigo, accompanied by great restlessness; the respiration was quick and panting; the skin became cold and moist, and the pulse small, thready, and intermittent; the heart's action was very irregular, and so weak that the impulse against the walls of the chest could with great difficulty be perceived. These effects of the poison upon the nervous system continued for the space of several hours. The seeds eaten were ripe, and of the kind used in small quantities by the inhabitants as an active purgative.

The treatment consisted in the free use of anodynes and stimulants, after the continuance of vomiting and purging for a time rendered it probable that all the offensive matter had been discharged from the intestinal canal; together with the application of a large mustard poultice during the state of depression. About five hours after the commencement of the attack, reaction occurred; and shortly afterwards the patient fell asleep, and waked the next morning with no other ill effects remaining than a slight irritability of the stomach and considerable debility.—*American Jour. Med. Sciences.*

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8. *Cortex mali granati; Origanum vulgare; Pseudo-narcissus.* The Gallican Society of Paris has received the tincture of these three drugs from a correspondent at Nice. The pomegranate is recommended as a sovereign remedy for Metrorrhagia—the *Origanum* for mental alienation and salacity, and the *Narcissus* for obstinate constipation. We remember having seen an observation of Laennec * in relation to this last remedy, which it may be as well to quote in this connexion.

"The extract of the wild daffodil (*Narcissus pseudo-narcissus L.*) has been proposed within the last few years as a sort of specific against hooping-cough, as also the infusion of the petals of the same plant. I have frequently employed this extract and occasionally obtained by the use of it alone, cures of surprising rapidity—in five or six days for in-

* *Laennec on Mediate Auscultation.* London, 1846, p. 87.

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stance; but such a result is rare and I commonly find this plant much less efficacious than belladonna. The most usual mode of employing the extract of the common daffodil consists in giving it in the dose of half a grain, a grain or two grains at intervals of two, four or six hours, according to the strength of the patient. We have not as yet many data relative to the *modus operandi* of this acrid-narcotic plant. When given in a somewhat strong dose, it has a powerful influence on the nervous system and may even produce convulsions."

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9. *Nitric acid.* Dr. J. M. Warren of Boston reports a case of poisoning by Nitric acid. The patient was a negress, thirty-four years of age, of abandoned character, and took the acid at 6, P. M., on the 3d of March, thinking that she was three months pregnant, and wishing, she said, to destroy her child. The quantity taken into her mouth was reported to be three drachms, but most of it was spit out. Alkalies and mucilaginous drinks were used, but the burning in the mouth was intense through the night, with restlessness and delirium. The next morning she was brought from the jail, where the acid was taken, to the hospital. Yellow stains were then observed upon the clothing, and the whole inside of the mouth and fauces, so far as could be seen, was of a deep yellow color, the tongue looking as if covered with Indian meal; the respiration being painful, labored, and stridulous, and speech almost impossible. Extremities cold, countenance of a leaden hue, pulse 120, and very small. For the first four or five days after her admission she suffered from soreness of the mouth and throat, dysphagia, thirst, and salivation, with some vomiting; she also complained of tenderness of the abdomen, but not particularly over the stomach, walking with difficulty and bent much forwards; but this was perhaps owing to her having been thrown down and stamped upon, in an affray, on the day on which she took the acid. After the first day or two she was much of the time up and about the ward; at the end of a week she was reported quite comfortable, and having some appetite; and on the 14th of March, as she was doing well, she was removed back to the jail, there never having been any fever, but rather a state of depression. On the morning of the 16th, she was attacked with cramps in the stomach, and excessive pain and tenderness, which were partially relieved by opiates; on the following morning, however, she was found dead in her cell, with a great quantity of blood in the bed about her, and which she had apparently vomited.

On dissection, there was observed great rigidity; upon the middle of the tongue a large, yellowish, smooth patch; some redness of epiglottis; œsophagus healthy for the first two inches; but below this it was found exceedingly soft, of a greenish yellow color internally, purple externally, and full of coagulated blood. The stomach was in a similar, though much worse state; externally, it had the same purple color, and was universally adherent to the neighboring parts by recent lymph, except at the left extremity, where there were old and close adhesions to the spleen; internally, it was of a greenish yellow color, emphysematous, and so perfectly softened and friable that it could not be separated from the surrounding parts without giving way in every direction; the anterior face being detached from the rest of the organ to a great extent when the abdominal parietes were raised; cavity filled with recent, coagulated blood, and the open orifices of several vessels distinctly seen on inner surface. The intestine

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contained blood throughout the first two or three feet, but was otherwise well, as were the other organs, so far as observed; uterus not gravid.—*Am. Journ. Med. Sciences.*

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10. *Phosphorus.* In Dr. Baur's opinion, the phosphoric vapors are the immediate cause of necrosis of the jaw, and these consist of phosphorus, but chiefly of phosphoric acid. Although the phosphate of lime as it exists in the bones is insoluble in water, by the arrival of an additional quantity of phosphoric acid, which is absorbed, and penetrates into the bones, the basic phosphate of the bones is transformed into an acid phosphate, which is very soluble in water, and deliquescent in the air. In this manner the bone loses its consistence, becomes inflamed, suppurates, and falls into a state of necrosis. As the disease always commences where there are carious teeth, the transformation takes place directly; the vapors coming in contact with these teeth, first affect them, and then the jaw with which they are in connection. This view of the disease is confirmed by Von Bibra's analyses of the bones in this disease, from which it results, that there is a predominance of organic matter, with a deficiency of the salts of lime, especially the phosphate.

Consequent upon this theory, the prophylactic measures are the prevention of the vapors from gaining access to the teeth by means of a mask, or better still, by a sponge soaked in some feeble alkaline fluid. In the workshops there should be shallow vessels, filled with alkaline fluid, in order to attract the phosphoric vapors. All cavities of the teeth should be filled with a mastic stopping, and the teeth themselves, as well as the face, frequently washed with liquor calcis. As a curative indication, Dr. Baur suggests the restoring the phosphate to its basic condition, by saturating the economy with saline bases, and especially lime.—*Brit. and For. Review* from *Gazette Médicale.*

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11. *Strychnia. Chloroform.* Dr. Dresbach, of Tiffin, Ohio, reports in the Western Lancet (Feb. 1850) the case of a man, 24 years of age, who drank by mistake three ounces of a solution of strychnia containing one grain to the ounce. When seen by Dr. B. about twenty minutes afterwards, he was in the following condition: The whole muscular system rigid—the muscles of the back and legs so rigidly contracted that it was with extreme difficulty he was able to walk—face drawn awry and articulation extremely difficult—sense of burning about the stomach, tightness about the chest with vertigo and dimness of vision—lower extremities cold and perspiration *flowing in a stream* from his head and chest—pulse small and frequent but without irregularity.—Chloroform being the only article at hand which seemed likely to be useful, Dr. B. gave the patient at once 2 drachms, and in less than 15 minutes after swallowing it, the relief, Dr. B. states, was complete.—*Am. Jour. Med. Sciences.*

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12. *Turpentine in Hemorrhage*—Dr. Wm. Budd, physician to the Bristol Infirmary, highly extols the styptic properties of oil of turpentine, and states that he has met with three cases recently in which hemorrhage was speedily arrested on the administration of oil of turpentine after other medicines had failed. Dr. Budd awards the merit of this discovery to Mr. James Yonge, an eminent practitioner who lived in Plymouth in the time of Charles the Second, and who made his observations public in a pamphlet bearing the quaint title of "Currus Triumphalis è Terebintho."

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The next testimony quoted by Dr. Budd is that of the illustrious John Hunter. Speaking of styptics generally, Hunter says: A dossil of lint, dipped in oil of turpentine, after having first wiped the wound clean, in order that it may reach the vessel, is the best, and may be renewed pretty often. I have seen it immediately stop vomiting of blood from the stomach, after all other means had failed, given internally with white of egg, as often as the stomach would bear it. In external hemorrhages, where it had not the desired effect applied externally, I would give it internally. *It is the best, if not the only true styptic.* Thus, in a case of nasal hemorrhage, which nothing would stop, I gave ten drops of oil of turpentine in a draught, and repeated it every two or three hours, which entirely stopped the bleeding in less than twenty-four hours, and it never returned."

These are very remarkable words. They are the words, too, of a man of genius; of a man who was particularly cautious of committing himself to any rash statement; and they refer to a matter on which it is obviously easier to collect evidence free from ambiguity than on almost any other connected with the practice of our art.

The testimony of Mr. Vincent, late senior surgeon to St. Bartholomew's, is to the same effect, and equally strong. After making some observations on the subject of the hemorrhagic diathesis, this experienced surgeon goes on to say:—

"A most desirable object would be obtained by securing some remedy that would alter this peculiar disposition in vessels to bleed, and arrest the loss of blood, so that it may not continue to endanger the life of the patient. I have so invariably found turpentine infallible in effecting this intention, that it may, I think, be depended upon as a most valuable remedy.

"Some years ago a youth was brought to me who was passing blood in his urine. I ordered some draughts, with a few drops of oil of turpentine. The bleeding quite stopped before the end of the second day, and did not return. About a twelvemonth afterwards, he was brought to me, having cut his finger but slightly. It had continued bleeding for some days. I gave him turpentine again. It stopped in a day or two. Not long after, he came a third time to me. He had had a tooth extracted, and the gum had been bleeding for several days. The turpentine was had recourse to, and the remedy soon acted in the same sanitary way. I have several times been called in on account of hemorrhages where teeth have been extracted, and have never seen the turpentine fail in this or in other similar cases of hemorrhage." * * *

I should mislead you, were I not to add, before concluding, that the use of this medicine is not without its drawbacks. Few great gifts come to us without alloy, and turpentine is no exception to the rule. In the first place, there are few drugs more repugnant to delicate stomachs. In many, it excites vomiting; in others, it causes painful strangury; and the irritation of the urinary organs is sometimes so great that blood is passed with the urine.—*Am. Jour. Med. Sciences*, from *Med. Times.*

Hæmaturia from the vapor of Turpentine.—Dr. Colton of the New-York Hospital reports the following case, in the New-York Journal of Medicine for November:

Sept. 17, 1850. Bennett Jones, 38, Eng. seam. Recently arrived in port, in a ship employed in the exportation of Turpentine from Wilmington, N. C. Was attacked four days ago with severe pain in back, fever, anorexia and thirst. Urine became scanty and bloody, and thus continued until admission. Now no blood is perceived on applying the usual tests for albumen. Patient

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states that during the passage, the odor of the turpentine was so strong as to drive the men from their berths below, and that the urine of all hands had a strong terebinthinate smell: also states that he has been engaged in the turpentine trade for two years, and that he has during that time known many—not less than a dozen—who have been attacked in the same way, with lumbar pain and bloody urine, which has continued for some days and then passed off, leaving the subjects perfectly well. Has himself been attacked once before and recovered in a few days. Now the patient is free from fever, has fair appetite, and feels quite well but feeble.

Sept. 24th. Discharged cured.

Dr. Harris of the City Dispensary informs me that, last summer, three cases with the same symptoms fell under his notice. They lived in the city, but had been hard at work for two days and two nights, engaged in unloading a vessel freighted with turpentine.

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13. *Zinc.*—The *American Journal of the Medical Sciences* quotes from the French journals the following cases of zinc poisoning.

1. *Poisoning by Oxide of Zinc, used as a substitute for White Lead.* By Dr. Bouvier, of the Hôpital Beaujon. A man, aged forty-two, a laborer, entered on 19th April with all the symptoms of metallic colic. He had been employed for the fifteen previous days at a white color manufactory, along with five other workmen, in barreling oxide of zinc, and in repairing casks which had contained that substance, during which operation they were exposed to an atmosphere loaded with the powder of the oxide. From the commencement of their work, he and his comrades experienced colic and a repugnance to food; and the wine and brandy which they took to excite their appetite was disgusting to them, and did not remove the clammy taste which they had constantly in their mouths.. This man could not continue long at work. After ten days of this employment, he was seized with vomiting, severe colic, accompanied by constipation, which persisted and increased in intensity so much that he rolled on the floor in agony. On the day of admission, he continued to vomit, and to suffer severe abdominal pain. The vomited matters were bilious, and he rejected all his food almost immediately after swallowing it; he had had no stool for five days; the belly otherwise was natural, the tongue whitish; he had no appetite, was free from fever, but was sleepless. The next day, 20th April, the bowels were opened by two ounces of sulphate of magnesia, and the painter's purgative clyster, as used in La Charité—(this consists of twelve ounces of wine, with six of oil.) The free evacuation of the bowels, and the administration of two and a half grains of opium, were followed by cessation of vomiting and diminution of the pain. From this time to 26th April, after having taken from six to twelve grains of gamboge daily, and using frequent clysters and medicated baths, he became convalescent, and was dismissed cured on 4th May.

From the whole history of this case, there appeared to be no doubt that this man suffered from a genuine zinc colic. To ascertain that it was really oxide of zinc that had caused the illness, M. Bouvier collected, by washing the surface of his body, the metallic particles which adhered to it, and found them to consist of oxide of zinc. We are not entitled from this to say that the oxide of zinc is as noxious as white lead; but it shows, at least, that some precautions require to be taken by those who work with it, in order to preserve their health.

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II. *Zinc Poisoning observed in the Workmen employed in twisting Galvanized Wire.* By MM. LANDOUZY and MAUMENE, of Rheims. The iron wire employed for securing the corks of champagne, is sent in bundles of one to ten kilogrammes to workmen called *tordeurs*, who, by a dexterous manœuvre, cut and twist from ten to twenty threads of wire at a time. These wires are then made up in packets of one kilogramme, and, after being beaten with a bit of wood to make them even, are packed in bundles. Although this sort of work had been followed by the same workmen from eight to fifteen years under very bad hygienic circumstances as regards ventilation, they never had experienced any evil effects from it till the beginning of January, 1850, when the so-called galvanized wire (which is iron wire covered with a layer of zinc) was substituted for the common iron wire; and, soon after, the workmen began to complain of the taste as of a sweetish powder in the throat, an incessant tendency to cough and spit, shiverings, and general malaise. The whole of the people employed in this branch of industry—two youths, two women, and two men—were affected with symptoms which were referable to zinc. Four had symptoms of general depression, with sore throat, swelling and ulceration of the tonsils, inflammation of the palate, white pellicles on the gums, salivation, fetid breath, colic, and diarrhœa. In one, the colic and diarrhœa were the only symptoms observed; in another, the colic was accompanied by nausea, tenesmus, and obstinate constipation. The wires with which they worked had been made hurriedly and carelessly, and were covered with a dusty powder, which escaped abundantly during the twisting, and especially the beating, of the wires. This powder consisted of zinc, oxide and carbonate of zinc, alloy of zinc and iron, and oxide of iron. It contained no trace of lead.

These symptoms seem to have subsided readily, without treatment, on abandoning the occupation. With one exception, all the work-people returned to their work in from three to six days.

That the symptoms were due to the exposure to the dust appears from the circumstance that, in fifteen days more, the same work-people, in the same hygienic circumstances, resumed the same work, with the same galvanized iron, but free from all dust, and none of these phenomena manifested themselves which were formerly observed.

PATHOLOGY AND THERAPEUTICS.

14. *Clinical Observations by* VON BOENNINGHAUSEN. We find in the Journal de la Médecine Homœopathique for January, 1850, a clinical note containing the substance of several conversations held with Dr. Von Boenninghausen by Dr. De Bonneval. We give the results not as facts, but as suggestions worthy of record that the indications pointed out by our venerable colleague may be subjected to the test of experience. Dr. Von Boenninghausen states it as the result of his observation, that:

1. The more chronic the affection, the longer must be the interval between the administration of the drugs.

2. In those subjects, in whom the remedies do not seem to act promptly, we must ascertain the cause that prevents their action.

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(a) *Psora.* Administer a dose of *psoricum* before giving the remedy corresponding to the totality.

(b) *Want of susceptibility. Opium*, especially in plethoric subjects.

(c) *In weak and emaciated patients with small pulse. Carbo-vegetabilis.*

(d) *Nervous excitement. Lauro-cerasus.*

3. Where the character of an affection has been disguised by the successive administration of a large number of homœopathic remedies, which, without curing, have only altered the symptoms, a single dose of *psoricum*, a few days (ordinarily the fourth) before giving the medicine indicated.

4. Dr. Von Boenninghausen's practice is to give the remedy dry and in a single dose—most frequently alternating two remedies every 4th day.

He recommends the following specifics:

Asthma. Evening attacks, *puls.*; morning do., *ars.*; if the symptoms are principally in the throat, *spong.*; in the chest, *phosph.*; spasmodic, *ipec.*

Bones, diseases of. *Merc-sol.* is the principal remedy.

Diabetes. Coloc. is a specific.

Drunkenness, habitual. The best mode of causing disgust of wine is to administer three drops of laudanum or tincture of opium in a cup of coffee. *Ant-crud.* is the best antidote to the effects of sour wine.

Erysipelas. It is the belief of M. Von Boenninghausen that *camphor* administered every 15 minutes will cure even a severe erysipelas in the course of a few hours.

Fistula lachrymalis. A cure may sometimes be obtained by the aid of *petrol.* and *silic.* in alternation. *Petrol.* and *caust.* act very slowly.

Muscles, diseases of. *Arn.* is the principal remedy.

Myelitis. Calc-carb. and *silic.* given at intervals of five months have cured five cases of Myelitis.

Onanism. Cod liver oil is an admirable remedy against the effects of onanism especially in young girls.

Panaris. Sulph. and *silic.* four days apart.

Paralysis of the tongue. *Mezer.* acts very well.

Paralysis of the pharynx. *Baryt-carb.*, *mur-ac.*, *caust.*, *con.*, *ars.*, *calc-carb.*, *hep-sulph.*, *iod.* This last is especially indicated when solids cannot be swallowed.

Polypus nasi. 1. *Calc-carb.*, *con.*, *phosph.* 2. *Aur.*, *bell.*, *graph.*, *merc.*, *nitr-ac.*, *silic.*, *sulph.*, *staph.*, *teuc.*

Periosteum, diseases of. *Merc-cor.*, *phos-ac.*, *sabina.*

Stricture of the Urethra. *Petroleum* is recommended.

Variola. Von Boenninghausen recommends *Thuja occidentalis* as *the specific* against this disease. He gives it of the 200th, and eight days after the administration of a single dose, not a trace of the disease remains. So sanguine is he in reference to its curative power, that he speaks confidently of its superseding vaccination! The announcement

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seems to have excited some attention on the part of the Parisian Homœopaths as in subsequent numbers of the same Journal we find the experience referred to and confirmed by Drs. Croserio and Moroche. The experiment is easily made and we should be happy to hear from any of our correspondents, whether they have been able to perceive that the ordinary course of smallpox has been at all affected by the administration of Thuja. The cases reported, which are very few, exceedingly meager and far from conclusive, were all treated with "*Hochpotenzen*," 200 and 300.

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15. *Connection between Albuminous Urine and Degeneration of the Kidney in Scarlatina.*—The alleged connection between albuminous urine and degeneration of the kidney in scarlatina has excited much interest. Dr. NEWBIGGING, in an interesting paper in the *Monthly Journal*, (Sept. 1849,) states that he was at one time a believer in this connection, which seemed to be corroborated by the result of Dr. Hamilton's observations on scarlet fever, as it occurred in his practice at Falkirk, (*Edin. Med. and Surg. Journ.*) Dr. Newbigging's faith in the correctness of this opinion has, however, undergone a material abatement in consequence of the investigations he has recently had an opportunity of making. These have led him to consider the anasarcous condition, which arises during the progress of the convalescence from scarlet fever, to be, in very many cases, dependent on mere functional derangements, amenable to treatment, and leaving the health uninjured as regards organic alteration.

Confirmatory of this view, he mentions that, in an early stage of the disease, even at the time when the eruption was just declining, having instituted an examination of the urine, he ascertained that, in every case, the albuminous haze was distinctly present, and remarkably so during the progress of the desquamation. That this appearance occurred without alteration, either in the specific gravity, except to a very small extent, or in the quantity of the secretion; and that it continued from a period varying from four or five to ten days, gradually becoming less defined, and finally disappearing altogether.

This occurred in cases in which the urine maintained its normal standard as to quantity, where the patients were well, and certainly unaffected by any dropsical symptoms.

These observations seem to be corroborated by the careful investigations made by Dr. James Begbie, and published in the *Monthly Journal* for January. His remark corresponds with Dr. Newbigging's experience, that, "if careful examination of the urine be instituted, albumen in small amount will be found to exist in every case of scarlet fever."

It is worthy of remark, that the quantity of urine voided at the period of desquamation is even greater than in health, although it may contain albumen; and this is interesting, as, in dropsy occurring, it may be subsequently in the same case, the amount is greatly diminished, sometimes altogether suppressed, so that any diminution of this secretion, without apparent increase of albumen, may be almost certainly considered as the forerunner of anasarca.

These observations, although corresponding with those of Martin Solon, who ascertained the presence of albumen in *twenty-two* out of *twenty-three* cases, are irreconcilable with those of some other authors, more especially with Philippe, who states that, although the succeeding dropsy was very

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common in the mild epidemic which he witnessed, yet, in *sixty* cases of the disease, in which he tested the urine for albumen, employing for this purpose both heat and nitric acid, no trace of that principle was discovered.

Dr. Scott Alison remarks, in his "Clinical Observations," * that he has observed dropsy to ensue more frequently after a severe attack of scarlatina than when the symptoms were of more moderate character. Also, that the urine, in some cases, according to his analysis, was of specific gravity 1005, while in others it was as high as 1030; and he is of opinion that the kidney becomes organically affected at an early period of the disease. From these deductions, it is almost unnecessary to remark that Dr. N.'s investigations, as well as those of others, differ essentially. Dr. N. is greatly disposed to believe that, in many instances, the albumen is eliminated at the kidney—not owing to any disorganization of that viscus, but to the fact that the blood, in all eruptive diseases, undergoes certain changes, and that in scarlatina this is exhibited by the presence of albumen in the urine; and that, in cases where the kidney is organically affected, as, doubtless, it is occasionally, this arises from a specific inflammation of that organ.

Dr. N. is sensible that these observations are partial and incomplete, and had he again an opportunity of investigating a series of cases similarly circumstanced, he would, he says, avail himself of more minute analysis; at the same time, he feels disposed to draw the following conclusions from what he has observed:—

1st. That in very many cases albumen appears in the urine at an early period in scarlatina, without other alteration of this secretion, or affection of the system generally.

2d. The diminution in the quantity of this fluid may be considered as a certain forerunner of anasarca.

3d. That the treatment should be strictly antiphlogistic, the diet being for some time carefully regulated, so as to exclude much azotized food.

4th. That the patient, however mild his symptoms, should be confined to bed for several days after the eruption has declined.—*Am. Jour. of Med. Sciences.*

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16. *Angina Pectoris.*—Dr. Kneeland, of Boston, in an article on this ill-understood affection, after a labored examination of the anatomy and physiology of the pulmonary nerves, comes to the following conclusions:

1. From the symptoms and morbid appearances, angina pectoris is not a disease of the lungs, heart and its vessels, or stomach; but an affection of the nerves supplying these organs.

2. Anatomy, physiology, and pathology would lead us to place the seat of angina pectoris in the par vagum, and not in the sympathetic system of nerves.

3. Like other nerves, the par vagum may be affected with neuralgia and rheumatism; with inflammation; it may be compressed by morbid growths; its spinal origin may be compromised by hemorrhage, accidental wounds, and various irritations—all of which may cause the symptoms of angina pectoris.

4. Angina pectoris and asthma are intimately related: the *former* being

* London Journal of Medicine, No. III., March, 1849.

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an affection more especially of the *sensitive* filaments of the par vagum; and the *latter* an affection of its *motor* filaments. Both are generally more or less combined in the same case.

5. Angina pectoris is a disease not necessarily fatal, especially in young persons, if accurately diagnosticated, and properly treated.

6. In addition to the remedies of the books, special attention should be given to the inhalation of oxygen, and to the use of electricity.

7. In cases of angina pectoris, attention should be directed to the examination of the par vagum, from its origin to its terminations, which, doubtless, on careful examination, will exhibit lesions sufficient to account for a fatal result.—*Am. Jour. Med. Sciences.*

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17. *Asthma.* The following cases reported in the *Am. Jour. Med. Sciences* by Dr. J. S. Hopkins, of Bethel, Glynn County, Georgia, notwithstanding the meagreness of their details, are still worthy of being placed upon our clinical records from the fact that but a single remedy was given, the administration of which was followed by marked results.

Case I.—Emma, negro girl, aged five years, belonging to Mr. T. G. had been asthmatic *almost* from birth. Nightly paroxysms of dyspnœa, cough, etc., were represented as most distressing. During the day, she would be up and about the yard with the other children. At the time that I saw her, her respiration was somewhat embarrassed, with slight elevation of the shoulders during inspiration, and a very distinct mucous râle. Her appetite was impaired, and her countenance cheerless.

I ordered nitric acid, three drops, to be increased to five, three times daily, in a wine-glassful of sugared water. A month elapsed before I again saw this patient, at which time every symptom of disease had disappeared. I prescribed for her in December, 1847, and up to date no symptom of asthma has returned.

Case II.—I was called in November, 1848, to see W. S., aged about six years, son of a planter of Glynn county. I was informed that this boy had been a subject of asthma for four or five years; that no expense had been spared in seeking for relief in his case; and that all the efforts of the best physicians in the neighborhood in which he had resided, had been in vain. When I saw him, he had cough, slight dyspnœa, with mucous râle distinctly audible at the distance of several feet. By walking up and down the steps of the house, once or twice, the difficulty of breathing and cough would be much increased. He was very lively and cheerful, with a good appetite, and had had no fever for months. His father informed me that, upon the least *exposure* during the day, he would be attacked at night with the most fearful symptoms. Wheezing, panting, incessant cough, distressing dyspnœa, with impending suffocation, were the inevitable consequences (at night) of exposure during the day.

I ordered nitric acid, five drops, three times daily, in a wine-glass of sugared water, with a strict avoidance of exposure.

In a fortnight, he had been so much relieved that his parents imagined him cured, and discontinued the acid. In a few days, he relapsed, and I was again sent for. I ordered the acid to be continued, as before, and in one month from the time of my first visit he was *cured.*

Up to date there has been no return of disease.

This boy's father died of phthisis pulmonalis. Several of his mother's

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family have died of the same disease; and all of his brothers and sisters, without an exception, have in early childhood been sufferers from enlargement of tonsils and ulcerated sore throat. He is now the picture of health.

Case III.—A mulatto girl, belonging to Mr. W. D. T., aged four years. This was a case of congenital asthma.

The symptoms in this and the following case (aged about four years) were so similar to those of Case I. that I shall not describe them. The treatment was nitric acid, three drops three times daily, in a wine-glass of sugared water. This case resisted the treatment rather longer than the other cases, but was *cured* in about six weeks.

In Case IV., the immediate effects of the acid were perceived in a few days; and in eight or ten days she was cured.

Case V.—I never saw. It was a negro girl belonging to Mr. C., of Camden county. She was seven years of age. Her master applied to me for a prescription, after giving some of the most prominent symptoms, which convinced me that the case was asthma, as he had declared it to be.

I prescribed five drops of nitric acid, three times daily.

I heard nothing more of this case for several months after I had prescribed, when I was informed by her master that she was well.

A sufficient time has elapsed, in all these cases, to convince me that they have been radically cured.

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18. *Deafness—Enlarged Tonsils.*—In the course of a discussion in the Royal Medical and Chirurgical Society arising upon a case of stricture of the Eustachian tube:

Mr. Harvey inquired the experience of the author of the effects of enlarged tonsils, and their removal by excision, on the function of hearing.

Mr. Toynbee said that his experience on the points alluded to agreed with that of Mr. Harvey, which had been published. He believed that the enlargement of the tonsils seldom produced deafness by pressure on the tube itself. In one case he had seen, the tonsil on one side was enlarged to six or seven times the size of the other, but the hearing was better than it was on the unaffected side. When deafness did exist in conjunction with enlarged tonsils, it arose, not from pressure, for the tonsil enlarged forwards, but from the irritation and thickening of the lining membrane of the Eustachian tube. If, therefore, the tonsils only were removed, no good would result, for they exerted no pressure on the passages.

Mr. Streeter inquired the diagnosis between mere temporary deafness depending on the condition of the mucous membrane of the throat about the orifice of the Eustachian tube, and that permanent deafness from disease of the Eustachian tube and tympanum. Attention to the mucous membrane of the throat, if resorted to early, he thought would be often of great benefit, and would prevent incipient disease of the ear, following scarlatina and measles, from passing into permanent deafness.

Mr. Toynbee believed, that in case of deafness following scarlet fever, the mischief was often situated in the membrana tympani itself, and not in the Eustachian tube. He knew of no other means of diagnosis than the examination of the tube by means of the otoscope. If the tube was unhealthy, the air would, instead of passing with a crackling noise, appear to be entering in a series of bubbles, as if passing into a smaller cavity than usual. Deafness in these cases was often caused from the inflammation of the membrane spreading from the fenestra ovalis to the stapes, and producing ossification.—*Lancet.*

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19. *Results of an Operation for Hemorrhoids.*—Martha White, æt. 26, having suffered from the piles for seven years, was operated upon and relieved about the last of January, 1850. She continued well until the 1st of March, when she was attacked with a chill in the night, followed by heat and profuse perspiration. These occurred for five consecutive nights. On the 16th she entered Bellevue Hospital, and died typhoid on the 28th. The section revealed an abscess in the right lobe of the liver containing four ounces of yellowish green, thick, but glassy-looking pus, small uncircumscribed deposits in the rest of the organ, a spleen weighing 11¾ ounces and a highly vascular state of the omenta and peritoneal coat of the intestines.—*New-York Journal of Medicine.*

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20. *Hydrophobia.*—We find the following case in the Boston Medical and Surgical Journal of Oct. 9, 1850, reported by Dr. Fuller, of Medford, Mass.

About three weeks previous to the fourth of July last, Mr. I. K., residing in Somerville, while passing through a street in Cambridge, was bitten on the leg by a small dog, which he killed on the spot. As the wound was slight, he thought nothing of it—merely mentioning it to his family as a trifling accident.

For a few days before the fourth, a marked change was observed in his conduct; he was restless, at times irritable, which was the sooner remarked by his friends, as his disposition was entirely the reverse. On the morning of the fourth he went into Boston, and after his return, in the afternoon, was employed in his garden. Throughout the day he complained of suffering intolerably from the heat, and especially while in the garden, the perspiration rolling down his face in almost a stream, though the men working with him did not think the heat so excessive. About 4, P. M., a shower passed over, and the gutter of his house not running freely, he went up to clear it out, and got thoroughly drenched. In the evening, without changing his wet clothes, he went out, as he said, to look at the fire-works, and lay down on the damp roof of a shed, where he remained some time, resisting every entreaty to return to the house—declaring his intention to pass the night where he then was. His wife, however, succeeded in inducing him to go in, when he lay down on a sofa and apparently fell asleep. About 11 o'clock he arose, opened a window, and when questioned said he was going out. His wife becoming alarmed, called up the men in the house, and had hardly done so when he became furious, and being a muscular man, it required the united strength of several persons to prevent his injuring himself or others. In a few miuutes his strength failed, and he fell to the floor; they then placed him on a bed and sent for me.

2, A. M., found him in a severe spasm, requiring six men to keep him on the bed. Guided by the symptoms, I gave Bell., 3. under the influence of which the spasm ceased, and he passed the remainder of the night quietly; taking Bell. 3. and Acon. 3., drop doses, every hour alternately. About 7, A. M., spasms returned with increased severity; and as Hyos. seemed now to be indicated, I gave him drop doses of the 3d dil., at half-hour intervals. After the third dose, no effect being produced, I gave him Verat. 2., two doses, (at half an hour interval,) which in some degree mitigated the spasmodic action; but as neither Verat. nor Hyos. produced any decided effect,

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I returned to Bell. 1., which I administered in drop doses, at half-hour intervals, till the spasms abated—about 12, M. From this time he remained quiet until evening, taking the medicine at intervals of an hour.

The spasmodic attacks began with darting pains in the temple, increasing in severity till he became insensible—a thrill or shudder then passing over his frame and lasting about a minute; teeth set, muscles of face and neck rigid, breathing labored. After a while these symptoms would gradually disappear, and the patient would lie quiet for a few minutes, when another spasm, commencing like the first, or very suddenly, with no other symptom than a shudder to warn the watchers to be on their guard, would occur. The spasms occurring in the latter way were of the most violent description; in a moment he would be violently convulsed; and during the attack would strike and bite at those around in the most fearful manner If anything were placed within his reach, he would snap at it furiously, and having got it between his teeth, would cling to it, all the while making a noise not unlike the growling of a dog over a bone. During the spasmodic action, any fluid touching him, or placed near him, produced violent spasms. In his lucid intervals he complained of thirst, and if drink were offered him, would close his eyes, grasp the vessel and swallow its contents in a hurried manner. At other times, he swallowed with great difficulty and after repeated attempts. This was during the long periods between the spasmodic attacks; during which, also, he was conscious and calm, and would earnestly caution his friends to be on their guard.

About 6, P. M., spasms returned and lasted till 2, A. M., when, after a very severe one, they ceased and he sank into a quiet sleep. This interval lasted until 4, P. M., (Saturday,) when the spasms again returned, but with less violence than the previous attacks. At 6, P. M., met in consultation with Dr. Hurd, of Charlestown; present Drs. Lyon and Neilson—and it was determined if the spasms continued, to administer the ether. About 9 o'clock, a bed and other apparatus for confining persons was procured from the Hospital at Somerville, on which he was placed and secured. I remained until 10 o'clock, and then left him for the night in charge of Dr. N.

Sunday, 9, A. M. Dr. N. informed me that after I left, the evening previous, the spasms grew gradually less violent, until about 11, when he had one or two rather severe ones, and that then, wishing to try its effects, he applied a sponge, wet with chloric ether, to the patient's lips. The contact of the moist sponge threw him into the most violent spasm, and a second attempt produced a similar result. About 1, A. M., the spasms again ceased, and the patient enjoyed another interval of repose. About half an hour after my arrival, patient had another slight attack; excited, doubtless, by the injudicious conduct of one of his friends, who, as I entered the room, was describing to him the nature of his case, &c. Dr. H. being present, chloric ether was immediately applied, and despite his struggles, continued until its effects were produced. The effect lasted about twenty minutes. He had no return of the spasms after this, though the pain and dizziness in his head continued for some days. Up to this time he remains well, and attends to his business, (brick-making,) as usual.

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21. *Brayera Anthelmintica, or Kousso, a remedy for Tænia.*—Dr. Budd, of King's College Hospital, London, has lately experimented with this drug in cases of *Tænia*. It has also been tried in France, where the mode of introducing a new remedy to the profession

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is the following: A memoir on the subject, with samples, is sent to the Academy of Medicine; if the Academy think the matter worthy of a trial, they appoint a committee, chiefly composed of physicians in a case like the present, who make experiments, and report the result with their opinion. The report as to the kousso was extremely favorable; it had been used in various hospitals with complete success, and the conclusion of the report stated that it is a valuable remedy for tænia. (Meeting of May 25, 1847.) A favorable opinion was also expressed by the Academy of Sciences. In the experiments made in King's College Hospital, nine in number, the powder, weighing four drachms and a half, was infused for ten minutes in three-fourths of a pint of hot water, then stirred, and the whole administered on an empty stomach before breakfast. In every case the worm had been expelled, and the patient relieved.

A young female, a year before, had passed a large portion of tænia under the influence of turpentine and castor oil; her symptoms were then general languor, weakness, and at first a ravenous appetite; lately the appetite had fallen off, but there had been a permanent feeling of flatulence in the stomach. About six months ago she often passed small portions of worm, and felt much better; for four months had taken turpentine and various remedies without effect; on the 7th evacuated a piece without medicine, and on the 11th was admitted into the Hospital. She had jalap and various purgatives, and finally *kousso* before breakfast. She complained of headache and unusual depression and languor, and stated that it had a decided diuretic effect, but it produced no nausea nor pain in the bowels. At a quarter to one she passed, without any motion, a portion of worm about three feet in length, evidently torn off at both extremities. She felt very sick the next day; urine became scanty, and passed with some pain; bowels rather loose, motions very dark and passed with some uneasiness.

A woman 41 years of age, admitted April 1. Looks thin and anæmic, complexion rather sallow; within four weeks of her admission had passed, she thinks, nearly three yards of tapeworm at various times. A week after admission took the *kousso* at 10, A. M., before breakfast; in the evening, after the bowels had been opened by magnesia and epsom salts, about two yards of tænia were passed; one day after, two other portions came away, one about a yard and a half in length, the other somewhat shorter. She expressed herself quite relieved of her symptoms.

A married woman, aged 44, first passed portions of worm sixteen years since, when at Fort Beaufort, Cape of Good Hope, where the natives often die from tænia. The natives treat it:—1. With an infusion of pomegranate bark in milk, preparatory to which they drink daily, for a short time previously, an infusion of orange-peel in brandy. 2. With castor oil and turpentine, as introduced by the English. 3. With the root of a plant colled *cacay*—round like a turnip, sweet to the taste, and white when scraped. Under the pomegranate root

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she passed seven yards and a half at a time; under the turpentine, less portions, and under the *cacay* only isolated joints. For sixteen years she has passed joints of tænia at intervals never exceeding five days. *Symptoms*—Gnawing pain and constant feeling of sinking referred to the epigastrium; pain in the limbs; general feeling of lassitude and dimness of sight; no increase of appetite; constant sensation of faintness; she has now slight appetite; tongue white and coated; nausea, especially on first getting up in the morning; bowels generally regular; slight cough; loss of strength. At times she fancies she feels the movements of the worm; *she has also long suffered under prolapsus uteri.* She took the kousso at half-past nine, A. M., before breakfast; said it tasted much like the pomegranate bark; had a feeling of nausea which lasted about a quarter of an hour. Just before two o'clock an immense tapeworm was passed, without any fæcal matter, in two pieces, one about two yards and a half long, and the other about three quarters of a yard. In the evening a few more joints appeared; on the next day, joints and a portion about a foot in length; in the evening another small portion and about a yard and a half of a smaller worm. Two days after the dose, an immense number of isolated joints were passed, seemingly long dead and decayed. Six weeks after, she passed no more joints and expressed herself relieved of the symptoms she had attributed to the worm.

The other cases are quite similar, and we shall only allude to one other, reported by Dr. Armstrong, who was consulted by a Mr. S., who had suffered for some years from all the symptoms of tapeworm. His health and spirits were much affected, and he was in constant dread of some impending calamity. Turpentine and castor oil, pomegranate, and various other anthelmintics, failed to give him relief. The *filix mas caused the expulsion of a large portion of the worm*, but the head was not discharged. His health did not mend, and his anxiety increased until be finally took a dose of the *kousso*. This was at 7, A. M.; at ten he voided the entire animal, about fifteen feet long, with little or no pain.—*From the Lancet.*

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22. *Nitric Acid in Syphilitic Sores.*—Every homœopath is familiar with the marvellous efficacy of *Nitric Acid* in syphilis and in mercurial affections which simulate it, and it is melancholy to see our allopathic brethren stumbling about for a rationale of its action in a case like the following from the Lancet:

About three weeks before the patient's admission into St. Thomas' Hospital he contracted syphilis; chancres appeared two days after connexion, followed, in four days, by a bubo in the right groin. For these *very rapid* manifestations he applied, as out-patient, at the Westminster Hospital, and took mercury for a fortnight without the gums becoming affected. When admitted into St. Thomas' Hospital, his countenance was pale, his pulse feeble, 90, and he complained of a dull aching pain in the loins, and loss of appetite. On examination, a chancre was found on each side of the frænum, and a bubo in each groin; that on the right side was about the size

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of a pigeon's egg, painful, red, and fluctuating; the left one much smaller, unattended with redness, but very tender. Mr. Dixon directed the chancres to be dressed with black wash, and the bubo in the right groin to be opened. The opening thus made in this groin did not show, after the expiration of nine or ten days, any tendency to cicatrization, but discharged a thin, unhealthy pus, whilst the swelling in the left groin was disappearing. The patient was ordered quinine.

About thirteen days after admission, *he fell into a low cachectic state*; the sore in the right groin, where the bubo had been opened, became larger, and its surface was covered with unhealthy granulations. These appearances, and the weak state of the patient, induced Mr. Dixon to order porter and gin, two ounces of the latter being allowed daily.

The sore in the groin became, however, worse and worse; it assumed a very unhealthy aspect, began to spread in an alarming manner, and presented a pale glassy surface, covered with thin ichor; it was now two inches in length, and half an inch in breadth, with irregular, bluish, and overhanging edges. Mr. Dixon chose strong nitric acid, *in the long list of applications which have been recommended in such cases.* It was to be applied all round the edge of the sore, so as to include a breadth of half an inch of sound skin all round the margins.

Three days after the application of the nitric acid, the appetite improved; the sore lost its undermined edges, assumed a regular defined border, and the surface looked less indolent. Healthy granulations soon sprang up through the whole extent of the sore, and the chancres on the penis healed. A lotion was now applied, with two minims of nitric acid to the ounce of water.

The general health went on improving; the surface of the sore was covered with minute healthy granulations, and as the healing process was progressing very satisfactorily, Mr. Dixon ordered the edges to be brought together with strips of adhesive plaster; and on the 8th of March, forty-six days after admission, the patient was discharged cured, the cicatrix in the groin not being larger than a good-sized pea.

Thus we find that exactly one month after the edges of the sore were destroyed, and the neighboring parts *strongly stimulated.* (!) by the nitric acid, the ulcer, which began to look very unpromising, was completely cicatrized, having taken on healthy action very soon after the application of the caustic. No especial internal treatment was resorted to, Mr. Dixon's principal aim being to keep up the strength of his patient, whilst he stimulated the indolent ulcer of the groin. (!) *We have so often seen the best efforts of the surgeon baffled in cases like this,* that we are inclined to give much confidence to the method adopted by Mr. Dixon.

The misfortune is, that, not being aware of the true principles by which to select nitric acid, the next practitioner who applies Mr. Dixon's method may be entirely disappointed in the result, when the unfortunate acid will begin to lose caste and soon sink into disuse. This is the sad summary of the history of the old school Materia Medica.

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23. *Opium in Strangulated Hernia.*—Dr. Reid communicates to the Lancet a case of strangulated hernia which is interesting to homœopathists from its having been a severe case, reduced, after all other means had failed, by the administration of *opium* alone.

On Monday, the 29th of April last, I was requested to visit an infant

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(eleven months old), on account of its having been attacked on the previous evening with continued vomiting, pain in the abdomen, and inability on the part of the mother to reduce an oblique inguinal hernia. The vomiting continued throughout the night, and the child was sleepless and exceedingly restless. On making an examination, I found the integuments over the protruded parts red and inflamed; the tumor hard and tense, and very tympanitic on percussion; pain and uneasiness much increased by pressure. My friend Mr. Smith had seen the case in the early part of the day, and ordered a mixture containing a considerable quantity of opium, for the purpose of getting the patient fully under its influence: he had also ordered cold to be unremittingly applied to the tumor. When this treatment had been persisted in for some hours, I endeavored to reduce the hernia by the taxis, which having failed at Mr. Smith's first visit, I did not wish to employ, until the medicine had had time to produce its relaxing effect. My endeavors were alike unsuccessful, the protruded parts being in a state of close strangulation—a rather rare occurrence at this very early period of infancy. I now, with Mr. Smith's consent, directed the medicine to be continued, an enema to be administered, and the child to be placed in a warm bath: in the event of these measures not succeeding, I determined at my next visit to proceed to operation. The first part of my instructions alone was carried into effect—namely, the continuing the opium treatment, and with the most satisfactory results, for on repeating my visit I found the infant fully under the influence of the drug, and the protruded parts entirely returned into the cavity of the abdomen.

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24. *Rheumatic Diseases of the Ear.*—Mr. Harvey, in a communication read to the "Medical Society of London," (Sept. 24th, 1849), said that his attention was first directed to this subject by observing the effect of rheumatic inflammation on the tissue of the eye, and from noticing, in many cases of ear disease that came under his care, the presence of articular rheumatism, which influenced, either directly or indirectly, the disease of the ear, the relief of one, for instance, being followed immediately by aggravation of the other. Believing, from observation, that many such cases were made worse, and even irremediable, by mistaking the cause of the disease, and by the application of stimulating remedies, he determined on investigating the subject. The result has been that, in a great number of cases, he has been able to trace the connection of the ear affection with rheumatism of the system generally. In the eye, the secondary attack has been usually found to come on after the system has been well saturated by the poison of the disease; but the ear may become affected early, the parts first implicated, as in the eye, being the fibrous tissues, and subsequently, the nervous expansions. The disease exhibited itself under two forms—the acute or destructive, and the chronic or insidious; both, when neglected, tended to impair the sense of hearing; and the former led to the entire destruction of the organ. The acute form generally attacked males, and was connected with articular rheumatism; the chronic was more frequent in females, and was associated with rheumatism of the muscular system. The symptoms of the acute form of the disease, to which the paper was restricted, are, that the attacks are paroxysmal, usually following a seizure of articular rheumatism, tinnitus aurium, resembling the pumping of a steam-engine or forge-bellows, and generally a benumbed sensation over the temporal and mastoid regions. This was the part chiefly implicated in the disease, which, if not speedily relieved, ended in exfoliation of the bone.—*Am. Journ. Med. Sciences* from *Lond. Med. Gaz., Oct.*, 1849.

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Miscellanea

The commencement of the second half of the nineteenth century finds Homœopathy occupying a position in the United States which is exceedingly cheering to its friends, and we enter right heartily into the work of its further extension by means of the present Journal. It now calls for an organ by which not only its claims may be advocated but its rights defended, its scientific character maintained, its past preserved, and its future developed. It is our desire to do what we can toward the fulfilment of these ends and we earnestly request the co-operation of our colleagues in this common object.

A part of each number of the Journal will be devoted to original communications on the theoretical and practical questions of interest in our school and to notices of new publications in this and other countries. We shall endeavor to present translations of the important papers which appear in homœopathic periodicals in foreign languages, to give a summary of all that is of practical value in cotemporaneous homœopathic literature throughout the world, and to extract from allopathic experience, whatever shall be found serviceable for the purposes of our art.

It is our intention, also, to furnish an appendix to every number (if possible), containing additions to the Materia Medica, in the form of provings of new remedies or reprovings of the old; this will be separately paged for the purpose of being independently bound. There is a valuable treasury of these in German, which has never yet been unlocked to the English student, and there are materials in manuscript in this country alone, which would suffice for many volumes. Some of these we trust to have the pleasure of presenting to our readers.

Important, however, as is the work of enlarging and developing the Materia Medica, its clinical verification is no less interesting and necessary. This is the duty of individual practitioners, and if each one would contribute his quota, a common stock would soon be gathered, the value of which could hardly be estimated. We request every homœopathic physician, then, to communicate to us minute

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reports of such cases, occurring in his daily practice, as furnish clinical confirmation of the alleged facts of the Materia Medica in relation either to the pathogenetic or curative action of drugs. These we shall be happy to arrange and publish in such manner as shall most contribute to the information of the practitioner and the progress of our science.

It will be understood that the Journal is not responsible for the opinions put forth in its columns by individual contributors. Such a responsibility would be inconsistent with the principle of free discussion, and would secure uniformity at the expense of truth, as the tribes of Flat-heads produce similarity by the sacrifice of beauty.

The Abuse of Cold Water.—Cold water has been employed from the earliest periods as a therapeutic agent, as well as for purposes of cleanliness. The great lawgiver of the Hebrews, in framing his moral and dietetic code, did not overlook the importance of daily ablutions as a means of promoting the physical and mental condition of his followers. In using the expression, physical and mental condition, we write advisedly; for who can doubt the immense influence of personal cleanliness upon the thoughts, morals and habits, as well as upon the physical organizations of men. The ancient Greeks and Romans were also well aware of the value of water, both as a preservative and a curative agent, as their numerous and extensive public baths, and the frequent allusions made to them by the old writers, abundantly testify. Frequent ablutions constitute a part of the religion of the Moslem, and, if the opinion of a Christian may be allowed, decidedly the best part. Mahommed, who was an excellent judge of the wants of his countrymen, thus addresses the true believers in the Koran: "When ye prepare yourselves to pray, wash your faces, and your hands unto the elbows; and rub your heads, and your feet unto the ancles, and if ye be polluted, wash yourselves all over." But it is only within the present century that water has been recognized as a distinct and important therapeutic agent. The first systematic course of treatment by the external and internal employment of cold water, originated with the distinguished Dr. Matthew Smith, for many years professor of surgery in the medical department of Yale College. There are numerous cases reported, especially of fevers, in which the professor resorted to the cold dash and the wet sheet, with eminent success; but the practice died with him, since no one of his professional friends possessed the moral courage to follow his bold example. To Priessnitz, however, belongs the credit of having carried out, in all its details, the present system of what is called *Hydropathy*. Priessnitz undoubtedly claims too much for his applications in a therapeutical point of view, and his disciples, both well and sick, have often received injury from

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their injudicious use; yet we deem the occasional employment of hydrotherapy, a valuable auxiliary to homœopathic remedies in certain diseases. The power of cold water applications in modifying the functions of the body, in abstracting the animal heat, and in depressing the energies of the system, is not sufficiently understood by the public. They are taught to believe that so simple an agent as water is harmless, and that no unpleasant consequences can result from its free and indiscriminate use, both in health and disease; but this is an error of importance; since frequent applications of cold water to the surface of the body, serve to withdraw suddenly a greater or less amount of its caloric, and thus render necessary constant reactions of the organism to restore the disturbed equilibrium, which tend to impair its vigor and endurance. On this subject, we translate some remarks, by M. Léon Simon, from the April No. of the "Journal de la Médecine Homœopathique." "Water is a general agent, the use of which is not as yet sufficiently appreciated. I regard its action as useful as that of air; and I believe that certain processes of hydropathy are as capable of benefiting the sick as a residence in the country. But the use of cold water ought to be directed with the greatest circumspection; for the hydropathic courses are not without danger. I have often seen invalids who have followed the treatment of Priessnitz in all its rigor; these have acquired strength and ceased to suffer; but they have rapidly grown old, and have died early. It appears that the hydropathic practice exhausts the life of the patient, and that it gives no more energy to the vital force, than it exhausts by its action."

M. Pénoyé also sustains the opinion of M. Simon, and cites the case of Baron Chabault who was a great partisan of hydropathy, and the first in France to write upon the subject. He followed the method of Priessnitz with rigor, and died young with all the signs of old age. M. Pénoyé adds that he has seen chronic maladies considerably aggravated under the influence of cold water, and afterwards cured by homœopathic treatment.

The following conclusions of M. Clemens Hampe, who has written a brochure upon the subject, appear quite just. "The employment of cold water sometimes facilitates the action of specific medicines, by giving more force to the debilitated patient. It may also be useful in the treatment of medicinal diseases; but, as water is a general agent and not a medicine, it cannot *cure*, taking the word in its most rigorous acceptation. Finally, it is a valuable auxiliary of our specifics, but not, as a principal means, sufficient of itself to cure diseases."

New Homœopathic Society in Paris.—Our readers are probably aware that in Paris, as elsewhere, the disciples of Hahnemann have had differences of opinion upon minor matters, which have been suffered to result in a separation and consequent formation of two scientific societies. These were respectively entitled "*La Societé Hahnemannienne*," and "*La Societé de Médecine Homœopathique de Paris.*" We

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rejoice to state that the necessity of explaining the grounds of the separation and distinct organization is now superseded by their union into one, "*La SocietéG allicane de Médecine Homœopathique.*" The first number of the organ of this new association, "*Journal de la Societé Gallicane de Médecine Homœopathique,*" issued in May last, contains a list of the members, an extract from the Constitution, and an account of the formation of the new Society. Among the resident members, we recognize as names familiar to American ears, those of *Croserio, Jahr, Leboucher, Pétroz, Léon Simon, père et fils, and Teste.* The union was proposed on the 10th of April, the anniversary of the birth of Hahnemann, at a dinner to which the members of both the previously existing societies had been invited by MM. Gastier and Delavallade. The proposition was received with great unanimity, and the details immediately perfected. May we not hope that our brethren in the English metropolis will soon follow the example of harmony and mutual concession, set them both in New-York and Paris, and cease the civil war which is distracting their attention from the great work which they are commissioned to perform?

The officers of La Societé Gallicane for 1850 are as follows:

President, PÉTROZ.
Vice Presidents, DEFERT and DAVET.
Secretaries, LÉON SIMON, père et fils, and LOUIS MOLIN.
Treasurer, MOROCHE.

Homœopathic Congress for Northern Germany.—This Congress, which was appointed for the 31st of July, 1850, instead of the 10th of August, was held at *Hamm*, under the presidency of Dr. Von Boenninghausen. The following report of the proceedings is from the Homœopathic Times, No. 54.

Dr. Stenz, of Bonn, delivered a discourse on the *vexata quæstio* of the dose, and stated as the result of his experience, that it was impossible to fix a normal standard for the dose, that should be applicable for all cases of diseases. As a rule having some approximation to the character of a general maxim, he stated, that the lower doses were more suitable for acute, the higher for chronic diseases. But this was not the opinion of all homœopathists. Thus, Rau held an exactly opposite opinion; and even Stapf, whose attachment to the higher dilutions was well known, had experienced the best results in the treatment of chronic skin diseases from the lower triturations of *Graphites* and *Carbo-veg.* He held it, however, to be quite a fallacy to assume that acute diseases were always better treated by the lower, and chronic by the higher dilutions; and it was equally wrong to say, that children required either the higher or lower dilutions. For the cure of some cases, it was absolutely necessary to use the more massive doses, for others the higher and highest potencies were required.

Dr. Boenninghausen related the case of a child who was affected with great congestion to the head, and lay in a perfectly comatose state, for which *Bell.* was decidedly indicated. He gave *Bell.* 200. with no result. He then gave 30., no change was effected; *Bell.* 6. failed equally to produce the slightest alteration. He then gave *Bell.* 2500., and in a few hours

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amendment set in, and in forty-eight hours the child was perfectly cured. He laid it down as a general rule, that it was better, in repeating a medicine, to go from the lower to the higher, than from the higher to the lower dilutions. He now very rarely administered anything below the 200th potency, even in acute diseases.

Dr. Gauwerky, of Soost, mentioned two cases, one of which bore out Dr. Boenninghausen's remark, the other did not. The latter was a case of aphthæ of the mouth in a child. The whole mouth and throat were thickly set with white aphthous spots, and when the white deposit fell off, the parts beneath bled freely. There was much mucus in the throat, that threatened to suffocate the child. *Iod.* he conceived to be indicated. He gave it in the 200th dilution, it did good for a little, but its good effects soon ceased. He gave it in the 30th, then in the 3d dilution, with the same result; the case grew even worse than before. Still convinced that *Iod.* was the proper remedy, he gave the mother tincture of *Iod.*, four drops for a dose. The disease was thereby cured in such a rapid manner, that it seemed to have been blown away.

The other case was one of fungus hæmatodes in a man. The patient lost much blood every day from the tumor. *Phos.* 30. did nothing, but *Phos.* 200. effected a most rapid cure.

Dr. Boenninghausen mentioned a case of fungus hæmatodes of the cheek, which he cured with a single dose of *Staphysagria*, 200.

Dr. Gauwerky detailed a case of ascites in a lady, which, after much allopathic treatment, was rapidly cured by *Lycopodium*, 30.

Dr. Stenz said he had had several cases similar to that one of Dr. Gross, detailed in the *N. Archiv*, where weak labor-pains were instantly made energetic by the use of *Sec-corn.*, 200.

Dr. Gauwerky related the case of a lady affected with pleuro-pneumonia, in which he had vainly tried *Acon.*, *Bry.*, and *Arn* The breathing became shorter and shorter, the cough more and more troublesome. He gave in the morning a dose of *Rhus;* this was soon followed by a sound sleep of several hours' duration; but in the evening the patient got out of bed, walked out of the house, and threw herself into the well. He asked whether this extraordinary catastrophe might not have been the result of the pathogenetic action of *Rhus.*

Dr. Boenninghausen was of opinion that it ought to be attributed to the *Rhus*, as that medicine had an almost precisely similar symptom in its proving. He attributed this effect to the fact of the *Rhus* having been given in the morning; he often found bad results to ensue from giving medicines in the morning, and he now only gave them in the evening.

Dr. Boenninghausen next read a communication respecting a case of hydrophobia resulting from the bite of a mad dog, which had given rise to a conflict with the medical faculty and the municipal authorities.

Dr. Dudgeon detailed the histories of the two cases of hydrophobia that had been successfully treated in England by homœopathic remedies, which excited a great deal of interest among the assembled physicians.

Dr. Boenninghausen directed attention to the frequency of the occurrence of scrofula after vaccination, which he ascribed to the inoculation of that disease, along with the vaccine matter; and further remarked, that he had found *Thuja* quite specific in the smallpox, which it cured without leaving the slightest mark. He gave it in the 200th dilution, one dose alternately with *Merc.* 200., every second day. He gave it in alternation with *Merc.* because *Thuja* did not bear repetition well without an intercurrent remedy.

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A variety of other interesting matter was brought forward and discussed, but as it was more of a local than a general interest, relating chiefly to the relation of Homœopathy to the state, it need not be detailed. Before the meeting separated, Dr. Boenninghausen expressed the pleasure himself and colleagues experienced at seeing some of their English brethren amongst them, and hoped that at the next assembly of the North-German homœopathists, they would have the pleasure of seeing a larger number of them.

Drs. Davenport and Dudgeon, of London, were present, and it was announced that next year the meeting would be held at the Hotel at Deutz, opposite Cologne, on the 31st July.

Homœopathic Congress for England.—The first Congress of the homœopathic practitioners of England, was held at Cheltenham, on the 12th and 13th of September, 1850, and was respectably attended. The proceedings consisted principally in the reading of papers, and in friendly discussions. Among the papers read, we notice one by Dr. Drysdale, on the arrangement of the Materia Medica, practically illustrated by the application of the method proposed by him to *Kali Bichromicum*, and another on uterine disease, by Dr. Madden. Great harmony and good feeling appear to have prevailed, and the Congress adjourned to meet in London in the month of July, 1851.

French Homœopathic Congress, for 1851.—At the meeting of the Societé Gallicane, of Paris, on the 15th of June, it was determined to defer the Congress which had been previously appointed for the 5th of September, 1850, for another year. The standing committee consisting of Drs. Croserio, Delavallade, Jahr, Chancerel and Léon Simon, give notice that memoirs upon the prize questions must be handed in by the 1st of July, 1851. The premiums are:

1. Des Guidi's premium of 300 francs, to the best essay on the indication of a useful method of determining exactly the characteristic peculiarities of remedies which have been tried on healthy persons; the method to be illustrated, as applied to *Calcarea-carbonica*, *Lycopodium-clavatum*, *Silicea* and *Causticum*.

2. Dansi's premium of 500 francs to the best essay on the questions: In what potency have the homœopathic remedies most efficacy in acute diseases? What characters of disease decide the superiority of one potency over another? What conclusion can we form as to the repetition of the dose?

Essays will be received, written in French, German, or English, and we do not doubt that an American competitor, for either or both of these prizes, would be warmly welcomed by our Transatlantic brethren.

The Homœopathic Use of Gymnastics.—We take the following remarks by Dr. Roth from the Homœopathic Times, No. 53:—

Movements of the human body have been used from time immemorial, under the name of gymnastics, to develop the healthy, strengthen the weak, and in many cases to cure the invalid. It was, however, a practice

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not based on anatomical, physiological, and pathological principles; and even now comparatively very few medical men have any right idea of this important medical instrument, which is capable of contributing much to that desirable end, the prevention of disease.

If a person were to tell a patient to go to the chemist's, and obtain from his shelves any medicine the shopman might choose to give him, he would be laughed at: yet a doctor directs in this very way the use of gymnastics, not prescribing the mode nor the kind, though the different movements have very different effects. The consequence is, the patient sometimes suffers from the bad effects of unsuitable exercises.

Ling has the great merit of having first shown what can be done by movements, active or passive, practised in conformity with science, and in reference to the physiological effects of the different kinds of movement. He showed the difference between hap-hazard exercises, mere mechanical efforts, and those regulated movements which are curative in the way of re-action.

The last Gulstonian lecturer, Dr. Chambers, among other accessaries in the treatment of obesity, recommends, in this unreflecting way, "the whole English gymnastics," without mentioning the exercises in detail. Now, as corpulence results from different causes, and exists under different conditions of constitution, the exercises would require to be different in different individuals. But the lecturer, perhaps unconsciously to himself, like most of the old school practitioners, has been influenced by Homœopathy, for in speaking of *Liquor Potassæ* as a remedy for obesity, and the reported cures by that medicine, he says they are not *pure results*, because the medicine was not given *alone*, but that bleedings and various other means were used at the same time.

By the word "movement," in the sense of a medical instrument, we do not understand the mere putting the body into motion, but *every change of position, and the difference of form of any part of the body under the influence of the movement, whether it be mere bodily motion, or be produced by any external mechanical agent, whether it be a living one or not.*

It is a curious, interesting, and important fact, that even this apparently mechanical curing-method acts according to the law "like cures like." This seems to have been known to Shakspeare, as implied in the line that has been quoted, "Turn giddy and be holp by backward turning."

1. All know that giddiness is produced by rapid turning round of the body, but only those who are able to appreciate the scientific gymnastics, know that certain kinds of morbid giddiness may be cured by a certain turning of the upper part of the trunk, while its lower part and the legs are fixed in a riding position on a chair.

2. The pressure of a tight bandage on a limb produces swelling, *varices*. etc.; the tourniquet applied in a homœopathic dose, that is for a few minutes every day, *cures similar chronic affections*. The inexcusable and unnatural use of different stays or supports, in the so-called orthopœdic institutions, and in private practice, for the cure of spinal disease, may be cited as an example of unscientific and injuriously applied gymnastic treatment.

3. Soldiers who wear very tight cravats, suffer from singing in the ears, eruptions of the face, and headaches; *the compression of the jugular veins*, for a very short time daily, *cures these affections*.

4. The hot feet of patients, suffering from slow fever, are relieved of the heat by percussions with some hard object on the soles, which produce in the healthy that sensation of heat. The same percussions are ineffectual to relieve the coldness of cold feet.

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5. Friction of the hands relieves the burning of the palms; those in health feel increased heat of the palms from this movement.

The number of facts which prove the homœopathicity of the treatment by movements (medical gymnastics) is very great; but what has been said may suffice for the present; at another time I hope to show the practical elements of this branch of medical science.

Literature.—The press is not idle abroad in the cause of Homœopathy. We have given already in this number of the Journal a pretty full account of the Literature of the United States; we add, from the Leipsic Homœopathic Quarterly the following list of foreign works lately published.

Boecker, Fr. Wilh., Beiträge zur Heilkunde, insbes. zur Krankheits-, Genussmittel- und Arzneiwirkungslehre. 1. Bd. Crefeld, Funcke u. Müller. 1849.

Contributions to Therapeutics, etc.

2. *Buchner*, der Sublimat in seinen physiol. Wirkungen. Augsburg, Jenisch und Stage.

Physiological effects of Corrosive Mercury.

3. *Cobret, C. M.*, der homöop. Haus- und Vieharzt. 2te Aufl. Ulm, Ebner.

Domestic and Veterinary Medicine.

4. *Frank*, Magazin für physiol. und klin. Arzneimittellehre und Toxicologie. 2 Bd. 3. Hft. Leipzig, Baumgärtner.

Magazine of Materia Medica and Toxicology.

5. *Hartmann*, Caspari's hom. Haus- und Reisearzt. 3. Aufl. Leipzig, Baumgärtner.

Domestic and Travelling Physician.

6. *Hellmund, J. M.*, Gründliche Anweisung zur Heilung der gefährlichsten Kinderkrankheiten, nach homöop. Grundsätzen bearbeitet. Gotha.

Homœopathic treatment of diseases of Children.

7. *Hering, Const.*, hom. Hausarzt etc., mit den Zusätzen von Goullon, Gross und Stapf, etc.

Domestic Physician.

8. *Jahr, G. H. G.*, Klinische Anweisungen zu homöopathischer Behandlung der Krankheiten. Leipzig, Hermann Bethmann.

Clinical guide in homœopathic treatment of disease.

9. *Jahr, G. H. G.*, Alphabet. Repertorium der Hauptsymptome, etc., und Generalregister zum grossen Repertorium. Leipzig, Bethmann.

Alphabetical Repertory of cutaneous symptoms with general Index to the large Repertory.

10. *Pillmann, Aug.*, Mittheilungen aus dem Gebiete der hom. Heilkunde. Gotha, Gläsel.

11. *Rentsch*, die hom. Behandlung der Cholera Asiatica. Potsdam, Gottschick,

Homœopathic treatment of Cholera.

12. *Rummel*, die Nothwendigkeit einer Gleichstellung der Homöop. mit der alt. Med. Zum Besten für Hahnemann's Denkmal aus der H. Z. abgedr. Magdeburg, Heinrichshofen.

Necessity of comparing the old and new schools.

13. *Schmidt, G.*, das Wesentlichste und Wichtigste von der hom. Behandlung der Cholera, für Aerzte. Wien, 1849. L. W. Seidel.

Homœopathic treatment of Cholera.

14. *Griesselich*, Manual pour servir à l'Etude critique de la Médecine Homœopathique, traduit de l'Allemand par le Dr. Schlesinger. Paris, 1849. Baillière.

Critical history of the Homœopathic School. Translated from the German of Griesselich.

15. *Hering, C.*, Médecine homœopathique domestique, traduit de l'Allemand par le Dr. Marchand. Bordeaux.

Domestic Physician from the German of Hering.

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16. *Hartmann*, Thérapeutique homœopathique des maladies aigües et chroniques, traduit de l'Allemand sur la troisième edition par les Drs. Jourdan et Schlesinger—Rahier. Paris.

French Translation of Hartmann's Therapeutics.

17. Du Choléra morbus epidemique, de son traitement preventif et curatif selon la méthode homœopathique, rapport publié par la Société Hahnemannienne de Paris.

Report of the Hahnemann Society of Paris on the Asiatic Cholera.

18. Doctrine de l'école de Rio de Janeiro et pathogénesie brasilienne, contenant une exposition méthodique de l'homœopathie, la loi fundamentale du dynanisme vital, la théorie des doses et des maladies chroniques, etc. Paris.

Dr. Mure's account of Homœopathy in Brazil with the provings of the Brazilian School.

19. *Dudgeon, R. E.*, The Homœopathic treatment and prevention of the Asiatic Cholera. London.

20. *Russel, J. R.* A treatise on Epidemic Cholera with an appendix of Cases, etc. etc., map, etc. London. Baillière.

21. *Williamson, W.* (Philadelphia.) A Short Domestic Treatise on the Homœopathic Treatment of the Diseases of Females and Children. London, Highley.

22. *Yeldham, S.* Homœopathy in Acute Diseases. London, Baillière.

23. *Grenetti.* La Medicina Specifica Applicata alle ferite prodotte dalle arme da fuoco e da taglio. Jos. Bocca.

Homœopathic Military Surgery.

24. *Poeti, M.* L'Omeopatia Paragonata agli altre methode di curare le malattie, con un saggio sopra l' azione curativa del magnetismo animale. Jos. Bocca.

Comparison of Homœopathy, with other Therapeutic methods, with an Essay on the Curative Power of Animal Magnetism.

25. *Poeti, M.* Del abuso del salasso. Jos. Bocca.

To which we may add:

26. *Tessier, J. P.* Recherches Cliniques sur le Traitment de la Pneumonie et du Choléra, suivant la méthode de Hahnemann, précédées d'une Introduction sur l'abus de la Statistique en Médecine, par le Docteur *J. P. Tessier*, Médecin de l'Hôpital Sainte Marguerite, (Hôtel-Dieu Annexe,) à Paris. Paris, 1850. 8vo. pp. lxxvi—299.

Clinical Researches on the Homœopathic Treatment of Pneumonia and Cholera. Conducted at St. Margaret's Hospital, Paris.

27. Etudes de Médecine Homœopathique par le *Dr. S. Hahnemann*. Opuscules servant de complément a ceux qui font suite à la 3me édition de l'Organon; Suivies de la Clinique Médicale Homœopathique du *Dr. Hartung;* Traduits de l'Allemand par le *Dr. Schlesinger-Rahier*. Paris, Baillière. 8vo. pp. 514.

Some minor productions of Hahnemann, with the clinical cases of Dr. Hartung.

28. *Haas.* Mémorial du Médecin Homœopathe ou Répertoire Alphabétique de Traitements et d'Expériences Homœopathiques, pour servir de guide dans l'application de l' Homœopathie au lit du Malade, par le *Dr. Haas.* Traduit de l'Allemand par A. J. L. Jourdan, deuxieme edition, revue et augmentée. Paris, Baillière, 1850. 18mo.

Clinical Manual.

29. *Teste, Alph.* Traité Homœopathique des Maladies Aigües et Chroniques des Enfans par le *Dr. Alph. Teste.* Paris, Baillière, 1850. 12mo. pp. 419.

Homœopathic Treatise on Diseases of Children.

30. *Croserio, C.* Manuel Homœopathique d' Obstétrique ou Secours que l'art d'accouchement peut tirer de l' Homœopathie par le *Dr. C. Croserio.* (Extrait du Journal de la Societé Hahnemannienne de Paris.) Paris, Baillière, 1850. 8vo. pp. 121.

Medical Midwifery.

31. *Dudgeon, R. E.* The Pathogenetic Cyclopœdia; a Systematic Arrangement and Analysis of the Homœopathic Materia Medica. Part I. Containing the

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Symptoms of the Disposition, Mind and Head. By *R. E. Dudgeon, M. D.* Printed for the Hahnemann Society. London, Highley. 8vo.

32. *Jahr.* Du Traitement Homœopathique des Maladies de la Peau et des lésions extérieures en général par le *Dr. G. H. G. Jahr.* Paris, Baillière, 1850. 8vo. pp. 608.

Cutaneous Diseases, by Jahr.

NOTICE.

Jenichen's High Potencies.—The friends of Jenichen's preparations will be glad to hear that his successor is ready to deliver to order the genuine preparations as long as they last.

Jenichen, after sacrificing his comfort, money, health, and finally his life, to carry out his idea of potentizing homœopathic medicine, bequeathed all the money he left (about 10,000 Thalers) to the town of Wismar, on the condition that it should support a homœopathic physician there, who should attend to the poor. The first was to be appointed, according to his will, by Doctor E. Stapf, the others thereafter by the community of Wismar. The first physician under the Jenichen fund was to receive his books, manuscripts and medicinal preparations, but was bound to dispense dry globules only.

Jenichen had himself sealed up the closets and boxes containing his preparations which were finally opened in May last by Doctor Rentsch, from Potsdam, who had been designated by Stapf and accepted by the Senate of Wismar, and who thus came into possession of this treasure.

It could not have fallen into better hands. Dr. Rentsch has given proof of his abilities as a physician by his treatise on diseases of the ear (*Allg. hom. Zeitung, vol.* 38, *No.* 5 *et seq.*) and it is not necessary to say anything more than that in his investigations, as well as his prescriptions, he follows the strictest method.

As all the ready-made globules had been locked up from February, 1849, till May, 1850, and some of the corks had been loosened, etc., he put them aside and prepared new ones from the fluids, finding the latter in perfect order.

A complete list of all Jenichen's Potencies with the prices, etc., may be had in the homœopathic book stores. We may make use of what we have called "grafted" preparations, but I find a considerable difference in the effects; they act more like the common preparations.

Every one who prefers to make high potencies in his own way may do it, but ought not to forget that Jenichen's preparations cannot be easily equalled; his last potence of *arsenicum* having received one and a half million of the most powerful shakings, counting only such as produced a metallic ringing sound of the glass bottle. Others may wait until the thing is accomplished by machinery, but ought never to expect anything "cheaper."

Should every phial cost 25 cents on delivery, the medicine required in each case would cost only from one-fiftieth to one-sixtieth of a cent—thus 50 to 60 doses would cost the physician only one cent.—C. Hering.

Obituary.—Died of Cholera, at Sacramento City, California, November 3d, 1850, Dr. Stansbury, formerly of New-York and Brooklyn.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

MAY, 1851.

Original and Translated Papers.

Article XI.—*On Homœopathic Surgery, by* E. E. Marcy, M. D., New-York.

The wide difference between the practices of the old and new schools, in regard to many cases which pertain strictly to surgery, would seem to render the designation, *homœopathic surgery*, appropriate. So far as the manual operations of surgery are concerned, the homœopath most cheerfully records his approval and admiration of the perfection to which they have been brought by the scientific investigation, ingenuity, and untiring industry of the profession, and on all necessary occasions will promptly resort to them.

But while we award due credit to the mechanical portion of this branch of the healing art, as usually practised by the allopath, we beg leave to enter an entire dissent from the accompanying medical treatment which he so often deems necessary. Thus, in a case of compound fracture of the cranium, with depression, and symptoms of compression of the brain, the usual method of elevating the depressed portion of bone, of removing any loose spiculæ which may be found, and finally of approximating and retaining the several integuments, in nice apposition, by means of simple adhesive

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straps, is quite proper, and in consonance with the views of all intelligent medical men; but the subsequent *medical* treatment of a case of this description by the two schools, differs materially. As soon as the system begins to react from the first effects of the injury, and febrile symptoms announce the presence of inflammatory action at the seat of the lesion, the surgeon of the old school deems it necessary to resort to blood-lettings, leeches to the temples, purgatives, and the usual routine of antiphlogistics. We allude here to the more intelligent allopathic surgeons, who wait until the reaction is fully established, before resorting to venesection, and not to the numerous class of mere routinists, who so often bleed, and thus destroy their patients before reaction has taken place. Sometimes patients recover from injuries of this character, notwithstanding the employment of the violent means just enumerated; but too often they succumb, in consequence of the combined effects of the fracture, and its subsequent management.

It is now well understood, that the reaction which the economy undergoes after mechanical injuries, is a beneficent effort of nature to restore the injured structure. The augmented action of the heart and arteries, the swelling, redness, heat and pain, at the wounded point, and the constitutional excitement which pervades the whole system, are the only means by which nature can effect those changes, which shall result in a cure of the injury. What, then, is the duty of the surgeon, so far as applications are concerned? Evidently, to restrain the inflammatory action, which results from the reaction of the organism, within due bounds. To accomplish this object, the allopath abstracts blood generally and topically, purges, sweats and nauseates. The homœopath administers a few doses of *Aconite*, and much more speedily attains the same end. In the former instance, in addition to the serious medicinal symptoms which are superinduced by the violent means employed, the vigor and strength of the system become essentially impaired, and nature (which alone cures) is disarmed of a portion of her heal-

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ing power. It now remains to be seen whether nature can contend successfully against the injury, or whether the organism must succumb from the continued effects of the inflammatory action. Blood has already been drawn to a fearful extent, and the intestinal canal has been operated on, until it is reduced to a condition approaching inflammation; but still the lesion presents an unfavorable aspect, and the function of the wounded structure still remains impaired. What now can the allopath do? He dares not bleed, he dares not purge again, for fear of extinguishing the little life which remains to his patient; he therefore awaits the result, and trusts that Providence will rescue the sufferer from the combined effects of the injury and the treatment. In the case of the homœopathic surgeon, he possesses in *Aconite* a specific capable of exercising an almost absolute control over the action of the heart and arteries, and that, too, without impairing the strength and vigor of the body, or superinducing any artificial derangements, to complicate the already serious condition of the patient. Thus he is enabled to accomplish with a few minute doses of a single drug, and without detriment to his patient, or interfering with the kindly designs of nature, all that can ever be effected by the entire routine of antiphlogistics employed by the old school.

But we do the homœopath injustice by intimating that he can do with *Aconite*, *only* what is done by venesection, etc., for there is no period during the progress of the case, when he is obliged to suspend his remedy from fear of destroying the patient, but he can continue to exercise a healthful conservative influence over the constitutional disturbance, with his drug, until the functions of the injured parts are restored by the recuperative energies of the organism. But the homœopathic surgeon need not pause when he has reduced the abnormal action of the circulatory vessels within the desired limits; for he still possesses other drugs capable of controlling any morbid symptoms, which may arise during the progress of the case. Thus, in the instance already cited, what physiologist or pathologist is unacquainted with the specific

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powers of *Belladonna*, *Opium*, *Stramonium*, *Hyoscyamus*, *Chloroform*, *etc.*, over almost every morbid symptom which may arise from a diseased brain? And the same law holds good with regard to almost every structure of the body. With respect to the actual healing of the wound, or to the restoration of the local injury, whatever may be its nature, the homœopath can likewise command remedies, both internal and local, of vastly greater efficacy than any known to the practitioners of the old school. We need only allude to the almost universally conceded specific powers of *Arnica*, *Calendula*, *Ruta*, *Symphytum* and *Urtica urens*, in mechanical injuries, to substantiate our assertion.

The laws which we have advanced respecting fractures of the cranium, are equally applicable to all other fractures, and also dislocations, wounds, contusions, and to every description of mechanical injury. From an extensive practice as an allopathic surgeon, during a period of ten years, and from a considerable amount of surgical practice, according to the homœopathic method, for several years past, we claim the right of judging between the two systems, and of according the credit where it justly belongs.

But it is not in the medical treatment of mechanical injuries that the superiority of Homœopathy is most conspicuous; for numerous and well authenticated facts have conclusively demonstrated, that, in many diseases which are denominated surgical, from the circumstance of their requiring, for the most part, the manual aid of the surgeon, there are specific drugs, belonging to the homœopathic *Materia Medica*, capable of curing the morbid action, and thus, of rendering surgical operations unnecessary. As examples we may cite cancerous and other malignant tumors, in the early stages of their development, scrofulous affections of the joints, ascites, hydrothorax, hydrocele, fissures of the anus, chronic enlargement of the tonsils, hæmorrhoids, prolapsus ani, abscesses, etc.

Sir Astley Cooper has well remarked, that "the surgeon knows but half his duty, unless he fully understands the great influence of local disease on the constitution, as well

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as the origin of local disorders from constitutional derangement." And he might justly have added further, that his knowledge is still deficient, until he can successfully combat the constitutional symptoms which proceed from local derangements, and also apply his specific remedies in such a manner as to correct the constitutional vices from which so many local affections proceed.

The allopath claims no remedy but the knife in his treatment of fungus hæmatodes, and other malignant tumors; and even this should not be considered a remedy, for it not unfrequently has the effect of shortening, rather than prolonging life. Search the records of surgical practice throughout the world, and this assertion will be amply verified.

The annals of Homœopathy, on the other hand, demonstrate the power of our specifics in dispersing these malignant swellings in their incipient stages, even after they have been pronounced incurable by our opponents. We by no means, however, claim infallibility in our surgical therapeutics; for many cases, from their very nature, preclude the possibility of a cure by any course of treatment. We simply assert, from actual experience, with both methods of practice, that the great principle of cure developed by the immortal Hahnemann, is far more philosophical and successful than the eclectic processes adopted by the advocates of allopathy.

For many years past it has been remarked that a majority of the eminent surgeons of Europe and America, give medicines much less frequently, and in much smaller quantities than formerly, from an almost entire loss of confidence in their utility. They have preferred to put their trust in the kindly efforts of the *vis medicatrix naturæ*, rather than to rely upon the uncertain and doubtful effects of venesection, calomel, blue pill, opium, and antimony. In a few instances, however, distinguished surgeons have not hesitated to resort to homœopathic specifics; in the first instance from a conviction, and afterwards from a positive knowledge of their immense value as therapeutical agents.

A striking instance of this was apparent in the practice of

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the celebrated Liston, several years before his death, in his treatment of erysipelas, and many of the constitutional symptoms resulting from mechanical injuries. We were told by Velpeau, of Paris, two years ago, that his medical treatment of surgical cases was materially different from what it had been ten or fifteen years previously, and that he was in the habit of giving very weak tisans, where he formerly deemed medicinal alteratives, opiates, and purgatives necessary.

Fortunately for mankind, the old-school surgeons adopt, in many surgical cases, Hahnemann's great principle of cure, although they have not yet advanced so far as to appreciate his peculiar views in regard to the preparation and administration of medicines. But notwithstanding this lack of knowledge respecting the details of the homœopathic practice, their best, and probably only successful cures, are made according to *similia similibus curantur;* or in other words, by giving remedies which, when taken by a healthy person in large doses, will cause symptoms similar to the disease. For example, large doses of mercury administered under circumstances of health, give rise to symptoms so nearly resembling those of syphilis, that the most acute surgeons are often unable to discriminate between them. Balsam copaibæ, cantharides, cubebs, and turpentine, taken in large and repeated doses by healthy individuals, cause symptoms similar to gonorrhœa. Opium, in large doses, causes symptoms of cerebral excitement, closely resembling those which often occur after severe fractures and other injuries. The same law is applicable to the operation of many other drugs, and yet for the cure of the very cases under consideration, the allopathic surgeon relies upon the homœopathic specifics.

So likewise in the employment of topical remedies, our brethren of the old school are in the habit of making applications to diseased parts, which are capable of causing a train of symptoms similar to the disease, when brought in contact with the same structures during health. This practice is also in strict consonance with the law of similarity; for, by this course, the diseased tissue is alone impressed,

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and a new and healthy medicinal action created, which annihilates the morbid or diseased action, and thus disposes the part to a speedy and spontaneous recovery. Thus, a strong solution of nitrate of silver, applied to a healthy eye, or a healthy urethra, induces an inflammation which might readily be mistaken for an ordinary ophthalmia, or a gonorrhœa; yet weak solutions of this salt are almost universally employed by the allopath, as local remedies in these affections.

When escharotics are applied to indolent ulcers, or to unhealthy granulating surfaces, it is not alone for the purpose of destroying superfluous granulations, but to create, at the same time, a healthy medicinal action which shall induce the ulcer to heal.

If iodine, or port wine, or a solution of zinc, be injected into a healthy *tunica vaginalis testis*, an action will be excited which will speedily result in a temporary effusion of lymph, similar in many respects to that which occurs in an ordinary hydrocele. All are aware that the radical cure of this dropsy is at present accomplished by drawing off the water, and then injecting one of the liquids above mentioned, for the purpose of substituting a drug-inflammation in the place of the diseased action. The application of spirits of turpentine to scalded and burned surfaces, of nitrate of silver to sub-acute inflammation of mucous membranes, of irritating lotions to abscesses, of escharotics to unhealthy ulcers, etc., are certainly homœopathic, and will prove efficient, provided these affections are purely local.

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ARTICLE XII.—*Proving of Gymnocladus* Canadensis, the Chicot, or Coffee-tree.* By C. HERING, M. D., Philadelphia.

The Gymnocladus is one of the fairest trees in our western woods, and is planted as an ornament in the gardens of Europe. A group of them stands near Paris, some of which are forty feet high. In their native air they reach even fifty or sixty feet in height, with a stem of twelve or fifteen inches in diameter; even when standing alone, it does not branch out at a height of less than thirty feet; the top is formed by a few but very long branches, and is not wide, but beautifully regular. It flourishes only in the best soil, with black walnut, red elm, poplar, blue ash, honey locust, etc., has a useful, hard wood, and bears, in some years, an abundance of large pods, containing two, three, or four seeds, of the size of a walnut.

The first settlers in Kentucky called it the coffee tree, and it is said that some of them used the seed instead of coffee; we should judge, however, not longer than until they could get some of the real Java, as there is not only nothing aromatic, but even something very unpleasant in the taste of it.

The French settlers in Upper Louisiana call the seed *Gourganes;* in Illinois the tree is named *Gros Fevrier;* and in Canada, *Chicot, stump-tree.*

The pods around the seed are filled with a green pulp of a gummy viscous nature. This pulp having been used as a

* From the Greek, *gymnos*, naked, and *klados*, branch; from the remarkably naked appearance of the tree in winter; its branches being few and large.

Flowers dicœcious. Calyx tubular, the limb 5-cleft; lobes lanceolate, equal. Petals 5, oblong, inserted into the summit of the tube. Stamens 10, included, inserted with the petals. Legume oblong, compressed, very large, thick, pulpy inside.—A pretty large tree, destitute of spines or prickles, with rough bark and few stout branches. Leaves unequally bipinnate. Flowers in axillary racemes. Petals white.

Legume 6-10 inches long and nearly 2 inches broad; a little curved and of a brown color. Seeds more than half an inch in diameter.—*Torrey.*

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fly poison, was examined according to its effects, and is now for the first time introduced into the *Materia Medica.*

The tree belonging to the large natural class of *Leguminosæ*, we are reminded how very few drugs we have thus far proved out of the great number of medicines produced by plants of this class, some of which have obtained a widely spread popular fame.

From the second tribe of this class—LOTEÆ—we have the *Indigo*, and the *Glycyrrhiza liquiritia*, proved by Dr. Jeanes. From the third and fourth none. From the fifth—PHASEOLÉÆ—the *mucuna* or *Dolichos pruriens*, introduced by Dr. Jeanes. From the sixth—DALBERGICÆ—the *Dipteryx odorata*, or Tongo bean, and the *Kino*, also added by Dr. Jeanes. From the seventh—SOPHOREÆ—the *Balsam of Peru.* From the eighth—CÆSALPINIEÆ—the *Hæmatoxylum campechianum*, the *Senna* leaves, and *Copaiva balsam.* To this last tribe the *Gymnocladus* belongs.

None of these have been thoroughly proved on the healthy; still we have some of the characteristic symptoms of each, by which we are enabled to make use of them.

It would be premature to attempt to give a general view of the effects of the drugs from the leguminous class, as they are scattered over too large fields of relationship, and not known in the whole extent of their influence, but only in some few of their peculiarities.

Besides this there is another remarkable circumstance which renders the comparison more difficult, which is the great variety of parts of the plants from this class, which have been proved and used. It is the wood, for instance, of the *Hæmatoxylum;* the leaves of the *Senna;* the hull of the pod of the *Dolichos;* the pulp in the *Gymnocladus;* the beans or the seed of the *Tongo;* the resinous oil of the *Copaiva;* the astringent juice of the *Kino;* the decoction and extract of the *Liquiritia;* and the chemically separated constituent of the *Indigo.* As nutritious and saccharine qualities prevail in the class of *leguminosæ*, and as the most popular drugs of this class are gummy, astringent or resin-

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ous, a few only slightly emetic, some cathartic, but very few bitter, acrid and narcotic, we have very likely in the pulp of the *Chicot*, the most poisonous substance of the whole group.

There is a single notice of Puihn, in his *Materia Venenata Regni Vegetabilis*, according to which the seeds of *Abrus urecatorius* had produced difficult breathing, convulsions and death, which notice has been copied by all the Toxicologists, but is of very doubtful authority, as some of the seed may have slipped into the windpipe, producing the same results. The bark of the *Geoffroya*, recommended as an anthelmintic, besides its action on the bowels, has produced tenesmus and strangury, and Wright thinks it acts like a narcotic. Neither the one nor the other could be compared with the decided acrid-narcotic effects of the chicot-pulp.

FIRST PROVING.

CINCINNATI, Dec. 9, 1844.

DEAR SIR,

I herewith send you a couple of pods of the *Gymnocladus*, commonly called the Kentucky Coffee-tree, or Fly poison, the beans of which are roasted and used for coffee in some parts of Kentucky, while the pulp that surrounds the bean in the pods, is used for poisoning flies. I was induced to suppose that it might be a valuable addition to our medicines, from tasting the pulpy substance in the pods.

About two weeks ago, while eating a small portion of it, I perceived a burning drawing sensation in the roof of my mouth, extending to the uvula, which, however, soon passed away. I immediately commenced preparing a saturated tincture. On Sunday, Dec. 1st, about 3 o'clock, P. M., I moistened some sugar of milk with one drop of the tincture, and took about 1-6th of it; in half an hour, perceiving no effect, I took another dose of equal quantity; in less than half an hour I began to feel the same sensation that I had experienced when eating the gum—by about 8 o'clock in the evening, the symptoms were as follows:

Headache, fulness and pressure in and over the eyes, in the forehead, and extending to the top of the head, with occasional shooting pains; scraping burning in the roof of the mouth, extending to the uvula, drawing pain in the uvula and tonsils, particularly the right side; right tonsil very much inflamed, and of a purple color; sensation of fulness in the stomach, with slight nausea; pain in the lower parts of the abdomen; pain in the small of the back.

By Monday morning, Dec. 2d, these symptoms had all disappeared, leav

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ing a tickling in the throat, producing a cough, which continued to increase all day, and in the evening was one of the worst hard dry coughs I ever had. By Tuesday morning, Dec. 3d, the cough had almost entirely left me, (without having taken anything to arrest it) and by evening I was entirely well.

I intend prosecuting my experiments, and should have commenced again taking it yesterday, but for sickness in my family.

I do not know of this tree ever having been used medicinally in any practice; if you know anything about its properties, I shall be pleased if you will inform me, or if you can give me any information as to the best mode of preparing or testing it, you will confer a favor on

Yours most respectfully,

CHAS. SELLERS.

To Dr. C. Hering.

Admitting the above communicated group of symptoms to have been really caused by the alcoholic tincture of the *Gymnocladus*, it will be a very important medicine in our *Materia Medica;* it has at least very promising "elements," as I call them. It exhibits, for instance, striking similarity to *Belladonna*, and, at the same time, characteristic differences.

No part of the tree has ever been used medicinally, and we find no mention of it in any of the "Indian," or "Herb-doctor" books. According to Michaux, the bark, which is peculiarly formed, rough and rolling off horizontally in small, hard streaks, has in its fresh state a bitter taste; a piece of the size of a kernel of Indian corn, when chewed, produced a violent irritation of the throat.

The best mode of preparation is the same Mr. Sellers has adopted, as it is clear that the active principle is soluble in alcohol. But as this pulp is of a gummy nature, it dissolves more readily, and nearly completely, in water. Thus we may make a watery extract and mix it with alcohol, or we may make a trituration with sugar of milk, notwithstanding its great viscosity and toughness, and thus have all in it, even the fibres. I do not consider such niceties of great importance. A chemical analysis would be instructive.

Dr. Zumbrock examined the fresh pulp in my office, and out of five grammes, found substances

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Soluble in alcohol, . . .	1.65 grammes,	or 33	per cent.
" " water, . . .	3.05 "	61	"
Insoluble in either, . . .	.30 "	6	"
	5.	100	

The spirituous tincture from the fresh green pulp has a most beautiful emerald green color, which being produced by the chlorophyll, changes in a few weeks to a slightly yellowish brown. In larger bottles, nearly full of the tincture, peculiar crystals were formed well worthy of examination. The first chemist who does it will have the honor to introduce into organic chemistry a *Gymnocladine.* If I may judge from the symptoms this will be of an acid nature like Menispermine, supposing it to be the principal agent in the pulp. Separate provings of the crystals will be made before long.

SECOND PROVING.

While preparing large quantities of the tincture, to which end we had to break the fresh beans or pods and take out the pulp which adheres very strongly to the shell, we were exposed to the exhalations for an hour. I observed the following symptoms in my own case:

Frequent, violent sneezing, which originated very high up in the nose. Pressure in the bladder, as if large quantities of urine had been retained too long. Frequent flatus in the abdomen, pressing on the bladder.

THIRD PROVING.

At another time: Bitter taste very soon after handling the moist pulp with the fingers, (without bringing any to the lips or mouth). Burning on the point of the left thumb; headache over the eyes, first on the left, and after a while also on the right side; headache over the right temple.

In three hours: Feeling in the abdomen as if diarrhœa would follow; hard stool, the last part somewhat softer; and afterwards an aching fulness in the rectum, about 5 or 6 inches above the anus, all around; the whole sensation occupying a

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space of the size of the fist; a long-continuing, increased sexual desire, and erections in the night.

The 1st day: Re-appeared, a great sensibility of the teeth; more on the left side, and most in the upper teeth; the slightest draught of cool air sets the teeth aching; cold drinking hurts most severely; much worse the second day; on the third day disappearing.

The 2d day: The boots are uncomfortable; the feet ache; especially the left; most between the little toe and the external ancle.

A most violent pain in the left forearm, in the radius, between the elbow and wrist, as if the bone were crushed or broken; often repeated.

FOURTH PROVING.

F. Husmann observed pressing pain on the left side of the abdomen, disappearing after eructation; squeezing pain on the left *sterno-cleido-mastoideus*, high up, of short duration; pinching in the lower part of the abdomen, towards the left side; pain in the right inguinal glands.

FIFTH PROVING.

J. Schmid observed sharp, violent pain in the forehead over both eyes, very near the eye, lasting three minutes or longer; extending triangularly into the upper part of the head, mostly on the right side.

SIXTH PROVING.

My son *Max* experienced a peculiar sneezing, as if very soft, and each exhalation slow, the second or third day. In the left chest, in the middle, is a painful pressure, more the second and less the third day; now and then a slight cough, not violent and not unpleasant.

We had got thus far in January, 1845, when my visit to Europe interrupted further researches. I had distributed the tincture to several homœopaths in America, and during my stay in Germany gave it to many there.

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Jenichen even prepared a high potence of it, (No. 734) but no further experiments were made until Dr. Williamson took it up again in 1850, and induced several members of the Homœopathic College to prove it.

Dr. Daniel Jauncy took 21 drops of the tincture during 25 days.

Dr. J. R. Coxe, jun., 165 drops in 9 days.

Dr. J. E. Gross, 5 drops at once; and

Dr. B. Munsey, 128 drops within 3 days.

We proceed to communicate these first real provings, and will then give the single symptoms in the usual Hahnemannian order. We shall afterward compare these first results with each other, and criticize them on this basis, and then compare them with other homœopathic drugs, and try to point out the complaints in which the Gymnocladus pulp promises to be useful.

SEVENTH PROVING.

Dr. Daniel Jauncy. Jan. 1st, Three drops of tincture.

2d. Stitches and pain in the bowels.

3d. Sensation as if flies were crawling over the right side of the face.

4th. Four drops; bowels constipated. 11, P. M. Sharp pain in the right side; continued about an hour, returned again in the morning in the same place.

6th. Flatulency and rumbling in the bowels.

22d. Four drops; pain in the bowels and flatulency.

23d. Two drops; pain and uneasiness in the bowels and stomach. 11 o'clock; pain in umbilicus for two hours.

25th. Six drops; pain in the head and stitches in the bowels, in the umbilical region at times. 8, P. M. Pain in dorsal vertebræ and head.

26th. 12, M. Headache, heat and burning in the eyes; drowsiness; dull pain in the bowels.

EIGHTH PROVING.

Dr. J. R. Coxe, jun. 1850, Feb. 5th, at 9 o'clock, P. M., 3 gtt. tinct. 6th, at 8 o'clock, A. M., and 10 o'clock, P. M.,

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5 gtt. 7th, at the same hours, 6 gtt. 8th, do. 8 gtt. 9th, do. 10 gtt. 10th, do. 12 gtt. 11th, do. 14 gtt. 12th, do. 14 gtt. 13th, at 7 o'clock, A. M., 15 gtt. 14th, at the same hour, 25 gtt.

Feb. 6th, 11, P. M. Eructations, slight burning in the *scrobiculus cordis*, continuing till midnight.

Feb. 7th. Burning in œsophagus immediately; in five minutes taste of medicine in mouth and throat for two hours; slight burning in pit of stomach all day.

Feb. 8th. Burning in throat and stomach for three hours; eructations, loss of appetite, slight headache, heartburn, all day.

Feb. 9th—13th. Same symptoms, much increased; intense headache—never had headache in his life before; feeling in the sinciput as if the eyes were pushed forward; spitting up of sour water; total loss of appetite, burning in the stomach very intense—he never had the most trifling uneasiness there before.

Feb. 14th. Intense headache, no appetite, has eaten in the last five days not as much as at an ordinary breakfast—his principal meal; constant burning in stomach, circumscribed, about the size of a dollar; pain in the head, mostly over the eyes.

Feb. 16th. Symptoms vanished. Heat in the stomach and sour watery eructations, the last continuing till 11, A. M.

NINTH PROVING.

Dr. J. E. Gross. Five drops of the tincture in the morning, fasting. Dizziness, with dimness of sight; fulness of the head; dull pains in the fingers; a peculiar feeling of numbness in the whole body.

Dull pain in the left elbow joint; dull pains in both feet; head feels tight, as if bound up; dull pains in the forehead, mostly over the left eye.

Stinging pains in the right eye; feeling as if the head would burst; nausea after eating, lasting three hours; violent throbbing over the left eye; dull pain on the top and right side of the head.

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Disposition to go to stool, with inability to do so, lasting for three or four hours; dull heavy pain between the eyes; stinging pain in the left knee joint.

TENTH PROVING.

Dr. B. Munsey. Feb. 6th, at 6, A. M. Three drops; dull headache for two hours. 2, P. M. Ten drops; slight headache; pain in umbilical region; smarting in the larynx. 8, P. M. Seven drops. 10, P. M. Gulping of wind and uneasiness of bowels; pain in the left side of the head and right breast, and in the arms; water in the mouth; accumulation of mucus in the mouth, and sticking in the throat. 11, P. M. Feels as though cold was taken, wants to be near the fire, cold, chilly; desire to lean the head on something.

Feb. 7th. Felt very well. 10, A. M. Eleven drops; gulping of wind, nausea, dizziness; pain in the left temple; cannot think quickly, compelled to gaze at an object some time to comprehend it; desire to lean on something; mucus in throat, frequent hawking. 8, P. M. Sticking in throat; desire to urinate frequently, urine in small stream; itching of glans penis; vertigo at times; pulse small and quick. 9, P. M. Sixteen drops in water. 11, P. M. Cold, chilly, and pains in the bowels, in the descending colon; pain in the left leg, from the knee to the ancle; hot feeling in the stomach and bowels; head feels heavy and eyes dull; desire for increased heat. 11 30, P. M. Pain in left eyeball and temple; forehead hot to the touch; pulsation in the left index, as if a *panaritium* were forming; indifferent to what happens; desires to lean; cannot study; gulping of wind.

Feb. 8th. Slept badly; pain and soreness in the left malar bone, as if from contusion; sensation of agglutination of left eye, a desire to rub or scratch it externally; bruised feeling of head, mostly left side. 9, A. M. Twenty drops in water; sticking pain in the popliteal region of the left leg in walking. 11, A. M. Pain in the left side of the head, and in tibia; shooting in the right breast; feels as if diarrhœa would come

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on; perspiration of axillary region and palms of the hands; itching of the prepuce; soreness of abdomen; cannot think or study; forgets what he knew. 10, P. M. Twenty-five drops in water; throat smarts and burns; feels it in all the limbs immediately on taking it. 11, P. M. Nausea; pain in stomach; tenderness of abdomen; pain in left popliteal region; pain in left hand; dulness in forehead and left eye; soreness in left temple; soreness in palatine arch; gulping of wind.

Feb. 9th. Feels as if he had taken a purgative; no appetite; fulness in the head; pain in the left temple; urine brown, yellow, turbid; bowels relaxed. 9, A. M. Thirty drops in water. 12 o'clock, noon. Feels badly all the time since 10 o'clock; burning in the left eye as if it would be forced out; pain in temple to the ear and top of head; sometimes shoots through to the right side; stitches in right breast, and in drawing a breath cannot think, comprehend nor study; forgets everything; pain in the bowels; repugnance to motion; water in mouth, almost to vomiting; face hot and feels swollen; desire to rub the eyes, must rub them; water from the eyes; gulping of wind; could not take an abstract of the lectures this forenoon. 2, P. M. After walking a few squares, sharp shooting pain in the right side, in the intercostal muscles; the same pain in the left side of the face; walked home and was not able to go out any more that afternoon; slept in the chair from 2 till 4 in the afternoon, then felt better, and had a good appetite for supper; can think and study some.

Feb. 10th. Slept well; eyes sore this morning; pain in left temple and head; pressure in the eyeball and chest, in breast and sternum; slight appetite for breakfast; bread tastes dry; tongue coated bluish white; commotion in umbilical region; pain in left side as though the spleen was swollen; nausea, with unpleasant feeling in the stomach; pain in the left calf on walking; bad taste in mouth; hawking; shooting in throat; pain in ring finger of left hand;

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pain in a plugged tooth; head swelled, as in erysipelas, for several days; compelled to wash with arnica tincture to obtain relief.

ARRANGEMENT OF THE SYMPTOMS ACCORDING TO THE ORGANS AND FUNCTIONS AFFECTED.

☞ The ordinary numbers refer to the number of the symptom; those in heavy type (**10**) to that of the proving.

Mind and Memory.

1. Indifferent to what happens (evening 2d d.). **10**

Cannot think quickly, compelled to gaze at an object some time to comprehend it, and desire to lean on something, forenoon; cannot study, (evening 2d d.); cannot think nor study, forenoon; forgets what he knew, (3d d.); cannot think, comprehend, nor study, forgets everything; could not take an abstract from the lectures, (4th d.) **10**

Could think and study some after a nap of two hours in the afternoon, (4th d.). **10**

Dizziness, dulness, fulness in the head:

Vertigo at times, (evening 2d d.). **10**

5. Dizziness, with dimness of sight. **9**

Dizziness, nausea and belching, 82.

Dulness in forehead and left eye (11 P. M., 3d d.). **10**

Head feels heavy and eyes dull (11 P. M., 2d d.). **10**

Fulness of the head. **9**

10. Fulness in the head, (morning 4th d.). **10**

Head feels tight, as if bound up. **9**

Dull headache for two hours, after the first dose. **10**

Slight headache, afternoon, after the second dose. **10**

Dull heavy pain between the eyes. **9**

15. Feeling as if the head would burst. **9**

Headache.

Headache, fulness and pressure in and over the eyes, in the forehead and extending to the top of the head, with occasional shooting pains, etc., (8 P. M.). **1**

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Intense headache in sinciput, feeling as if the eyes were pushed forward, (5—14 d.) **8**

Pain in head, mostly over the eyes, (10th d.) **8**

Sharp, violent pain in the forehead over both eyes, very near the eyeballs, lasting three minutes and longer; extending triangularly into the upper part of the head; mostly on the right side. **5**

20. Dull pains in the forehead, mostly over the left eye. **9**

Violent throbbing over the left eye. **9**

Headache over the eyes, first on the left and after a while also on the right side. **3**

Pain in left temple to the ear and top of the head; sometimes it shoots through to the right side, (4th d.) **1**

Headache over the right temple. **3**

25. Pain in the left temple, forenoon 2d d.; morning 4th d.; and head (5th d.) **10**

Dull pain on the top and right side of the head. **9**

Pain in left side of head and right breast, and in the arms, (evening 1st d.) **10**

30. Pain in the left side of head and in tibia (11 A. M., 3d d.). **10**

Pain in head and back, 138.

Intense headache, no appetite, has eaten last five days not as much as at an ordinary breakfast, (10th d.) **8**

Pain in the head and stitches in the bowels in the umbilical region, at times. **7**

Headache; heat and burning in the eyes; drowsiness; dull pain in the bowels at 12 o'clock, noon. **7**

35. Headache and heartburn, etc., 79.

External Head.

Bruised feeling of head, mostly left side, (3d d.) **10**

Soreness in left temple (11 P. M., 3d d.). **10**

Forehead hot to the touch (11,30 P. M., 2d d.). **10**

Desire to lean the head on something (11 P. M., 1st d.). **10**

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Eyes.

40. Pain in the left eyeball and temple (11,30 P. M., 2d d.). **10**

Pressure in the eyeball and chest, in breast and sternum (5th d.). **10**

Stinging pains in the right eye. **9**

Eyes as if pushed forward, 17.

Burning in the left eye, and as if it would be forced out, (4th d.). **10**

45. Eyes dull and head heavy, 8.

Eyes sore in the morning, (5th d.) **10**

Heat and burning in the eyes, 34; in left, 44.

Water from the eyes, 52.

Sensation of agglutination of left eye and desire to rub or scratch it externally (3d d.). **10** 52

50. Pain from temple to the ear, 23.

Face.

Sensation as if flies were crawling over the right side of the face. **7**

Face hot; feels swollen; desire to rub the eyes, must rub them; water from the eyes (4th d.). **10**

Head swelled, as in erysipelas, for several days, and compelled to wash with arnica tincture to obtain relief (5th d. and following). **10**

Nose.

Frequent violent sneezing, originating very high up in the nose. **2**

55. Peculiar sneezing, as if very soft, and each exhalation slow (the 2d and 3d d.). **6**

Teeth.

Great sensibility of the teeth, more on the left side and in the upper teeth; the slightest draught of cool air sets the teeth aching; cold drinking is most painful; the 2d day much worse, disappearing the 3d. **3**

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Pain and soreness in the left malar bone, as from contusion (3d d.). **10**

Pain in a plugged tooth (5th d.). **10**

Taste and tongue.

Taste of medicine in mouth and throat for two hours (3d d.). **8**

60. Bitter taste from touching it with the fingers. **3**

Bad taste in mouth (5th d.). **10**

Bread tastes dry (5th d.). **10**

Tongue coated bluish white (5th d.). **10**

Palate and throat.

Burning drawing sensation in the roof of the mouth, extending to the uvula, soon passing away; from chewing; the same burning sensation before 4 o'clock, after two doses, each $\frac{1}{6}$th of a drop of the saturated tincture, taken 3 P. M., and 3. 30′. **1**

65. Scraping burning in the roof of the mouth, extending to the uvula; drawing pain in uvula and tonsils, particularly the right side; the right tonsil is very much inflamed and of a purple color, (8 P. M.). **1**

Soreness in palatine arch (3d d.). **10**

Burning in œsophagus, immediately, five min. (3d d.). **8**

Throat smarts and burns, after the seventh dose (3d d.) **10**

Burning in throat and stomach for three hours, 4th d. **8**

70. Sticking in throat (evening 2d d.). **10** 72.

Shooting in throat (5th d.) **10**

Accumulation of mucus in the mouth and sticking in the throat (evening 1st d.) **10**

Mucus in throat, frequent hawking, (forenoon 2d d. and 5th d.) **10**

Mouth and nausea.

Water in the mouth, (evening 1st d.); almost to vomiting (4th d.). **10**

75. Nausea after eating, lasting three hours. **9**

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Nausea with pain in stomach, (11 P. M., 3d d.), with unpleasant feeling in the stomach (5th d.). **10**

Nausea and belching, 82; and fulness in stomach, 89.

Belching.

Eructations, slight burning in the pit of the stomach, 11 P. M. till midnight (2d d.). **8**

Eructations, loss of appetite, slight headache and heartburn all day the 4th d., much increased by increased doses (5th d. till 12th d.). **8**

80. Belching of sour water, (7th d.). 55. **8**

Gulping of wind and uneasiness of bowels (evening 1st d., after three doses). **10**

Gulping of wind, nausea, dizziness, (forenoon 2d d.). **10**

Gulping of wind, (evening 2d d., 3d d.), 4th d. **10**

After eructations disappear, pressing pain in abdomen, 98.

Appetite.

85. Total loss of appetite; burning in the stomach very intense (9th d.). **8**

No appetite, (morning 4th d.). **10**

Slight appetite for breakfast (5th d.). **10**

Better appetite for supper after a nap of two hours, 33.

Stomach.

Sensation of fulness in the stomach, with slight nausea. **1**

90. Slight burning in the pit of stomach all day (3d d.). **8**

Constant burning in stomach, circumscribed, about the size of a dollar (10th d.). **8**

Burning in stomach, 78, **9** 94.

Heat in stomach and sour watery eructations until 11 A. M. (12th d.). **8**

Hypochondria.

Pain in left side, as though the spleen was swollen (5th d.) **10**

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Abdomen.

Hot feeling in the stomach and bowels (after the cold chills), (11 P. M., 2d d.). **10**

95. Stitches and pain in the bowels. **7**

Stitches in bowels, umbilical region, 33.

Pinching pain in the lower part of the abdomen, towards the left. **4**

Pressing pain on the left side of the abdomen, disappearing after eructations. **4**

Pain in the lower part of the abdomen. **1**

100. Dull pain in bowels, 34.

Pain in the bowels (2d d.). **10**

Pain in bowels in descending colon, and cold chills, 168.

Pain in umbilical region after second dose. **10**

Pain in umbilical region for two hours, 11 P. M. **7**

105. Pain in the bowels, and flatulency. **7**

Pain and uneasiness in the bowels, and stomach. **7**

Commotion in umbilical region (5th d.). **10**

Uneasiness of bowels and belching, 81.

Flatulency and rumbling in the bowels. **7**

110. Flatus in the abdomen pressing on the bladder. **2**

Soreness of abdomen, forenoon; tenderness, (11 P. M., 3d d.) **10**

Pain in the right inguinal gland. **4**

Stool.

Bowels constipated the 4th day. **7**

Hard stool, the last part somewhat softer. **3**

115. Disposition to go to stool, with inability to do so, lasting 3—4 hours. **9**

Feeling in the abdomen as if diarrhœa would follow; before a hard stool. **4**

Feels as if diarrhœa would come on (forenoon 3d d.). **10**

Feels as if he had taken a purgative (morning 4th d.). **10**

Bowels relaxed (morning 4th d.). **10**

Rectum.

120. After stool aching fulness in the rectum, about 5—6

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inches above the anus, all around; occupying a space of the size of a fist; long continuing. **3**

Bladder and urine.

Pressure in the bladder as if large quantities of urine had been retained too long. **2**

Frequent desire to urinate; urine in a small stream, (evening 2d d.). **10**

Urine brown, yellow, turbid (morning 4th d.). **10**

Sexual organs.

Increased sexual desire and erections in the night. **3**

125. Itching of glans penis (evening 2d d.). **10**

Itching in prepuce (forenoon 3d d.). **10**

Larynx and Cough.

Smarting in the larynx (1st d.). **10**

In the morning tickling in the throat, producing a cough which continued to increase all day, and in the evening was one of the worst, hard, dry, racking coughs he ever had; the 2d day, the next following morning, had almost entirely left, and by evening he was entirely well.

Now and then a slight cough, not violent and not unpleasant. **6**

Chest.

130. Pain in right breast, 29.

Pressure on the chest, breast and sternum, 41.

In the middle of the left chest a painful pressure, worse the 2d day, less the 3d. **1**

Sharp pain in the right side, continued about an hour, from 11 o'clock P. M., returned again in the morning. **7**

Shooting in the right breast, (forenoon 3d d.). **10**

135. Stitches in right breast and in drawing in breath (4th d.). **10**

After walking a few squares, a sharp, shooting pain in the right side, in the intercostal muscles; the same pain in the left side of the face (2 P. M., 4th d.). **10**

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Neck and trunk.

Squeezing pain in the left sterno-cleido-mastoideus, high up, of short duration. **4**

Pain in the dorsal vertebræ and head (8 P. M.). **7**

Pain in the small of the back. **1**

Arms.

140. Perspiration of axillary region and palms of the hands (forenoon 3d d.). **10**

Pain in the arms. **29**

Dull pain in the left elbow joint. **9**

A most violent pain in the left forearm in the radius, between elbow and wrist, as if the bone were crushed or broken; often repeated. **3**

Pain in left hand, (11 P. M., 3d d.). **10**

145. Palms of hands perspire. **140**

Dull pain in the fingers. **9**

Pain in ring finger of left hand (5th d.). **10**

Burning on the point of the left thumb. **4**

Pulsation in the left index as if a panaritium were forming, (11,30 P. M., 2d d.). **10**

Legs.

150. Stinging pain in the left knee joint. **9**

Pain in the left leg, from the knee to the ancle, (11 o'clock, P. M., 2d d.). **10**

Sticking pain in the left popliteal region on walking (9 A.M., 11 P. M., 3d d.). **10**

Pain in the left calf on walking (5th d.). **10**

Pain in left tibia. **30**

155. Dull pains in both feet. **9**

The boots are uncomfortable; the feet ache, especially the left, most between the little toe and the external ancle. **9**

Limbs.

Feels it in all the limbs immediately on taking it (7th dose, 3d d.). **10**

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Feels badly all the time (4th d.). **10**

A peculiar feeling of numbness in the whole body. **9**

160. Desire to lean; (evening 2d d.) with the head, 39. **10**

Repugnance to motion (4th d.). **10**

After some walking in the afternoon he was not able to go out any more (4th d.). **10**

Sleep.

Slept badly, night from 2d to 3d d.; slept well 4th to 5th d. **10**

Drowsiness. 34.

165. Slept in the chair from 2 to 4 P. M.; felt better after it, and had a good appetite for supper, and was able to think and study some, (3d and 4th d.) **10**

In the night, erections. 124.

Chills and fever.

Wants to be near the fire as though he had taken cold; cold chills (11 P. M., 1st d.). **10**

Cold chills and pain in the bowels, in the descending colon (11 o'clock P. M. 2d d.). **10**

Pulse small and quick (evening 2d d.). **10**

170. Desire for increased heat, (11 P. M., 2d d.). **10**

Exacerbation.

After taking $\frac{1}{3}$ of a drop in the afternoon, the symptoms *increased*, 8 o'clock in the evening. **1**

Evening cough increased. **1**

Right and left side.

First left and then right side; aching over the eyes, 22.

Left shooting to the right; in temples, 23.

175. Right side of chest and left of face, 136.

Right side.

Mostly right side, headache, 19; side of head, pain, 28; right temples, headache, 29.

Right eye, stinging pain, 42; right side of face, crawling, 51; right side of throat more burning; tonsil in-

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flamed, 55; right inguinal glands, pain, 112; right breast, shooting, 136; pain, 29; right breast, stitches, 135; right side, sharp pain, 133.

Left side.

Pain in head, 39; head, 29; head bruised, 36.
Over the eye, dull pain, 20; violent throbbing, 21.
Temple, pain, 25; temple and head, pain, 26, 27, 23.
Temple, soreness, 37.
Temple and eyeball, pains, 40.
Eye, dulness, 7; eye, burning, 44.
Eye agglutinated, desire to rub, 49; pain, 97.
Side of the face, sharp shooting pain, 136.
Malar bone, pain and soreness, 57.
Teeth, sensible, 58.
Side of neck, pain, 137.
Hypoch. spleen, 93; bowels, 167.
Towards left in abdomen, pain, 97.
Side of abdomen, pressing, 98.
Chest, pressure, 132.
Elbow, 142; forearm, pain, 143; hand, 144.
Thumb, burning, 171; ring finger, pain, 147.
Kneejoint, pain, 150; index, pulsation, 149.,
Left popliteal region, pain, 152; leg, 151.
Calf, pain, 153; in tibia, 30.
Foot aching from boots, 156.

REMARKS ON THE FOREGOING PROVING.

The first impression on reading the different provings in succession is, that there is a great dissimilarity in the symptoms. It seems as if the provers did not mutually corroborate each other. But as soon as we bring the symptoms into the usual order of the Hahnemannian schema, we are enabled to compare them organ by organ, function by function, and we see at once that these differences are merely apparent; they immediately commence to sustain each other, and to show a

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mutual relation, promising by further provings to afford us an important polychrest.

The differences of the results depend partly on the different constitutions, or rather peculiar dispositions of the provers, and of their liabilities to be affected; what the ancients called *idiosyncrasies.* Hence, I did not think it of any use to give general descriptions of their "temperaments." Such general descriptions, for the most part made up according to long exploded theories, do not give us an explanation of the minutiæ, and thus do not help us to general characteristics; these must be abstracted from the minutiæ of the symptoms, and afterwards from practice.

The difference depends also in part on the doses. The first prover produced a beautiful, harmonious and characteristic group from two moderate doses; the ninth, from a single dose 15 times stronger, another very remarkable group; the seventh took 4 times as much as the ninth, with comparatively less effect; the eighth, who took the largest dose, did not seem to be very easily affected; and thus, notwithstanding the pertinacity with which he continued to increase the quantity, had only a few local symptoms; the tenth is the richest; we find here a susceptibility to the medicine, and with the doses increasing, remarkable symptoms, and have only to complain of the sudden breaking off of the record. Even after the use of arnica, the symptoms, especially the secondary long-lasting effects, would have been of importance.

Suppose we had reason to doubt the first proving, and were desirous of ascertaining whether the other provings had corroborated it or not, and whether it were an observation which we ought to distrust. On examination we find the first symptom from chewing, identical with the second after twice taking ½ of a drop, the latter being more developed on account of the active principle alone having been taken. We further find the different symptoms agree with each other. The headache corresponds exactly with the sore throat, and we often find a similar headache preceding such inflammations of the throat. The cough also agrees, as it is

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evidently the same affection of the mucous membrane extending to the larynx. The same may be said of all the other symptoms.

But might it not have been a natural morbid affection? The prover might have taken a cold and have had the same symptoms without the two doses of ⅛ of a drop each; or might not such a drop have acted simply as a slight irritant, assisting the development of the morbid action? Every observer of similar "colds" will consider this improbable. The character of this cold was erysipelatous, not catarrhal; and in either case it would have taken more time to develop itself, and certainly more time to disappear again.

But let us suppose that we had reason to suspect it to be an invention, and to come—not as is really the case, from an ardent friend of our camp—but from an enemy, a trap to make fools of us; can we prove the probability of the truth of this observation by the others?

Not one of the other provers had such a sore throat, not one such a cough; and still they afford us sufficient proof of the genuineness of this first observation.

Symptom 16. Headache, fulness, corroborated by prover **9**, symp. 9; **9**, 15; **10**, 10. Pressure over the eyes **8**, 18; **5**, 19; **9**, 20, 21; **3**, 22. Pressure in the eyes **8**, 17; **10**, 41, 44. In the forehead **10**, 7; **8**, 17; **5**, 19; **9**, 20. Extending to the top **5**, 19; **10**, 23. Occasional shooting **10**, 23; **9**, 42.

Thus the provers **3**, **5**, **8**, **9**, **10** had very similar affections, and sympt. 7, 9, 10, 15, 17, 18, 19, 20, 21, 22, 23, 41, 42, 44 corroborate and sustain sympt. 16.

Sympt. 64 and 65. In roof of the mouth *burning* **8**, 67; **10**, 68; **8**, 69. Drawing scraping sensation **10**, 66, 67; extending to *uvula, drawing in uvula and in tonsil; right tonsil inflamed, purple color.* Somewhat confirmed by **10**, 70, 71, 72.

Sympt. 89. Fulness in stomach **4**, 98, etc.; and nausea **9**, 75; **10**, 76, 82.

Sympt. 99. Pain in lower part of abdomen **4**, 97; more distant **4**, 98; **10**, 101, 168, 103; **7**, 104, 105.

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Sympt. 139. Pain in the small of the back **7**, 138.

The most characteristic symptoms in the throat and larynx are thus far not confirmed by other provers, but agree pathologically with all other predominating effects.

The headaches are such as agree with the swollen face **10**, 52, 53; of which **7**, 51 appears to be a forerunner, and some similar affections in the fingers **3**, 148; **10**, 149.

The sore throat corresponds with the swollen face, and all the throat affections with the symptoms in the stomach and bowels.

The observation **6** having at the time been noted among the others, I only left it where it was in order to show by an example what we may reject. The three symptoms do not agree with any of the others, and are of no importance even if true.

All the other experiments sufficiently confirm each other, but every one has isolated symptoms.

10 alone observed symptoms of mind and memory; external soreness and heat of the head, swollen face; phlegm and water in the mouth; as if spleen was swollen; itching on prepuce and glans etc., etc., but none will doubt their great probability, as they agree with the other symptoms of the same prover, and most of them are fully confirmed by others.

4 alone has pain in inguinal glands, and **3** alone sensibility of the teeth, aching in the rectum; pain in left radius. Such symptoms must wait for confirmation either by further provings or by clinical experience.

9 alone had the numbness of the whole body, but the symptom is sustained by **7**, 51 and harmonizes with the general character. All other drugs causing similar headaches, swelling of face, sore throat, coughs, etc., have also invariably caused such crawling feelings and numbness.

To attempt to sketch the general character of this remedy from such comparatively few symptoms, would seem to be preposterous, especially in the case of a drug of such an extensive influence; but it should be done, as the attempt opens

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the way to its clinical application. Besides, it is clear that 5 provings (admitting **2**, **3**, **4**, **5**, **6**, to be doubtful) ought to show the general qualities of a drug.

As the general is contained in the particulars it is only necessary to have the eyes to see it; *i. e.* it is a thing to be learned, and, without attempting, we shall never learn it. Even if we err in such attempts, they are serviceable, as they are always subordinate to the observation itself, the comparison of the symptoms. The last appeal is always to our law *similia similibus*.

There is a striking prevalence of symptoms on the left side; they stand in something like the proportion of 3 to 1. One-fourth of all the symptoms are on the left and only one-twelfth on the right. Proving **3**, 22 and **10**, 23 show, what I consider of the highest importance, a motion from the left towards the right (similar to aconite, etc., etc.). The headache is in 19 more severe on the right side; in 24 and 28 solely on that side; while 20, 21, 23, 25, 26, 27, 29, 30, 36, 37, 40 are on the left (like **1**, 6, 4).

The eyes have 42 on the right; 7, 40, 44, 49 on the left.

The crawling on the face, 51, is on the right, like the inflamed tonsil 65; but the pain in the face, teeth and neck is on the left 136, 57, 56, 137.

The pain in the inguinal gland, 112, is on the right, while all the abdominal affections prevail on the left 93, 168, 97, 98.

The chest is more affected on the right side 29, 133, 5, 6, while the upper and lower extremities have 12 symptoms on the left side. Such an alternation of the sides I consider of the highest importance, and will mention as similar instances *Sanguinaria*, which has rheumatic pains in the right shoulder and in the left hip-joint; *Rhododendron*, where all the pains in the extremities prevail on the right side, but the affections of the testicle on the left. *Aloe* has all its muscular symptoms in the neck, back and sacrum on the right, and all the shootings and stitches in the chest on the left side.

All practitioners of Homœopathy, who are not depending

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on forced alterations in the state of their patients caused by low and often repeated doses, will observe that in such characteristic "alternations," a medicine will never help, notwithstanding apparently the most striking similarity of all the other symptoms, if there be not also a similarity in this respect. Thus, in a case of rheumatic affection of the left shoulder and right hip, *Sanguinaria* will be of no use; if the right testicle were swollen and rheumatism prevail on the left side, *Rhododendron* would not; with shooting pains in the right breast and prevalence of trunk symptoms on the left side, *Aloe* will not be of service, etc. My journals contain a long list of cases, which would serve to establish this point.

Equally important do I consider the motion of symptoms from one side to another, but in such a case the reverse motion in the patient is required; thus, cases in which the symptoms are moving from right to left, are better mastered by drugs with a prevailing motion from left to right, etc.

I should consider as a general characteristic of the *Gymnocladus*, the increase of cough from morning to night 128, while the bowels **10**, 117, 118, 119 are more affected in the morning hours; and very likely it was the same with **3**, 114, 116; **9**, 115; **7**, 113.

This draws a line of demarcation between our *Gymnocladus* and the otherwise similar narcotics *Belladonna*, *Hyosciamus*, *Dulcamara*, *Nux-vomica* and others.

The truth of this will be soon ascertained, as it is in such cases, probably, that the *Gymnocladus* will be first applied.

We may give it in such cases of cough accompanied or followed by tonsilitis; in erysipelas of the face, where the malady is not reached by the better known drugs; even in scarlet fever; in so-called hives; and (where I expect the greatest utility from it) in typhoid fevers, remittent or intermittent epidemic fevers with a typhoid character, or, as I would prefer calling it, with the erysipelatous character. We have had such epidemics in America, and had great difficulty in finding the true specific for the whole epidemy,

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and have been obliged to tumble about between the narcotic *Solaneæ*, the *Rhus* and the mineral acids, and the patients have lingered, notwithstanding the greatest care, for weeks; this ought not to be so, and I hope if ever such epidemics appear again, the *Gymnocladus* will be found highly useful. If this should be the case, all the labor and sufferings of the provers will be insignificant in comparison with the relief of a single patient. If this happens next year, in ten or in a hundred years, what is time!

Let us continue to prove—to draw from the great well opened by Hahnemann! It is an inexhaustible ocean, it demands a similar inexhaustible assiduity; let us collect and preserve every little symptom produced or cured; not a drop must be lost, as there is nothing too small in Homœopathy. The use will follow. We shall have a science before long acknowledged by the whole world; we shall take the standing that becomes us; we shall wield an influence weighty enough to alter the history of mankind.

ARTICLE XIII.—*On Ovarian Diseases. By* J. C. PETERS, M. D., New-York.

§ 1. Researches into the anatomy and physiology of the ovaries have been prosecuted with great zeal and success during the last few years. But the study of ovarian diseases has, until quite lately, been mainly confined to those acute inflammatory attacks which occur during the puerperal state, and to tumors and other enlargements of these organs.

I propose to give a very concise account of the anatomy and physiology of the ovaries, as developed by the labors of De Graaf, Negrier, De Baer, Raciborski, Ritchie, Carpenter, &c., &c.; to trace ovarian diseases to alterations from the healthy structure and functions of these organs, as taught by Rokitansky, Schoenlein, Oldham, Rigby, Ashwell, Tilt, &c., &c., and finally to pass in review the best known treatment of ovarian diseases, and suggest new remedies for some of them.

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§ 2. In many of the lower animals the ovaria and testes are so extremely like each other, that the difference between them can scarcely be distinguished, and the same is the case in the human subject at the earlier periods of their development; while both of them, from the time of puberty onwards, secrete or form products indispensable to the reproduction of the species (Carpenter). It will become evident in subsequent paragraphs, that they are also often subject to similar diseases, which may admit of like treatment.

§ 3. The normal situation of the ovaries is sufficiently well known, but during gestation they rise into the abdomen along with the body of the uterus, to the sides of which they are attached, and must then, according to the stage of pregnancy, be sought for, either in the iliac fossæ, or in the sides of the abdomen, more or less distant from the flanks and umbilicus. Immediately after delivery they again occupy the iliac fossæ, where they sometimes continue during life, while it is not at all uncommon for them to drop backwards into the recto-vaginal peritoneal pouch, and to become adherent to the posterior surface of the womb (Cazeau). Owing to this migratory tendency of the ovaries, and to the fact that during pregnancy or shortly after delivery they sometimes acquire quite a considerable size, and are peculiarly prone to disease, many affections of the ovaries are mistaken for and treated as something very different.

§ 4. The ovaries are composed of a peritoneal covering, of a proper tissue or so-called *stroma*, and of an indefinite number of large and small vesicles or capsules, or so-called *ovisacs* or Graafian vesicles.

§ 5. The peritoneal covering is necessarily liable to all the diseases common to serous membranes, especially to inflammation. Madam Boivin was the first to draw attention to the frequent occurrence of this in newly married females, setting in under symptoms of menstrual colic, being attended with pain in one or both ovaries and more or less fever, and followed by circumscribed exudations of plastic lymph about the ovaries and Fallopian tubes, compressing the latter,

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and agglutinating their fimbriated extremities either to the ovaries or some other organ or membrane, and thus causing sterility. Tilt, Lee, Carswell and others have all added their testimony to the correctness of the above assertion, that slight attacks of inflammation of the peritoneal coat of the ovaria are not of rare occurrence, and that their presence is seldom discovered during life; whilst the adhesions which form in consequence between the uterus, Fallopian tubes, ovaries, &c., are much more productive of serious effects than in any other region of the body, for they often affix the fimbriated extremities in situations from which they cannot reach the ovaries, or they compress the tubes so as to render them quite impervious, neither allowing the passage of ovules to the womb, or of semen from it; or finally the adhesions envelope the ovaries so completely that impregnation is impossible, and permanent sterility is the result, (see Tilt on Diseases of the ovaries, &c., p. 108). This form of inflammation is also apt to occur shortly after delivery or during pregnancy, for reasons already mentioned, and many women become completely sterile from this cause, although they are not generally considered to be so, because they have previously borne one or more children. According to Tilt, Richerand also has noticed the above diseases.

Treatment. Although ovarian peritonitis may often appear slight in its symptoms and local signs, yet it is evident that it should receive the most prompt attention and thorough treatment. No credit is due to the physician if his patient merely regain her previously good or even most perfect state of general health, and yet become barren. The most important points in the treatment of such cases are; either to prevent altogether the exudation of fibrinous or plastic lymph; or to bring about the most perfect reabsorption of every particle which has exuded; or else to render it so far aplastic that few or no organized false membranes or adhesions will be formed from it. According to Noack and Trinks, *Phosphorus* when given internally, destroys the fibrin of the blood so completely that no trace of it can be discovered.

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Sulphuric Acid forms a compound with fibrin, which is soluble in pure water; while *Sulphur* may also prove serviceable in defibrinating the blood, as the principal and most tangible chemical difference between albumen and fibrin is, that the former contains one equivalent more of sulphur than the latter, albumen containing from 68-100th to 72-100th of 1 per cent. of sulphur, while fibrin contains only 36-100th of 1 per cent., so that sulphur may possess the power of reconverting a certain amount of fibrin back again into the albumen from which it was originally formed. Again, fibrin solves in a watery solution of nitrate of Potash, in the course of 24 hours, into a liquid which resembles albumen; at the very least, if nitre does not change fibrin into albumen, it certainly converts it into an extremely soluble form of fibrin, which is more ready to be reabsorbed than to be organized into adhesions and false membranes. At times, however, the nitre must be assisted by some free alkali, while all the alkalies have the reputation of being liquefacients or solvents of fibrin. The above may prove a true chemical explanation of the well known beneficial effects of Nitrum, Kali-carbonicum, &c., in plastic inflammations and exudations. Thus we have remedies which act specifically upon fibrin; such as act specifically upon the peritoneal covering of the ovaries are yet to be discovered; still, according to Christison, in poisoning with the *Mineral Acids* the peritoneal surface of the abdominal viscera is commonly either very vascular, or bears even more unequivocal signs of inflammation, viz.: effusion of fibrin or adhesions among the different turns of the bowels. In this respect Christison says, poisoning with the mineral acids differs from the effects of most metallic poisons with the single exception of corrosive mercury. It is singular, for instance, that however severe the inflammation of the inner or mucous membrane of the stomach and bowels, caused by arsenic, may be, even going to the extent of causing the exudation of coagulable lymph within the bowels, yet inflammatory redness even, of the outer or peritoneal coat, is seldom or never found; this contrasts strongly with the

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almost specific action of the mineral acids, of corrosive mercury, and even of colocynth, in producing bona fide peritonitis, with exudation of fibrin, coagulable lymph, &c. Hartmann and Jahr put forth Arsenic, Cantharides and Rhus, as homœopathic to true peritonitis, but all three of these remedies produce serous inflammation rather than plastic or fibrinous phlegmasia; and all of them act more specifically on other organs than on the peritoneum; hence if they cure true peritonitis, they do it by virtue of an alterative and counter-irritant action. Of the other remedies advised by the same authors, *Aconite* may be homœopathic to rheumatic peritonitis; *Belladonna* to erysipelatous and acute scrofulous phlegmasia of the same membrane; while *Nux-vomica*, *Hyosciamus*, *Coffee* and *Chamomilla* are probably not homœopathic to inflammations of any kind. I know too little about *Bryonia* to pass judgment of any kind upon it.

§ 6. According to Cazeau the stroma of the ovaries consists of an acute fibrous envelope covered by and intimately united to the peritoneal covering; hence diseases of the latter membrane may extend to it; and it, like all fibrous tissues, may become the seat of rheumatic affections and inflammations; it may also take part in the disorders of the fibrous tissues of the uterus, and even become the seat of fibrous tumors, when they are also present in the fibrous structure of the uterus; although, according to Rokitansky, 'fibrous tumors of the ovaries rarely attain any considerable size, generally not exceeding the volume of a hemp-seed or bean, except when they are developed in the walls of a multilocular cyst, when they may in some measure rival in magnitude the fibrous tumors which occur so frequently in the walls of the uterus.

But on the other hand, the fibrous tissue, of the stroma often becomes involved in those spasmodic, rheumatic or inflammatory affections of the fibrous structure of the uterus, which are at the bottom of so many cases of dysmenorrhœa.

The more internal part of the ovarian stroma is composed

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of a spongy, vascular tissue, somewhat analogous to glandular structure. This may become the seat of scrofulous disease, or of suppurative inflammation; and it is in this portion only of the stroma, that Graafian vesicles or ovisacs are located.

§ 7. The development of Graafian vesicles or ovisacs commences at a very early period of life, and in all animals they are evident soon after birth. At the period of puberty the stroma of the ovaries is crowded with ovisacs, which are still so minute that in the ox, according to Barry, a cubic inch would contain 200 millions of them; at this period the Graafian vesicles, all of which previously had been scarcely visible, undergo a considerable development, forming the starting point of their subsequent maturation. In the adult female the number of well marked Graafian vesicles varies from 15 to 20, but with the aid of a microscope a much larger number, even hundreds, can be brought into view, which, although still very small, will be gradually developed when the other more mature ones have accomplished their mission; the smaller ones are plunged into the very interior of the ovaries, while the larger and better developed ones occupy the superficial parts. This large number of cells, vesicles, sacs or cysts forms the starting point of numerous cystic diseases of the ovaries, both uni- and multi-locular.

But Graafian vesicles or ovisacs, as the name implies, are mere receptacles for the proper ovules or germs; the vesicles in a rudimentary form are visible, as we have seen, from the first year of life, while the germinal point or proper ovules may be discovered as early as the third or sixth year, situated generally in the centre or to one side of the Graafian vesicle.

The structure of a Graafian vesicle is complex; it has an outer coat of ordinary cellular membrane; a fibrous capsule, and a very peculiar internal coat, called the *granular* membrane, the granulations of which are much more numerous at one point, forming a mass or bed of granules, in the midst of which the proper ovule or germinal point is found. They were first discovered by De Baer.

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According to Cazeau the remainder of the interior of a Graafian vesicle, or that part which is not occupied by the germinal vesicle or proper ovum, or by the granular bed, or granular membrane, is filled up by a liquid composed of three humors of a different aspect, viz.: 1st, of a limpid albuminous mucosity, clear, though a little oily; 2d, of a number of small rounded granules; 3d, of oil globules. These fluids probably forming the points of departure for the different varieties of ovarian dropsy.

Graafian vesicles vary in their normal state, *i. e.*, when undeveloped by menstruation or conception, from $\frac{1}{2}$ to 3 lines in size. The germinal points or true ovules of De Baer are of course still smaller—Bischoff says that the largest human ovule that he has ever seen did not exceed 1-10th of a line, or 1-120th of an inch in diameter, being barely visible to the naked eye. Still, these infinitesimal bodies are composed: 1st, of a yolk membrane, or so-called vitelline membrane; 2d, of a yolk, or vitellus; 3d, of a true central germinal vesicle; and lastly of a germinal spot.

But De Baer's ovules and the Graafian vesicles undergo almost continual changes from the time of puberty onwards, until the change of life occurs in the female. About the 10th year of life a whitish or grayish pulpy substance is deposited in the Graafian vesicles, whence they have been termed corpora albida by Ritchie, and gray pouches by Negrier. When this whitish or grayish pulp changes to a yellowish color, the first signs of puberty become manifest in the girl. From that time onwards at each menstrual period one Graafian vesicle and its contained De Baer's ovule successively arrives at maturity, approaches the surface of the ovary, lacerates its capsule, escapes into or rather is grasped by the fimbriated extremities of the Fallopian tubes, which are closely applied to the ovary not only during coition, but also during menstruation, and is finally conveyed along the Fallopian tubes to the uterus. Simultaneously with this increased action of the ovaries, the uterus also takes on increased action marked by congestion of its walls and out-

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pouring of the menstrual secretion or excretion. The periodic returns of the ovarian excitement and turgescence tend to the growth, maturation and expulsion of ovules or germs of future human beings; while the periodic turgescence of the lining membrane of the uterus tends to the production of the envelopes or decidual membranes of the new germ, and to the proper supply of it with blood, nutriment or materials of growth. These two periodic acts are generally synchronous and coincident, but not necessarily so: when they always occur at different periods they may give rise to one form of sterility, as, according to Raciborski, the exceptions to the rule that conception takes place from a few days before to a few days after menstruation, do not form more than 6 or 7 per cent.

The first step in the maturation of an ovum is taken by the ovule of De Baer, which moves from the centre of the Graafian vesicle towards that side which is nearest the surface of the ovary, at which point the granular substance of the granular membrane is developed in increased quantity, so as to form a mass or bed of granulations for the ovule. Simultaneously with this movement the Graafian vesicle commences to increase very greatly in size, until at the menstrual period it forms a tumor on the surface of the ovary about the size of a small nut or medium cherry; having increased in a few days from a little body only $\frac{1}{2}$ or at most 3 lines in diameter to the above dimensions. Besides the nervous and vascular excitement which attends this act, the rapid development of Graafian vesicles from their rudimentary state to the required menstrual size, must cause pressure upon the substance of the ovaries and their aroused vessels and nerves in like manner as the growth and development of a tooth presses aside and stretches the substance of the gums in a child, and we may have comparable local pains and distant sympathetic derangements in both processes. Nervousness, restlessness, pains in various parts, derangements of the stomach and bowels, headaches, colics, diarrhœas, and even convulsions may attend both.

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When menstruation is established and at each menstrual epoch the maturity of a Graafian vesicle is marked by the development of an organized, yellow colored, brain-like, granular matter, so like ordinary cerebriform matter, that the Graafian vesicle then presents so striking a resemblance to the convoluted reddish yellow surface of the brain, covered by its inner membranes and tinted with its scarlet colored and dark vessels, that Dr. Ritchie has called the menstrual Graafian vesicles, *cephaloid* bodies, *Corpora cephaloidea.* This is an important point, as these cephaloid bodies like the cerebral and nervous tissues, and also the semen, contain Phosphorus, and some of their diseases like those of the nervous system may be owing to excess or deficiency in quantity, or some peculiar alteration in the quality of the Phosphorus, in like manner as some blood diseases are attended and marked by excess or deficiency of the quantity of iron which should normally be present in the blood. I shall return to this point again.

The remains of these yellow cephaloid bodies, after the ovum has escaped from the Graafian vesicle and the ovary, form the *menstrual* corpus luteum, at first nearly as large as a small cherry, with a cavity in which the ovum was once seated, but into which a small clot of blood is now deposited, and it requires from three to six months to remove all of the corpus luteum and clot, and then finally merely a yellowish striated or slate-colored line or cicatrix remains.

If we remember that almost all the above important changes take place in almost every adult female every month, and still greater ones when conception and pregnancy occur, it will not be considered strange if we find that ovarian diseases are common. All these periodical nervous irritations, vascular congestions, rapid sprouting of granulations, quick growth of cysts, hæmorrhages into the cavities of the cysts, lacerations of the peritoneal covering, etc., render the ovaries peculiarly liable to disease; and as ovulation is so closely connected with menstruation, every disturbance of the menstrual act must also operate in-

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juriously upon the ovaries. With the aid of this introduction to the subject I proceed to a more methodical examination of the principal ovarian diseases.

§ 8. *Alterations of size, etc.*

According to Rokitansky entire deficiency of one or both ovaries is very rare.

Atrophy or non-development of these organs in connection with a like condition of the whole sexual apparatus is much more common; the ovaries then remain small, are remarkably and uniformly dense and tough; the Graafian follicles are deep seated in the stroma, without any tendency to move towards the surface of the ovaries, and remain very small even after the age of puberty, and the whole surface of the ovaries remains smooth and even.

This is a very common and important affection in delicate girls and in those suffering with general want of tone and activity in the circulatory and nervous systems, and in those of a torpid and phlegmatic temperament, it occurs the more readily as an atrophic or rather a non-developed state of the ovaries is normal up to the 12th, 14th or even 16th year; again it may set in in delicate adult females at an early period, as atrophy of the ovaries is a normal occurrence after the change of life when the child-bearing period is over. In both cases the result is atrophic-ovarian amenorrhœa and sterility, from general constitutional causes.

In another class of cases the ovaries, etc., alone are at fault; Meigs says, some women who have never been regular and who nevertheless enjoy perfect health, are more or less unendowed with the attributes of their sex; in them the breast, womb and ovaries are scarcely developed and may be entirely absent. Their physical constitution as well as their moral life, approximates them to the male, whose form, strength, courage, tastes, inclinations, passions, etc., they generally possess. Tilt says, in some cases of amenorrhœa the ovaries of young women have been found as hardened and collapsed as those of women who have outlived the pe-

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riod of active ovarian life; while Meigs tells us that ovaries of very minute size almost invariably imply amenorrhœa and sterility, and the entire absence of them is known to be attended with loss of menstrual, reproductive, and sexual power.

Atrophy of ovaries may depend upon an absence or loss of that inherent or independent vitality, without which they cannot appropriate the nutrient materials supplied to them by healthy blood, nerves and blood-vessels; or upon a loss or absence of innervation; or upon a deficient supply of healthy arterial blood from pressure upon the spermatic arteries, or congenital or acquired diminution in size of these arteries or their capillaries; or, finally, upon an excessive and rapid absorption of the nutrient materials.

We may derive some useful information from a study of the causes of atrophy of those analogous organs, the testes. According to Curling, ligation of the spermatic arteries will cause total atrophy of the testes; according to Wardrop aneurisms of the aorta, near the origin of the spermatic arteries, may produce like effects; tumors in the same situation also; Pott has frequently seen atrophy of testes from the pressure of a truss and from the impeded circulation caused by the dilated veins in varicocele.

But the most common cause is the sequence of inflammation, and the same may hold true of the ovaries; for the enlarged testicle, when the inflammatory process ceases, often not only becomes reduced to its original size, but sometimes diminishes slowly but steadily until very little vestige of the organ remains. Hunter, Astley Cooper, Curling and almost every surgeon have seen cases of this kind. The excessive outpouring of serum, fibrin, albumen, plastic lymph, etc., is followed by an equally excessive absorption of the same and of the softened healthy tissues. This accident is very apt to occur after orchitis and ovaritis from the translation of mumps.

Both wasting of the breasts and testes have been produced

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by iodine, which promotes absorption, and by lead, which diminishes nutrition, and especially by iodide of lead, which does both. Porbal has seen cases of lead colic with considerable debility of the legs followed by wasting of the testes and loss of sexual power and inclination.

Again the most rapid wasting of the testes sometimes occurs after injuries of the head or spine; in ten or fifteen days they may be reduced to the size of a bean. The spermatic fluid from wasted testes is entirely destitute of spermatic granules and spermatozoa, and in atrophy of the ovaries the ovules of De Baer and the germinal points may be absent from the Graafian vesicles.

Curling (on Testis, p. 121) says, as the testes are chiefly excited to action by an operation of the mind, it is easy to understand that they may sometimes remain undeveloped, owing to defective organization of the brain and nervous system, an absence of sexual desire being invariably remarked in these cases; the wasting of the testes after injuries of the head, and the very small size of the whole sexual apparatus and frequent absence of the venereal appetite in idiots and cretins tend to strengthen this opinion.

In atrophic-ovarian amenorrhœa, the periodical congestion of the ovaries, Fallopian tubes and uterus, which should attend the effort at maturation of germs and of menstruation, is entirely absent; while well developed ovaries are very turgid and gorged with blood at each menstrual effort. In many cases of amenorrhœa and chlorosis there is also a deficiency in the normal quantity of iron in the blood; according to Lecann from 8-1000th to 9-1000th of iron is found in the blood of healthy females, while only 3-1000th to 5-1000th is found in the amenorrhoic and chlorotic. Hence in atrophic-ovarian amenorrhœa from debility of the vascular system, *iron* is supplied to the system by most physicians for the same reasons that they advise fresh country air, especially in mountainous districts, very nourishing food, rich soups, hearty roast meats, abounding in osmazome and fibrin,

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good wine, ale, etc., active exercise, horse riding, dancing, etc., forming the general tonic regimen and exercise.

In ovarian atrophy and amenorrhœa and sterility from loss of nervous power, lesions of innervation, etc., there may also be a deficiency of Phosphorus in the system; at least it enters largely into the composition of the brain and nerves, and no other healthy soft tissues or fluids except the corpora cephaloidea of the ovaries and the semen of the male normally contain any large amount of it; again, in idiots the quantity of Phosphorus in the brain and nerves is diminished, while the sexual apparatus, especially the ovaries and testes are notoriously undeveloped and the sexual feelings dormant; finally, in active delirium, mania, etc., the quantity of it in the brain is much increased, hence it is possible that the integrity and activity of the nervous system depends as much on the amount of Phosphorus present in it, as like conditions of blood are influenced by the quantity of iron present in it. According to Carpenter (Physiology, p. 233) additional evidence, that the functional activity of the nervous system involves the disintegration of its tissue and of its contained Phosphorus, is found in the increase of *phosphatic* deposits in the urine when there has been any unusual demand upon the nervous power. As no other of the soft tissues contain any large amount of Phosphorus except the nervous, and a marked increase of phosphatic deposits has been continually observed to attend long continued wear and tear of mind, whether by intellectual exertion, or excitement of the feelings, and to follow any temporary excessive strain upon the nervous powers, we can scarcely set down the occurrence of phosphatic deposits to any other cause than to disintegration of the nervous tissue and its contained Phosphorus, probably by the agency of the oxygen of the arterial blood converting its Phosphorus into phosphoric acid. The most satisfactory proof is to be found in cases in which there is a periodical demand upon the mental powers, as for example among clergymen in the preparation for and discharge of their Sunday duties, which is found to be almost invariably followed

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by the appearance of large quantities of the alkaline phosphates in the urine. In those cases also in which constant and severe intellectual exertion has impaired the nutrition of the brain and weakened the mental powers, it has been found that any premature attempt to renew such exertion causes the reappearance of excessive phosphatic discharges, indicative of undue waste of the nervous substance and Phosphorus. Hence as Phosphorus increases the tone and vigour of the nervous mass, enters largely into the composition of the brain and nerves, and also extends its influence to the vascular system and quite especially to the whole sexual apparatus and enters into the composition of semen, which is an albuminous fluid containing 6 per cent. of Phosphorus, and into that of the Corpora cephaloidea of the ovaries, it would seem admirably adapted to strengthen the whole system to overcome torpor and atrophy of the genital organs.

Phosphate of Iron might also come in play.

Lead seems to have an entirely antagonistic effect to that of Iron or Phosphorus—while the latter develope the blood and nerves, the former depresses them. Thus according to Andral and Tanquerel, when the influence of Lead has acted for a long time upon the human constitution there arises a cachectic condition similar to that which obtains in spontaneous anæmia and chlorosis, at least, in the lead affection the globules of the blood suffer as great a diminution as in spontaneous anæmia and chlorosis, while, as in the latter diseases the fibrin and other elements of the blood preserve their normal quantity. Hence as Lead produces atrophy of the testes and probably also of the ovaria, and chlorotic-like alterations of the blood, it effects a medicinal disease similar to the *atrophic-ovarian amenorrhœa and sterility.* Conium, Agnus castus, Baryta muriatica, etc., etc., produce somewhat similar effects.

According to Dierbach and Pereira, the ancients were of opinion that *Conium* exercised a specific influence over the breasts and testicles, and hence probably also upon the ovaries. It extinguishes the milk, says Dioscorides, and prevents

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the development of the mammæ of virgins; moreover in boys it causes wasting of the testes. Pliny gives a similar account of it and adds, it reduces all tumors; Avicenna praises it as a remedy for tumors of the breasts and testicles; while more recently, Pereira says, somewhat similar effects on the breasts have been ascribed to it; in two cases it is said to have caused atrophy of the mammæ. Besides, Dierbach says, it has a special action upon the genital organs, preventing pollutions, relieving satyriasis and nymphomania to such a degree and depressing ordinary sexual inclination so effectually, that the Hierophantes and all the priests of Cybele were obliged to use Conium-juice internally and also wash themselves with it, in order to repress all lustful emotions. Hence it is evident that Conium may rival Plumbum in producing *atrophic*-ovarian amenorrhœa and sterility; for Andry, Andree and Greding assert that it causes suppression of the menses; Linnæus knew it to cause impotence in one instance, while Hahnemann says, it causes suppression of the menses, with pains in the back and sacrum, also scanty menstrual flow and barrenness. Finally, Bergius has observed one case in which it restored sexual power after it had been entirely lost.

Baryta-muriatica produces absorption and atrophy as decidedly as Iodine, and according to Neumann it also diminishes the sexual appetite to an extent producible by no other drug, at least he knows of no remedy that so certainly diminishes the generative power and the excessive irritation which it or an excited sensual imagination causes. In onanists it is the most certain adjuvant remedy in helping them to break off their injurious habits, and it also helps in all those kinds of mania in which the sexual inclination is much increased, especially in nymphomania. As *Baryta-muriatica* produces such a depressing effect upon the sexual organs, etc., it may also cause atrophy of the ovaries.

I regard *Conium*, *Plumbum* and *Baryta-muriatica*, as truly homœopathic remedies to amenorrhœa, much more so than many remedies more frequently recommended; thus

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Pulsatilla is probably antipathic to amenorrhœa, rather than homœopathic. At least *Vogt*, (see Mat. Med.) says that its principal action is to produce a more profuse secretion from internal and external surfaces, viz.: increased flow of urine, also of mucus from the nose and lungs, causing a kind of nasal and bronchial catarrh, also increase of perspiration; these have been the most marked and constant of its actions. The increased flow of urine is apt to be attended with tickling in the urethra, showing rather an excitant than a sedative action there; the increased flow of mucus from the nose and chest is generally attended with inclination to sneeze and cough; while the perspiration is apt to be attended with outbreak of small vesicular eruptions; on account of these effects it is even recommended by Vogt in suppression of the menses and consequent melancholy. Sobernheim says it affects the skin, mucous membranes and urinary organs in particular, and the eyes in quite a specific manner; hence it is advised in eye affections occurring from the suppression of accustomed discharges from the skin, such as local sweats, &c., or from the suppression of eruptions, &c. Dierbach classes it among the acrid diaphoretics, says it causes offensive perspirations from the feet and arms, also perspirations and pustular eruptions upon paralyzed limbs; it also acts frequently as a powerful diuretic; suppressed hæmorrhoids and menses reappear under its use; it also causes irritation to cough, repeated sneezing, headaches, dimness of the eyes, vertigo, &c., also nausea, vomiting, gastric pains, colic and slimy stools. Its action upon the skin was well known to the ancients, whence it was, according to Zorn, used to bring out the eruption of smallpox and measles. Hence, as Pulsatilla produces all these secretory actions, it would be more likely to increase than to check the menses in a healthy person, unless it have a greater and more specific tendency to produce vascular and secretive irritation in other parts, for according to Colombat many visceral irritations retain the blood in the irritated parts, and prevent it from being directed upon the uterus, in like manner as amenorrhœa

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obtains during lactation, during the course of phthisis, &c., &c. Amenorrhœa, from counter-irritant disease of some distant viscus, declares itself sooner in proportion to the degree of sympathy between the disordered organs and the uterus, viz., when the stomach, brain or heart is affected, the amenorrhœa comes on at a very early period, whilst in phthisis it does not set in until the tubercles begin to soften, &c. It is probable that Pulsatilla does not act more powerfully upon other organs and parts than upon the ovaries and uterus. It seems to concentrate all its action upon the mucous membranes, and upon the skin; it causes catarrhal inflammation of the eyes, nose and ears, and discharges therefrom; catarrhal irritation of the tongue, with a slimy coating of it, also of the mucous membrane of the throat; mucous irritation of the stomach and bowels, marked by vomiting of slime and mucus, weakness of digestion, loss of appetite, disgust for food from a predominant mucous condition of the stomach; difficult digestion of fatty and hearty substances, on account of this excessive coating of the stomach with slime; mucous irritation of the bowels, with profuse discharges of slime; similar irritation of the mucous membrane of the kidneys, uterus, bladder and urethra, with flow of mucus therefrom; also of the spermatic chords, vesiculæ seminales, vagina, uterus and Fallopian tubes, and flow of mucus from them. Mucous irritation of the air-tubes, &c. Again, the mucous irritation of the stomach and small bowels spreads along the mucous membrane of the biliary ducts, and gives rise to a variety of bilious symptoms, viz., bitter taste in the mouth, yellow tongue, vomiting of bile, bilious, slimy diarrhœa, &c., &c. In short, Pulsatilla acts upon the mucous membranes and upon the skin, in like manner as the measles do; and it may produce such excessive irritation of the eyes, nose, head and chest, and flow of blood towards these parts, that the menses may be suppressed or checked in consequence; or it may produce such severe effects upon the mucous membrane of the stomach, biliary ducts and bowels, as to induce derivation from the

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urinary and sexual organs; or it may produce such a determination towards the skin, as to bring about a like result. But finally it may produce such a tendency of blood and other fluids towards the kidneys, bladder, rectum and genital organs, that a profuse flow of urine, irritation of the bladder and urethra, with flow of mucus or muco-pus from the urethra, uterus or vagina, may set in, to be followed or not by the menstrual or hæmorrhoïdal flow. Hence it is most homœopathic to amenorrhœa, from severe hemi-cranial congestions to one or the other side of the head, or to one eye; to amenorrhœa from severe catarrhal irritation of the eyes, nose and lungs; from influenzas, chronic coryzas, bronchitis, &c.; or from severe, acute or chronic mucous or catarrhal states of the stomach, bowels, &c., such as the Gastroataxia mucosa, or pituitosa, of Schoenlein, or the gastric mucous remittent fever of the same author, or the Febris mucosa, or the complex mucous and bilious fever, from irritation, or inflammation of the mucous surfaces of the stomach, liver, bowels. Finally, Pulsatilla may also be homœopathic to amenorrhœa in consequence of the extent and tenacity of some skin diseases, such as acne, eczema, &c., &c.

Besides the deficiency of Iron and Phosphorus in the system, there are other alterations of the blood common in atrophic amenorrhœa and chlorosis, viz.: deficiency of blood-globules, excess of serum, normal or even excessive quantity of fibrin. It has been proven by Andral, Simon, Lehmann and a host of others, that the fewer the number of blood-globules, the less the quantity of iron in the blood; that excess of serum will necessarily lead to a tendency to dropsical effusions; that the larger the quantity of fibrin in the blood, the less tendency there will be to hæmorrhage, and vice versa; thus in 8 cases of slight chlorosis by Andral, the quantity of water in the blood was *increased* from the normal mean of $\frac{790}{1000}$ to a mean of $\frac{856}{1000}$; in 18 cases of confirmed chlorosis by Andral, Lecamm and others, it was further increased to a mean of $\frac{853}{1000}$, while in exceptional cases the quantity of water has risen to $\frac{879}{1000}$, giving rise to

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serous plethora of very great extent. Again, in Andral's 8 cases of slight chlorosis, the blood-globules were *diminished* from the normal mean of $\frac{127}{1000}$ to a mean of $\frac{105}{1000}$; in the 18 severe or confirmed cases, they were further decreased to a mean of $\frac{44}{1000}$, while in exceptional cases they diminish to $\frac{21}{1000}$, or even $\frac{31}{1000}$, forming a class of cases in which the amount of blood-globules falls so much below the physiological mean, and reaches a proportion so low, than we can scarcely comprehend how, with so few globules in the blood, life can still be maintained (Andral). Of course in such a state of things a hæmorrhagic secretion or excretion could scarcely take place. Besides, there is another obstacle in the composition of chlorotic blood to hæmorrhagic secretions, viz.: the large proportion of fibrin it contains, when compared with the small proportion of blood-globules; so large is this proportion, that the clot of chlorotic blood, far from being soft, is remarkable for its density, its molecules retaining a strong power of cohesion, and it being not at all uncommon to find on its surface a very characteristic buff, which one might easily mistake for an inflammatory buff. The blood of many chlorotic persons is buffed and cupped because it has retained all its fibrin and lost some of its globules; because it has an excess of fibrin in proportion to the globules; and this excess of fibrin renders the blood plastic and less likely to exude in the form of hæmorrhage. On the other hand, whenever the fibrin is deficient as in scurvy, typhus fever, &c., we are apt to have petechiæ and hæmorrhages from various parts, while in amenorrhœa and chlorosis we are apt to have serous and uncolored discharges only.

Hence the indications of cure in chlorosis are to diminish the excess of water and fibrin in the blood, and increase the quantity of blood-globules and of Iron and Phosphorus, before we attempt to bring about the menstrual secretion.

1. Iron diminishes the quantity of fibrin at the same time that it increases the quantity of blood-globules; Simon found the fibrin in a chlorotic patient diminish from the normal standard to $\frac{13}{1000}$ after the use of 64 grains of Iron in the

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course of 7 weeks; Andral and Gavanet found the fibrin diminished from the normal mean of $\frac{3}{1000}$ to $\frac{1}{1000}$ after the 4 weeks use of Iron, and in another case from an excess above the normal mean, or from $\frac{3}{1000}$ to $\frac{3}{1000}$ after 3 weeks use of Iron. Hence Iron supplies the deficiency of Iron which obtains in chlorotic blood, increases the deficient quantity of blood-globules, and diminishes the relative or actual excess of fibrin. Hence it supplies the principal constituents of red blood and removes the principal obstacle to hæmorrhagic secretion, viz.: the excess of fibrin. It is deservedly a favorite antipathic remedy in chlorosis and amenorrhœa.

But at times Iron will not reduce the quantity of fibrin rapidly and thoroughly enough, and then the alkalies come in play, viz.: Causticum, Kali-carbonicum, Calcarea-carb., Natrum-muriaticum, Magnes-carb., Magnesia-muriatica, &c., Borax, &c. Some physicians, such as Bland of Beaucaire, have hit upon this mode of treatment, but were guided by other reasons. Thus, Bland supposing that the sub-carbonate of Iron will not exert all its curative properties unless so modified as to be quite soluble, has advised equal parts of Iron and Potash to be powdered separately and mixed thoroughly, then to be made up into boluses with Gum Tragacanth. Dr. Quesnesville advises an effervescing chalybeate water, made with sulphate of Iron and bicarbonate of soda, &c., &c.

2. The excess of water, or serous plethora, or so-called Hyper-hydræmia which obtains in chlorosis, also demands particular attention, although its mode of origin is but little understood; still, Colombat says the urine in chlorosis is small in quantity, pale and limpid.

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ARTICLE XIV.—*Requisites to a correct Estimation of Hahnemann.* By C. HERING, M. D., Philadelphia. *Translated from the Hygea.**

IF we would form an estimate of a man who belongs to history, an estimate which shall itself lay claim to a place in history and rise above the fleeting interest of ephemeral productions, we must found it upon a full consideration of the whole life and labors of him to whom it relates.

Such a consideration, in relation to Hahnemann, would embrace the following points:

The history of the age in which he was born, portrayed with sharp and masterly strokes. Not simply the generalities; the facts of public interest and state policy; the powerful Court with its *Pompadour* and its *Voltaire;* the young hero *Frederick*, not yet known as the Great, and a *Maria Theresa* ingenuously great; but it must also take in the particulars; a *Lessing* industriously studying Shakspeare, while Hahnemann lies smiling in the cradle, and a *Lavoisier* engaged in his boyish sports. For it was Lessing's controversy with *Götze* that formed Hahnemann's religious views for life, and in his controversial writings we are continually reminded of Lessing, while Lavoisier and the triumph of the antiphlogistic school brought him from the domain of chemistry into that of medicine.

A short description of the electoral fabrique at Meissen, where the sworn artist, his father, held conference with his children a century ago, displaying this parent and the mother, as subordinate social dignitaries of the old regime, engaged in the early training of their son; the discipline of the then teacher in Afra, where Hahnemann was already, as a boy, employing his leisure hours in reading the aphorisms of Hippocrates; finally, his masters in the high school, and the general condition and state of the healing art at that time —these things would form the introduction to the first part.

* Hygea, Bd. 22, s. 296

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The first part itself would be a description of his life and works up to the year 1790, with all his writings, translations and observations, ever accompanying it with a reference to the age which produced and formed him; the events of the times, the popular authors, and the opinions of the medical schools. His favorite authors are not difficult to recognize, as they mirror themselves in him again; we find also with what rare pertinacity he opposes the ruling modes, and discover farther a rarer modesty, as, for example, in the high opinion he entertained of Hufeland, whom, before 1790, he already in every way far surpassed.

The foundation being thus laid, and the man presented to us in his daily life, his thoughts and his labors, his time and his contemporaries, the second and most important part would be devoted to a consideration of the new opinion into which he fell, and a statement of the origin and gradual development, step by step, of Homœopathy. From the note in Cullen's Materia Medica, through all his subsequent writings and even through the successive editions of the Organon, the materials must be industriously sought, and carefully brought together down to the latest words of the expiring sage.

Throughout the whole of this, criticism should be silent; no partizanship should divert shallow readers with straight-laced conventionalities; the day-spring of the discoverer's thought should appear in its true primordial form, in its progress and in its growth, exempt from all cavil.

After his writings, after his published and his various unpublished correspondence, and other productions, the inner, moral state of the man, the heart and feelings must be developed as the hidden spring of all. Here, where, for us as for all men, lies the danger of error; yea, the greatest danger, that of being unjust—and where we would, last of all, dare to be unjust; here, the greatest watchfulness and most rigorous care are but requirements of the lowest and commonest duty. Nothing in the shape of testimony should here be omitted, not, however, what others have said of him, but what he has said of himself and of others.

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Next to this should be given his character, his mode of thought, as they concerned domestic, civic and political life, and his conduct as man, husband, father and citizen—and then his bearing as physician, preceptor, colleague and controversialist. We are all the children of our parents—circumstances; moulded by our proximate relations in proportion to their force and repetition—this consideration should not be without its weight in the present case.

The multitude of calumnies against Hahnemann should not protract their brief existence by a place in such a volume. Where, however, they chafed or roused their noble mark, (for in his venerable age he was at times galled even to tears) they might merit a passing notice.

Thus should the historian accompany his hero to the time when a friendly beckoning hand withdraws him from things without; his senses close to page and speech, unfold to sources of joy and hope, and he departs, at peace with himself, with God, and with the mantled world.

Then let the estimate follow—not in the work—not penned by the laborious biographer—but formed in the inmost soul of him who shall have read and weighed the whole.

ARTICLE XV.—*On the Powers of Attenuated Substances.* By E. E. MARCY, M. D., New-York.

EVERY substance in nature possesses different degrees of power, or different capacities of impressing the human body, according to the particular form which it is made to assume. As a general rule, bodies in their more solid and compact form are less efficient in producing chemical or pathological changes, than when in a more attenuated state.

All solids, whether inert or otherwise in their ordinary condition, undoubtedly possess latent powers—concealed atoms capable of producing potent impressions when liberated by friction, trituration, or caloric, from the cumbering matters which envelope them. In many instances these active particles may be readily developed by the simple

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friction of such articles as glass, amber, sulphur, sealing wax and other resinous substances, with silk or flannel, the atoms of electric fluid being drawn from their interiors to their surfaces. In these examples, the most powerful material agent known, is separated from articles which are almost inactive in their ordinary condition, by the identical process which the homœopath employs in the development of his drugs, viz.: *friction* or *trituration*. Let it not be asserted that the electric fluid is only a mere property of matter—immaterial and spiritual; for we can feel it, see it, smell it, bottle it, and subject its atoms to many of the ordinary laws of matter. It is true that we cannot, at present, weigh it or analyze it, from the lack of sufficient delicacy in our scales, and the still imperfect condition of chemical science; but the properties and capacities of this, or of any other substance, must not be measured by our own limited knowledge and skill.

When the atoms of oxygen and hydrogen are united in certain proportions, and with a certain degree of cohesion, ordinary *ice* is the result: if the attractive force which unites these molecules be diminished, they assume a different form and different properties, and we are presented with the general and salubrious agent, *water:* if the repulsive force of heat be now applied, nearly all the cohesion between the particles is lost, and we get a substance of a still different and far more powerful description, in the form of *vapor:* carry the attenuation still farther, and we recognize two imponderable *gases*, one of which (*oxygen*) is possessed of powers both of preservation and of destruction, under different circumstances, inferior to few others in nature: but we need not stop here; for an alternate expansion and condensation of these gases, by means of heat and cold, properly applied, developes a motive force of surpassing power.

Mercury, in its ordinary crude state, possesses but limited powers either in a chemical or toxicological point of view. When taken into the human stomach, it gives rise to no effects, except what proceed from mere bulk and weight; but

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if its particles be separated, and diffused even coarsely, through an inert vehicle like conserve of roses, a new and active power is developed—the cathartic influence of the common *blue pill*. If the atoms of the drug are still more minutely subdivided, as in spontaneous or artificial evaporation—a condition in which the substance is *infinitesimally* diffused in the air—imponderable, invisible, without appreciable taste or odor, and not capable of producing chemical reactions even of the most delicate and subtle description, we then have an agent capable, when introduced into the circulation, of producing upon the organism the most violent impressions, and if persisted in, even death itself.

Iodine, when it exists as a constituent of kelp, possesses powers of quite a limited and unimportant character; but if its particles be separated from the salts of soda, potash, and the other impurities which pertain to the sea-weed, we have an article of immense importance as a chemical and physiological agent. If it be properly attenuated, either naturally, as in the example of cod-liver oil, or artificially, by trituration with sugar of milk, we are presented with a medicinal agent of superior excellence in scrofula and pulmonary consumption. Or, if its atoms be diffused through the air in imponderable quantities, and then introduced by respiration into the pulmonary tissue, we have a remedy whose value is recognized by gentlemen of every school.

The carbonates of lime, potash, and soda in a crude state, may be swallowed in considerable quantities without any injurious results; but if one of their constituents, carbonic acid, be liberated from the cumbering bases, and an imponderable quantity be introduced into the lungs, it instantly operates as a fatal narcotic poison.

The simple vegetables which we cull for food, if exposed for a considerable period to a certain amount of heat and moisture, become decomposed, and their latent active molecules escaping into the air in the form of imponderable miasmata, are recognized as the causes of some of our most violent febrile diseases.

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The morbid particles of animal matter which are elaborated in the human body during the progress of contagious disorders, and which are constantly escaping in imponderable atoms into the surrounding air, through the pores, etc., possess the power of communicating to healthy bodies their own peculiar specific action by contact with absorbing surfaces.

According to Soubeiran* "one lb. of deep red cinchona yields two drachms of sulphate of quina and one drachm of sulphate of cinchonia." The remaining constituents consist chiefly of woody fibre and other inert matters. One ounce of the crude bark in powder, is supposed to be equal in medicinal power to about four grains of sulphate of quina; yet the ounce of bark contains not less than *fifteen grains* of this alkaloid, and more than *seven grains* of sulphate of cinchonia. Is it unreasonable to suppose that these active principles may be still further purified and subdivided so as to develope augmented medicinal virtues?

Common soda water, as well as the waters of the Congress and other mineral springs, are harmless in their natural condition; but they all contain within themselves minute atoms of a poison of the most deadly character, and which may readily be made manifest by changing the form of the liquid.

When transformations are effected of the atoms which compose chloroform, and several of the ethers by spontaneous evaporation, their chemical and physiological properties become wholly changed, and we are presented with infinitesimal particles, capable of producing upon the organism pathological and therapeutical impressions of the most important character.

Prussic acid, although exceedingly active in its liquid state, becomes far more active when attenuated to the form of vapor. "Inhaling the vapor decidedly produces death more quickly than any other mode of using the acid."†

When large doses of lead are taken into the stomach,

* *Traité de Pharm.*, 1. 603.

† *Pereira Mat. Med. and Ther.*, v. 1, p. 389.

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neither colic, nor any other *specific* effect of the metal manifests itself, but an inflammation of the gastro-intestinal mucous membrane results from its corrosive topical action. In order that the true specific effects of the drug may appear, it is necessary that it be reduced to a state of molecular or infinitesimal subdivision, so that absorption can take place, and the imponderable molecules thus be brought into contact with the delicate tissues with which they exercise a specific affinity. The following extracts from the work of Tanquerel des Planches on lead diseases, have a bearing upon this subject.

"Metallic lead very seldom occasions colic, because it is not so often as its other compounds reduced to *emanations*, or its particles disseminated in the air, which is the most favorable, and nearly indispensable condition for the development of colic in workmen attacked by this disease."

"The animal system can only absorb bodies reduced to a molecular state, or to particles. Lead preparations, in order to be absorbed so as to produce colic, and other lead diseases, before penetrating into the system, must be previously dissolved in a liquid, [like homœopathic dilutions,] or else reduced to very fine atoms, [like homœopathic triturations] or to vapor."

"If a piece of metallic lead is rubbed for some minutes with the fingers, the olfactory organs are affected with a peculiar sensation from contact with lead emanations detached by this process. There is also a change of taste, breath, and smell which arises from the contact of particles of lead with the mucous membrane of the mouth, bronchiæ, and nose."

"Lead, or its different compounds, in a state of molecular, or extreme subdivision, introduced into the system, acts alone, after having been absorbed in such a manner as to develope the symptoms of the disease, (*lead paralysis*)."

"Once absorbed, lead is carried by the circulation to the organs which it attacks. All efforts to discover its specific mode of action have been fruitless: it will probably be known when the action of Strychnine, Quinine, Opium, etc., are revealed."

In these quotations, it will be observed that Tanquerel (who is an eminent allopathic physician) fully recognizes the powers of lead, in an attenuated or infinitesimal form, to impress the tissues of the organism so as to cause the most violent and dangerous diseases. Why should he then doubt the powers of analogous substances, when reduced to the same attenuated condition, of impressing diseased tissues in such a manner as to cure?

We have thus far alluded to facts connected with the attenuation of substances, which are universally known and

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acknowledged. Indeed, so familiar are people with these every-day phenomena, that *effects* alone are observed, while the transformations which substances have undergone to produce these results, are passed by unnoticed. The painter who is attacked with colic from the absorption of a homœopathic dose of lead, or the smelters and workers in mercury, arsenic, lead and copper, who are so frequently poisoned by the inhalation of infinitesimal atoms of these minerals, are quite familiar with their poisonous qualities; but if you inform them that one 10,000th part of a grain of either of these articles possesses therapeutical powers, they exclaim against its absurdity. They witness every day diseases arising from the introduction into the blood of infinitesimal particles of contagious matters, miasmatic poisons, and of mineral and vegetable substances, and yet they pretend to ridicule the very idea of homœopathic *attenuations*. The most stupid dolt can readily see that a millionth part of a grain of either of the articles above named, in a condition of spontaneous attenuation, possesses immense power to impress the animal structures; but they are unwilling to admit that the same drugs, when attenuated to precisely the same degree *artificially*, can be productive of any effects. The reason of all this may be found in the fact that mankind are prone to measure every improvement pertaining to science, by their own preconceived and limited notions. Their ideas, stamped with the seal of antiquity, and bearing the impresses of the alchemist, the sorcerer, the astrologer, and the humoral pathologist, have been instilled into them by their respectable grandmothers, and they deem it little short of sacrilege to question or doubt their truth or sound philosophy.

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ARTICLE XVI.—*Fragmentary Contributions to Materia Medica and Therapeutics, in a Letter to* CONSTANTINE HERING, M. D. By JACOB JEANES, M. D., Philadelphia.

INDUCED by your frequent requests, I communicate to you for publication in the "North American Homœopathic Journal," some observations in relation to important actions of several remedial agents. I do not intend to give all the symptoms which I have observed from them, but only those which have been confirmed by frequent observation, either in their pathogenetic or curative operation.

I shall begin with a few remarks in relation to the tincture of the spiculæ of the

Dolichos pruriens, or Cowhage.

While the spiculæ are used as a vermifuge, and are generally believed to kill the worms mechanically, by piercing them, the tincture is as generally believed not to possess any important medicinal properties. Wishing to ascertain what effects would be produced by the tincture in dilution, I took a portion of the second centesimal dilution. Among a number of symptoms which followed, and which I was satisfied to consider as effects of this dose, was a painful sensation in the throat below the angle of the lower jaw on the right side. It was as if a splinter of $\frac{1}{4}$ of an inch in length was imbedded vertically in that spot. The pain was increased by swallowing.

I had at that time (now many years since) two patients who were under treatment for a very similar pain. One of these I had cured of an asthma of several years' duration; and the other had recovered from a fever whilst under my care. In the former case, that of a lady about 45 years of age, who had suffered considerably with it for three or four years, the patient had applied to two physicians of eminence on account of it, but had derived no permanent relief from any remedial means which were employed. After the cure

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of her asthma, she persevered for a considerable time in her applications to me for relief from this affection. Nothwithstanding the most careful attempts to collect all her symptoms, and proper investigation to ascertain the appropriate remedy, I had met with no success. The suffering remained the same. After experiencing the above mentioned symptoms upon myself, I administered to her the medicine in the fifteenth dilution. Two or three doses of this remedy removed the disorder so completely, that it did not make its appearance again for eighteen months, when it returned and continued for three weeks. This was in consequence of my own sickness disabling me from seeing her when she called upon me, soon after the recurrence of the disorder; for after my recovery, on giving her the medicine again, the affection immediately disappeared, and has not since returned,—a period of nearly ten years.

The other patient—also a female, of about the same age as the former—had suffered under the complaint for thirteen years, and had also repeatedly sought medical advice without receiving even temporary relief.

My want of success was as marked in this case as in the other, until I tried the *Dolichos.* The first dose removed the complaint for a week, when it returned. A second dose was given, which relieved her for a shorter time. The relief from a third dose was of still shorter duration. I then gave her a vial of pellets, that she might take a dose every day if necessary. In a few days she brought back the vial, and told me that whenever she took the medicine, it relieved the pain in her throat, but caused such a pain in her gums that she could not sleep for half the night. I put the vial in my case and gave her other medicine which appeared suitable, for some time; when, perceiving no change in the disorder, I again presented her with the same vial, to use the medicine as before.

In a few days she stated to me that this medicine affected her in the same manner as that which I had given her some time back; that it removed the pain from the throat, but caused

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such a pain in the gums that she could not sleep for half the night. I asked her if it were not the same medicine; she said that she did not know; and I am perfectly satisfied that she did not—imagination had nothing to do with it. None of the other remedies were followed either by the relief of the throat, or the pain in the gums.

I finally failed to remove this troublesome affection, for she at length ceased to call upon me for advice, as much wearied, no doubt, with vainly taking medicine, as I was with prescribing it without success. In both these cases there was slight tumefaction on the affected side, in the posterior part of the fauces. In consequence of the marked action of the *Dolichos* on the gums, in the latter case, I was induced to use it in the case of a patient afflicted with neuralgia of the face and gums, of twelve years' duration, in which the upper gum was irritated, tumid, and excessively painful, so that she could scarcely take food, or even drink, into the mouth.

The relief which was derived from this medicine was very great, but did not amount to a perfect cure; still the disorder was much mitigated, and by the aid of this and other homœopathic remedies, her life has been rendered comparatively comfortable for the last ten years. During dentition, when the gums appear painful, more especially when costiveness of the bowels exists, I have found the *Dolichos* very useful, both in correcting the costiveness, and lessening the irritation of the gums.

From other symptoms observed upon myself, I was induced to consider this remedy as likely to be very useful in some forms of disease where cough was a prominent symptom; and when I read the following remarks of Dr. Stokes, of Dublin, I conjectured that the chief improvement in the cases which he mentions, is to be attributed to the action of the *Dolichos*. And since that time, experience in the employment of this remedy has corroborated this view; for in many cases of cough, which were most troublesome about

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bed-time, and for a while after going to bed, I have observed most marked beneficial results from this remedy.

I extract here the remarks above alluded to, from the lectures on the Theory and Practice of Physic, by William Stokes, M. D., of Dublin:

"I recollect the case of a boy who was brought to me with an extraordinary affection of the chest. He was of a gross habit of body, of a flabby scrofulous appearance, and laboring under disease of the elbow-joint; but his chief complaint was, that he passed the night in great distress from incessant cough and wheezing. On examining the chest, I found the respiration healthy, and no other symptom of pulmonary derangement, except a very slight bronchitic *râle*. On expressing my opinion of the case to the mother, she said that he was easy during the day, but that his condition was very different at night. To ascertain the truth, I took the child into the hospital, and found that her statement was substantially correct; for, from four o'clock in the afternoon, until next morning, he was in a state of perfect orthopnœa, with loud, ringing, incessant cough. During the rest of the day he was free from cough, and tolerably quiet.

"The case was treated with calomel and ipecacuanha, tartar emetic, and other similar remedies, but the disease was rather exasperated than improved.

"The boy had swelled belly and constipation, and for this he was ordered to take a dose of turpentine and castor oil. He passed some worms, with relief to the existing symptoms, and from the consideration of this, and the failure of the treatment for bronchitis, we were determined to persevere in the use of anthelmintic medicines, and for this purpose put the child on syrup of cowhage, to be followed by castor oil draughts.

"He passed vast quantities of thread worms in the course of a few days, and when they had been all removed, the cough disappeared altogether; but as long as any of them remained, the symptoms of pulmonary irritation continued.

"There could be no doubt that this was a case of intermittent bronchial irritation from worms, for their evacuation was immediately followed by a complete cessation of cough and dyspnœa. I have also, since the foregoing, met with many other instances of a similar description. A young girl came into the Meath Hospital with chronic bronchitis, and some degree of hepatisation at the lower part of the left lung. Having heard from her friends that she was extremely subject to worms, I determined to try what would result from the use of anthelmintic medicines, and put her on the syrup of cowhage, with aloetic pills. Under this treatment the cough was quickly removed, and the lower portion of the lung recovered its permeability."

There is another point in regard to the operation of this agent, which is worthy of mention. It is, that in two cases, its employment in children has been followed by twitchings of the muscles. This sometimes occurs also after the administration of Chamomilla. As the latter remedy is one frequently indicated in the convulsive affections of infancy

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and childhood, so may the *Dolichos* be sometimes useful in such disorders. So far as I have been able to observe its effects, I should think that it would be adapted to those cases in which clonic spasms of the extremities are accompanied by loss of consciousness, the eyes motionless and the eyelids open.

ARTICLE XVII.—*My experience in the preparation of Medicines; a contribution to Homœopathic Pharmacy.* By H. HARTLAUB, M.D., in Reichenau bei Zittau. *Translated** by W. P. ESREY, M.D., Philadelphia.

I HAD always endeavored to prepare for my own practice some particular medicines, in crude form, by trituration, etc.; although for the greater number, I was satisfied with those preparations which Dr. *Wahle*, [then in Leipsic, now in Rome,] eighteen years ago, allowed me to select from his well arranged stock—prepared by himself. But for the last eight or ten years

* The following article is translated from the *Homœopatische Vierteljahrschrift*, Bd. 1, s. 347. A separate 'Abdruck' of the treatise contains a letter by the author, from which we extract as follows:—

"The observations here collected and arranged, are certainly of great importance. I have reproduced them as literally and simply as possible; and the course which I have in general observed,—certainly not the shortest, but yet the true, life-like and natural one,—will, I hope, not weary those who are unacquainted with or indifferent to it. All that is not quite certain is intentionally omitted; or where the connection required it, it is given briefly and as uncertain.

"I can well say, I rejoice in B,—[the continuation of the subject in a future communication. *Tr.*]—in anticipation. The peculiar spirit of Homœopathy, which repeats and proves itself constantly in its organic connection, but constantly comes forward in *direct opposition* to the old school, appears also in these preparations open and clear; and the life and doings of Hahnemann, like his doctrines, also appear as an organic whole—so that he was just as good and true a homœopath in 1810 as he was in 1840, only he himself could not concentrate his whole life upon a single day.—He lived,—and we must view his life and comprehend it as a whole,—certainly in the right spirit, and without prejudice to the *provings*, the *simile* and the *potence*. The steps of the potence, this moveable part of our mighty lever, always require, with reference to their proportions, constant and equal attention, from the first or second up to the highest attenuation.

"I can moreover impart to you the pleasure, if it has not been done already, that to me has been entrusted the secret of preparing the Jenichen high potencies."

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my efforts have been directed to prepare all of our medicines for myself, by degrees.

Every homœopathic physician should not only apply his own medicines, but likewise prepare and prove them, in order that he may take a more active and lively interest in the matter. It is only by preparing them at times ourselves that we can be enabled to give directions to assistants or colleagues as to the mode of preparation, and estimate the judgment and accuracy with which the remedies must be prepared, as well as form an opinion (*a priori*) of their genuineness and virtue. By this means we also become more intimately acquainted with our medicines—they seem to draw nearer to us, and we value them more highly. The preparation naturally leads us directly to the (physiological) proving upon ourselves, and to this succeeds the more diligent and steadfast study of the former provings of our pure *Materia Medica.* There are but few medicines which I have prepared or pharmaceutically examined, that have not produced some symptoms on the healthy organism; and in many cases I was involuntarily compelled to note down symptoms for days and weeks. We are in this way immediately introduced into the historico-organic progress of Homœopathy and led to confide in it; all its peculiarities come actively before us—it repeats in a measure in each of us its historical and scientific development (self-preparing, proving; self-dispensing, observing); it becomes a living thing in us; we are at the same time seized with the earlier zeal for it,—our confidence and industry increase in proportion, and we gain over it a greater power and mastery.

The tendency of Homœopathy, in all its simple and connected essence, is to place us in a new, active, and certainly the true medical position; she reminds us of the high significance of our calling, not as a *science* only, but also as a *gift;* by personal preparation of the remedies, physiological provings, by accuracy in the simile, in all circumstances and in all observations, and by the small doses—she seeks to bring us back to activity, to self-sacrifice, to truth and trust. On

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the contrary, nothing removes us more quickly and surely from the true spirit of Homœopathy, than when we cease to view and receive her as an organic whole, as she was seized and presented by *Hahnemann*. We first lose our acquaintance with the individual parts and occurrences; this leads to indifference, indifference to change, etc. This is the usual course in undermining a cause; we become at first indifferent and lukewarm in matters apparently of secondary consideration; neglect of the more important soon follows, and finally we disturb and alter all the fundamental principles, according to our inclination, and from indolence, until, certainly only from too little knowledge, we change and spoil the whole, and rob ourselves of the blessings which were intended for our enjoyment. This finds full application in our preparing of medicines,—*self-provings, and self-dispensing.*

The deeper we penetrate into the spirit of Homœopathy, the less favorably shall we be disposed to changes. We shall learn, more and more, to admire the decisions of *Hahnemann*, to regard them almost as medical revelations, and to be very cautious in admitting any change, until clear and irrefutable evidence is laid before us of its necessity.

The following researches, in respect to the preparing of our medicines, made with great accuracy and zeal, will furnish no small proof that we ought to apply our powers rather to the investigation, confirming and completing Hahnemann's wonderful gift of Homœopathy, than to changing it in its essence. We are allowed to examine and test it, but with caution and reverence, and always rather with the intent of strengthening our own faith, than with the thought of improving or subverting the inestimable gift. We may, indeed, alter and subvert much, and that with apparent right on our side, but surely not for the better.

Like *Starke*, *Schmidt*, *Helbig* and others, I, also, by repeatedly making our medicines, quite involuntarily turned my thoughts to deviations in their preparation. The latter led to pharmaceutic provings, the provings to further researches. I have thus, the last few years, devoted much

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time to experiments in the preparation of our medicines—chiefly the vegetable essences.* With regard to the wilting of the plants, I found already a guide in *Starke* (*Archiv.* xiv, xv.); and my friend *Helbig*, in Dresden, had begun the proving with different degrees of alcohol before me.

I conducted everything with the greatest accuracy and always with my own hands, except some mechanical assistance. Exact and constant attention was paid to weight and measure. For comparison, I used the pharmacopœias of *Buchner*, *Hartman* and *Gruner*, and examined the directions of *Schmidt*, [of Vienna.]

All the existing statements were partly either disconnected or too general; and the design of my experiments was now, by comparison with, and the application of the existing observations and propositions, to establish a complete general system, and to discover also for each plant individually the mode of preparation which is in every respect the best; in short, to arrive at a *specific method of preparing medicines.* Of each medicine I made 20, 40, 60, 100, or even more preparations by very different methods (to be stated hereafter), and then compared these different preparations with one another according to their physical properties—color, smell, taste, etc. By this way of *comparing* my preparations, by the systematic course pursued throughout, I was really in a position to obtain not only good, but according to their physical properties, the best preparations; and to be able to judge at the same time of all other previous statements. I found also that the different plants required very different modes of pharmaceutic preparation, and that often the smallest circumstance contributed to enhance their physical properties.

These experiments were of the greatest importance to me; it afforded me particular gratification to follow the individual laws of nature; the most surprising phenomena often presented themselves, and things of which the most opposite

* Preparations, made from the juice of the fresh plants, are called *essences*; those from dried plants, *tinctures*.—C. H.

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opinions have been pronounced, such as the wilting or not wilting of the *Arnica root*, etc., were easily decided by comparing the physical properties of the preparations, made in different ways, according to the *momenta* hereafter given. Thus the treatment of *Digitalis*, *Dulcamara*, etc., with different degrees of alcohol, shows the clearest and most marked differences with regard to their effects on the vegetative, and on the sensitive spheres. It is quite possible to attain an accuracy, precision and certainty, which is surprising, and which is only to be acquired through this method of *comparison.*

My experiments became by degrees more and more extensive; but at the same time all the deficiencies became more perceptible; I now directed my efforts more towards a *general* method, and advanced more slowly, endeavoring to experiment with each medicine until I ascertained the best method of preparing it, according to the different *momenta*, which, as already mentioned, requires with many medicines a great number of preparations.

The following are the *momenta*, methodically arranged, which, in the preparation of our tinctures and essences, I endeavored to examine and investigate.—I request my readers, especially those of my colleagues who do not occupy themselves with the preparation of medicines, to follow me in this enumeration and in the further discussion with attention, as I hope to place every homœopath in a position where he may obtain a clear view of the preparation of our medicines, and be able to judge of them for himself. And having come to an understanding, we may be able to agree upon a uniform mode of making our preparations, which will certainly contribute not a little to the safety and certainty of our clinical treatment, and will incite us to greater medical concord.

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I. Plants.

a. Botanical character.

1. What plants shall be used as medicines?
   a. Accurate specification of the species and varieties.
   b. Where grown?
   c. Age of the plants.
   d. Time of the year and of the day.

b. Physical and Chemical characters.

2. What parts of the plants?
3. The physical properties of the parts of the plants to be used as medicine;—as color, taste, smell, &c.
4. The chemical constituents and their properties (a complete qualitative and quantitative analysis).
5. Can the physical properties of the living plants be enhanced by any particular management (*mutilating* living plants)?

II. Medicine.

a. Preliminary Preparation of the Plant.

6. Does the part of the plant to be used need particular cleansing, or other special preparation?
7. Is the part of the plant to be used when fresh —wilted —or dried?
8. Is the plant to be reduced to fragments by cutting only,—or better by crushing—or bruising?
   b. May the plants be cut with an iron knife?

b. Preparation of the Medicine.

9. What strength of alcohol is to be used?
   b. What is the right quantity of alcohol, in order to obtain the necessary degree of saturation?
10. Is the alcohol to be poured on merely, or to be intimately mixed with the plants?
11. Is maceration necessary or not?
    b. What length of time is the maceration to be continued?

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III. Examination.

a. Of the Residue.

12. What peculiarities does the residue of the preparation present—as well when pressed out, and again treated with the same strength of alcohol, as:

b. When treated with a different strength?

13. What sediment subsides from the essence?

b. In what time?

b. Of the Essence.

14. Is the essence bright, clear?

b. Of what color?

c. Of what smell and taste, or

d. Other physical properties?

e.? Chemical analysis.

IV. Result.

a. In general.

15. In what respect do the preparations obtained differ? In their strength only (quantitative efficacy), or also in their dynamic direction by the possession of constituents totally different (qualitative efficacy)?

b. Which is, in general, the best mode of preparing the plants?

b. In respect to the usual directions.

16. What appearance does the preparation present when prepared in the usual way—the expressed juice of the fresh plant mixed with equal parts of alcohol, of about 90° Tralles, etc.

b. Is the latter satisfactory—or what changes can be made in it for the better, without totally changing its sphere of action?

V. Durability.

a. In regard to time.

17. How does the essence keep in regard to time?

a. How long, in general, will it keep pure and good?

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—How is it, generally, after the lapse of one or more years?

b. How long does it remain fit for potentization?

b. As to light and heat.

18. How do light and heat affect the essence?

VI. Potentization.

a. Meaning of potentization.

19. What is the meaning and significance of potentization—(difference between physical and dynamic potentization).

b. Is it necessary to make further preparations (potencies) with the medicines generally (physical and dynamic potentization)?

b. Preparation.

20. Technicalities of potentization.

b. How are the potencies, in general, to be prepared, in respect to the *quantity*, and *strength of the Alcohol?*

VII. Dispensing.

21. In what form, and in what way is the medicine to be *dispensed?*

b. What particular appearances or precautions are to be taken into consideration?

Each of these *momenta* is of more or less importance; and the different plants require very different management, in regard to them, both with respect to the single *momenta* and to their combination. It will not suffice to say, that the narcotic plants require this or that strength of alcohol, or this or that management, but each of them must be experimented upon individually. There are undoubtedly laws which are more or less general; but there is always a particular law besides the general one, and they go hand in hand without being identical. We find this so throughout nature; the species has its particular differentia, no less than the genus, and this no less

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than the family, order, and class. There are general laws, but they are not sufficient to enable us to know and judge the individual; this requires again particular investigation and attention for itself. Hence, these pharmaceutic experiments are far more difficult than they appear at first sight; they take time and perseverance, and it requires practice to be able to investigate the *momenta* necessary for a single substance, with satisfactory result, without losing ourselves in a multitude of preparations.*

I propose to consider my pharmaceutical experiments under four heads:—

A. Under each of the *momenta* above laid down, I shall state some further particulars to be observed in the preparation of the vegetable essences and tinctures; especially those which concern their special importance, object and application or carrying into effect.

B. I shall show the peculiar position occupied by Homœopathy, in contradistinction to earlier medicine, in regard to these *momenta*.

C. I shall point out and examine particularly several preparations of single substances:—and lastly,

D. Note particularly, the general and special laws for the vegetable preparations.

A. †

We must first procure the right plants, as pure and perfect as possible; this is to be done by an acquaintance with their botanico-physical properties; and then determine whether the whole plants, or only part, and what parts of them are to be used (1—3).

* Especially in an early stage of the experiments, before I had discovered the significance and nature of those *momenta* that relate to the physical development.

† I request that the following development of these *momenta*, although in general concluded and finished, may not be always considered perfect, individually. In some instances further experiments are still required; in others it is difficult to select from the mass of materials all that is necessary for a condensed account. I have not mentioned matters with which every one is familiar when it was not required by the connection; and on the other hand, I have introduced more extended communications, where it contributed to the better understanding of what is little known.

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1 *a.*

In regard to the *species of the plant* which is to be used in medicine, accurate knowledge and particular attention are required, in order to procure the right plant; this forms the basis of all the other *momenta*, concerning the article to be prepared, and indeed, not as to its purity only, but as to its identity; whether, in short, it be really the substance we are in search of, or perhaps, a totally different, though similar plant. We may thus, in many ways, obtain a false plant or a false, and often, very different medicine. For instance, we may be entirely *ignorant of the species used in the provings;* or the person who prepares the medicine, from *want of sufficient botanical knowledge*, may have gathered a false plant; or, finally, it may occur through negligence, as, by considering the differences unimportant—(*Bryonia alba* and *dioica*, etc.,) or when the preparation is entrusted to persons who, without taking any special interest in the matter or acting with any great degree of conscientiousness, look upon it simply as a matter of business. With most of the plants we are certain of the species which were used in the provings, and I feel the more regret at the unsatisfactory and even contradictory accounts in this matter, of one of the most important of our medical treasures; I mean the

Aconite.—We are as yet uncertain which species of this genus *Hahnemann* employed in the provings, as he makes use of the indefinite botanical name of *Napellus*, which has been applied to several species, and besides, gives the observations of *Störk* and others, in the *Materia Medica pura*, without making any distinction.*

* *Störk's* observations belong to the *Acon. Störkianum* (Rchb.), and are taken from his "*Libellus, quo demonstr. Stram., Hyosc., Aconitum, etc.*, Vindeb. 1792." There is in this pamphlet a neat and accurate drawing of the *Acon. Störk.*, (Rchb.) and *Störk* also, mentions as the place of growth, the garden where it was cultivated as an ornamental plant. This agrees with the drawing, as we usually find in gardens the *Störkianum* only. *Beilschmidt* mentions that in two different dissertations by Störk, *de Aconito*, (which I have not seen,) there are drawings of two different plants, one with an elevated (Störk.?) and the other with a depressed helmet (Napell.); from which it appears that Störk did not accurately discriminate between these varieties or species. This will not appear strange if we consider the

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Hahnemann is without blame in this, since, at the time of the provings, the many species of *Aconite* were not sufficiently distinguished; and moreover, as I now learn, in order to obtain extreme accuracy in determining the botanical classification of the species to be proved, he consulted three distinguished botanists. His pupils and followers were not so particular; for, instead of trying to ascertain what kind of *Aconite Hahnemann* had used, when its botanical classification had subsequently been more accurately determined, they suffered themselves to be misled, by that apparent want of precision, and to use indiscriminately the most different varieties and species of the genus *Napellus;* or to take even the *Störkianum** (Rchb.), (which belongs to quite a different group or division of the *Aconites,*) for that which had been proved by *Hahnemann,* (*Noack and Trink's Manual*).

When in the course of my experiments I came to prepare *Aconite*, it was my first care to ascertain the species which had been used in the provings. If this was not possible, the existing provings were of little value, and it would be necessary to repeat them, and that with several species—no small labor.

The only way information could yet be obtained was the historical. I instituted many inquiries on the subject; *Hahnemann* himself, unfortunately, could no longer be interrogated; several of his medical friends knew nothing accurate about it; our literature contained nothing more definite, and I therefore concluded that it would be impossible to attain to any certainty in regard to the matter, and attempted, with much labor, to form the whole anew. In the first place

resemblance between the different species, and remember that at that time the two groups (Störk. and Napell.) were mentioned as one, under the name of *Acon. Napellus*—as we find in the 10th edition of Linnæus, (*Systema naturale,*) which appeared two years earlier, (1760,) and therefore, whilst he was still living, (1707–78). *Störk* also cites Linnæus and his description. Yet, for the provings used by Hahnemann, Störk doubtless took *Aconum. Störk.* (Rchb.), since, as already mentioned, he caused this species to be figured to accompany them, and procured them from gardens.

* *Störk* and *Miller* call this also *Acon. Napellus;* this synonymousness should be carefully noted.

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I endeavored to obtain an independent opinion of the botanical classification; I studied the works of *Reichenbach* and others, on *Aconite*, and the summer before last collected from the Iser and Sudeten Mountains, near my residence, and formed into an *herbarium*, some hundreds of specimens of the several species and varieties of *Aconite*; I transplanted more than twenty specimens into my garden.

According to the more accurate botanical classification, for which we are indebted to *Reichenbach*, we enumerate in Germany from 30 to 40 species of Aconite; and even those botanists who regard these species as for the most part, only varieties, distinguish—besides the four groups or chief species—several others as independent. But some of these species often present the most striking differences in their outward appearance, so that on more intimate acquaintance, we hesitate to use them indiscriminately. The Acon. *Störkian.*, (Rchb.,) and the Acon. *Napellus* (Dod., etc.,) which our literature confounds, belong, as before mentioned, to two quite different groups, and are now considered by all botanists, even in the most general classification, as different species; and in the comparative pharmaceutic experiments which I have made on this point, they appear in certain relations, even as entire opposites to each other, which is also founded in nature and confirmed by chemistry; for Acon. *Störk.* stands at one pole of the genus with converging fruit, and Acon. *Napell.* at the other with diverging fruit; and all the blue flowering Aconites, (as far as *Geiger* has examined them chemically,) with converging fruit, are but slightly acrid, while those with diverging fruit always show a decided acridity.

It became, therefore, of more and more importance to me, to obtain correct information concerning the species employed by *Hahnemann*, and it was with no little pleasure *that I at length fully succeeded.* I was referred to some old acquaintances and friends of Hahnemann's, who had taken particular interest in his preparation of medicines. Through their kindness, I ascertained that the *Aconite employed was*

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*a kind of Napellus which grew wild,** and moreover, that the species proved by *Hahnemann was not the Störkianum.*† Next summer I shall search still more closely at the place of growth for the right species, according to the more recent botanical classification, and shall then communicate any further information I may obtain. It is certainly of great importance for our homœopathic use, that we should have found the right species of so important a remedy. Some decennia later it would probably have been no longer possible.‡

I shall merely mention here that through those friends of Hahnemann, I at the same time became acquainted with matters in regard to the first preparation of the homœopathic medicines which are of the greatest importance to us; and also of data that will go far toward furnishing a connected and tolerably perfect history of homœopathic pharmaceutics. Unless these gentlemen themselves prefer to

* Not the kind peculiar to the German Alps. Acon. *Napell.* (Dod.)—Acon. *Napell.* (Lobel.)—Acon. *Napell.* vulg. (Clus.)—Acon. *Napell. verus majorum.*

† Acon. *Störkian.* (Rchb.)—Acon. *neomontan.* (Wild.) (non Wulff.)—Acon. *intermed.* (Dec.) (non Hoppe)—Acon. *Napell.* (Mill.)—Acon. *Napell.* (Störk.)

‡ As long as we cannot be convinced by proving that the symptoms obtained by *Hahnemann* can be obtained from other similar varieties or species of Aconite, (which is, however, impossible,) so long will it be necessary to know accurately the species proved by *Hahnemann*, and never to employ another species for it, much less one of another, though similar group. The homœopathic practice, particularly in its finer characteristics, and in the high doses of the medicine, requires a degree of accuracy altogether peculiar. Hence, when we are discussing the original materials of our medicament, we can by no means follow the indefinite course of the old school; as, for instance, where *B. Dulk*, (in the *Prussian Pharmacopœia*, translated and illustrated,) says: "The leaves of the Acon. Störk. (Rchb.) are to be taken from the plants growing wild. Fortunately, it seems that for medical purposes it makes but little difference, as long as the nearly related varieties of the divisions of Napelloidea and Cameroidea are collected yearly at their place of growth, and are well preserved." Here the choice is allowed among all the blue flowering Aconites of two or three groups, and the true Acon. Störk. (Rchb.) would, according to this, seldom or never be used, as we find it growing wild in but few localities, and generally in rare specimens. Although homœopathic physicians, while depending upon the symptoms of *Hahnemann*, *Störk*, and others, have, up to the present time, used the Acon. Störk. and Napell., (and of the latter very different subdivisions,) and not without success; still, we must not deviate from the exactness here aimed at if we would secure clinical certainty, unless we desire to return from the special practice of Homœopathy to the general prac-

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place before us the whole of these treasures, I hope, through their farther kind communications, to be able to give something more detailed on this subject hereafter.

The same uncertainty exists with regard to *Veratrum* as with *Aconite:* we do not know which species was used in the provings, whether the *album* or the *lobelianum*. This, however, will be more easily investigated than was the case with *Aconite*, as there are but two species between which to decide, and the *V. album* grows only in the south of Germany. It is of less importance whether a distinction is made between *Euphrasia officinalis* and *E. pratensis;* or whether *Fragaria vesca* is confounded with other similar species.

With the exception of these few cases, the species of all our indigenous medical plants that have been proved, is accurately known. We may, however, frequently obtain wrong plants from insufficient knowledge of botany (and drugs).

Great precaution and care is here necessary, and in the botanical directions in our pharmacopœias, we should constantly direct attention to the fact (if it be so) that the plant is one that may easily be confounded with others. He who has once become accurately acquainted with *Belladonna*, *Stramonium*, *Hyosciamus*, *Dulcamara*, *Arnica*, *Asarum*, *Colchicum*, *Digitalis*, *Ledum*, etc., will easily distinguish them again even after the lapse of years; but it is much more difficult to select the right species of *Drosera*, *Lycopodium*, *Clematis*, *Valeriana*, etc.; and still more difficult to recog-

tice of allopathy. Species nearly related to each other, will often exhibit a like *general* character; but, in the *special* nature of their symptoms, they will differ as much from one another as they do in their botanical form. The symptoms of *Störk*, will, however, be useful for the *Hahnemann* species of the Aconite, because they belong rather to the general symptoms.

I request all those who have furnished provings of Aconite, besides those of *Hahnemann*, to determine as accurately as possible: 1. Whence the preparations for the provings were obtained, and how they had been made; and 2, (where possible,) which species of Aconite was used in the preparation. To these belong the provings of *Stapf and Gross* (*Arch.* IV.,) *of Hencke*, (*Arch.* XX.,) (whom we also remind of his promised continuation,) and those of the *Austrian Homœopathic Journal*.

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nize the *Ferns* (*Filix mas*), the *Umbellates*, (*Conium*, *Cicuta*, *Æthusa*, etc.), and *Chamomile*. However plain and certain the characteristic differences may be to those acquainted with botany, yet notwithstanding all the descriptions, they often remain exceedingly difficult to those who have but little knowledge of that science.* Finally, as regards *Aconite*, an entire course of study is necessary in order to be able to follow with certainty its newer classifications.

Apart from this want of knowledge, much error has latterly crept in from inaccuracy and even carelessness; different species having been used in medicine indiscriminately. Thus we find in the provings of the Austrian Journal, *Bryonia alba* and *dioica* mixed together; and *Griesselich* writes that he (and his colleagues on the Rhine?) used the *Pulsat. vulg.* (Mill.) instead of the *Pulsat. prat.* (Mill.), and that, only because the former grew wild there and the latter did not. These two species, however, differ essentially from one another; the latter, the species in common use, is found with drooping flowers (*nutans*), but the former with erect ones, and thus exhibits quite a different character. Such carelessness often occasions incalculable injury, and leads to the greatest uncertainty in our clinical literature—it may also frequently take place without coming to our knowledge. We must be extremely strict in this matter, and insist upon absolutely uniform preparations, as *Hahnemann* did, and especially to obtain the right material.† But there is also a wanton carelessness, which no doubt has done a great deal towards spoiling and adulterating our medicines; this is particularly likely to be the case with the so-called family medicine cases. Supervision may be necessary here. But as

* The inexperienced may even mistake the *Chamomile* with its characteristic hollow, conical receptacle, for the very similar *Pyrethrum inodor.*, which has an elevated, rather more than hemi-spherical receptacle with a porous structure; unless he has the *Chamomile* at hand for comparison.

† Respecting *Aconite* we have already mentioned, that not only several kinds of *Napellus*, but also the *Störkianum* is used in medicine, and it appears, moreover, that the very different and yellow-flowering *A. Lycoctonum* is used by homœopathic physicians in the south of Germany.—*Buchner und Nusser's hom. Zeit.* I. 24.)

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long as the homœopathic physician is not allowed to prepare his own medicines, how and when he pleases, (as is still the case in Saxony,) they will not be reliable, nor will he be induced to inspect foreign preparations: and at the same time this state of oppression will remove us in every respect farther from the true spirit and right position of Homœopathy, and bring us nearer to a modern Allopathy, but at the same time to a modern diagnosis without cure.

The difference of the varieties should also be more closely determined, for instance, whether we shall prefer the red or the white-flowering *Achillea millefolium;* so with *Symphytum*, *Carum*, *Heracleum*, and others of our more important medicines.—This brings us to

1 *b.—The Locality of the Plant*,

The consideration of which is of great importance, and we find the most information on this subject in works which do not belong to homœopathic literature. Still, Starke, among others, has offered some valuable observations (Arch. xiv, xv). Single, comparative, pharmaceutic experiments here again furnish the surest results, where experience has not sufficiently decided.

I experimented in this way upon *Stip. Dulcamaræ*, early in the spring of last year, and obtained the most definite results. I had the pleasure of finding some fine specimens of this plant growing immediately on the edge of a brook, having their roots in the water, and, at the same time, equally fine specimens in soil which was quite dry, about six yards from the same brook, on a high bank, sloping to the other side. I cut from both localities plants of one and two years' growth, and made four different preparations of each, precisely in the same way, using alcohol of different degrees of strength. In the preparations made from the plants which grew in the dry soil, the *Solanin* clearly predominated, and the *extractive matters* (Piroglyzion, etc.) in those made from the plants which grew in the wet soil, with the roots in this case even in the water. My experiments

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left no doubt of this, as I am perfectly familiar with the preparations of Dulcamara. I occupied myself a great deal with it last spring, examined the effect of different strengths of the alcohol, of wilting, maceration, of the stem and of all the herbaceous parts of the plant, of the age of the several parts of the plant, etc. In the third division of these communications we may return again to this subject. I may also mention here the different results obtained from Chamomile by drying, according to the kind of soil, wet or dry, in which it grows. Plants, taken from both kinds of soil, were dried at the same time and under exactly the same circumstances. After they were perfectly dried, those grown in the dry soil retained one-fourth of their former weight, and those in the wet only between one-fifth and one-sixth—the former were tough and pliable, the latter hard and brittle, etc.

1 *c.—Age of the Plants.*

With respect to age much attention is also necessary, especially with the root and the perennial part of the plants generally. The roots should be gathered in the first or second year after the first flowering; the bark should be taken from branches from two to four years old.

An evident difference was observable in *Dulcamara*, between the twigs of one, those of two, and those of several years growth. So of *Mezereum*, the whitey-brown bark obtained from isolated branches (from half to three quarters of a yard in length) of shrubs, not more than six or eight years old, and which have flowered but twice or three times, is far preferable to the nut-brown bark taken from branches of the same age, but from older shrubs. Here also the comparative pharmaceutic experiments lead in the simplest and safest way to correct knowledge.

1 *d.—Time of the Year and Day.*

We prefer plants which are fully developed, and the morning for gathering them. With annual plants the age and time of the year coincide; this is also the case with the

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annual parts of perennial plants, such as leaves and flowers. In regard to roots, the *Spring* is preferable to *Autumn*, and we only gather in the autumn those roots which are to be dried before they are used.* At B. we shall refer again to this matter.

In gathering individual parts of plants at the time of flowering, the state of development of the flower must be accurately noticed; a few days earlier or later often makes a great difference. It is generally inadmissible to gather them after the sappy parts begin to get woody, as is the case with *Euphrasia*, etc. The fresh bark of the *Mezereum*, taken from the plant after the flowers have faded, does not act so powerfully upon the epithelium as when obtained before and at the time of the opening of the flowers.† In order to determine more nearly the best time for gathering each plant, as a preliminary matter, we must take into consideration the situation of the locality and the state of the weather for the year, and also give a more reliable, comparative description than is usually done. In the part of the country in which I live, for instance, it makes a difference of from six to eight weeks, whether I dig the *Arnica* root on mountains one thousand, or from three to four thousand feet high. For my own convenience I have prepared a homœopathico-pharmaceutic calendar of plants, which is not arranged as usual, according to the months, but in conformity with the annual changes of the seasons, and the principal periods of plants and groups of vegetation in general; for instance, the flowering of the

* [*Orfila* found that the roots of *Conium-maculatum*, gathered in April, were inert; *Christison* says of the roots gathered in November, that they had no effect, and of those collected in the middle of June, when the plant was coming into flower, that they exhibited but little virtue; while both observers agree that the specimens obtained in the last of May, when the plant was in full vegetation, were exceedingly poisonous. *Orfila* has made the same observation in relation to the root of *Hyoscyamus-niger*. "The juice of three pounds of the root, collected near the end of April, when the plant has hardly begun to shoot, killed a dog in somewhat less than two days; while a decoction of an ounce and a half, collected on the last day of June, when the plant was in full vegetation, proved fatal in two hours and a half."—*Christison on Poisons.*—J. W. M.]

† I have not yet repeated this experiment.

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alders, etc.; of the grains; the harvesting of the hay and grain; the ripening of cherries, etc. And lastly, the yearly succession of pharmaceutic plants is accurately noticed. The seasons, too, must be more minutely divided than is usual.

The first division is the "*early-spring*," (usually from the middle to the end of February). After an interruption by the "*after-winter*," "*spring*" follows; then the "*warm-spring*," then the "*hot-spring*," or "*early summer*," (usually the latter part of May and beginning of June); the "*hot-summer*" (from the flowering of the linden to the harvesting of the rye); the "*late-summer*;" the "*hot-autumn*;" the "*late-autumn*;" and the *winter*. Many of these periods are to be again divided into two or three sub-divisions; these again have likewise their intervals, and those between the third and fourth, and also between the fourth and fifth, are to be particularly observed. Each of the foregoing periods is worthy of our attention; although the principal groups of pharmaceutic vegetation occur in the *spring*, and in the "*hot-spring*," or *early-summer*—in the former, principally the roots, and in the latter, the flowering plants. Then also, the comparative method offers very accurate results, as far as this is possible; although in particular cases the activity of nature, especially in the spring, the difference of the weather, the peculiarity of the locality, etc., produce changes and alterations, which can only be accurately known to the constant observer.

2. *What Parts of the Plant?*

The importance of this pharmaceutic *momentum* is universally acknowledged, and we have again open to us, for its more accurate determination, the two safe ways to which we ought strictly to adhere. First we must ascertain what parts were employed *in the provings?* And where this cannot be ascertained to a certainty, and where doubts exist, we must institute our *comparative pharmaceutico-physical experiments.*

If it can be shown with certainty what parts of the plants

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were used in the provings, we must by no means make any alteration unless it should appear that the most efficacious parts were entirely unemployed. Even if the most active parts were employed with others, no change should be made. On the contrary, if we find ourselves authorized in using parts altogether different from those which were proved, we must repeat the provings. We may here only complete and perfect but not really change; the basis of the previous provings is always to be taken into consideration.

We should therefore always ascertain, what parts *Hahnemann* (and others) *direct to be used*, and endeavor to discover, if it is not already known, whether they really used the same in their provings. Thus in the preparation of *Arnica* essence Hahnemann directs the employment of the whole of the fresh plant near the time of flowering (at the commencement of flowering? just as the flowers are opening?); and allows the tincture to be prepared from the root, as fresh as possible, finely pulverized and quickly and perfectly dried in a water bath, only in case the fresh plant cannot be procured. We see here (1830, third edition of the *Mat. Med. Pura*) that Hahnemann prefers the whole of the fresh plant to be used in the preparation of our medicines; but unfortunately he does not say whether the provings were made with such preparations. If we compare the earlier editions of the *Materia Medica Pura* we find that Hahnemann (previous to 1811, when the first edition was published) made use of the tincture of the pulverized roots only; this was the case also in 1822 (the date of the second edition). The provings, consequently, must have been obtained from this preparation. Hahnemann himself, afterwards, as we may gather not only from the third edition, but as we also learn historically, had the tincture prepared from the whole plant, which, however, in all probability was not proved by him, as the third edition contains but few more symptoms than the second.

Here, therefore, the root is proved, and to be preferred for internal exhibition. I intentionally say only "preferred," as

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we shall hereafter see, at B, that the whole plant may be used internally.*

In general, the following law should be observed in homœopathy: that the parts of the plants used in the provings, must be contained in the preparations employed medicinally, either alone or in combination with the other parts of the plants; so that in the internal administration of Arnica, for instance, it is not allowable to make use of the flowers alone. With *Aconite*, on the other hand, it is different. We find here, in all three editions of the *Materia Medica*, the essence directed to be prepared from the fresh plant, which was therefore used for the provings; and we are also informed, historically, that Hahnemann himself had the essence so prepared. It is different again with *Belladonna*. In the first edition of the *Materia Medica*, Hahnemann directs the leaves to be used, but afterwards, when we find the number of symptoms more than doubled, the whole plant at the beginning of the flowering, though certainly without the root, as I have learned. Therefore, in part of the provings, the leaves alone were used, but with the greater part, the whole plant. We must, consequently, take the plant at the beginning of the flowering; the leaves would only be sufficient for the earlier symptoms.

But if the literary and historical information be insufficient, or if we wish to have it confirmed, comparative pharmaceutic experiments must be employed. Let several (different) preparations be made of each part of the plant, under circumstances exactly similar, especially with different strengths of alcohol, and let these preparations be examined.

* Subsequently, even where provings had been differently made, Hahnemann preferred using the whole plant in medicine, instead of a single part, such as the flowers, root, etc., in order that no active part might be omitted, and that the power and efficacy of the plant might be transferred to the Materia Medica as a perfect individual whole. Besides he left the preparation of medicines, this preparatory labor of his great work, partly to trustworthy friends, who prepared them exactly according to his directions:—and he afterwards desired a complete literary treatise on the preparation of our medicines, which he had already named a "*Homœopathic Pharmacy.*"

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according to their simple physical qualities, color, smell, taste, etc.; or, let them be also submitted to chemical analysis. The smell, taste, etc., of the different parts of the plants, serve as a preparatory examination, both when fresh and when wilted, powdered, etc. The literature and applications of former times are also to be taken into consideration. In experimenting with *Arnica* for instance, I made very different preparations, (as to alcohol, wilting, maceration, etc.,) from the root in the spring, and also at the time of flowering, of the root, of the flowers, of the leaves and stem, and of the whole plant. According to these experiments, the root dug in the spring, just at the first germination, was very strong, (the extractive matters, however, predominating—with a peculiar, strong odor); the flowers were likewise strong, but more one-sided still, (resin and essential oils greatly predominating); the stems and leaves were very weak. The preparation obtained from the whole plant, however, was but little inferior in strength to that from the flowers alone, and had the peculiar smell and taste of *Arnica* more fully and completely than the root and flowers alone. At C. I expect to return to this again.

Of *Cannabis* it is also important to know whether the male or female plants are preferable. Hahnemann used them indiscriminately; *Starke* found the female plants much the stronger. This, however, might depend on the time of flowering, as the female plant is probably stronger than the male, when the flowering is so far advanced that the pollen is partly fallen off, and the fructification has been accomplished. In regard to this point I have as yet instituted no comparative pharmaceutic experiments, which are usually preferable to all these profound and learned theories, as a single experiment will often upset them all.

Heretofore the selection of the parts to be used in medicine has been very arbitrary; the provings of our pure *Materia Medica* have not always been taken as the chief guide, nor has the necessity of innovations been satisfactorily shown. Respecting *Dulcamara*, we find the sprouts and also the bark

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recommended instead of the stalk and leaves; of *Belladonna* the root and leaves of the stalk before flowering, instead of the stalk and leaves or the whole plant, and so also of others.

From all this we perceive at once, that a history of our pharmaceutics is of the greatest importance. It is high time to make amends for this negligence; for this purpose the personal friends of *Hahnemann*, as well as *Hering*, *Stapf*, *Trinks* and others can furnish the best contribution. If these gentlemen would communicate to us, publicly or privately, all the knowledge they possess on this subject, even the smallest, for the purpose of preparing a history of homœopathic pharmacy, I will endeavor to arrange the materials in their respective relations.

3 *and* 4.

Inasmuch as the *physical properties* (smell, taste, etc.) contribute to the more perfect knowledge of the plants and of their qualities; for instance, the acrid exhalation of the *Pulsatilla* and *Clematis*, the sharp taste of the *Mezereum* the contact of the *Rhus*, etc., they are of especial importance to us—the conclusion from these qualities in regard to the chemical and dynamic properties is less important.

Chemical analysis, as taught by chemistry, is of more service here; of the applicability of which we shall speak at B.

5. *Mutilation of living Plants.*

Starke speaks of this procedure, which he tried with *Belladonna* (Arch. XV). To the best of my knowledge he was the first to make the experiment, and no one has followed his example. In his experiments *Starke* deprived the *Belladonna* plants either of most of their (lower) leaves, or of most of their leaves and branches, and thus mutilated, he left them exposed for four days to the sun. In this way the plants were forced, as it were, during this time to concentrate their whole strength on the parts yet remaining. These he then gathered for medicine and obtained essences of a darker color and much stronger, as well as more natural

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smell and taste.—I have not yet myself tried this experiment; although it has been highly useful to me in many of my conclusions in regard to the preparing of medicines.

We shall return to it again at B.

Having selected the right material for our medicine, we come now to the necessary *preliminary preparation.* And first to the

6. *Cleaning.*

While the green parts of *Belladonna*, the leaves of *Digitalis*, etc., can generally be used immediately after they are gathered without any preliminary preparation, other plants require the removal of the wilted radical leaves, earth, etc.; and with *Drosera*, grown in a sandy, turf soil, this cleansing is no small labor.

Larger roots, such as *Symphytum* and *Bryonia*, provided they have not too many indentations on the surface, may be sufficiently cleansed by washing them quickly in perfectly pure water—after they have first undergone a careful dry cleansing.—After being washed they should be wiped perfectly dry with soft linen which has been bleached with rain water, or clean blotting paper.*—For instance, a biennial tuber of *Bryonia alba*, after a careful cleaning with the hands and a pointed stick, had still an earth-colored look, and weighed 7 oz. 3 dr. 1 scr. 12 gr. It was quickly washed in a basin of pure water, and quickly and perfectly wiped dry. This occupied, altogether, five minutes, and the tuber was now no longer earthy-white but of a whitish yellow color, had lost its earthy covering, and weighed 7 oz. 3 dr. 1 scr. 6 gr. It had thus lost 6 gr. in weight during the washing: not much more than enough to allow for the weight of the particles of adhering earth, and a small portion of the outer barky-peel of the root; so that the quantity of water imbibed was inconsiderable.—A portion of a side root, about as thick

* *Chelidonium*, from which the juice exudes easily, and, on account of its numerous fibrous roots, requires different management.

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as a finger, of *Symphytum-off.*, perfectly dry and with a very smooth surface, weighed 5 dr. 2 scr. 18 gr.; after it had been washed, 6 dr.; thus at most but 3 gr. more, even if 1 gr. were allowed for the particles of earth; equal to about $\frac{1}{120}$ of water.—A portion of the same root, but from the main stock, about $1\frac{1}{2}$ inches thick, weighed after the dry cleaning 2 oz. 2 dr. 16 gr.; after being washed and wiped dry 9–10 gr. more; it had therefore increased 12 gr. allowing for the adhering earth; equal to about $\frac{1}{90}$ of water; though this piece had a broken surface of about 4 square inches. If, however, these roots which have become about $\frac{1}{160}$ part heavier after washing are suffered to lie from half an hour to 3 hours (according to draught and temperature), they are reduced to their former weight.

In the next five numbers, (7–11) wilting, cutting-up, alcohol, mixing and maceration), we shall proceed to consider the *momenta* which concern the *preliminary preparation* (7, 8), and the *preparation* (9–11), which contribute more or less to the *physical improvement or development of the medicines*, and thus furnish essences more concentrated, and in part also purer in regard to color, smell, taste, etc. The principal *momentum* to effect this is the strength of the *alcohol;* the other *momenta* (7, 8, 10, 11,) are always to be considered in connection with this, and in general may be divided into two branches—the one relating to those preparations the properties of which are increased by strong alcohol; the other to those preparations requiring weak alcohol.

We should employ the higher or lower degrees of alcohol, in conformity with the information furnished us by chemistry of the constituent parts of the plants, which in general may be divided into two classes: those soluble in water (weak alcohol); and those soluble in (strong) alcohol; and are variously modified and combined in the various plants. At B. this will be further considered.

7. *Wilting of the Plants.*

We are indebted to *Starke* for the first good comparative

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experiments with regard to this weighty and important *momentum* (Arch. für hom. Heilk. v. *Stapf* und *Gross*, XIV, XV, 1834–35), and it is surprising that in all the four monographs we possess, on the preparation of homœopathic medicines (*Buchner*, *Hartmann* [Caspari, 1825, etc.] *Gruner*, *Schmidt*, 1845–46) no mention is made of them. The Parisian homœopathic apothecaries have lately decided in favor of drying (*Hygea*), and the people, as well as the old school of pharmacy, dry their Chamomile, etc. Neither could the reputation of foreign drugs have been sustained, if much of their strength were lost in drying.* We can frequently very clearly detect the superiority of the wilted over the fresh plant, by the mere smell and taste. But between wilting and drying a particular difference exists, not only quantitatively but also qualitatively. For fully determining this, still further experiments are needed; although wilting suits best for the higher (of this I am certain) and drying for the lower principle. Thus, while considering the preparation of our essences, we shall speak more of wilting than of drying, upon which subject I have instituted a great many experiments with very different plants.

The fresh parts of the plants were exposed for from 3–10 hours to a draught of air at a temperature of 15–25° (Reau., 65–90° F.), in order to reduce them to $\frac{1}{4}$–$\frac{1}{8}$ of their former weight. The time required for wilting them sufficiently depends of course upon the degree of temperature, and whether they lie thickly or thinly scattered; when hung up and also when bruised they wilt more speedily.† Large roots require to be cut in slices, etc.

The plants should be accurately weighed both before and after wilting, and care should be taken that no impurities

* *Hahnemann*, in his *peculiar* mode of preparing the essences, used only the *fresh* plants, when this was possible. With what propriety or with what view we shall consider at B.

† The *Arnica* plants were wilted in 4 parts, each of 7 oz. 3 dr. 2 scr. 11 gr., at one and the same time, and under precisely similar circumstances, except that 3 parts lay scattered, (in separate paper covers), and one part was suspended by a string. Of the 3 parts which were lying down, one was much more scattered than

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approach them, and that nothing is lost during the process, &c.

With regard to the superiority of the wilting, the comparative physical examinations give decided results. I always made several preparations of fresh and of wilted parts at the same time, and under the same circumstances, and in all of them, the essence from the wilted plants had a darker and more decided color, and a stronger smell and taste,* though more or less according to the nature, or the elements (chemical constituents) of the plants. This, however, was only the case with *the higher degrees of alcohol*, and for the higher principle; with the lower degrees of alcohol the relation is reversed; *the development here is better without wilting.*

The wilting effects not only the evaporation of the watery parts (which is likewise accomplished by drying), and thereby a physical concentration of the medicine, but a *freer development* of the *physical power*, and in this way *an elevation by extrication* like that *by exaltation* which is produced by mutilation.

Moreover, the wilting should be compared with digging the root in the "late-autumn," and the fresh plants with the roots dug in the spring—the former with the *Stipites*, the latter with the *Herba Dulcamaræ*, etc.

The wilting of plants proceeds very rapidly, even without our intending it; and hence we must be careful to prepare

the other two. After 6–8 hours exposure, at 20–25° (Reau.), in a moderate draught, one of the thickly laid parts weighed 4 oz. 5 dr. 1 scr. 8 gr., (therefore still 2-3— 8-12) of the weight—the other, 20 grs. less; the part that was most scattered weighed 2 dr. 1 scr. 20 gr. less, (therefore, 7-12,) and that which was hung up, 8 dr. 2 scr. 10 gr. less than the first (heaviest), therefore not quite 1-2— 6-12 of the weight when fresh.

* A few preparations of the *fresh* and *wilted roots* of *Arnica montana*, for instance, (prepared under otherwise equal circumstances,) are sufficient to confirm the superiority which *Starke* attributes to wilted plants. *Buchner*, (Pharmacopœia,) has not satisfactorily answered this, by stating that he did not find the wilting advisable, as the greater part of the ethereal principle of the roots was lost by the process.

We are otherwise much indebted to *Buchner* for his serviceable labor, using which as a basis, we ought, by further mutual contributions, to build up for ourselves a special pharmacopœia.

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them immediately after they are gathered if we wish to secure the advantages of their freshness, and avoid wilting them. (This point will be further discussed at B.) If from want of time or other causes we are obliged to let them lie awhile, they should be carefully wrapped in strong paper, and laid in a cool place free from draught. This, however, will not entirely prevent it. A tuber of *Bryonia* weighing nearly ⅔ of a pound when first dug, was, without being cleaned, wrapped in paper and laid in a close room, at a temperature of 5° Reaum. (44° F.); and lost, notwithstanding, in 17 hours 1 dr. 12 gr.=$\frac{1}{11}$ of its whole weight, of which 10 gr. an hour was lost during the first part of the time, and but 3 gr. an hour during the last: so that the wilting proceeds much more rapidly at first.

That preparations made from wilted plants, so far as their physical properties are concerned, *keep better* and retain their strength longer, will be shown when we speak of the *durability* of the preparations (17).

8. *Cutting up of the Plants.*

Under this head we must consider whether the plants are only to be *cut* into small pieces, or whether they are also to be bruised and mashed to a pulp. To the first method belongs the extracting by alcohol without any particular cutting up, as some do with bark, berries, etc.

As trifling as this *momentum* appears in itself, it is very important in the preparation of our essences, if we would proceed with the necessary accuracy and would have pure, reliable and powerful preparations. *Hahnemann* always bruised the fresh plants to a pulp, expressed the juice immediately and mixed it with alcohol. On account of the easier labor, many have preferred to cut up the plants merely, and pour the alcohol over them (maceration). We have here again a proof, how wrong it is to make even an apparently trifling change without sufficient grounds. For in all the tinctures* prepared by these deviating methods (besides be-

* They cannot be called essences; if not too weak they stand between essences and tinctures.

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ing in general much weaker, (one-sided,) the higher principle (that having an affinity for alcohol) predominates, as I have proved in very many experiments. Thus, therefore, deviations can only be allowed with plants in which this principle predominates (*Ruta*, etc.,) and is intended to predominate. For Homœopathy they are useless, because they at least change the proportion of the elements, even if none are altogether excluded; and we are referred by our recorded pharmaco-dynamic provings, to recorded or corresponding pharmaceutic preparations. The bruising must be carefully and thoroughly done, in a glass, good porcelain, or agate mortar. Metallic vessels (mortars, etc.,) are not allowable for preparing our essences and tinctures.

8 *b*.

For cutting up plants, we ordinarily make use of a steel knife; yet this is not admissible for plants, the sap of which corrodes the iron. If we, for instance, cut up the root of the *Symphytum officinale* with an ordinary knife, it will soon become covered with a thick black coating, which consists of the tough juice of the plant tinged with iron; and if we continue cutting, this becomes mixed up with the pieces of the plant, and is constantly renewed on the knife, so that we get no small portion of iron in our preparation. A wooden knife made of white birch or other hard wood, should be used in such cases. It is also better for *Bryonia*, for when this plant is cut with a steel knife, the latter becomes variegated or rainbow-colored; so likewise with other plants. I prefer wood to other materials, because it is always at hand and of little value, it can therefore be renewed for each medicine, and thus all impurities, even the smallest, may be avoided.

An ordinary knife that has been used for cutting a plant, cannot be sufficiently cleaned by simply washing and drying it; but after being several times washed and dried, should be carefully rubbed on a whetstone before it is used in preparing another plant. The knife with which I had sliced up *Bryonia* was, as I mentioned, much discolored, and had also

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a strong smell of *Bryonia.* This was in the afternoon, between 2 and 4 o'clock. It was washed, several times in succession, in a basin of clean water and then wiped dry; but had still the variegated color, and a strong smell of Bryonia. At 7 o'clock in the evening it was again washed and dried with equal care, but had yet, both before and after the washing, the strong smell of Bryonia and was still tarnished. The next morning the smell was not so evident, yet the color remained, although the knife was again just as carefully washed and dried. The smell, therefore, after three careful washings and dryings, was removed; the variegated color yielded only to scouring.

The smell likewise remained, when the interval between the washings exceeded 24 hours. The result was the same with *Chamomile* and other plants.*

Vessels used in the preparation should likewise undergo several careful washings and dryings, and be purified by heat, before they are used for another medicine. Bottles, glasses, press-cloths, etc., are only useful for one and the same medicine and potence. Linen used for wiping the vessels, etc., must be carefully washed with rain water and bleached.

We have thus treated of the preliminary preparations, and come now to the best method of obtaining a tincture or essence out of the material. (9—12.)

9. *The Strength of Alcohol.*†

In the preparation of individual essences and tinctures, this,

* *Stapf* made a similar observation when he says in his "Cautions" (Arch. VI.): "A mortar in which the second trituration of *Sulphur* has been prepared, smells strongly of Sulphur, as I have often remarked, even after repeated washing and drying.

† [Hahnemann has decreed *ex cathedra*, that sugar of milk produces no medicinal effects upon the human organism; a decision which every thinking homœopath has been compelled to doubt, *à priori*, from analogy, and some have been obliged to reverse, from the conviction of actual experiment. Still, the necessity for

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as we have before mentioned, is the most important point with regard to the physical development, and to this the other *momenta* are but secondary. On this *momentum* it depends, chiefly, whether we really obtain efficacious medicines from the genuine plants or not, whilst the other *mo-*

a *vehiculum* is absolute, and water being probably, for many reasons, inadmissible, it may be questioned whether any other substance can be found possessing so many of the necessary qualifications for a medium, as the milk-sugar. What, however, would have been thought of Hahnemann, if, instead of *saccharum lactis*, he had directed that all triturations should be made with solid *opium*? The objections to this course would have been obvious and fatal; and yet, is it not possible that he may have fallen into a similar error, in directing, for the *preservation* of the remedies, that the expressed juice of plants shall be mixed with an equal quantity of *alcohol*, and that the attenuations above the third shall be prepared with the same agent? The similarity in the drug-effects of opium and alcohol is striking, as will be seen from the following table, which represents some of the effects common to both of those remedies:

In small doses. Exciting and stimulating; increases the action of the heart and arteries, and produces sense of fulness in the head.

In large doses. Is a violent poison, and acts with equal virulence, whether taken into the stomach or injected into the veins or cavities of the body. Giddiness and stupor; loss of motion and insensibility; coma. If recovery take place, the torpor is succeeded by prolonged and profound sleep, followed, on awaking, by nausea, vomiting, headache, giddiness and loathing of food. In fatal cases, paleness of the features; feeble, imperceptible pulse; muscles relaxed; respiration slow, generally soft and gentle, sometimes imperceptible; convulsions rare; death.

We have omitted the characteristic differences, which are also many and striking. While the toxicological pathogenesis is so full, we have reason to believe (and some of us reason to know) that a Hahnemannian proving of alcohol is no less rich in symptoms, and, surely, if any homœopath insists upon triturating his drugs with opium, we can, with very little consistency, rebuke him for the heresy, while we continue to deluge ours with alcohol. Neither can it, in all cases, be said that the provings have been made with the same mixture, and that, therefore, we can safely administer it clinically; we do not know, for instance, what form of opium was used by Hahnemann and his assistants, for the provings; he recommends, indifferently, the trituration of the solid drug or the alcoholic tincture, (r. A. M. L), and in the Vienna provings of *Thuja* and *Bryonia*, to mention no others, some of the provers used the fresh juice of the plant without any admixture.

It is certainly much to be desired that some mode of preserving our remedies could be devised, which will not subject us to the reproach of continually violating one of our fundamental maxims—that of administering but one medicine at a time, and to this desirable consummation we wish to point the attention of our indefatigable colleagues in Germany; especially those of them, who, like the author of this very interesting contribution, insist with so much laudable zeal and pertinacity upon the necessity of *absolute* absence of admixture in our remedies.—J. W. M.]

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menta increase or decrease the quantity. Chemistry has already called our attention to this, and a difference in the strength of the alcohol has always been attended to in pharmacy, in general. This has given rise to the directions of the national allopathic pharmacopœias, of which I here give the Prussian, Austrian, and Saxon:

Prussian.	Austrian.	Saxon.	Tralles.		Specific gravity. Richter.
			Per ch. of alcohol.	Water.	
1. Sp. v. alcoholisat.=rectificatiss.=rectificatiss. s. alcoh. vini.			91	9 about	0,820=85°
2. " " rectificatiss.=rectificatus.=rectificatus.....			85	15 "	0,840=76°
3. " " rectificatus.=vulgaris.....			60	40 "	0,900=47°
4. " " Gallici fortior (spirit).....			66	44 "	0,800=54°
5. " " Gallici (French brandy).....			36	64 "	0,944=25°
6. " " frumenti s. ardens s. vin. adustum.					

The volume-scale of *Tralles* is here compared with the gravity scale of *Richter*. Of some of the statements, I would only take the mean, or an approximation; and the Saxon pharmacopœia, also is less precise in its statements, and really somewhat weaker in the two higher degrees of alcohol; and lastly, the different use of the terms *rectificatissimus* and *rectificatus* in the several pharmacopœias is not to be overlooked.

It is easy, from any degree of alcohol, to obtain all others, (lower,) by adding water by means of a graduated glass, or any other suitable measure. The difference between the degree at hand, and that desired, is used as numerator, and the degree on hand as denominator; which fraction expresses nearly the required quantity of water. If, for instance, we wish to reduce absolute alcohol (100° or usually 97–98° *Tral.*) to 91°, we have $\frac{9}{100}$ $\frac{6}{97}$, or, $\frac{7}{91}$ = about $\frac{1}{11}$ to $\frac{1}{10}$ of water required; to No. 2 of the above mentioned degrees of the pharmacopœia about $\frac{1}{7}$; to the No. 3, $\frac{2}{3}$ water, etc. But if we prepare the other degrees, as is customary, from the *Sp. v. alcoholisatus*, which latter degree can be furnished by simple distillation, without chemical additions to the alcohol, we obtain the 2d degree, with about $\frac{1}{11}$ water; the 3d with

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$\frac{1}{3}$ water (and $\frac{2}{3}$ alcohol vini); the 5th and 6th with $\frac{3}{4}$ water, ($\frac{1}{4}$ spirits).

Hahnemann does not direct our attention to the different degrees of alcohol; partly, doubtless, because he always used the same degree of alcohol with the expressed juice of the plants, and partly, as we may conclude from his writings, because he presupposes an acquaintance with all that the earlier pharmacy teaches on this subject. At first especially, the directions given by *Hahnemann* in the *Materia Medica pura* for preparing our essences and tinctures were less accurate, as he merely wrote over the prefaces of his great works "The spirituous tincture," or "The fresh expressed juice mixed with equal parts of spirits of wine," and gave only cursory directions as to the parts of the plants to be used.—As regards *Opium*, indeed, no preparation is given in the first edition of the *Materia Medica pura*, but we find over the preface merely "The dried milky juice of the heads of the *Papaver somniferum*." (In the later editions tinctures and triturations are mentioned.) This was during the time of the Hahnemannian *provings* (in which *Opium* may have been used without any preparation), and it was only in the latter years of the erection of his organic structure, the time of the *cures*, that *Hahnemann* promulgated more accurate directions for the preparation of the vegetable substances (1830–33, 3d edition of Mat. Med.).

In the preparation of the fresh vegetable medicines, Hahnemann directs, as we have seen, but one and the same degree of alcohol; as early as 1829, in the fourth edition of the Organon, he fixed this as the degree at which spunk ignites, (— about 85° Tralles). Historical information shows, that earlier, Hahnemann used essences, and, particularly, tinctures (preparations made from dry plants) prepared with different degrees of alcohol, especially in the provings. Afterwards he preferred to have the medicines made of dry materials prepared by trituration. He prescribes another particular degree of alcohol for the solution of the triturations, the so-called *watered alcohol*, consisting of an equal number

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of drops of alcohol and of water, which makes the proportion of water to alcohol about as 3 to 1 in volume, the drops of the former being much the largest; therefore, with alcohol of 90° Tralles, only 22° Tralles — 14–16 Ri. and Stopp., which gives a very weak, inferior and perishable degree of alcohol.

That *Opium*, *Rheum*, etc., require a lower degree of alcohol has been long known to the pharmaceutist; *Gruner* was the first to call attention to this in homœopathic literature (Pharmacop.); he gave, as a pharmaceutist, all that was known in regard to it in chemistry and pharmacy. *Schmidt* alone has instituted genuine comparative experiments, so far as we can learn from our literature. Yet he has been too general in everything, and, especiclly in what relates to our preparations from fresh plants, and he has also contented himself with using absolute alcohol and the three higher degrees which the Austrian pharmacopœia directs.

I myself employed much time and labor in experimenting on this *momentum*. The most of my experiments were formerly made with five different degrees of alcohol of the Stopp. scale, prepared from absolute alcohol, (94–95° Stopp., — 97° Tralles) and pure water.

15	Stoppani	=	about 13	Richter	=	about 22	Tralles.
30	"	=	29	"	=	42	"
45	"	=	44	"	=	59	"
60	"	=	62	"	=	75	"
75	"	=	77	"	=	86	"

Helbig, of Dresden, had used this scale before me, and I retained it in order to be the better able to compare my experiments with his. Latterly I have adopted a simple volume-scale, which answers the purpose still better, and *Helbig*, too, has preferred other degrees.

In the beginning I thought that by taking, like others, chemical analysis and laws into consideration, without any special experiments, I should be able to divide our medical plants into about three or four groups, each of which would require a certain degree of alcohol. We know, for instance,

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that the resinous parts, essential oils, etc., require strong alcohol, and the mucilaginous substances, extractive matters, etc., weak alcohol. This enables us to approach the subject, but by no means to master it; for the substances separated by chemistry often behave very differently from their organic combinations. On this account, therefore, *each plant* should undergo a series of experiments, with five, six, or still more *different* degrees of alcohol; and we should even repeat all of these preparations under different circumstances; for instance, with the leaves and the flowers, with plants from different localities, with the fresh and wilted plants, by intimately mixing with alcohol or by merely pouring it over, with and without maceration, with different combinations of these momenta, etc. By these more accurate experiments we are certain of obtaining not only a *good* but the *best* method of preparing the different medicines; with some plants, however, this accuracy is only acquired by practice and by repeated careful experiments. The preparations obtained show at once, even to the most inexperienced, the superiority of their physical properties; they have a purer, stronger smell, etc.

Whoever wishes to convince himself by experiment of the different qualities of the different degrees of alcohol, should make 5 preparations of *Crocus*, and 5 of *Iodine* in the following simple manner: take for each of these two medicines 5 white glass vials of about 2 dr. each; cork them, and number them from 1–5. Put in each of those intended for the Crocus, 10 gr. of powdered Crocus, and in each of the other 5, a grain of pure Iodine. Then pour into each of the 10 vials ½ dr. of alcohol of different degrees. Take absolute alcohol, such as chemists or druggists prepare, and make from it 4 different strengths in separate bottles; in the first bottle, put 1 part of alcohol to 8 of water; in the second, 1 to 2; in the third, equal parts of each, and in the fourth, 3 parts of water to one of alcohol; this will produce alcohol equal to about 85, 65, 50 and 25 of *Tralles*. Pour into each of the two vials marked 1, one dr. of the weakest (25°); into 2,

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that of 50°; into 3, that of 65°; into 4, that of 85°, and into 5, the same quantity of absolute alcohol. With the *Iodine*, the experiment will be more beautiful if the alcohol is poured into the vials first, and the Iodine subsequently dropped in. Half a drachm of the wilted finely cut leaves and stem of *Ruta graveolens* may be used in this experiment instead of the Iodine. The degree of alcohol to be preferred in the preparation of these substances, will be at once recognized; with Iodine the effect is most striking.

Instead of giving single detailed examples as at C, I will simply lay down the *two general laws:* 1st, that the difference of the alcohol is in general the more evident and requires greater attention, the nearer the substances approach to inorganic chemistry, or when the vegetable life has been destroyed in them (by drying). 2d, that for the physical development (which is to be opposed to the dynamic—spiritual—potentization, curative agency,) the fresh plants also require very *different* degrees of alcohol; with many, we must employ alcohol of 40–60° Tralles, and consequently below the *Sp. v. rectificatus* of the Prussian, and the *vulgaris* of the Austrian pharmacopœias.

9 *b.*

From more accurate experiments it becomes evident, that the *quantity* as well as the strength of the alcohol is to be taken into consideration, and that the same measure cannot be prescribed for all the medicines and preparations.

In the preparation of our remedies, *Hahnemann* has instituted simple laws for the fresh parts of plants, to which we must adhere; he directs in juicy plants, a quantity of alcohol equal to the expressed juice to be added, except for those which contain a large quantity of mucilage (*Symphytum*, etc.,) or albumen and fibrin (*Solan-nigr.*, etc.), which require a double portion of alcohol in order to promote the deposition of these muddy substances. With *Squilla*, etc., he directs 6 times the quantity of alcohol to be added (*Mat. Med. pura*, 1825). Plants containing little juice, he either

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directs to be bruised into a soft mass, mixed with *double* the quantity of alcohol and then expressed (*Organon* previous to 1829); or a quantity of alcohol *equal* to the mass, to be added by degrees during the bruising (*Mat. Med. pura*, 3d edition, 1830);* or the plants to be dried and prepared by trituration, as the antipsoric remedies (*Organon*, 1833).

These simple modes of preparation, however, are insufficient to develop fully the *physical* properties of the plant; as preparations for this purpose should not only contain the general spirit of the medicine, but contain it in its most concentrated form, or in its polar extreme (extract and tincture of *Digitalis*). In regard to quantity as well as in regard to the degree of alcohol, the right point of saturation for each plant is to be particularly specified: for which purpose the juiciness of the plants, their soluble and insoluble constituents, the wilting, higher and lower degrees of alcohol, maceration, etc., are all to be taken into consideration. As a general rule, sufficient alcohol should be gradually added to the bruised pulp of the plants to form a thick, moist, but not a heavy nor fluid mass. Too small a quantity of alcohol can not properly penetrate and dissolve the different parts; too much, on the contrary, especially if added at once or too quickly, chokes, as it were, the co-operation or union.—Too much alcohol has the same effect, also, as a higher degree.

10.

The manner of *mixing* the alcohol with the plants is likewise very important in the preparation of our medicines;—whether, for instance, it is merely poured on, or intimately mixed with it by trituration, pounding, etc. As we have already seen in the foregoing momenta, *Hahnemann*, in later years, directed, to some extent, the intimate mixture with alcohol, in the preparation of those plants which contained very little juice; also for *Squilla*, etc. Earlier he employed, with this view, the addition of a concentrated solution of *Natrum* or of liquid *Kali* (*Mat. Med. pura*, 1817).

* Of this preparation but one drop was used for the first dilution; of the former, two.

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This momentum was limited by *Hahnemann* to the particular articles mentioned, as he always mixed but a small part of the alcohol intimately with the bruised mass and then stirred in the remainder. *Starke* was the first to employ this method with other remedies, and to triturate the whole of the alcohol with the bruised plant. By this means he obtained with his comparative experiments an increase of the physical properties, for instance with *Belladonna* an essence of more concentrated color, as well as of stronger and more natural smell and taste, which was also still greater when the plants were previously wilted.

I had already instituted numerous and diversified experiments in regard to the mixing with alcohol, when I at once observed, by comparing the most different preparations, a peculiar common character in those preparations in which the alcohol had been intimately mixed with the bruised plants. The character of all these preparations approached, in comparison to the others, more to the lower principle of the plant used, that which is more freely developed by water or weak alcohol. Consequently *the intimate mixing belongs to the lower degrees of alcohol, and the stirring or pouring to the higher degrees*—just as the bruising or crushing of the plants, with its opposite, the simple cutting up.—A manifest difference is perceptible also whether a part only of the alcohol to be used, or the whole of it, is intimately mixed with the plant.

11. *Maceration.*

A distinction is to be made between *maceration* and *digestion*. The signification of these expressions is not, usually, accurately distinguished, if we would understand, by maceration, anything more than the preparatory soaking of the old school pharmacies. In homœopathic pharmacy, we ordinarily use the term *digestion*, in reference to parts of plants which are wholly dried; otherwise, always *maceration*. But the term digestion could also be used in the preparation of our essences and tinctures, when we desire the development

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of the lower principle, and with this view, allow plants, not dried, to remain in the fluid a long time. The momenta which favor this principle are: fresh parts of plants, bruising, a low degree of alcohol, intimate mixture of the alcohol with the plant, and allowing the latter to remain for a long time in the menstruum. To the opposite momenta, wilting, etc., we could apply the term digestion. Moreover, *maceration* may answer to infusion; *digestion* to decoction.

Hahnemann directs maceration to be used only with *Squilla*, etc. (the fresh plant), and digestion, only with the tinctures of dried substances. Yet earlier, as can be proved, he used, also, essences prepared by maceration, especially for the provings.

In allopathic pharmacy, maceration is frequently used. *Starke* likewise employed it, and it is frequently indispensable to obtain a good physical development.

To determine the difference accurately, in regard to the duration of the maceration, I yet need further experiments.

With this view, preparations should be made at the same time and of equal proportions, as well without maceration as with maceration, continued for 2 hours, 1 day, 1 week, 3 weeks, and 3 months, and this with different degrees of alcohol. Long maceration requires a somewhat larger quantity of alcohol.

This concludes the remarks concerning the proper preparation of our essences and tinctures, and we shall next proceed to examine the medicines thus obtained, as well in regard to their quality in general, as to the relative superiority of the individual preparations, made according to the different *momenta* given, and their durability. Some parts I shall review, merely, but shall speak more fully of the maceration of the dregs, and of the influence of light on the tinctures. And the last part of the second division of these communications, B, I shall devote entirely to the potentization (VI), which is in intimate connection with A, and will still further elucidate some of the matters already mentioned.

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Bibliographia.

ARTICLE XVIII.—*Traité homœopathique des maladies aigües et chroniques des Enfans, par le Docteur* ALPH. TESTE, *Membre, &c.* Paris, 1850. 12mo. pp. 414.

Homœopathic Treatise on the Acute and Chronic Diseases of Children. By Dr. A. TESTE.

WE find in this work some singular practical recommendations, which we now propose to lay before the readers of this Journal in order that they may test their value, premising at the same time that we do not vouch for their value. It is right to try the remedies proposed by any trustworthy member, and not reject them simply because our opinions or our practice in the diseases to which they may be recommended do not accord with ours. For convenience of reference we have arranged the diseases alphabetically.

Asthma Millari; *Coral-rub.* and *Op.* in alternation.
Aphthæ; *Ac-mur.*
Burn (from sun) Erythema; *Rhus.*
Burns (common); *Rhus, sulph-tinct.*
Cerebral fever; *Bell., bry.* Cold applications useless, if not dangerous
Constipation; with acid stomach and heat of forehead, *Bry.*
Chorea; *Coff.* and *colch.* in alternation; in second place, *cocc.*
Colic; when at a fixed spot above the umbilicus, *China.*
Crusta lactea; *Sepia.*
" serpiginosa; *Sepia* relieves; *Silic.* radically cures.
Croup, membranous; *Ipec.* and *bry.* in alternation will cure most cases.
Convulsions, idiopathic; acute, *Hell-nig.*, chronic, *Op.* and *bell.*, then *Op.* and *Sec.*
Dentition; *Kreos.*
Dysentery; *Ipec.* and *petrol.*
Eczema; *Led.* and *rhus.*
Enteritis; when severe, but one remedy really efficacious; *Lycop.*
Erysipelas; *Rhus.*
Frost-bites; *Rhus, sulph-tinct.*
Furunculi; *Cina.*
Hernia; *Nux-v., cocc.*
Herpes phlyctenodes; *Ferr-chlor.* and *rhus.* in alternation.
" circinnatus; *Baryt-carb.*
Hooping cough; *Cor-rub.* during first stage; *chel-maj.* during second; *puls.* in the third—when only a dry cough remains, *caust.*, and at last, if there be much prostration, *laches.*
Hydrocephalus, chronic; *Staph., ferr-chl., camph.*
Impetigo; *Dulc., clem., sil.*
" rodens; *Bals-cop., cupr., digit.*

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Lienteria; *Ars., chin., oleand.*
Measles; *Acon., puls., bry., cinnab., caust., sulph., merc.*
Meningitis, spinal; *Bell.* and *thuja.*
Ophthalmia neonatorum; *Æthus.-cyn.*
" from contusion; *Coff., camph.*—these two are preferable to Arnica.
" syphilitica neonatorum; *Kreos.*
Otitis acuta; *Bell.*—Chronica; *lycop.* especially if accompanied by purulent discharge—if by diarrhœa, *sep.*
Pleuritis; *Spong.* and *laches.* in alternation: these remedies he considers the best for inflammations of all serous membranes—have been successfully used in peritonitis.
Pneumonia; *Chel-maj.* for several hours, till fever and worst symptoms are reduced; then *puls.* and *spong.* in alternation. These he employs with great success to the exclusion of phos., acon., bry., bell., &c.
Pityriasis; *Canth.*
Pemphigus; *Rhus.*
Psora, Itch; *Lobel-infl.* and *crot-tig.*
Purpura miliaris; *Acon.*
Prurigo; *Caust. merc-sol.*
Prolapsus ani; *Nux-v., cocc.*
Rickets; *Merc-sol., colch., sulph.*
Roseola; *Coff., merc., bell.*
Scrofula; *Rhus, merc-sol., sulph-tinct.*
Scarlatina; *Acon., bell., baryt-carb., op., ipec., cinnab., spong., hep., ac-nit., dulc., lycop., calc., sulph.*
Stings of insects; a teaspoonful from a glass of water in which 7 or 8 globules of *led-pal.* have been dissolved, administered internally, produces a curative effect in a few minutes, sometimes in a few seconds.
Strophulus; *Caust., Cham.*
Stuttering; *Stram.*
Syphilis neonatorum; *Kreos.* especially of the exanthematous form.
Sore mouth of children; (*Muguet,*) *Cinnab.* then *merc-sol.*, and in latter stages, especially if stomach and bowels implicated, *china.*
Tinea favosa; *Sulph., dulc.* If accompanied by violent itching, alternate *viol-tric.* with either.
Tabes mesenterica; *Sass., aloes, colch.*
Typhoid fever; *Ipec., bell., ac-mur.*
Urticaria; *Ledum-pal.*
Variola; *Zinc-met.*, in the commencement, will cut it short and prevent its progress; when declared, *Caust., merc-cor.*, and *sulph.* for the secondary affections.
Worms; Ascarides, *Viol-od.* and *stann.*; Oxyures vermiculares, *lycop., verat., ipec.*

Thus ends the book of practice of our friend Dr. Teste. It has the appearance of being rather empirical, and too exclusive. However, let us try the remedies he so positively recommends, and see what real value may be placed upon them. This is the only way of coming to a true conclusion. We will merely say, that, last summer, we tested the remedies recommended in dysentery, and we think with success.

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The case was that of an infant, eighteen months old, in which we had tried the ordinary remedies with but partial success, and which we had every prospect of losing; *Ipec.* and *Petrol.* exerted a decided influence, and, we think, saved its life. There was a discharge of blood and green slime, with nausea and vomiting at times, with much pain and restlessness before a passage. We have also used *Chelidonium* in hooping cough, with some, though not marked relief. The same may also be said of *Ipec.* and *Bry.* in croup. In a few cases of this last affection, they were sufficient; in others, we had to recur to the usual remedies in such cases. Respecting his preference of *Chelidonium* in pneumonia, to the exclusion of other well known most efficacious remedies in that disease, we have our doubts, and we are sure all homœopathic physicians, of any experience, will join us in such doubts; but as Dr. Teste affirms it to be his experience, and expressly affirms it to be fact, we think we are bound to give it a trial, and, if successful, to let the profession be made acquainted with the cases. The disease is an important one, and demands the utmost care and vigilance of the physician, and the remedies in some cases to be much varied; and, in consequence, if *Chelidonium* has such power over it, as Dr. Teste says it has, it is certainly a most important acquisition, and Dr. Teste deserves well of the profession for pointing it out to his brethren,

J. Kitchen, M. D., Philadelphia.

We are exceedingly obliged to our colleague, Dr. Kitchen, for his laborious compilation of M. Teste's recommendations from the work before us. He is undoubtedly correct in the assertion, that they should not be rejected simply from their not being in correspondence with our own experience; but it is one of the boasts of Homœopathy, as a science, that it presents a double mode of verifying its therapeutics, the clinical and the pathogenetic. We may now rightfully require of every practitioner who would recommend a new remedy in any disease, not only his testimony that he has seen its beneficial effects at the bedside, but also a sort of *á priori* justification of such use, drawn from its pathogenesis. The clinical evidence is the sole reliance of Allopathy, and abundant and contradictory records amply prove its insufficiency and its liability to error; the natural tendency of every mind to confound the relation of antecedent and consequent with that of cause and effect—to consider *post hoc* and *propter hoc*

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as substantially the same—is a continual source of fallacies innumerable, and seems to require for its due regulation an extraordinary gift not usually vouchsafed to medical observers.

The world, says an old saw, is like an unruly horse, it needs both bridle and spurs. It is only by the judicious application of both that a safe and sure progress is obtained; without the spurs, we make no way at all—without the bridle, we ride to destruction at once. The great elements of life, in all the channels in which its restless activity is incessantly poured, are ever two, and but two, and those inherently antagonistic—the radical and the conservative. It would seem to be a law of our decrepid human nature, that progress in the direction of right and truth, can only be ensured as the resultant of two opposite forces; and, however familiar we may be with this condition of things in affairs of state, we cannot restrain a sigh at the reflection that science too, like a vessel with a head wind, must reach her goal by tending alternately in directions, not only opposite to each other, but each equally at variance with the true course. Truth unadulterated, appears to be too strong meat for our digestive powers, and, accordingly, it only appears in the world accompanied by such a mixture of error as shall render it assimilable. Radicalism seizes both, and with the true propaganda spirit, would force the bolus, *nolens volens*, into every throat; while conservatism sturdily resists the attempt, contending that there is no nutriment whatever in the mixture, and by the issue thus made, compels an analysis of the compound, by which the error is finally eliminated, and the truth presented pure.

There can be no doubt that in the ranks of the adherents of every new truth, there will be found a majority of persons who have embraced it, not as the result of profound research nor from any peculiar gift of sagacity, but simply from a proclivity towards the adoption of that which is new, more especially if it be also striking, and most especially if it be in direct opposition to opinions then reigning. Such persons are apt to plume themselves highly upon their early reception of an idea which experience afterwards proves to be a valuable addition to our knowledge; but with as little reason as he who should purchase *all* the tickets of a lottery, would have to adduce as an evidence of his wisdom, the fact that he had drawn the capital prize. They fill an important part in the drama—they are neither hindrances nor useless incumbrances—they are the *spurs* of the world.

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In medical science, however, observers with minds of this class are to be especially watched, their statements received with great caution, and thoroughly sifted and tried before their final adoption; and it was because we perceived strong indications of such a character in M. Teste, as he appears in this and his previous works, that we judged it might not be without result to devote a little time to a more minute consideration of the book before us, than it has been thought worthy of by our learned colleague.

It is divisible into three parts; an introductory, a hygienic and a pathological; intended, as the author informs us in a preface, for three different classes of readers; the first for those who are as yet undecided in relation to the doctrines of Hahnemann; the second for the use of mothers who have adopted Homœopathy, and the third for the benefit of "those who without having pursued the regular study of medicine, are nevertheless interested in the progress of the new school, and are somewhat accustomed to read its publications." It will thus be seen, that the work is in no part intended for the profession, and this will account for many omissions of importance in a scientific point of view; but ought not this fact to have appeared upon the title page? Ought it not at least to have modified a title which, in its present form, authorizes us to expect a work of the most elaborate and scientific character?

The first fifty pages are devoted to answering the question "What is Homœopathy?" and in them we find nothing new. Of the succeeding eighty which form the hygienic portion, the *fifteen* which are devoted to that singular title in a treatise on diseases of *children*, "Onanism," have struck us as the most remarkable, and as containing statements which, if true at all, we trust are only true of Paris. After quoting Hartlaub's statement that the sexual instinct is generally awakened at about the twelfth or thirteenth year, M. Teste proceeds:

"This assertion would doubtless be true were man developed under the normal conditions of his primitive nature. But this is rarely the case. His mind and his senses are depraved by civilization and the result is an unfortunate precocity which he has the madness to applaud because he has not the wisdom to perceive its disadvantages as well as its benefits. There are multitudes of children habitually addicted to Onanism who have only attained the age of *five, four, three, nay, who have not attained the age of* THREE YEARS."

The italics and capitals are those of M. Teste; but what form of type can express the horror with which we must re-

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gard a civilization of which these or a tithe of these are the legitimate fruits? He goes on to give a very graphic description of the appearance of the subjects of this appalling vice.

"They are generally pale and thin. Their eyes, surrounded by a bluish areola, are furtive in their glances, and seem to fear to encounter those of another. They are fragile, cachectic, cold and apathetic. Everything wearies them, or rather they are always wearied. The least motion makes them perspire and puts them out of breath; they are as much indisposed to amusement as to study.

"At the same time their appetite is good and we are astonished that they derive so little nourishment from their food—on the other hand, they are sometimes destitute of appetite or manifest one of a depraved character.

"Their temper is unequal, irritable, disagreeable. They are by turns thoughtful, silent, tearful, indifferent and impressible. The constant necessity of concealing a vice of the guilt of which they are sensible much earlier than we are inclined to believe, and of the discovery of which they live in constant dread, makes them timid to excess, insincere and false.

"Their intellectual faculties share the failings of their physical system. They are absent, incapable of sustained attention to any subject. They are justly accused of idleness, but it is the result of exhaustion. They delight themselves mentally with fancied enjoyments when deprived of the reality, and all other subjects are destitute of interest. Their memory vanishes and they cease to be able to learn the least task by heart."

The remedies against this habit recommended by M. Teste are purely hygienic and precautionary. The prohibition of exciting food, especially venison, salt or smoked meat, pepper, wine and coffee, sleeping upon a hard mattrass with only a sufficiency of clothing, and a system of domestic police are the principal recommendations. To these he might have added one, second in importance to no other, the absolute enforcement of a habit of early rising.

The pathological part, to which the others are simply introductory, contains an abundance of novelties, and we shrewdly suspect that no other theory will so well harmonize the inconsistencies of the work, as that which supposes that it was solely for the purpose of making these known that the book was written; in short, that the diseases of children are only a stalking-horse for M. Teste's discoveries in therapeutics. These have been already clearly set before the reader by the labors of Dr. Kitchen. We shall proceed, for reasons which will appear hereafter, to consider one only, the announcement of a specific for congenital syphilis; *ex ungue, leonem*—from the grounds of that prescription, we may be able to judge, in some degree, what confidence we should place in the other observations of M. Teste.

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After stating that it is now settled that syphilis may be transmitted hereditarily, and admitting that its diagnosis is difficult and uncertain in infants of a tender age, he proceeds:

"The drug which I consider to be specific in the syphilis of nursing children, whether congenital or contracted from the nurse, is not a mercurial preparation; it is *Kreosote.*

"I can easily conceive that the profession, ignorant of the facts upon which this announcement rests, may receive it with a certain reserve, but I shall one day explain by what association of ideas, experiments and clinical observations I have arrived at the therapeutic innovations published in the present treatise.

"It is unquestionably true that the pathogenesis of this drug published by M. Wahle, and reproduced by Jahr in his Manual, a pathogenesis undoubtedly conscientiously recorded, does not present indications sufficiently marked to justify the employment of Kreosote in the cases in which I recommend it and have used it with such great success. But this only proves that its pathogenesis is as yet incomplete like that of many other precious remedies, such as *Corallia-rubra, Chelidonium-majus, Lobelia-inflata, Copaiva-balsamus,* and others, which on better acquaintance are destined to play the most important parts in our practice.

"*Kreosote* is certainly a capital remedy in *Syphilis neonatorum,* when it appears in an exanthematous form. It will bring about a radical cure without the aid of Mercury. It should be administered of the twelfth dilution once a day for several weeks.

"I am inclined to believe, but am not entirely sure, that it will also effect the cure of; 1. the scrofulous form of syphilis; 2. Condylomata; 3. Mercurial stomatitis."

Our author subsequently states his conviction that it will hereafter be found the principal remedy for *hydrargyrosis,* and his present confidence in it in *angina, stomatitis* and facial congestion. Such is the recommendation; we look in vain, in this case as well as in that of all our author's novelties, for any justification of his prescription by a reference to the pathogenesis of the remedy, or to the clinical experience of the school; we are obliged to be content with the meagre intimation above given, that he will *one day* give his reasons. This is perhaps all that can properly be required in a work intended for the laity, but we submit to our author whether such a work is the proper vehicle for the communication of innovations, which imply a *bouleversement* of the best practice since the days of Hahnemann, in the most serious and important diseases. Would it not have been more modest as well as more professional, first to have submitted his discoveries to his colleagues, and to have declined to peril the life and health of lay readers in domestic practice until his own experience had been confirmed by that of his fellow practitioners? This, however, is too slow a process for gentlemen

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of the "fast" school, and would be one absolutely fatal to their pretensions.

Very fortunately, however, we are in possession of the grounds of our author's faith in *Kreosote*, and, in justice to him, we proceed to lay them before our readers. They are contained in an article contributed by him, to the June number of the Journal of the Gallican Society, on the subject of the employment of Kreosote in the treatment of syphilis. Being attached to the thermal establishment of Bagnoles, in the capacity of resident physician, our author was consulted in July, 1843, by some country people of the neighborhood, named Boichu, for a male infant of six months old,

"Of strong constitution, but in whose case the process of teething was painful and the cause of affections sufficiently troublesome to require medical interference. The little fellow had only two teeth notwithstanding all the local and sympathetic phenomena of dentition had been present for more than three months. I examined his gums with care; they were red, swollen, turgid and whitish on the edge; his cheeks, especially the left, were swollen and burning, and this inflammatory condition extended as far as the eyes; he cried on exposing him to the light; his pulse was feverish, skin hot and dry. The abdomen was soft and natural, notwithstanding he was troubled with constipation succeeding a greenish diarrhœa a fortnight before, the result of a dose of manna of unknown amount administered by a physician.

I prescribed *Kreosote* 6. one drop in 120 grammes of water [about 4 ounces,] a teaspoonful three times a day. Such was the success of this prescription that the young Boichu, who, after the succeeding day had almost ceased to suffer and had begun to bear the light without screaming and even without closing his eyes, *eight days afterwards* acquired two new teeth. (!) His parents, astonished at this result, begged me to supply them with a few drops of the precious liquid they had seen me mix into a potion for their child, that they might themselves administer it, if the necessity should again occur. As the good people resided some leagues from Bagnoles and were put to considerable inconvenience in coming to consult me, I was weak enough to grant the request."

A little vial of the 6th dilution of *Kreosote* was accordingly prepared and placed in their hands, with directions for its use, and two months rolled by. At the end of that time, towards the middle of September, the infant is again brought to M. Teste, in the following condition:

"Extreme prostration; small, frequent pulse; great alteration in the expression, if not in the features of the face; red and prominent eyes; fetid breath recalling the odor of mercurial stomatitis (this particularly struck me); complete anorexia without vomiting; scanty, serous diarrhœa; a very evident but ill defined eruption, papular on the forehead, pustular in other parts. The chest, lower belly and upper part of the thighs sprinkled with spots, red, not papulous, round, of variable size and some of them exhibiting a little hemispherical vesicle neither depressed nor acuminated and

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filled with limpid serum. There was also engorgement of the parotid and submaxillary glands, accompanied by a number of ulcerations with a grayish bottom, on the gums and commissures of the lips."

M. Teste had some difficulty in diagnosing the affection, but suspecting it to be a case of congenital syphilis, he took the father aside and communicating his suspicions and impressing upon him the importance of dealing honestly in the matter, received an unqualified denial. The murder at last comes out; they have been dosing the child from the unlucky vial of *Kreosote* 6. A ray of light breaks in upon our author's mind.

"I presumed, and *was not deceived*, that chance had here presented me with the symptoms of Kreosote in *a form nearly complete*. If, then, I had mistaken these symptoms for those of congenital syphilis, was it not perfectly evident that there must exist an interesting relation between them? Filled with this idea, I sent the little Boichu home without a prescription, where he spontaneously recovered in the course of ten days or so, and then set myself to watch for an opportunity of administering Kreosote in a case of infantile syphilis."

This was a useless ceremony, for it is evident that M. Teste had already made up his mind that *Kreosote* was *the* remedy *par excellence* for congenital syphilis; a conclusion that was not likely to be changed by the result of any experiments conducted by so precipitate an observer. Let us notice for a moment, the grounds of this opinion. An infant six months old, of an evidently scrofulous constitution, is presented to M. Teste during that most uncertain period of health, first dentition. It is evidently sick, its gums and face swollen, its eyes sensitive to light, and its state unquestionably feverish. *Kreosote* is prescribed, and notwithstanding the well known fact that such a state is frequently recurring and spontaneously disappearing in children, and without reference to the change of air to which the child had been subjected, in itself a remedial means of no mean efficacy, the amelioration that follows is unhesitatingly ascribed to the dose. The child again relapses, the remedy is again had recourse to, but this time without effect, and he is again brought to Mr. Teste, and is this time cured *in ten days or so* (une dixaine de jours), because Kreosote is *not* administered. Let us not be understood as objecting to the recording of such observations; by no means; there is no other method of improving our science and art, but by an accumulation of observed facts, and the more of them we have the better; but we desire to say that *many* such records as

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this one would not authorize the drawing the conclusions of our author; still less can the single one we have quoted.

The next case related, the first in which M. Teste had an opportunity of bringing his conclusions to a practical test, is a still more remarkable instance of the same credulous disposition. He introduces it by the following flourish of trumpets.

"This opportunity [of administering Kreosote in a case of congenital syphilis] was long in presenting itself; but it came at last and with a result, which, I confess, surpassed my hopes and implicitly confirmed the soundness of my prior conclusions."

A patient of M. Teste's, a merchant of Paris, whom he designates as M. X., applied to him in 1842, with a recent chancre on the *frænum*. Not being a homœopath at that time, he prescribed Dupuytren's pills, composed of opium and corrosive mercury, with a local application of opiated cerate. In a week the man was undoubtedly cured and from that time never had the least symptom of syphilis. Nevertheless, so great is now M. Teste's conscientious horror of the treatment he pursued in this case, that when in 1843 a woman, with whom M. X. had had intercourse, accused him as the cause of a gonorrhœa from which she suffered, he did not allow himself to doubt that it was in consequence of the unjustifiable suppression of the chancre the year before! In 1845 a second woman accused M. X. of an ulcer in the perinæum with the same result. And this in Paris!

"I avow, says M. Teste, that this double charge against my patient, who, I repeat, enjoyed the most perfect apparent health, seemed to me at least suspicious; but there is one point upon which I have never been able to satisfy myself, and that is, that notwithstanding the severe gonorrhœa with which the first of these women was affected, M. X. continued to have intercourse with her without being in any way contaminated. *Can it be that these poisons do not ascend to their source, and that, like the poison of serpents, they sometimes respect their original birth-place?*"

Can anything be more absurd than this? However, M. X. in 1848, six years after the death and burial of the chancre, married a young girl of irreproachable morals and whose virginity, according to M. Teste, was attested by physiological proofs. Notwithstanding all this, *three days after marriage* she found herself *pregnant* and *syphilitic* and the ghost of the chancre is again revived to account for this melancholy catastrophe. At the expiration of three months she is cured and at full time is delivered of an infant who bears the following signs of the paternal infection.

"Paleness of the face; flaccidity of the muscles; coryza; erosion of the

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labial commissures; measly patches on the skin, some surmounted by vesicles easily broken by the slightest contact and distilling a sanious serum; and finally leucorrhœal discharge from the vulva. These symptoms, taken in connection with the history of the case, were conclusive without a chance of mistake (certes sans équivoque). I advised that the child should be brought up on the bottle, and in twenty days she was entirely cured by the use of *Kreosote* in very minute doses frequently repeated."

He goes on to say that she continued perfectly healthy, with the exception of a *considerable spinal curvature*, and wonders whether that is also a result of the syphilitic taint.

M. Molin, a colleague of M. Teste, is a little doubtful about the infection of Madame X. by her husband, after six years of perfect health, and cites the following case just reported by M. Ricord in *L'Union Médicale:*

"A gentleman whom I had treated for a chancre twelve years before, being about to marry, came to me for the purpose of submitting himself to a rigorous examination. I found him in the most excellent health; he could marry without the least scruple. He nevertheless exacted another examination on the evening of his marriage with the same result. A month after he sent for me to see his wife. Before entering her room, I examined him anew without discovering anything amiss; not so with his wife, from whose symptoms I was convinced that the infection was of an older date than the marriage. "Madame," said I finally, "you are unwell, but it is not your husband who has made you so. If I become your confidant, I become also your accomplice; if not, I continue to be your husband's physician." I was not long in obtaining a sad and painful avowal which solved the mystery."

So much for two, at least, of M. Teste's cases of contagion. As to the infection of the wife, we are very happy to be entirely of M. Teste's opinion as to her immaculate purity; his silence respecting her symptoms leaves us at full liberty to suppose that those which appeared *three days after marriage*, could hardly have been caused by a chronic syphilitic taint in her husband, but were such as were entirely natural to her position. In relation to the cure of the child by *Kreosote*, we shall only make a citation or two from the authors that come first to hand. The first two are from M. Billard's work on the Diseases of Infants:

"*Petechiæ*. The hæmorrhagic spotted disease, which Rivière, Werlhof, Bateman and other authors have described under different names, and the history of which has been so well exhibited under the title of *Hæmacelinose* in the work of M. Rayer, is seen in feeble and badly nourished children where the capillary circulation is found, from some cause difficult to ascertain, quite deranged and disordered in such a manner as to give rise to effusions of blood on the surface of the body. The skin then presents a

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greater or less number of small spots or *petechiæ*, of a violet color, and almost always of a round shape. The disease is ordinarily apyrectic, particularly in children. ***I saw this petechial disease in two young infants, who exhibited a condition of debility and prostration in a very marked manner; one of them, eight days old, revived after the disappearance of the petechiæ, which faded by degrees, assuming successively a kind of black, livid, and finally yellow color; the other, younger and more feeble, and possessing less vivacity, quickly succumbed. (Stewart's translation. N. Y. 1840. p. 76.)

"The vagina (in new-born female infants) is usually very much developed; it presents a large elongated cavity, covered with mucous membranes, the secretion from which is very abundant, for there is always found in this part in young infants, a large quantity of white, adherent mucosity. This secretion which might be considered as the effect of a diseased condition of the vagina, such as gonorrhœa communicated by the mother to the child, exists in almost all female infants and appears to be a necessary secretion, judging from the abundance of the discharge. (Ibid, p. 497.)

The next quotation is from Acton's Venereal Diseases. (N. Y., 1846, p. 322.)

"In early life ulcerations of the genitals are not unfrequently met with. I have lately seen in St. Bartholomew's Hospital, two instances of children (both females) with some ten or twelve ulcers on the thighs and labia, attended with discharges from the vagina, and a considerable excoriation of the surrounding parts. Such appearances I could attribute alone to dirt and want of cleanliness on the part of the parents, together with pustular itch, which had ulcerated; but as inoculation was not employed, it was impossible to speak more precisely of their nature.—Cleanliness alone speedily produced a perfect cure."

These quotations might be continued almost *ad infinitum*. They are not adduced as presenting cases precisely analagous to that of M. Teste, but simply as showing that the symptoms which he considered so formidable, get well, when left to themselves, under proper hygienic regulations. We do not consider it at all probable that M. Teste's infant had congenital syphilis, or that the Kreosote had any influence in effecting its restoration.

There are but two other cases related by our author in his memoir, in one of which the patient was still under treatment. The one is that of a single man, suffering from chronic cough, returning every winter, boils, a herpetic eruption upon the left thigh, and inertia of the genital organs. These symptoms are all attributed to a gonorrhœa contracted six years before, and disappeared after using *Dulcamara* and *Kreosote* 12. six globules in 4 ounces of water, a teaspoonful three times a day.

Such is the evidence upon which we are to believe that the administration of *Kreosote*, in the syphilis of new-born

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children, "will suffice to produce a radical cure without the intervention of mercury." And such is the foundation of M. Teste's unqualified recommendation of it in the work before us, not for *Syphilis* alone, but for *hydrargyrosis*, *angina*, *stomatitis* and *facial congestion*.

We sincerely hope it may do this and much more, but we protest against drawing such universal conclusions from such particular premises. We have not the slightest doubt that M. Teste is very sincere; we have still less that he is exceedingly sanguine and quite illogical. Although we have already exceeded our limits, it will perhaps give our readers a better idea of our author's mind, if we furnish a sample or two of his recommendations, in his own words, in which the unscientific, *ad captandum* spirit appears very prominently. The first is in relation to the treatment of *pneumonia*, which M. Teste proposes to revolutionize entirely.

"Doctor Tessier, who has just published some most interesting clinical researches on the treatment of this affection, depends principally upon *aconite*, *bryonia*, *phosphorus*, *sulphur*, *belladonna*, *arsenic*, and *iodium*. These different drugs undoubtedly correspond to the different symptoms of pneumonia, but there is none of them which embraces them all. I should be glad to induce M. Tessier to substitute for this practice, which, however, is that generally followed by homœopaths, the employment of those which I am about to recommend, *the prompt effects of which will surprise him*, if he consent to make the trial.

"The first of these is CHELIDONIUM MAJUS: it alone supplies the place of *Aconite*, *Belladonna* and *Phosphorus*.

"*Chelidonium* should be administered, in the first place, no matter what may be the intensity of the symptoms, for some hours singly, and in doses repeated at very short intervals; seven or eight globules, for instance, of the sixth attenuation may be dissolved in 120 grammes of vehicle, and a spoonful administered every quarter of an hour for an hour, or an hour and a half at farthest. In *an immense majority of cases*, a very marked remission will be observed, occasionally a very *astonishing amelioration* of all the symptoms both local and general. This result once obtained, the *Chelidonium* may be laid aside and *Pulsatilla* 6 to 12, and *Spongia* 24 to 30 may be administered every two hours. These two remedies will then be continued until resolution, at lengthening intervals as the amelioration progresses, *and this, I affirm, with the exception of occasional cases of complications will not be long waited for.*"

Here, without rhyme or reason, upon the sole *dictum* of M. Teste, those faithful servants *Aconite*, *Tartar-emetic.*, *Bryonia* and *Phosphorus*, upon whose aid we have so long and so confidently relied, are unceremoniously turned out of doors, and the comparative stranger *Chelidonium* installed in their place. So too in pleurisy.

"*Spongia* and *Lachesis*, both of the 30th attenuation, are the remedies which control the treatment of pleurisy. I cannot too strongly recommend

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the employment of these two agents. They are to be administered simultaneously, *Spongia* once in the morning, and *Lachesis* once in the middle of the day, and again in the evening. I may say in passing, that this treatment, which is also that of *peritonitis*, seems to be adapted to inflammations of all the serous membranes, whether with or without effusion."

It will be seen that here as well as elsewhere, our author falls into that most serious defect of the old school of medicine, which it was the most earnest labor of Hahnemann to correct, the prescribing not for diseases, but for names.

Touching the *smallpox*, "I am happy to announce to practitioners," says M. Teste, forgetting for the moment that he is writing for the laity, "that I have discovered against the different phases of the smallpox, indications *which are entirely new, and the success of which will astonish those who put them in practice.*"

Against the itch, we have the following very precise directions and confident prophecy, and we dare say, many a puzzled and baffled practitioner will gladly put them to the test of experience, though we sadly fear the result will not be accordant with the experience of Teste:

"The drugs which I prescribe against the itch, *whatever may be its origin, its form or its duration*, are LOBELIA-INFLATA and CROTON-TIGLIUM, alternately administered and continued for seven or eight days after the disappearance of the eruption. The tincture of *Sulphur* I employ only in case of consecutive ulcers, either with or without loss of substance of the skin; its exhibition, however, should always be preceded by that of the two drugs which I designate as the *specifics* for itch.

Lobelia of the sixth dilution will be prescribed in water, of which the patient will take three spoonfuls the first day.

Croton-tiglium, of the twelfth dilution, will be administered the next day in the same way.

On the third day the *Lobelia* will be repeated; on the fourth, the *Croton*, and so on.

From the third or fourth day, AT FARTHEST, *the itching will have completely disappeared.* In ordinary cases, the whole duration of the eruption will not be prolonged beyond a week." (p. 222).

We have considered it our duty, in faithfully chronicling the discoveries and advancements in our science, to put on record the observations of our author, at the same time directing attention to the caution with which they should be received, in the earnest hope that such of them as are founded in truth may survive, and under more philosophical auspices than those of M. Teste, may yield fruit to the advancement of our cause and the benefit of humanity.

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ARTICLE XIX.—*Homœopathic Domestic Physician; containing the treatment of diseases, with popular explanations on Anatomy, Physiology, Hygiene, and Hydropathy, also an abridged Materia Medica.* By J. H. PULTE, M. D., Cincinnati, 1850. 12mo. pp. 556.

We regret extremely the necessity of noticing a work of the character of that before us. That it should ever have been compiled, and when compiled, should have found a publisher, are striking evidences of the want of wholesome guardianship under which our infant homœopathic literature has hitherto suffered. The author tells us in his preface that it contains the results of "sixteen years' practice;" three months' "practice" with a pair of scissors, we should think, would be sufficient to render any intelligent lad capable of producing a work with an equal title to originality and superior claims to good English. It is, in short, the most astounding piece of literary piracy that has ever come under our notice.

The first part, concerning the description and treatment of diseases, contains some 390 pages. It is principally taken, with but little alteration and that for the worse, from Hufeland, Schönlein and the previous publications of our school of a similar character. We cannot afford much room for an exposition of the extensive depredations of Dr. Pulte, nor will anything but an examination of the work itself afford any idea of their magnitude and comprehensiveness:—when the issue of other men's brains is extracted from his work, the remaining "result of sixteen years' practice" would dwindle into an insignificance sadly ridiculous.

As a slight sample of the whole, we open the book at page 9, and give in parallel columns the *coincidences* between Dr. Pulte and Dr. Hufeland.

GOUT. *Pulte*, p. 9.

"DIAGNOSIS. The symptoms of this disease are very similar to those of inflammatory rheumatism; consequently, the remedies will be almost the same. It is characterized by pains in the joints, with inflammatory swelling; or in chronic cases, with a swelling of the joints, caused by deposits in them of a calcareous substance, which impedes their movements and causes them to make a cracking noise. There is always connected with an attack of gout, flat-

GOUT. *Hufeland, Enchiridion, p.* 453.

"DIAGNOSIS. Pains in the joints with inflammatory or chronic cold swelling, readily passing into arthritic nodes and calcareous formations; connected with digestive difficulties, flatulency, generation of acidity, mucosity, apepsia, obstruction."

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uleney, acid stomach and other derangements of the digestive organs. The principal differences between rheumatism and gout are: rheumatism attacks more the muscles and membranes—gout, more the joints; rheumatism is hardly ever complicated with derangement of the digestive organs; gout is never without that—has besides permanent swelling of the joints by calcareous deposits, which rheumatism never has. Rheumatism is caused by taking cold, consequently depends upon external causes; while gout is generated by internal causes, amounting, sometimes, to hereditary predisposition. Both diseases, however, can intermix with each other, one taking the form of the other."

PAIN IN THE HIP. *Pulte, p.* 11.

"DIAGNOSIS. Pain in the region of the hip joint, extending to the knee, even to the foot, accurately following the course of the sciatic nerve. Its continual severity may impede the motion of the foot, producing stiffness and contraction, disturbing the rest at night, and thereby inducing general uneasiness and emaciation."

INFLAMMATION OF THE PSOAS MUSCLE. *Pulte, p.* 14.

"DIAGNOSIS. Pain in the region of the kidneys, hip and downward to the leg, which cannot be stretched or drawn near to the abdomen, without pain; increased, also, by turning when lying and lifting, with a feeling of numbness of the affected side; walking is possible only by hobbling, with the body bent forward. Although not often fatal, yet it is very important in its consequences, as its issues may give rise to lingering diseases. If suppuration takes place, by not preventing it in time, the matter breaks through and empties into the abdominal cavity, bring-

Hufeland, p. 174.

"The principal discriminative signs are: Rheumatism attacks more the muscular and membranous parts, arthritis, the joints; rheumatism is not necessarily connected with digestive difficulties, quite the contrary, with the best appetite; but arthritis always shows itself connected with or succeeding to digestive difficulties; arthritis exhibits in the urine and other secretions more the signs of a singular dyscrasia, such as the knotty, calcareous concrements on the joints, and the calcareous sediment in the urine; rheumatism does not. Rheumatism sets in after taking cold, an external influence operating from without to within; arthritis after, and by disorders of digestion and chylification from within to without and appears as a critical deposit of a qualified morbific matter to the surface. It is not rare for rheumatism to assume an arthritic form, and *vice versa.*"

HIPS. *Hufeland, p.* 180.

"DIAGNOSIS. Pain in the region of the hip joint which often extends to the knee, even to the foot, accurately following the course of the sciatic nerve. Its severity may impede the motion of the foot, and bring on stiffness and contraction; finally by its long continuance and violence, disturbing nightly rest, it may induce general marasmus and emaciation."

INFLAMMATION OF THE PSOAS MUSCLE. *Hufeland, p.* 167.

"DIAGNOSIS. Pain in the renal regions, hip and downward to the leg; the leg cannot be stretched or drawn near to the abdomen without pain; turning when lying and lifting increases the pains; walking is possible only in hobbling, and with the body bent forward."

"It is not lethal, but very important in its consequences; for suppuration often exists though unperceived and the matter breaks through and empties into the abdominal cavity, bring-

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ter discharges itself in the abdomen and causes death, or it sinks down further and further until it reaches sometimes even the knee before it escapes; frequently, the spine becomes affected and is rendered carious in such cases. The causes of this disease are, besides external injuries, rheumatism and piles."

ing on a fatal issue; or (what happens more frequently) the matter burrows downwards, hence, a *phthisis lumbaris, abscessus lumbaris,* which opens in very remote parts, as in the groins, anus, perinæum, thigh or above the knee. Not seldom, also, are the vertebral bones or the hip-joint affected by it and rendered carious. The causes besides the general, are: violent exertion in lifting and carrying; blows, falls on the back or the nates; rheumatism and hæmorrhoids.

And so it runs throughout the diagnosis. For the therapeutics, Hufeland and Schönlein not being recognized as authorities in our school, Dr. Pulte has had recourse to Laurie and Jahr, but principally to Dr. Hering. The whole article on yellow fever (pp. 95—104) he has copied from Dr. Marcy's theory and practice, in this case, however, with an acknowledgment of the source. An instance or two will suffice as a sample of the mode in which the therapeutics have been taken bodily from Dr. Hering's Domestic Physician.

NERVOUS HEADACHE. *Pulte*, p. 136.

In this kind of headache, to which nervous persons and females are mostly subject, the head is generally cool, the face pale, with a suffering expression: in females, great quantities of colorless urine are discharged; if vomiting sets in, it only relieves for a short time; the pain is mostly concentrated in one spot, with the characteristic feeling as if a nail were driven through the head (*clavus hystericus*); the patient is generally very nervous, fickle-minded, dejected, hysterical or hypochondriacal. * *

NERVOUS HEADACHE. *Hering*, (1848) *p.* 144.

"In headache arising from an affection of the nerves, the head is generally cool, the face pale, in the beginning sometimes discharges a colorless urine; vomiting gives relief; the headache, however, returns frequently on one side only or is rooting, as if produced by a nail on particular spots; touching the head increases the pain.

Coffea. Pain as if a nail was driven into the head, or as if the brain were torn or bruised; *pain seems to be intolerable;* also noise and music; the patient is very restless, screams, weeps, feels chilly, and has an aversion to open air and drinking coffee, though he is at other times fond of it. The headache generally arises from cold, close thinking or vexation.

Coff. will do good in violent, drawing, pressing pains on one side of the head as if a nail were driven into it; as if the brain were shattered, crushed and torn, recurring on the slightest occasion after close thinking, vexation, taking cold, eating too much, &c., with a distaste for coffee, sensitiveness at the least noise, even music; the pains appear intolerable, making the patient fretful; he is al-

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Ignatia. Aching pain above the nose, relieved by bending forward; sensation as if a nail had been driven into the head; with nausea, dimness of sight, and yet dread of light; face pale, copious, watery urine; pain is momentarily relieved by a change of position; tendency to start; fitful mood; taciturn and sad."

HUMMING, BUZZING OF THE EARS. *Pulte*, p. 157.

As a symptom it invariably accompanies earache, running of the ears and their inflammation, and will disappear with them; but when it appears alone, it is caused generally by congestion to the head, from catching cold or other diseases.

Pulsatilla relieves it if worse in the evening. *Nux-vomica*, if worse in the morning. *Dulcamara*, if worse at night. *Mercury*, in persons inclined to perspire. *Chamomile* in persons who do not perspire easily. *China* in persons who have taken much calomel or where the noise in the ear is more a hissing, singing or ringing noise. *Carbo-veg.* if *China* does not relieve or the noise is worse in damp weather. *Sulphur* if *Carbo-veg.* does not relieve or the noise is combined with great sensitiveness to sounds, in which case it ought to alternate with *Aconite.*

most beside himself, shrieks and cries, tosses about, feels much agitated, dreads the fresh air and is chilly. * * *Ignatia* will relieve the pressing pain above the nose, which is mitigated by bending forward; * * tearing in the forehead as if a nail were driven through the head, piercing deep into the brain; with nausea, darkness before the eyes, aversion to light, pale face, much colorless urine; the pains often cease for a time when the position is changed * * the patient being very nervous, fickle-minded, taciturn and dejected."

BUZZING IN THE EARS. *Hering*, p. 172.

This complaint is generally connected with running of the ears and difficulty of hearing; or with earache. Sometimes with headache, and determination of blood to the head. Give medicine according to these symptoms. If it comes, however, quite alone, is not of long standing, but from catching cold, give *Nux-vom.* if worse in the morning; *Puls.* if worse in the evening; *Dulc.* if worse in the night; to persons who perspire much, *Merc-viv.*; to those who cannot perspire, *Cham.*; to very sensitive persons who have taken much mercury, or suffer much from fever or liver complaints, when the buzzing is more hissing, like a ringing or singing, give *Chin.*, but if louder, more like the noise of a humming-top, or when *Chin.* does no good, give *Carb-veg.* * * Sometimes, when the ears cannot suffer the least noise, *Sulph.* given once, and afterwards *Acon.* several times will do good."

We might easily, had we the space and inclination, thus trace almost every article in this first part of the work to its proper owner; what we have given must suffice.

The next eighty pages of the book containing popular information on Anatomy and Physiology, Hygiene and Hydropathy, are taken without any acknowledgment and almost word for word from a school-book* in common use. The

* If any one is desirous of seeing the extent to which these transcriptions have been carried, let him consult: "*A treatise on Anatomy, Physiology and Hygiene: designed for Colleges, Academies and Families.* By CALVIN CUTTER, M. D. Boston: Mussey & Co. 1850.

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sixty following pages contain a *Materia Medica* in which, under each one of 68 remedies, a short abstract of their symptoms is given in the usual anatomico-physiological schema. Here, if anywhere, might be found some valuable clinical contributions from the results of "sixteen years' practice" in the pointing out of characteristic symptoms, the confirmation of therapeutic indications and the selection and isolation of useful and frequently recurring groups. But in Dr. Pulte's *Materia Medica* we have no such addition to the common stock of our knowledge—it is still mere scissors-work; the symptoms *printed in italics* in the edition of Jahr's Manual published in 1841, have been simply transcribed. To any one who is acquainted with the pepper-box principle, on which those italics were inserted, the value of this part of Dr. Pulte's work will be apparent.

There remain but a few pages of glossary and an index. The index is probably the work of the publisher and the glossary is extracted from Laurie's Domestic Medicine (1848, p. 550 et seq.).

We have thus completed a most ungracious labor, and are glad to have done with it; we can only repeat that, for the sake of Homœopathy, we regret that such a book should have ever seen the light. J. W. M.

ARTICLE XV.—*Jahr's New Manual of Homœopathic Practice. Edited with annotations by* A. GERALD HULL, M. D. *Vol.* I. *Symptomatology.* New-York: Radde. 12mo. pp. 1025.

The appearance of this volume completes the third edition of this Manual; the second volume, containing the repertory, having been for more than a year before the public. Many a practitioner, in looking over its ample pages, will be reminded of the time when he painfully sought his first acquaintance with the principles of Homœopathy and the diagnostic character of our remedies, by the aid of the previous editions. The new remedies have been added, the whole number referred to in this volume being two hundred and sixty, and, in the words of the editor, it may be considered as "an Epitome of the larger work of Jahr, recently published by Mr. Radde (the *Symptomen-Codex*)." To those who are in the habit of relying upon Jahr and desire something more convenient to the hand than the ponderous tomes here referred to, the new edition will no doubt be very acceptable.

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Collectanea.

MATERIA MEDICA.

1. *Arsenic; Poisoning followed by Gangrene.*—M. Forget, of Strasburg, has published the following case:—A man, 63 years of age, took two ounces of arsenic; an hour afterwards vomiting came on, accompanied by colic and frequent alvine evacuations. Nine hours after the ingestion of the poison, the face was pale and haggard, the extremities cold, as well as the nose and ears; the pulse small and quick, the tongue moist and icy, and the weakness very great. There was much pain in the abdomen, the stools were very fluid, but the intelligence was clear, and the answers slow.

The patient took the sesquioxide of iron, and ether, and had sinapisms to the arms and legs. After this, vomiting recurred, and in two hours reaction was established; the extremities became warmer, and the face was less pinched, and more animated. The reaction increased for a little while, but subsequently gave way, the symptoms became less marked, and two days afterwards the effects of the poison had entirely disappeared. Severe pain in the left leg was, however, complained of, and that limb was somewhat cold and tender on pressure. This pain went on increasing; the pulsations of the femoral artery became gradually weaker, and mortification set in. Amputation was performed ten days after the arsenic had been taken, but the patient rapidly sank; sphacelus occurred in the stump, and he died twenty days after the taking of the arsenic, and ten after the amputation. Here the patient survived a dose of poison far larger than one commonly looked upon as inevitably causing death. The next point of interest is the concomitance of the gangrene and poisoning, and it may be asked whether it were the age of the patient, or the arsenic which caused the gangrene.

2. *Asterias rubens; Star-fish.*—This Echinoderm has been added to our *Materia Medica* by M. Pétroz of Paris. The pathogenesis has been published in the *Journal de la Société Gallicane.*

3. *Cantharides homœopathic to Albuminuria.*—The effects of cantharides, applied in the form of blistering plaster and otherwise, on the urinary organs, have been long observed, but it is only of late that inquiries have been made as to the actual changes induced in the kidneys and bladder, giving rise to the symptoms ordinarily known as strangury. It is now ascertained that the application of a blister to the skin, but more particularly when the integument has been wounded,—for instance, by cupping,—induces the presence of albumen in the urine, as in Bright's disease. The French physicians, and especially MM. Morel-Lavallée and Bouilland, have recently paid particular attention to this form of albuminuria, which they term cantharidian albuminuria. There is a considerable diversity in the results obtained by the two observers named: thus the former describes the albumen as found under three forms.—1. In solution in the urine; 2. As a deposit; 3. In the character of false membranes formed in the bladder; whereas, M. Bouilland says that the albumen is only found in solution in the urine, and

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that any mass resembling false membrane, which may occasionally be found at the bottom of the vessel, if truly so, must be, as are other false membranes, essentially composed of fibrine.—Again, M. Lavallée states that the albumen exists in larger quantity than in Bright's disease; the contrary opinion is advanced by M. Bouilland; but this being but a question of quantity, the contrary statements may be possibly reconciled by taking into consideration the probable differences in extent and mode of blistering adopted by the two physicians. M. Bouilland especially insists upon the influence of blisters upon the secreting surface of the kidneys, as bringing about the effusion of albumen—an influence which M. Lavallée has confined solely to the bladder, in which viscus he seems to suppose the albumen formed.

Unless a blister be very small, the escape of albumen with the urine is always met with, at all ages and in all states of the system. The duration of the albuminuria is mostly from one to three days, but if a continued vesication be kept up, this symptom may also be prolonged for weeks. Three patients, in whom death occurred from the disease under which they labored, were examined. In one whose death happened three days after the onset of the albuminuria, the only lesion notable was a redness and an injection of the lining of the urinary tubes. In the second case, where death did not happen for a month subsequently, an opaline appearance and a thickening of the membrane were observed. The third case was that of a man who died from fever with pneumonia: albumen appeared in the urine nearly two days before death; the kidneys were red and congested externally, the redness penetrating into the cortical substance; the pyramids presented a rosy hue, and seemed elongated; the lining membrane of the calyces and pelvis were injected and strewed with ecchymotic spots, and also with white salient points, of irregular figure, and consisting of particles of false membrane; and in one of the calyces of each kidney, a more continuous and tough piece of false membrane was found, of a yellowish color, and in part adherent. The internal surface of the ureters was also injected, and false membranes dispersed over it. The mucous membrane of the bladder was smooth and white throughout, save about its neck, where some injection was met with. Its base was scattered over with patches of false membrane, adhering strongly to the subjacent mucous coat. The vesical termination of the ureters was partly obstructed by strong, adherent false membranes.

M. Bouilland, in concluding his paper, comes to the conclusion that the seat of the lesion induced by cantharidine, the active principle of blistering plaster, is the secreting mucous membrane of the kidneys, which becomes inflamed, and pours out serum, as does the skin under like circumstances; in short, the renal mucous membrane becomes blistered, as does the skin, the cantharidine being absorbed, and acting on the former through the blood. Lastly, if the inflammation proceed further, not only serum, but fibrine also is thrown out, and forms false membranes.—*Lancet.*

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4. *Cedron.—By Dr. Cazentre.*—The seeds of Cedron are employed, in Central America, as a remedy for the bites of serpents, for hydrophobia, and for intermittent fevers. The tree is of the size of an elm; it is of the family of cedars, and grows in the whole of Central America, but most abundantly in the neighborhood of Carthagena. The seeds nearly resemble a large bean; they are inclosed in a matty, thick, ovoid drupe, of the size of a lemon. When fresh, these seeds contain an oily matter. The whitish farina which is obtained from them is extremely bitter; the bitterness is more lasting and disagreeable than that of sulphate of quinine. The following are the purposes to which they are applied.

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1. Bites of Venomous Reptiles. The seeds of Cedron are the most powerful antidote known against the bites of the most dangerous serpents; the remedy is said to be infallible, if immediately applied. The natives of the country where it grows always carry some of it with them when they go into districts infested with reptiles; hence fatal accidents are seldom heard of, although bites must be frequent.

Mode of Administration. Three or four seeds are scraped and the farina is collected in a spoon, mixed with a little water or spirits, and immediately swallowed. Some of the powder, prepared in the same manner, is then applied to the wound, and covered with a piece of linen. The natives act more simply, by mixing up the grated seed, in the palm of the hand, with saliva, and swallowing it; they then immediately mix more, and apply it to the wound. A tincture, of rapid and certain effect, is also prepared by macerating the seeds in brandy. The first dose is often sufficient; but, generally, it must be repeated twice or three times, according to the severity of the bite, and the subtilty of the poison introduced.

2. Intermittent Fever. Cedron is frequently employed, at Panama, for this affection; and, in some localities, it is the only remedy used. Dr. Cazentre has often heard persons speak of having been cured by it of ague, which had resisted quinine. He recommends an inquiry into the efficacy of Cedron as a substitute for cinchona.

3. Hydrophobia. Dr. Cazentre has been informed by persons that they had seen mad dogs cured by the administration of this remedy, and that a bitten animal would be preserved, if it were administered during the period of incubation. This subject Dr. Cazentre recommends to be also carefully investigated.—*Lond. Journ. Med.*, Nov. 1850, from *Journal des Connaiss. Med.-Chirurg.*, Oct. 1850.

M. Petroz at the *séance* of the *Socété Gallicane* of 21st Oct., 1850, read an account of the *Cedron* which had been transmitted to him by a traveller in Central America, M. Hellert.—On his arrival in Panama he procured the fruit, which is reputed an infallible antidote against the bites of the venomous snakes of that equatorial region. He was soon destined to make trial of its virtues in his own person. While overturning a stone in the Cordillera of Veraguas, he was bitten by a coral-snake in the right leg. During the few seconds employed in withdrawing the antidote from the bag suspended upon his chest he was seized with violent pains in the chest and throat, but on chewing and swallowing a portion of *Cedron*, of the size of a small bean, the pains ceased as though by enchantment. He still perceived an oppression and general debility, but after applying a little of the chewed drug to the wound, there remained at the expiration of a quarter of an hour nothing but a slight colic, which disappeared on eating. The colic was almost instantaneously followed by a violent evacuation of matters resembling curdled milk, white, slightly inclining to yellow.

Thirteen months afterwards, six natives, engaged in clearing a field near Panama, were bitten by a serpent of the same species. The lives of two were preserved by their swallowing a small portion of *Cedron*. The four others died in five minutes in frightful convulsions; the sole cause of which fatal result was the habitual improvidence of the people.

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5. *Gossypium herbaceum; Cotton seed.*—This is said to be a powerful agent for the cure of intermittent fever. It is used in South Carolina in the form of a tea, made by boiling a pint of cotton-seed in a quart of water until half of the water has evaporated. The patient is put to bed an hour or two before the ague comes on and drinks a gill of this tea; it is said to

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succeed where large doses of quinine have failed. It would be well for some of our Southern brethren to give us a proving of the triturated seed.

6. *Guaco.*—M. Pétroz communicated to the Gallican Society a notice from M. Hellert, a traveller in Central America, of the properties of *Guaco.* This substance is a preventive, according to him, of evil effects from the bites of mosquitos, scorpions, millipedes, etc.; used internally, immediately after the bite, it is an excellent antidote to the bite of serpents.

Of the seven species of *Guaco*, the one referred to by M. Hellert is a vine with leaves like those of the grape; they are bright-green above and scarlet underneath. They are very abundant in the dense forests of the Isthmus and are from thirty to two hundred feet long. The very abundant juice is expressed and mixed with half its volume of rum; its virtues increase with age. A nomad Indian whom M. Hellert met by chance, seeing his face, hands and feet swollen in consequence of the bites of the mosquitoes, which swarm in the low, damp regions near the equator, instructed him in the use of the plant in question.

A slight incision is made in each arm and leg, and the tincture is rubbed in, while a teaspoonful of the same is swallowed, and the subject moves about. A light fever lasting two or three days ensues and the person is then protected from the venomous effects of the bites of insects. The Indians pretend that the security is perpetual—they deem it to be sufficient for their young children. It would be curious to establish this fact. The effect of this sort of inoculation is not, it is true, to prevent the insects from biting, but the bitten part does not swell nor experience the least sensation of itching. Notwithstanding, says M. Hellert, I noticed that scorpions, wasps, etc., and at night, the millipedes seemed, after my inoculation, to avoid my body, in direct opposition to that instinct which teaches them to seek the warmth of warm-blooded animals, particularly of those whose delicate cuticle offers so inviting a field for their attacks.

Six months afterwards (last November) finding himself among the formidable tribes of Indians of the *Sierra Nevada*, M. Hellert found the same species of *Guaco* employed in an analogous manner for similar purposes; the juice was mingled with the *Chicha*, a sort of beer prepared from maize. The children amused themselves by rubbing their hands with *Guaco* leaves and catching scorpions, millipedes, etc., and pulling out their stings; he observed also that mosquitoes and a species of large fly, fortunately rare, swelled and died after having sucked their blood. The same Indians informed him that the *Guaco* was an infallible remedy against hydrophobia, to which their horses and cattle, which roam in immense herds over the plains at the foot of the *Sierra Nevada*, were subject from the bites of a species of fox. This, however, he gives as mere hearsay.

M. Pétroz adds on his own authority, that a lady, living out of town, at a spot where there were many insects, had used the tincture of *Guaco* by friction upon the skin and that for 24 hours subsequently no insect had touched her. She had tried the experiment several times and always with the same effect.—*Journ. de la Soc. Gallic.*

7. *Plumbum Metallicum.*—[We extract the following instructive case communicated by Dr. Robertson to the *Lancet*. In the continually increasing use of lead for the purpose of conveying water, the attention of the physician will be more frequently called to cases having their origin in this cause, and he cannot be too familiar with the aspect of the saturnine disease.]

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The school in which the following chronic poisoning by lead occurred, consists of about twenty girls, who have all the advantages deemed requisite by the poor law authorities for the preservation of health. They were well clothed, kept scrupulously clean, had well constructed and efficiently managed dormitories, took regular and sufficient exercise, and their food was of good quality. Nothing appeared obnoxious to objection, notwithstanding which, for several months the children were not in good health. I was long unable to account for this, for the other inmates of the establishment appeared subject to like circumstances, yet were well. Most of the girls lost the color of health from their faces; they became pale, puffy, and dark under the eyes; their appetites failed, but few, if any, were thinner than before; many had offensive breath; some were frequently ailing, some had tumid abdomen, some occasional diarrhœa, some obstinate constipation; their faces were smooth and clay colored; their urine was unusually plentiful and limpid. The whole school had evidently declined in health, which was remarkable, for the system was one which had been tried for many years, and the children had been commonly healthy. I may mention, by the way, that the establishment was visited, some time since, by a medical practitioner in this neighborhood, who spoke favorably of the health of the girls, and reported them as being in better health than the boys, (for there is also a boys' school under the same roof,) though persons of the establishment were not able to perceive any difference, and considered both schools healthy; but I adduce this to show that their hygienic management was compatible with, not to say conducive to, good health.

However, for several months the general health declined, and for this no cause was apparent; their diet was varied and improved without benefit, and as for medicines, only purgatives appeared of use. When this state of affairs had existed for a while, one girl complained of head and bellyache; she was depressed; at times delirious; temples throbbing; pulse 130, feeble; skin hot and dry; no appetite nor thirst; respiration slow and sighing; epigastrium tender; tongue red at the edge, a brown fur down the centre; bowels constipated; urine plentiful and limpid. Aperients produced plentiful, dark, and very offensive dejections. In a few days she was convalescent, but she remained long very debilitated, and had frequent faintings. Her face was dusky, I might say purple; her lungs acted well; there was no cough; I could not find any unnatural sound in her chest by auscultation or percussion. This case was followed by several others, with some or all of these symptoms; head and bellyache; loss of appetite; sickness; rapid pulse; hot, dry skin; flushed, dusky, countenance (two very dark); confined bowels; fæces pale; urine plentiful, pale; tongue flabby, tremulous, edges red, and indented, a brownish fur down the centre, speckled with enlarged red papillæ; gums generally pale and spongy. Several had fits, described as being hysterical; some had faintings; the majority had a relapse, and some even three times.

These illnesses caused me again very carefully to scrutinize every possible cause. The food and water were repeatedly examined, but the other inmates were known to take the same without any like effects being produced—at length, the lead cistern which contained water for the supply of the girls' washing-place attracted my attention, though I was assured they never used this water except for washing; however, I thought it probable, as the place was convenient for the play-ground, that they did drink this contrary to orders; and so it proved. They were in the constant habit of drinking this when they had no fresh well-water at hand. The water the cistern is supplied with, is yielded by a well sunk in the chalk; it is

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very clear, sparkling, loaded with free carbonic acid and chalk. On opening the cistern, I observed the surface covered with an iridescent film, broken at the edges, and at the part opposite the tap there was a clear, pear-shaped surface, the point at the tap indicating that a portion of this film had been drawn through the tap. The corner seams and bottom of the cistern were covered with a large quantity of white, heavy matter, which I afterwards ascertained, by analysis, to be chiefly carbonate of lead, with carbonate of lime. I next examined the filtered water, and found a very small quantity of lead in it, so small, that at the first analysis made at my request, it escaped detection; but I afterwards obtained ample evidence of its existence in several portions of the water which I analyzed.

I also carefully analyzed the evacuations of the children, but could not detect a trace of lead. The cistern was cleansed, care being taken that the water out of it should not be drunk, and the health of the school had three weeks afterwards much improved, and no fresh attacks had occurred.

[The following case communicated by Dr. Kingsbury to the *N. Y. Journal of Medicine*, though rather long, has a circumstantial detail of symptoms not common in similar reports from allopathic sources and is not without interest].

About the middle of May, 1849, a medical gentleman of my acquaintance, residing in this city, was attacked with dull fugitive pains in the abdomen, which increased slightly after eating, and were relieved by pressure. He at first attributed them to dyspepsia, but failed to obtain relief from any ordinary remedies adapted to that disease. The pains were paroxysmal—more severe at night, and seemed to radiate from the epigastrium to all parts of the abdomen. After continuing for two or three weeks they grew more persistent and severe; he rapidly lost flesh, his appetite diminished, and he continually complained of excessive weariness. All exercise was fatiguing, he slept but little, was hypochondriacal and peevish. The action of his bowels was regular, but the excrements were varied in their character—sometimes thin, sometimes globular, sometimes triangular, but nearly always dark colored. His pulse was slower than natural, his extremities cold, his complexion of a dirty yellow color. His urine scanty, high-colored, and sometimes voided with difficulty. His medical friends, deceived by his jaundiced appearance, told him he was "bilious," but as he had never suffered from derangement of the liver he paid no attention to their advice. He described the pain at this time as wringing, griping, twisting, and radiating to various parts of the abdomen. They at length became so severe that by the advice of a friend he took a pill composed of five grains of calomel with two grains of opium, followed in a few hours by an ordinary dose of castor oil. This purged him excessively for two days—the evacuations from being tolerably thick, became watery, and reduced his strength considerably. In consequence of this, and it being about the time the cholera was making its appearance, he checked the discharges by the use of opium. The pains in the abdomen continued, however, to annoy him night and day. He also complained at this time of a feeling of weight in the bowels, tenesmus, and a throbbing in the epigastrium. About the last of June he consulted a medical gentleman of the city, who told him the pain was neuralgic, and, as the cholera was raging at the time, thought it attributable, in a great measure, to atmospheric influences, and advised him to take small doses of opium several times daily. This treatment was of no avail, except to palliate slightly, and his sufferings became so severe that he felt compelled to take large doses of morphine to obtain any relief. He was in the habit of visiting his pa-

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tients in the morning, although suffering at times severely; at noon he would take a large dose of morphine, and, reclining across the bed or upon the floor, would remain in a semi-unconscious state until the effects of the anodyne passed off. At night it was impossible to sleep, except from the effects of an anodyne; consequently he awoke in the morning unrefreshed. His appetite entirely disappeared, his stomach rejecting all kinds of food. Early in July he was confined to his bed for several days, with excessive intermitting abdominal pain, and, for the first time, constipation. He labored under no febrile excitement, and had no prominent symptom, except severe pain and constipation, which was obstinate, and yielded only to large doses of purgative medicine. After an imperfect recovery he went into the country, and remained until the first of August. While absent from the city he rapidly improved, and returned free from pain, but feeling weak, and resumed his business. About the first of September the pain in the bowels gradually returned, and the old symptoms increased until the first of October, when he was again confined to his bed with severe abdominal pain and constipation. This attack was more severe than the former one, and he called in his medical friend whom he had consulted the spring previous. He visited him, examined him carefully, and expressed a doubt as to whether the pain was neuralgic or not, and frankly confessed that he did not understand the cause of this and the previous attack. He recommended the use of the oxide of silver, with hyoscyamus, and when the paroxysm of pain was severe, that the patient should inhale chloroform cautiously until it produced a soothing effect. In a few days the constipation was relieved, but an uneasiness in the bowels remained, with occasionally severe pain. The doubtful diagnosis of his medical adviser made him exceedingly unhappy, much more so because of his implicit confidence in his friend's abilities. He was also frequently annoyed by the volunteered opinions of his medical brethren. One thought he had organic disease of some sort or other; one thought this would benefit him, another that, &c., &c. During the month of October he continued to suffer excessively from the pain in his bowels, except when under the influence of morphine or chloroform. His complexion was still of a dirty yellow color, and he sometimes uttered the most rending cries. He was constantly restless, every moment changing his situation, for the purpose of allaying the violence of the pain, and with the hope of finding some relief from a new position. Sometimes he would lie crosswise the bed, rise up suddenly to walk, making firm pressure upon the bowels with his hands; but the violence of the pain would soon compel him to discontinue his walk. He would also resort to various means to make firm pressure upon the abdomen, which seemed to afford temporary relief. He was much emaciated, and frequently ejected a greenish fluid from the stomach. This nausea he attributed to the large quantities of opium he was in the habit of taking, and the chloroform. This state of things continued until November, when his bowels again became constipated, and the pain in the abdomen more permanent and severe. At this time he sent for another medical gentleman, who had formerly been his teacher, to whom he applied for advice with a feeling akin to despair, although especially confident in his skill as a diagnostician. This gentleman visited him in consultation with two other physicians, and after hearing a history of this and previous attacks, and sufferings endured almost constantly for five months, he asked to look into the patient's mouth, and there he found Dr. Burton's blue line upon the gums. He at once said that the patient was suffering from *lead poison*, and when asked how the lead had been received into the system, replied, by the Croton water he was continually drinking. In this

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opinion, the other gentlemen did not fully concur. They were willing to admit they did not know the cause of the patient's sufferings, but could not believe there was sufficient lead in Croton water to induce them. They, however, agreed to adopt his plan of treatment, which was that the patient should be freely purged with Croton oil, and drink nothing but pump water. One drop of Croton oil was taken every two hours, until six drops were used, when the bowels were thoroughly evacuated of their contents. The excrements were of a triangular shape, covered with thin flakes of mucus, and accompanied by a slight hemorrhage. From this time the patient recovered completely, and remained well for three months. During this time he consulted the most eminent men in the city as to the possibility of being poisoned by lead contained in Croton water. All admitted the possibility, but doubted the probability. In consequence of this opinion he became careless, and again gradually adopted its use. About the first of June, 1850, he had another attack, though slight, as on its approach he took a brisk cathartic, and again resumed the use of pump water. Since then he has never drank Croton water except when compelled by circumstances, and has remained in perfect health.

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8. *Ricinus communis; Castor-oil plant.*—[Dr. J. O. McWilliam read the following paper before the physiological subsection of the Section of Natural History, &c., at the recent meeting of the British Association for the advancement of Science, held at Edinburgh. We extract from the Lancet.]

While engaged in an official investigation into the nature and history of a yellow fever epidemy, prevailing in the Island of Boa Vista, in the Cape de Verds, during the year 1846, my attention was called to a remedy commonly had recourse to there, and in the other Islands of the group, to accelerate and increase the flow of milk from the breasts of child-bearing women, in cases where that secretion was tardy in appearing, or deficient in quantity when it did appear.

I also learnt that, on occasions of emergency, this remedy could be successfully applied to a still more important use, namely, to produce milk in the breasts of women who are not child-bearing, or who even have not given birth to, or suckled a child for many years.

The leaves of a plant, called, in the language of the country, Bofareira, but which, in reality, is the "Ricinus communis" of botanists, and, occasionally, the leaves of the "Jatropha curcas," both belonging to the natural family *Euphorbiaciæ*, are the means by which these interesting if not extraordinary results are produced.

The Bofareira grows in most, if not in all, the Cape de Verds Islands. That used by the natives for the purposes I have mentioned is called by them the *white* Bofareira, to distinguish it from what appears to be nothing more than a variety of the same species, the *red* Bofareira. The *white*, or that which possesses galactagogue qualities, is recognised by the natives by the light green color of the stem of the leaf, whilst the leaf stem of the *red* is of a purplish red hue. The latter plant is carefully avoided, as it is said to be a powerful irritant, and if applied, as it occasionally has been, by mistake for the *white*, it produces an immediate and often immoderate flow of the menses.

In cases of childbirth, when the appearance of the milk is delayed (a circumstance of not unfrequent occurrence in those islands), a decoction is made by boiling well a handful of the *white* Bofareira in six or eight pints of spring water. The breasts are bathed with this decoction for fifteen or

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twenty minutes. Part of the boiled leaves are then thinly spread over the breasts, and allowed to remain until all moisture has been removed from them by evaporation, and probably, in some measure, by absorption. This operation of fomenting with the decoction and applying the leaves, is repeated at short intervals until the milk flows upon suction by the child, which it usually does in the course of a few hours.

On occasions where milk is required to be produced in the breasts of women who have not given birth to or suckled a child for years, the mode of treatment adopted is as follows:—

Two or three handfuls of the leaves of the Ricinus are taken and treated as before. The decoction is poured, while yet boiling, into a large vessel, over which the woman sits so as to receive the vapor over her thighs and generative organs, cloths being carefully tucked round her so as to prevent the escape of the steam. In this position she remains for ten or twelve minutes, or until, the decoction cooling a little, she is enabled to bathe the parts with it, which she does for fifteen or twenty minutes more. The breasts are then similarly bathed, and gently rubbed with the hands; and the leaves are afterwards applied to them in the manner already described. These several operations are repeated three times during the first day. On the second day, the woman has her breasts bathed, the leaves applied, and the rubbing repeated three or four times. On the third day, the sitting over the steam, the rubbing, and the application of the leaves to, with the fomentation of, the breasts, are again had recourse to. A child is now put to the nipple, and, in the majority of instances, it finds an abundant supply of milk.

In the event of milk not being secreted on the third day, the same treatment is continued for another day, and if then there still be want of success, the case is abandoned, as the person is supposed not to be susceptible to the influence of the Bofareira.

Women with well-developed breasts are most easily affected by the Bofareira. When the breasts are small and shrivelled, the plant then is said to act more upon the uterine system, bringing on the menses, if their period be distant, or causing their immoderate flow if their advent be near.

Exposure to cold is carefully avoided by persons who are being brought under the influence of the Bofareira. They scrupulously abstain from wetting with cold water either the hands or the feet.

Marie, a dark mulatto woman, with woolly hair, thirty years of age, tall, stout, and well-formed; menstruating regularly; the mother of three children, the youngest of whom was three years old, and had been weaned when under the age of one year, was brought before me by Dr. Almeida, of Boa Vista, on the morning of the 30th of June, 1846, for the purpose of being submitted to the action of the Bofareira. She stated, that, when her child was weaned, every trace of milk disappeared from her breast in the course of a few days. I could not detect any sign of pregnancy. The breasts were like those of negro women in general who have borne children, pendulous and flabby. No sign of milk was given out from them upon careful expression of the nipple.

The baths, fomentations, the application of the leaves, friction, suction, &c., were adopted in the manner and order I have already described. On the second day there was a slight oozing of a serous-looking milk from the nipples, with slight increase of size in the areolar portion of the breast. On the third day, the milk was increased in quantity, and less watery. On the morning of the fourth day there was evident enlargement of the lower

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part of the mamma, and milk flowed abundantly upon the application of a child to the nipple.*

The use of the Bofareira in cases of childbirth, to accelerate the flow of milk, is common, but comparatively rare as a means of procuring a wet-nurse. Some instances of the latter kind occurred, in consequence of the death of mothers with children at the breast during the progress of the Boa Vista epidemy of 1845–46, which decimated a population consisting almost wholly of blacks, with a few Europeans—Portuguese and English—and a small proportion of mixed negro and European blood.

Generally, however, this use of the Bofareira is seldom called for. Death in childbirth, or prolonged illness after parturition, sometimes requires a kind relative or charitable neighbor, who, for the safety of the offspring, places herself under the influence of the Bofareira.

The son of a wealthy landed proprietor of San Nicolao, (well known to my friend, Mr. George Miller, of that island), a remarkably hale and robust-looking man, was wet-nursed by a woman who gave him milk produced by the Bofareira. The nurse in this instance had borne two children in early life. Her husband died shortly after the birth of her second child; she lived in a state of virtuous widowhood, and it was *many* years after the death of her husband that she so generously submitted herself to the Bofareira, and nursed the infant in question.

Consul-General Rendall, of the Cape de Verds, informs me that a lady, a native of Boa Vista, now residing at San Antonio, and the wife of one of the foreign consuls, had a daughter in 1843. "Having very little milk," says Mr. Consul Rendall, "she caused an old female servant to be prepared with the Bofareira, and to act as wet nurse, which she did in the most satisfactory manner, having plenty of good milk, although she had not had a child for ten years previously. The child is now (March, 1847) a healthy one, and well grown. In short," continues Mr. Rendall, "women who use the Bofareira are in two or three days in order sufficient to nurse the child of a queen."

I have not been able to ascertain, from personal observation, or from any very accurate information, what effect the Bofareira has upon virgins, or upon those who, although they have not borne children, are nevertheless not virgins. As regards the latter class, however, an intelligent native midwife assured my most able and observant friend, Mr. George Miller, of San Nicolao, that the effect of the administration of the Bofareira is much the same upon them as upon child-bearing women.

In some cases, but rarely, the decoction of the Bofareira is taken internally, with the view of assisting the action of its external application.

I regret not having been informed of the alleged difference in the action of the white and red Bofareiras, while I was at the Cape de Verds, that I might have examined the latter plant upon the spot.

The seeds of each plant were, however, kindly forwarded to me by Mr. George Miller, and Sir William Hooker most readily and obligingly examined them. Sir William, in a note to me, says, "What you mark as red Bofareira, and as white Bofareira, are both, not only of the genus 'Ricinus,' but also of one and the same species—viz.: Ricinus communis, the common palma Christi, or castor-oil plant. In our gardens, as well as abroad, the plants vary, and your two plants vary a little in the form and size of the seed, and especially in the color, but they are one and the same species."

It is thus evident that the white and red Bofareiras, if they differ at all,

* Dr. William Brown, surgeon R. N., obtained the very same results from experiments on two women while he was surgeon of H. M. S. *Madagascar*, at the Island of Boa Vista, during the year 1844.

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can only be varieties of the same species. It is known, however, that certain varieties of other plants, as thyme, mint, &c., do yield different properties, and such may be the case with the Bofareiras.

I have thus stated all the facts that have come to my knowledge regarding this galactagogue of the Cape de Verds, which I consider to be well worthy of a fair trial in this country. Should its action in our more temperate regions be similar to that which it exerts within the tropics, an interesting field of inquiry will be opened as regards its hygienic, medicinal, medico-legal, and other relations.

These, however, are points, the consideration of which had better be reserved until it has been determined, by experiment, how far the Bofareira can be successfully introduced into the practice of this country.

[*Note.*—Dr. Tyler Smith, to whom I showed my paper before my visit to Edinburgh, has written to inform me that he has in several cases tried the Bofareira in the manner described by me; and he assures me that the effects of the plant grown in this country fully bear out the facts I have detailed respecting the use of this plant in the Cape de Verds Islands.]

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9. *Stramonium.*—[Dr. MITCHELL, of Brooklyn, reports a case of poisoning by Stramonium in the N. Y. Journal of Medicine for May.]—A young woman having taken, as she supposed, a glass of cold chamomile tea, continued the sewing at which she was occupied, observing only the unpleasant taste of the draught. About twenty minutes after, she found it impossible to thread her needle in consequence of defective vision. Her head felt full and heavy, and she complained of nausea and severe pain at the pit of the stomach; suspecting the wrong medicine to have been taken, vomiting was induced by drinking freely of water and thrusting her finger in the throat. I found her breathing laboriously, with a distressing sense of strangulation; unable to speak but in a whisper, and then only with considerable effort; her face red and swollen about the lips and eyes; the neck much tumified—the swelling having commenced on the left side under the angle of the jaw and rapidly extended around to the right; the tongue also swollen stiff, and moved with difficulty. She staggered in attempting to walk and would have fallen but for support. She complained of headache with dizziness, and a feeling of heaviness of the head alternating with lightness, and a disposition to faint. There were partial deafness and blindness, with a greatly dilated pupil; the thirst was intense and unallayed by water.

These symptoms, for the most part, passed off in a few hours. The headache, faintness, imperfect vision, dilated pupils, and deafness, gradually subsided during the next three days, after which time her recovery was complete.

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10. *Tartar emetic applied endermically.*—"I applied," says Dr. Healy, "a small blister to the side; and as the raw surface thus obtained seemed disposed to heal rapidly, I applied to it, in the shape of dressing spread on lint, the tartarized antimony ointment, of the usual strength. In about three hours, severe vomiting, with general depression, came on; the pulse was small, quick and weak; the surface more cool than natural; and the face bedewed with clammy moisture. It struck me at once that these symptoms were referable to the absorption, through the blistered surface, of tartarized antimony. I had the dressing immediately removed, the part fomented and sponged with water as warm as could be borne, and, after a little time, a stimulant was administered. Soon after the removal of the dressing, the vomiting ceased; the pulse got up; the feeling of prostration,

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which previously was very great, disappeared; and in a few hours the man was quite well. I never before saw, nor do I remember to have heard or read of, a case, in which the endermic use of tartarized antimony produced a train of symptoms exactly such as might be expected to follow its introduction into the stomach."—*Lancet.*

PATHOLOGY AND THERAPEUTICS.

11. *Aneurism.*—M. Leboucher, of Paris, proposes *lycop.* against this formidable lesion, and cites two cases in which the tumor seems to have diminished considerably under its administration, but he confesses that the facts are as yet incomplete and inconclusive.

12. *Intermittent Fever; Quotidian.*—[The following case, reported by Dr. Thayer, of Boston, is extracted from the *Am. Jour. Med. Sciences*, for January. The quinine picture of chill, heat, sweat, and complete intermission, is well marked, and the cure is accordingly rapid, notwithstanding the enormous doses.]

A boy, twelve years old, who had been previously in good health, was on the common during the display of fireworks on the evening of September 18, 1850, sitting on the ground. The air was very cool, and a fog prevailed during the evening. The next day, in the afternoon, he had a moderate chill, followed by heat and then sweating. On the third day (September 20th) the chill and heat were more severe, and were repeated daily, at regular times, for ten days before advice was obtained. On the 30th Sept., Dr. T. saw him, and learned that his chill began at 5 P. M., and continued with severity till 6½, when extreme heat came on, and lasted until 11 P. M., at which time it was superseded by sweating, which continued through the night. The paroxysm was attended with severe pain in head, neck and back. During the remainder of the day, there was complete intermission, and with the exception of a degree of debility, there was no complaint whatever. Indeed, during most of the time, he had been at school as usual.

The child had lived in that part of Elliot street lying between Washington and Tremont streets, since he was six months old; and for ten years he had not been out of Boston over night; and had never in his life been farther than Dorchester.

He took sulphate of quinia, gr. 4½, daily. On the second day of the treatment, the paroxysm was not attended with pain, although the pain was present again on the third day. On the third day, the paroxysm was shorter; on the fourth, heat and sweating, without chill, and with very little pain; and from this time there was no appearance of the paroxysm whatever. On the fifth day, the sulphate of quinia was increased to eight grains daily, and continued for four days longer.

Up to the present time there has been no return of the affection, and the child has been as well as ever.

13. *Epidemics of Mumps at Geneva and Montpellier.* By MM. *Rilliet* and *Ressiguier.*—M. Rilliet, one of the authors of the well-known classical work upon the 'Diseases of Children,' now settled at *Geneva*, has published a very interesting account of an epidemic visitation of mumps which

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prevailed there from March, 1848, to May, 1849, Dr. Lombard having assisted him in the acquisition of many of the facts. Still the exact number of cases could not be ascertained.

In the great majority of cases there were no premonitory symptoms, those of a local character being the first intimation of illness the patient received. We need not detail these. The tumefaction of the parotidean and mastoidean regions continued increasing from 4 to 6 days, and after remaining stationary, then rapidly diminished, so as to have disappeared by from the 7th to the 10th day—the submaxillary gland continuing hard and swollen, in several cases, long after the resolution of the parotidean tumor. The most frequent cases were those in which the tumefaction was of medium size only; but in some it was enormous, extending almost to the external extremity of the clavicle. In such, and in subjects predisposed to neuralgia, the pain was severe and even violent, but in the other cases moderate—it being usually spontaneous, but also augmented by pressure and every movement of the jaw, which, indeed, was sometimes almost as immovable as in tetanus. In some cases, when the mouth could be sufficiently opened to allow the tongue to pass, the patients were unable to protrude it. In no case did Dr. Rilliet or any of his colleagues witness salivation, nor, when examination of the mouth and fauces was practicable, could any exanthema be observed. The swelling was usually double, but rarely so at first, commencing usually on the left side, and then proceeding, in a period varying from 12 hours to 3 or 4 days, to the opposite side, one gland being almost always more swollen than the other.

The accompanying constitutional irritation was not prolonged beyond 48 hours, save in very bad cases. A feeling of great lassitude and debility accompanied or followed the appearance of the swelling, several patients not recovering their ordinary strength for two or three weeks. The cure was always more prompt and complete in children. The duration of the disease, in slight cases, and in children, was but 4 or 5 days; but, in other cases, usually 8 or 10; then 6 or 7, and, lastly, 7 to 8 days. In some it continued even to the 15th day. Authors speak of this disease terminating by *suppuration*; but no example of this occurred. It is very rare for the disease to attack children under two years of age, and no example occurred under one. So, too, after 40, cases were very rare. The maximum number occurred between 5 and 15. The two sexes were affected nearly alike.

M. *Rilliet* believes the disease to be analogous in its nature to *eruptive fevers, and to be contagious*. The period of incubation is as difficult of determination as in other fevers; but both the author and M. Lombard believe that it is most often found to be from 20 to 22 days, and then from 14 to 18 days. Still, in one of the best marked cases it did not exceed 8 days. In families the disease usually appeared successively, not simultaneously. The experience of the author and his colleagues is favorable to the non-recurrence of the disease, attacks at former periods of life exerting a marked preservative power. Like other febrile diseases, too, this has occurred as an epidemic—so considerable a one not having been observed at Geneva in the memory of man, the number affected being, as in measles, proportioned to the length of interval between the visitations. It prevailed equally in warm and cold weather, during its continuance. During its prevalence, various other diseases were observed; but roseola was especially so during its height, not the simple summer roseola, but an eruption very analogous to rubeola.

The treatment of the disease was very simple, frictions with anodyne

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substances being especially resorted to when the pain was great. Bloodletting was never required, but stimulating pediluvia were employed as revulsives. In children, in whom the digestive organs were usually disordered, emetics were found useful, and almost always slight aperients were given during convalescence. In some cases tonics were eventually required, as were anodynes when the pains were urgent.

The only complication which the author has had frequent opportunity of observing, has been *orchitis or engorgement of the testis.* He met with but one case of tumefaction of the labia. The orchitis did not usually commence with severe pains, and the patients have been surprised at discovering the amount of swelling. This usually reached its height in from 4 to 6 days, diminished on the 6th or 7th, and had disappeared in from 8 to 15. At the commencement the scrotum was not œdematous, and the testis rather than the epididymis was attacked with the swelling, which never acquired the hardness of blenorrhagic orchitis. In slight cases the testis was half as large again as natural, but in severer cases its volume became doubled or even quadrupled. When the epididymis was affected, it was to a less extent than the testis, and was much indurated only in one case. The cord was almost always normal, but sometimes a little enlarged. Sometimes, on from the 3d to the 12th day, the scrotum also became swollen, with or without redness, the swelling, sometimes considerable, being œdematous; and when the scrotum was implicated, both the swelling and pain were much greater than when the testis alone was affected. It was in these cases that general febrile symptoms were most marked. When the orchitis was cured, the testis in general returned to its normal condition; becoming, however, in some cases atrophied.

The orchitis usually appeared the 6th or 8th day, very rarely from the 3d to the 5th, and the parotid swelling had almost always much diminished; but no case of *metastasis*, properly so called, was observed, nor any example in which the orchitis suddenly disappeared, and the parotitis, re-appeared. While the parotitis was oftener double, the orchitis was oftenest unilateral; and orchitis on the right side was observed in 13 out of 23 cases, and in 4 it was double. In 2 cases there was orchitis without parotitis. The greatest number of persons attacked by orchitis were between 23 and 38 years of age—the youngest being 14, the eldest 45. Most examples occurred in the lower class of patients, and the complication especially prevailed in January—twice as many cases then occurring, as in all the other months together. The treatment of the orchitis was very simple, as by linseed poultices, fomentations, goulard water when the scrotum was œdematous, &c. Sometimes an emetic was given, and in three cases blood was abstracted.

M. *Ressiguier* supplies a much less exact account of the epidemic which prevailed at *Montpellier.* It was first observed in February, 1848, and by April its epidemic character had become evident. In this month, the metastatic symptoms were first observed. It became less frequent in June, and sporadic cases were alone observed in July. The swelling usually took on the characters of active œdema rather than inflammation, but in several cases it required leeching. When both sides were affected, they were almost always so successively, the left usually taking the precedence. The accompanying fever usually abated when the tumor was completely developed; but, in other cases, continued during the entire duration of the case, and was attended by exacerbations. In most cases the œdematous engorgement was dissipated in 5 or 6 days, but in others required double the time. It never terminated by suppuration.

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In some cases, as the parotid tumor diminished, orchitis showed itself, and between March and June none of the patients were secure from this. In the present epidemic, while the parotitis was as yet unaccompanied by orchitis, a young man became the subject of this without having had any parotid affection whatever; and Groffier, who has left an account of a prior epidemic in this town, in 1806, relates the case of a man in whom, after the disappearance of an orchitis, the parotitis became developed. A similar case also occurred on the person of a soldier during the present epidemic; and in other patients the two affections appeared simultaneously. In the majority of cases orchitis showed itself on the opposite side to the parotitis, and only in one case was it double, though this was of frequent occurrence in the parotitis. The present epidemic confirms the statement of Laghi, that the so-called metastasis is never seen before puberty, and very rarely in the aged.

The present epidemic, like former ones in 1757 and 1799, especially attacked the soldiers in garrison.—*Gaz. Med.* 1850. *Rev. Med.-Chir.*, vol. vii, p. 204.

Two Cases of Mumps, with Metastasis to the Brain, both terminating fatally. Dr. HARVEY LINDSLY records (*The Stethoscope and Virginia Med. Gaz.*, Jan., 1851) the following examples of this rare accident:—

"In January, 1849, a son of Gen. W., who at the time was a student of medicine and attending the lectures of the medical school in this city, was attacked with the mumps, and after a few days' illness died, as I was informed, from metastasis of the disease to the brain. I cannot give the particulars of this case, as the patient was not under my professional care. On the first day of February following, about a week after the death of this young man, I was requested to see his brother, (ætat. 20,) a student of Princeton College, who was at home on a short visit to his friends. I found him laboring under a well-developed attack of mumps of the left side, the gland considerably swollen, and with some fever, though, on the whole, suffering but slightly, and feeling, as he remarked, very comfortable. The disease seemed to be taking its usual course, and, if it had not been for the recent death in the family, would have excited little interest or observation. As it was, however, his friends felt some anxiety, and I was induced to attend the case more carefully than I should have thought necessary under ordinary circumstances. As precautionary measures, I directed pretty active purgatives, followed by diaphoretics, hot pediluvia, warm flannel to the swollen gland, &c., and watched very closely for any indications of disease of the brain. I could detect nothing of the sort, however, and until the fifth day everything seemed to promise a favorable termination. I examined my patient carefully twice a day, with reference to the condition of the testicles as well as the brain. But there was no apparent disturbance of the functions of the one, and no enlargement of the other. He was cheerful, slept naturally, and felt confident of a speedy recovery. Upon examining him, however, on the morning of the fifth day, my apprehensions were excited by finding that he was laboring under *priapism*. I dreaded this symptom the more, as the disease seemed now to be taking the same turn that proved fatal in his brother's case. He was immediately ordered to be leeched freely at the base of the brain; a blister was applied to the nape of the neck, purgatives given, and an active general antiphlogistic treatment adopted. At the same time, additional professional advice was obtained. During the whole of this day, however, the priapism was the only indication we could detect of diseased brain.

On the next morning we were informed that he had been laboring under delirium the greater part of the night—had been restless, and suffered much

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These symptoms continued to increase in violence, convulsions came on, and in a few hours death closed the scene on the sixth day of the disease and the second after the appearance of the priapism.

A careful examination of the brain was made thirty hours after death, when decided marks of inflammation and congestion were found in the cerebellum, but none in the cerebrum.—*Am. Journ. Med. Sci.*

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14. *Variola.*—[In the *Homœopatische Vierteljahrschrift*, we find a communication from Herr *Schnappauf*, of Dresden, with a postscript by Dr. Trinks, on the subject of the use of *Variolin* in smallpox, the substance of which we transfer to our pages.] In the winter of 1840–41, Dresden and its vicinity were visited by a pretty severe epidemic of smallpox, in which both the variolous and varioloidal forms of the disease appeared, and ran a very furious course. In spite of the administration of the then best known remedies, it was often in many cases impossible to produce a remission of the fever, especially when the stage of suppuration was setting in, or to moderate the swelling, inflammation and secretion of pus; it thus happened that, even under homœopathic treatment, several deaths occurred. In the beginning of January, 1841, I read in the Berlin Gazette a communication from Southern Russia, in which reference was made to an epidemic of variola, which had broken out among, and decimated a body of the Russian forces stationed in the Caucasus. One or more of the surgeons attacked, (Germans, if I remember right,) hit, I know not how, upon the idea that the severity of the affection might be mitigated by the internal administration of the variolous poison, and their experiments met with the greatest success. The very day I read this account, I had occasion, through Dr. Trinks, to take charge of a lady suffering from a violent attack of varioloid. She was in the seventh day; had raging fever, frequent delirium, sleeplessness, distressing, burning pains in the whole skin, great swelling of the face, closing the eyes, and likewise of the neck and upper extremities. The remedies prescribed did not seem even to relieve the suffering, or scarcely to delay the fatal issue. The case seemed to me a proper one to make trial of the *Variolin*. I succeeded, after many fruitless efforts, through the kindness of a friend of mine occupying the position of a hospital-surgeon, in procuring some lymph from natural vesicles. I opened a group of vesicles filled with clear lymph, on one of the extremities, emptied them, and received the liquid in a vial of distilled water, to which I afterward added a few drops of alcohol, that it might keep sweet. I judged the mixture to be about equal to the first attenuation, and prescribed two drops on sugar of milk every two hours. The result was in the highest degree striking, for, after the third dose, the greater part of the painful and intolerable symptoms had diminished in intensity, and the patient had a quiet sleep of several hours' duration. But the most remarkable effect was that upon the appearance of the eruption itself. On the spots less exposed to the air, and where, in the regular course of things, it is later developed, as on the trunk and lower extremities, the pustules, instead of having increased in size, had fallen in and become shrunken, like wilted fruit; those which were yet filled with lymph, did not suppurate, but rapidly dried up. The remaining symptoms, such as the tensive and burning pains in the skin, the swelling and fever, ceased almost as soon, so that in the course of 16 hours, the patient found herself free from the greater part of her afflictions.

Unfortunately, my avocation as a surgeon prevented my following up this result by further experiments during the progress of that epidemic.

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In the course of the present winter, however, another violent smallpox visited Dresden, and demanded many victims.

Towards the middle of February, I obtained a similar preparation of *Variolin* on the 8th day of the disease, from a little girl of two years old, who was attacked with natural smallpox. I administered it to her precisely as I had before done to the previous patient, and with the same astonishing result that I had before witnessed in the case of varioloid. The second dose left the child more quiet; all the febrile symptoms, such as fever, swelling, redness and tension of the skin, had vanished at the end of eighteen hours, during which she had had several hours of refreshing sleep; the *stadium suppurationis* was entirely suppressed, so that the lymph only became somewhat turbid, without being converted into genuine pus. *The scabs had all fallen off on the eleventh day*, and there *remained scarcely any scars*, the interruption of the process of suppuration having prevented any great loss of substance.

I have treated over twenty cases of various ages, both of natural smallpox and varioloid, with the *Variolin, and in not a single case has this remedy failed to exhibit its rapid and most remarkable curative virtue.* It is a remarkable fact, that before the introduction of vaccination by Jenner, it was the custom, derived from the Chinese and Indians, to stop the nostrils of those attacked with smallpox with wool dipped in variolous matter, for the alleged purpose of procuring a milder attack of the disease.

I have drawn, however, the surest argument for the use of this remedy, from the fact, that after having administered it to a child of two years old from the third day of the attack, the *Variolin* which I took from it on the seventh day proved entirely inefficacious, so that it would seem that the pox-virus is neutralized by the internal exhibition of *Variolin.* We must be careful then, in procuring *Variolin* to take only *that which is derived from natural vesicles which have been disturbed in their development by no specific remedy.*

Postscript by Dr. Trinks. I can substantially confirm the above observations of Herr Schnappauf. The smallpox which raged in Dresden in the winter of 1848–49, was one of the most general I have ever witnessed; many of all ages and of either sex succumbed; vaccination seemed not to mitigate its severity in the least. The eruption was preceded by violent cerebral and spinal affections, which then disappeared; *Bell.* and *Bry.* were very efficacious in such cases. In the following septic condition, *Arsen.* was, as usual, of the most extraordinary service, while *Op.* was employed with great success against the salivation. *Thuja*, notwithstanding *v. Bœnninghausen's* recommendation, did nothing either against the eruption, or the attending sufferings; and *Tart-emet.*, too, was entirely without effect upon the course of varioloid. None of the homœopathic remedies seemed to have the least power to alter, mitigate or shorten the natural course of the developed exanthem; they served only to diminish the violent onset of the virus upon the brain and spinal marrow, or like *Arsen.* to prevent the following putrid tendency; while, on the other hand, the Variolin plainly exerted an alterative, shortening, and hence curative influence over the disease itself, a fact which should stimulate us to further provings. I was glad to perceive that my honored friend, *Rummel*, (*Allg. Hom. Zeit.* 38, *No.* 13,) asserts "that *Vaceinin* has been very serviceable in smallpox." *Variol.* and *Vaccin.* are very probably only modifications of the same original virus, and only potentially different; cowpox always arises from man, and is by him communicated to the animal.

We should be induced by facts like these to devote our attention again

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to the so-called *isopathic* remedies somewhat more than we have hitherto, and to employ them in the proper cases, where our homœopathic drugs have as yet proved faithless. I have already, in the Hygea, stated my grounds for calling attention to *Hydrophobin* as the probable radical remedy for hydrophobia. *Rummel* (*l. c.*) "looks rather in fully formed *Rabies canina* to *hydroph.* than to *bell.*, *stram.*, *hyos.*," whose curative power, as well as that of *canth.* and *Meloe-maj.*, I have always considered as very problematical. There is no difficulty in the way of making the first experiments on animals, in whom a true *rabies* is produced by the bite of a mad dog. The principle of the ISON might also be experimented on in cancer, of which those of the nose and lip sometimes, though not always, find relief from *Ars.*, while, for the other varieties, we have as yet no remedies, and must be content with a melancholy palliation.

At any rate, science demands that we should extend our researches into this as yet unexplored region, even though the reward of our labor should fall far short of our anticipations. It may, perhaps, be found that where the kingdom of *Homoion* ends, that of ISON begins.—*Dresden, Jan.*, 1850.

[In connection with the subject of the *remedies* for variola, the *prophylaxis* comes naturally into consideration; and in this relation, the following conclusions of the Belgian Academy of Medicine are interesting.] 1. Variola and varioloid are but degrees of the same affection. 2. Simple variola may attack the same individual twice, but scarcely ever in rapid succession (*coup sur coup*). 3. It may also attack persons who have been properly vaccinated, but it is then generally mitigated. (M. Lombard observed that the word "generally" must be dwelt upon; for subjects who, to all appearance, have been well vaccinated at a distant period, occasionally die from variola. He added, that in the dreadful epidemic which has just devastated Liege, this was the case, while none of those who underwent revaccination took the disease.) 4. Variola, after vaccination, is almost without example within the next ten years; but it is observed from time to time in those who have been vaccinated for more than twenty years. It is, however, very rare after forty. 5. It is of more frequent occurrence, but, at the same time, milder, in the vaccinated, than in persons who have already undergone an attack of it. 6. Varioloid is observed oftener than variola after vaccination, and is not unfrequently observed in children; but it increases both in frequency and severity from ten to twenty-five or thirty years. 7. Variola and varioloid in the vaccinated, not following the same course in respect to frequency or intensity as in the non-vaccinated, the cases in which they are seen among the former cannot all be explained upon the supposition of a faulty vaccination, but upon that of a diminution of the preservative action of vaccination. 8. Perhaps we should admit incomplete vaccinations possessed of a less degree of preservative power, and capable of becoming sooner exhausted. In this point of view, sufficient importance is not attached to the general reaction which should accompany the vaccine eruption, indicating the action of the virus upon the general economy. 9. If the protective power of vaccination has become enfeebled by time, if not in all, at least in several individuals, there is not sufficient evidence to show that the vaccine, considered in itself, has lost its efficacy since the first years of its discovery. While there is doubt, it is better to revert to the cowpox whenever the opportunity presents itself. (Upon this resolution, M. Seutin remarked that, believing as he did, that the vaccine lymph which existed is efficient, and that it fails either from not having been taken well, or owing to individual susceptibilities, he considered this conclusion would spread

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needless alarm. M. Lombard observed, however, that the new cowpox, recently imported from England, certainly exhibited a more certain and more active effect.) 10. As the immunity conferred by vaccination is not indefinitely absolute, revaccination, at least for a great number of individuals, is rationally indicated. 11. Observation shows, that when it succeeds, the second vaccination produces phenomena very nearly like the first, so that we should, *à priori*, anticipate the same effects from it. 12. Experience has determined this point: it has proved that a recent revaccination preserves from variola and varioloid, and that, practised on a sufficient scale, conjointly with vaccination, it constitutes a sure means of arresting the progress of this malady when it appears epidemically. 13. It succeeds best in proportion as it is most required, that is, the more remote the period is since the individual has had variola, or has been vaccinated. 14. If it does not succeed at a first attempt, it should, if necessary, be repeated several times. 15. During the prevalence of an epidemic of variola or varioloid, it is prudent to revaccinate all those whose first vaccination dates ten years back, and all those whose first vaccination gives rise to any doubt. 16. Revaccination may be performed almost indifferently with the lymph of a primary or a secondary vaccination, 17. It is imprudent to inoculate with the lymph of spontaneous varioloid; nevertheless, in the time of an epidemic, if vaccine lymph could not be possibly obtained, we should be authorized in the employment of this fluid, and to transmit it as we do vaccine lymph. 18. If revaccination is so useful a thing, at least for a certain number of persons, vaccination loses none of its importance; and the government and the profession should exert all their influence to enable the entire population to participate in its benefits.—*Am. Jour. Med. Sci.* from *Gaz. Med. de Paris.*

[These conclusions are important facts for homœopathists, and are fully borne out by the annual returns of revaccination in the Prussian army; thus—]

During the year 1849, there were 51,637 individuals revaccinated, of whom 39,116 had distinct cicatrices of the former vaccination, 8,706 had these in an imperfect condition, and 3,815 were destitute of them. The vaccination

Pursued a regular course in . . .	30,457
An irregular one in	8,467
And failed in	12,713
Succeeded on repetition in	2,862

Thus, then, of the 51,637 vaccinations, 33,319 were quite successful; vesicles running a normal course being produced. This proportion, amounting to 64 per cent., is neraly 1 per cent. more than was obtained in 1847 and 1848.

Of the different forms of variolous disease which appeared in the army throughout 1849, only 62 cases occurred, and were distributed as follows:

	In persons not revaccinated.	Revaccinated without success.	Revaccinated with success.	Total.
Varicella, . .	2 . . .	6 . . .	5 . . .	13
Varioloid, . .	14 . . .	17 . . .	9 . . .	40
Variola, . . .	6 . . .	2 . . .	1 . . .	9
	22	25	15	62

In almost every case the disease ran a mild course, and frequently was quite insignificant. One case only was fatal. A recruit vaccinated when a

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child had not yet been revaccinated, and died on the tenth day.—*Brit. and For. Rev.* from *Med. Zeitung*, 1850, No. 19.

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15. *On the Appearances of the Gums in Phthisis.* By M. *Fredericq.*—M. FREDERICQ published some observations in 1847, in which he stated, that in phthisis a red streak is constantly to be found on the gums opposite the lower incisors, and sometimes the upper ones also. Since then he has paid great attention to the subject, and now says, that in the latter period of all chronic diseases, some time before death, a blue or red streak will always be found; but that in phthisis it is one of the earliest signs. In all the cases of *phthisis*, without exception, that have come under his notice, he has met with this brick-red, or blue streak. The *brick-red* color is especially found in inflammatory phthisis, or at least when much bronchial irritation and nocturnal fever are present; while the *blue* color denotes a less active form of disease, and is oftenest found in those who suffer from abundant pneumonorrhagia, although by no means always indicating the probability of the occurrence of this. In a few cases, a *white* line, as observed by M. Vanoye, contrasts with the general color of the mucous membrane, and those who exhibit it are usually of a marked scrofulous and cachectic habit. These streaks are of great importance in announcing early phthisis, in those cases in which doubt prevails as to whether a bronchitis or catarrh is connected with tubercle. The author has never known persons suffering from bronchitis, in whom this mark was absent, afterward become the subjects of phthisis; while those in whom it was distinctly present, have all afterwards furnished signs of tubercle. The deeper the color, the more rapidly does the disease proceed, while it is a good sign to find it becoming paler. Patients, in whom the process of softening has become temporarily arrested, and who believe themselves cured, continue to offer the blue mark, but paler than before. When the disease recommences its march, the mark becomes plainer.

Dr. Bonarden states that he has observed a blue line in *intermittent fever*. M. Fredericq has generally found it wanting, and when present it has been blue, not red, and seems to be connected with engorgement of the spleen. In *chronic abdominal* affections, there is a dirty, livid-looking streak, along the whole extent of the gums, and much broader than in phthisis. So in the *menstrual molimen* there is sometimes a blue line along the free edge of the gums, which disappears when the menses come on. It is frequently, but not constantly, observed in amenorrhœa.

The following are the author's conclusions: 1. The red, blue, or white streak, along the incisor gums, is only of real semeiological importance when manifested early, since it is always seen in the latter periods of chronic disease. 2. It is observable, as soon as the cough occurs in phthisis. 3. In aged persons, where there is retraction of the gums, it is not present. 4. Where the brick-red streak exists, it is a sure indication of tubercle; the blue one, which is common to other diseases, is also frequently so. 5. Chronic abdominal affections give rise to a livid streak along the entire gums.—*Rév. Méd. Chir.* vol. vii, pp. 139–141.

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16. *Gastralgia.*—The diagnosis of gastralgia often presents very serious difficulties; we may mistake the more acute forms of the disease for the slight gastric disturbance, which, although very common, has hardly a specific name in our nosological tables (*l'embarras gastrique* of the French writers),

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or for acute gastritis; while the ordinary, more chronic forms may be mistaken for foreign gastritis, simple ulcer of the stomach,* cancer of the stomach, or for epigastric pains dependent on intercostal neuralgia.

The following table, extracted from Valleix, points out the most important distinctive signs between these several affections and gastralgia:

I. GASTRALGIA—ACUTE FORM.	GASTRIC DISTURBANCE.
Acute pain in the region of the stomach.	*Discomfort*, rather than pain, in the epigastric region.
Appetite *preserved.*	Appetite *lost*, or even a distaste for food.
No headache, unless as a complication.	Frequently supra-orbital *headache.*
Nausea *only after meals, or in the morning.*	Frequently distressing nausea *at different periods of the day.*
II. GASTRALGIA—ACUTE FORM.	ACUTE GASTRITIS.
Appetite *more or less preserved.*	Appetite *lost.*
Little or no pain on pressure.	Pain on pressure, frequently *acute.*
Vomiting *rare*, and composed of *mucus or of food.*	*Frequently repeated bilious* vomiting.
No fever.	More or less decided *febrile disturbance.*
III. ORDINARY GASTRALGIA.	CHRONIC GASTRITIS.
Not usually complicating other affections.	*Usually complicating* another affection.
Comparatively rare vomiting of *food* or mucus.	*Frequent* vomiting of *bilious and alimentary matter.*
Spontaneous pains, *often very acute.*	Spontaneous pains, generally *less acute.*
Usually no pain on pressure.	*Always more or less acute* pain on pressure.
Progress of disease *very irregular.*	Progress *less irregular.*
Absence of fever, unless as a complication.	*Fever generally present.*
IV. ORDINARY GASTRALGIA.	SIMPLE ULCER OF THE STOMACH.
Appetite *more or less preserved.*	*Loss* of appetite.
Vomiting *a considerable period after* food has been taken.	Frequent vomiting *immediately after* food has been taken.
Never vomiting of black matter or of pure blood.	*Sometimes* vomiting of black matter or pure blood.
Slow progress of the disease.	*More rapid* progress of the disease.
V. ORDINARY GASTRALGIA.	CANCER OF THE STOMACH.
Often vomiting of glairy matter or of food, *comparatively soon after it has been taken.*	Vomiting of food *at a longer period after it has been taken.*
Destroys *less rapidly.*	Destroys *rapidly.*
No signs of the cancerous cachexia.	*Signs* of the cancerous cachexia.
Hypochondriasis *frequent.*	Hypochondriasis *less frequent.*
Progress of the disease *very irregular.*	The disease progresses *regularly*, increasing in intensity.

* By "simple ulcer of the stomach," we mean the "chronic ulcer" of Cruveilhier, and the "perforating ulcer" of Rokitansky.—Rev.

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VI. ORDINARY GASTRALGIA.	EPIGASTRIC PAINS, DEPENDENT ON INTERCOSTAL NEURALGIA.
Usually no pain on pressure.	Epigastric region *painful on pressure.*
No shooting pains towards the dorsal region.	Shooting pains along the course of the nerve.
No other painful spots in the course of the nerves.	*Other painful spots*, similar to the epigastric painful spot.
Well-marked disturbance of the functions of the stomach.	*No disturbance* of the functions of the stomach.

Brit. and For. Rev.

CHEMISTRY.

17. *Test for Sugar in urine.*—Several processes have been described by chemists for the detection of sugar, even under the singular circumstances of diabetic disease. Unfortunately, none of the processes are of such simple execution as to be readily adopted by the medical profession. I now present chemists and physicians with a test by means of which the presence of the smallest quantity of sugar can be detected in an instant. By the action of chlorine upon sugar there is found a brown substance, which is partially soluble in water, a caramel, which is of a brilliant black color when dried. This effect produced by chlorine is obtained as easily, if not more so, with the chlorides, and especially with the perchlorides. All sugars behave like cane-sugar towards the chlorides; they experience a dehydration, the result of which is the brownish black product. From these facts we learn the conditions under which we must place ourselves in order to obtain a re-agent capable of detecting the presence of sugar. Let us suppose, in fact, a slip of solid substance, which is not altered by the chloride of tin even at a high temperature; cover this substance with a layer of chloride by immersing it in a concentrated solution and desiccating it; then dip the slip thus prepared in a very dilute solution of sugar, and expose it to a temperature of from 266° to 300° F. The part which has been immersed will immediately change color and become of a brownish-black, more or less deep. The substance best suited for receiving the coating of chloride of tin is white merino cloth. After having dipped the merino for three or four minutes in an aqueous solution of bichloride of tin, let the liquid drain off, dry the cloth in a piece of the same substance on the water-bath, and the reagent is prepared. It may then be cut into strips like ordinary test-papers. By means of this chlorinated merino, the physician will be able, without the least difficulty, to determine whether the urine of the patient contains an appreciable trace of sugar. It will be sufficient to pour one drop of the urine upon one of these strips, and to hold it over the flame of a lamp, or incandescent charcoal, to produce in an instant a very visible black stain. The sensitiveness of the test is wonderful; 10 drops of a diabetic urine, added to 100 cubic centimetres of water, furnish a liquid which turns the chlorinated merino completely brownish-black. Ordinary urine, urea, and uric acid are not colored by the chloride of tin.—*M. Maumené, in Comptes Rendus, March* 18.

18. *Lower Blue Lick Springs in Kentucky.*—The water of the Lower Blue Lick Springs has an extensive reputation in Kentucky, and in the South generally, this being one of the oldest and best-known watering places in the valley of the Ohio and Mississippi. This remarkable spring attracted

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the attention of the earliest settlers of Kentucky, by its strong odor of sulphuretted hydrogen and the saltness of its waters. It was, indeed, from this source that Boone and other pioneers obtained the salt with which to flavor their venison.

During the past year the waters of these springs have been carefully analyzed by Dr. Peter, of Transylvania University. Their composition, according to his analysis, is as follows:

Specific gravity, 1.007 grains.

Gases in 1,000 grains:

Sulphuretted hydrogen gas,	0.03947 grains.
Free carbonic acid gas,	0.35470 "

The former is in the proportion of about one thirty-sixth the volume of the water, and the latter of about one fifth the volume.

Saline contents in 1,000 grains:

Carbonate of lime,	0.3850000 grains.
Carbonate of magnesia,	0.0022065 "
Alumina, phosphate of lime, and oxide of iron,	0.0058330 "
Chloride of sodium,	8.3472930 "
Chloride of potassium,	0.0226690 "
Chloride of magnesium,	0.5272000 "
Bromide of magnesium,	0.0009394 "
Iodide of magnesium,	0.0007340 "
Sulphate of lime,	0.5533300 "
Sulphate of potash,	0.1519190 "
Silicic acid,	0.0179400 "

The water also contains traces of oxide of manganese, and aprocrenic and crenic acids.

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19. *Coffee as an aliment.*—[The question of the use of coffee as a daily article of food, has been so roughly handled by Hahnemann, that it has hardly received at the hands of homœopaths since his time, the amount of critical investigation which it perhaps deserves from them as physicians and physiologists. It is for the purpose of awakening attention to the subject, and not because we agree with the opinions advanced, that we insert the following article from the *Chemist*.]

A paper on this subject has been recently read before the French Academy by M. Gasparin, who presents it as the result of long and serious inquiry into the condition of the working population. "The mining population of the environs of Charleroi," says M. Gasparin, "have resolved this problem—to nourish themselves completely, preserve health and great vigor of muscular strength, upon a diet with less than half of the nutritive principles of that indicated by observation in Europe." The distinctive fact appears to be the habitual use of coffee at every meal. On rising in the morning, the workman makes what he calls his coffee: it is a weak infusion of coffee and chiccory mixed in about equal proportions. This drink, to which a tenth of milk is added, constitutes almost entirely the liquid part of the alimentation. Before going to work, the miner takes rather more than half a pint of this coffee, and eats a large slice of white bread with butter. He carries with him to the mine similar buttered slices and a tin bottle, which holds at most a quart of coffee; this food is consumed by him during the day. In the evening, on going home, he eats potatoes dressed with cabbage, or some other green vegetable, and finishes this repast with another slice of bread and butter and a cup of his coffee. All the workmen examined during the inquiry state that they eat a loaf in two days.

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These loaves weigh about 4 lbs., which gives 2 lbs. per day. They eat meat only on Sundays and festival days, and on those days drink 2 litres of beer. Their bread is always white, and of good quality; but it is only a few privileged workmen who eat meat on other days of the week; the exception is very rare. The quantity of butter consumed may be reckoned at 2 ounces per day, and that of coffee and chiccory at 1 ounce each also daily. The portion of potatoes and other vegetables cooked together and eaten in the evening is at most 1½ lbs. During the week the workmen drink neither beer nor any other fermented liquor; coffee is their only beverage."

After tabulating these quantities, M. de Gasparin continues:—"It is thus to 15 grammes (about half an ounce) of azote instead of 23 that the albuminous substance which enters into the ration of the Belgian miners is reduced. This nourishment is still inferior to that of the most austere religious orders imposed by mortification. I have studied and analyzed the diet of the monks of La Trappe. Their pale complexion, slow walk, the unimportant mechanical labor to which they are subjected, and which the laborers of the country estimate at not a fifth of theirs, all show that their alimentation is at a minimum in the circumstances in which they are placed. Yet it contains 15 grammes of azote, and 402 grammes of carbon, or of hydrogen, reduced to six equivalents of carbon. Now it must be added that the miner, whose diet is apparently as poor as we have described it, is a most energetic workman; that when French miners, who nourish themselves much more abundantly, attempt to work in the Charleroi mines, they are soon compelled to withdraw, not being able to keep pace with the Belgian workman in the execution of his task.

"It is to the coffee alone that we can attribute this possibility of contenting themselves with a diet which children would find insufficient; and it is not a question here of nutritious substance, for the analysis demonstrates that the coffee constitutes no more than one thirty-fifth of the nutritious properties of the aliment. It has thus other properties, of which careful account must be taken. Does it satisfy the digestive functions? Does it cause a more complete assimilation of the elements? Or rather does it not retard the mutation of those organs which do not then require so great a consumption of materials to repair or support them? According to this hypothesis, coffee would not nourish, but would prevent loss of substance." M. Gasparin then shows, from certain tables, that the waste in liquid excretion is less when coffee is drunk than at other times, a fact which to some extent confirms his hypothesis. "We know," continues he, "how sober people are who drink much coffee. The prodigious abstinence of the caravans, the slightly nutritive regimen of the Arabs, come with all the authority of experience in support of the effects attributed to this beverage; and the distribution of coffee to the French troops during their fatiguing marches in Algeria is regarded by the officers as one of the best means of enabling the troops to support them." "Other substances must have analogous effects with those of coffee; we may mention the use of alliaceous bulbs in the South of Europe. On the other hand M. Baral has recently shown that the use of salt very considerably augments the proportion of urea and of uric acid in the urine, thus producing entirely contrary effects to those of coffee. The easy circumstances of the population accustomed to the coffee regimen does not admit of a doubt. The only poor in the country are those whom accidental wounds, too frequent in the mines, deprive of the power of working."

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Miscellanea.

"*Union is Strength.*"—At the present time, whenever any great enterprize is to be carried out by the statesman or the philanthropist, for the benefit of a nation, or of the human race, the vast importance of a firm reliance upon the above maxim, and a rigid practical adherence to its spirit, is universally recognized. Philanthropists, in their efforts to benefit mankind, concentrate all their resources, and by unity of opinion, unity of purpose, and unity of action, accomplish what would be impracticable by separate and individual efforts.

But this force has not always been employed for the promotion of truth, as will be seen in the progress of various medical or religious doctrines. Who supposes that the erroneous medical views of the ancient heathen would have come down to the present period, in nearly the same condition in which they were first promulgated, without an almost superstitious and blind unity of purpose throughout each successive century? Who believes that many of the religious dogmas which now obtain, could still be tolerated by intelligent men, had not an unbending and persistent unity of purpose and action continually dictated their adherents?

In these examples, the practical application of the maxim under consideration, during many centuries, has had the effect of imposing upon a large portion of the civilized world, errors of the most momentous character, both as regards its spiritual and physical interests. The power of cohesive action is thus demonstrated, when wrongly excited; but its influence for good is no less potent and permanent, when directed for the advancement of truth and well-being.

And what homœopath can fail to appreciate the practical importance of *union* in the present progressive condition of our doctrines? At no previous period, has any science ever made such rapid advancement throughout the civilized world as Homœopathy is now making. The people, and the most intelligent and intellectual portion of the people, after having witnessed the comparative results of the two methods of practice for many years, are everywhere rendering their verdict in favor of the doctrines of Hahnemann. In consequence of the rapid spread of our theory and practice among the masses, we witness in the ranks of the old school:

1. An unusual trepidation and excitement, which is constantly apparent in their journals, in their medical societies, in their colleges, and ridiculously so, among individual members of the school. Nor is this strange, for human nature is consummately selfish, and when we contemplate the number of families that are daily abandoning them, and the continually increasing distrust and abhorrence in which their doctrines and practice are coming to be held, we can readily account for the bitterness of their feelings, and their harmless written and oral ravings.

2. Another result from these causes, is the rapid introduction into the homœopathic ranks, of medical men who are more or less imbued with allopathic notions. These gentlemen have doubtless become convinced of the truth, *similia similibus curantur*, but it is natural that they should, occasionally, recur to their former methods, and sometimes be tempted to combine the two systems. Such, we most earnestly caution against even the most trivial violation of the homœopathic law. The principles of the two schools are in direct opposition, and every honest man must, necessarily, adopt one or the other exclusively. If Homœopathy be true, Allopathy must be false and pernicious, and *vice versa*.

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In regard to those cases in which our opponents depart from their own theoretical tenets, and prescribe in accordance with *similia*, we have only to say, God speed them, and incline their hearts to a still farther adoption of sound principles, and to sufficient honesty to acknowledge the source of their new acquisitions.

There are many cogent reasons why homœopathic physicians, throughout the world, should be firmly and cordially united in sentiment, purpose and action. To their keeping is committed one of the most important trusts which has ever blessed the human race, the only true and philosophical method of curing disease. It is unnecessary to allude to the vast importance of a proper appreciation and promulgation of their great principle, and of a rigid adhesion to its spirit, under all circumstances. To accomplish this successfully, *union and fraternity* are indispensable; and to those who are so unfortunate as to cherish unfriendly sentiments towards any of their brethren, or who have ever made principle subservient to any supposed selfish interest, we especially direct our remarks. If differences of opinion occur respecting the minor details of our art, let not this be a source of bitterness and dissention, for there can be no disagreement in regard to the important and essential feature of our practice—the grand fundamental law of cure. It is, therefore, evident that duty to our fellow beings, justice to the immortal founder of our school, and even that most unworthy of all motives, *self-interest*, all demand union, cordiality, and concentration of action on the part of all true disciples of Hahnemann. If our opponents are untiring in their efforts to injure us—if they employ ever so many specious devices, establish ever so many scurrilous journals, or expend ever so much time and breath in misrepresentations and denunciations, we may console ourselves with the fact that the intelligent public have taken the matter into their own hands, and that all these base and selfish exertions constantly recoil upon their own heads. E. E. M.

Homœopathy in Paris.—[A letter from Dr. Dunham to Dr. Hering, dated Paris, Feb. 12, 1851, contains the following items of information.] "You have probably received *Tessier's* 'Clinical Researches,' and know that for nearly three years he has been publicly practicing Homœopathy in his *service* at the Hospital St. Marguerite. * * For the last six weeks I have been observing closely his treatment of the various diseases that come under his care in the hospital. They are acute and chronic diseases of all varieties, except cutaneous, syphilitic, and mental maladies. He has 105 beds for male and female patients. I have had opportunity at the same time to compare the progress of his cases with that of those treated in two other hospitals after the ordinary allopathic method. The result is very gratifying. I have especially observed the cases of *pneumonia, pleurisy, and typhoid fever.* Tessier's cases recover uniformly, more speedily and more completely, than those under any other treatment I have observed here. The results are such as are uniformly observed under homœopathic treatment. Tessier's cases are chiefly those of acute disease. He employs generally the mean dilutions 6. to 18.; rarely gives 1., and not very unfrequently 30. He says he has not found the *very low*, 1. and 2., more advantageous in highly acute diseases than 6. or 12., but rather the contrary.

"Of course, his book and his practice of Homœopathy have created some excitement among physicians here. Many of them joined in petitioning the *Bureau d'Administration* to forbid the practice of Homœopathy in the hospitals of Paris; the *Bureau*, however, would not consent. His book has been much criticised, and much personal abuse has been bestowed upon

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himself. * * * The result of the criticism, however, is to bring Homœopathy into public notice, which is evidenced by the fact that one of the first surgeons of Paris has expressed his intention of trying it in the treatment of erysipelas in his wards at *Hôtel-Dieu*.

"The Gallican Society numbers about thirty-five members, physicians practicing in Paris. Its organ is the Gallican Journal. At its sessions, held twice a month, I have heard very interesting discussions and papers; among the latter, one by Dr. Pétroz, on *Asterias*, which he has found successful in treating *scirrhus* and *carcinoma* of the *left* side of the body. An interesting discussion is now going on about the value of experiments made with Jenichen's high potencies.

"I expect to leave Paris for Vienna about April 1st, and to spend at Vienna as long a time as may be profitable. Anything of great interest, I shall take pleasure in communicating."

Allopathic Administration of Mercury.—[The American Journal of Med. Scien. thinks the following suggestion by Professor Dugas, of Augusta, Ga., contained in a letter to the editor of the Southern Med. and Surg. Jour., (Oct., 1850,) well worthy of consideration. We trust it will be not only considered, but acted upon, and that it may have some effect in putting a stop to the awful ravages that are daily committed among children by the administration of calomel under the idea *that mercury is perfectly harmless to them, because it is so difficult to salivate them!*]

"In this section of the country," remarks the professor, "the occurrence of gangrenous affections of the cheeks, lips and gums, in children, is by no means uncommon, and there are few communities in which there may not be found some living evidences of its havocs upon the face, as well as of the possibility of occasionally preventing a fatal result. I do not know of any satisfactory explanation of the fact that it affects exclusively those of tender years, and most frequently those between five and eight years of age. The object of this communication is to direct attention to a corresponding susceptibility of children of this age to mercurial salivation and sloughing, and to elicit the inquiry into the probable influence of mercurials in the occasional causation or excitation of such a state of things. Without denying, for a moment, that sloughing phagedena, cancrum oris or gangrenopsis, (as the affection is variously denominated,) may and does occur in individuals who have never taken mercurials, is it not possible, nay, is it not probable, that the use of an agent which does of itself sometimes induce a very similar destruction of tissues, and which is especially prone to do so at the very period of life most subject to gangrenopsis, may increase the tendency to this disease, if any exist in the system? The affirmative would seem a necessary, or at least a rational corollary. Having had my attention very early drawn, by a practitioner of genius and fine judgment, (my preceptor,) and one who was never accused of being afraid of mercurials, to the danger of giving calomel to children during the period of second dentition, I have never forgotten the lesson, and feel strongly disposed to attribute to it the fact, the remarkable fact, that during a practice of twenty years, I have never had a case of gangrenopsis to originate under my treatment! I have, of course, seen cases of it, but they had always originated in the hands of others. I have now vividly in my recollection a family of five children, three of whom had, during the same autumn, been successively taken with remittent fever, and died, with most awful sloughing of the cheeks and lips. They were all treated with calomel.

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Discouraged at the result, the parents determined to change their medical adviser, and I was requested to see the other two children when similarly affected with fever. These were treated without mercurials, and recovered, without gangrenopsis. Far be it from me to wish to generalize from isolated cases, or even from the mere results of my own experience. Yet I have deemed it a duty, in a matter of such vital importance, to make the above remarks, with the hope that they may incite others to endeavor to determine how much should be legitimately attributed to an original defect of constitution, and how much to the treatment instituted."

Scientific Meetings—American Institute of Homœopathy.—The next annual meeting of this association will take place, as will be seen by an advertisement in this number, in the city of New Haven, on the eleventh day of June next. It is expected that there will be a full attendance of members.

British Congress.—It was proposed at the first British Congress of Homœopathic Practitioners, held at Cheltenham, in September last, that the next meeting should be had in London, in July next, during the great exhibition. We perceive, by a circular issued by the Secretaries, that it is suggested that the 30th and 31st days of July be the days of meeting. It is probable that many American and continental practitioners will attend.

The Hahnemann Society. We call the attention of our readers with pleasure to a publishing Society, formed some years since in England under this title, the regulations of which we annex below. We are indebted to Dr. Neidhard of Philadelphia for a copy.

RULES OF THE HAHNEMANN SOCIETY.

I.—As it cannot be doubted that the publication, and circulation among medical men, of well-arranged practical Homœopathic Works would tend much to the diffusion of a right knowledge of Therapeutics, and as such Works are not only expensive to print, but their sale also so limited that publishers are deterred from bringing them out at their own risk; the undersigned parties do now agree to form themselves into a Society for promoting the publication and circulation of good, practical Homœopathic Works; and that the aid of this Society be first devoted to publishing such a new Materia Medica as has been proposed in a Prospectus advertised in the British Journal of Homœopathy, No. 23, and that at the same time their attention be directed to a new Pharmacopœia, and to the publishing of new provings as they may appear.

II.—It is calculated that the sum of £500 will be sufficient to enable this Association to enter with vigor on its duties.

III.—It is agreed that this sum be raised in shares of £10.

IV.—No resolution of the Society can enforce the raising of any sum beyond the £10 on each subscription, unless the Subscribers are unanimous.

V.—A Treasurer and Secretary shall be appointed annually.

VI.—The funds of the Society shall be lodged by the Treasurer in a bank in the name of the Society.

VII.—The accounts will be audited twice a year.

VIII.—A General Meeting to be held once a year, or every six months, as shall hereafter be determined. These meetings to be held in London or elsewhere, and, if possible, some time during the months of April or September.

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IX.—Each share shall entitle a member to demand a copy of every Work published by the Society, to be charged at cost price, and placed to his debit.

X.—A simple majority shall determine all matters coming before the Society.

XI.—Every share shall entitle to one vote.

XII.—Members shall have a right to vote by proxy.

XIII.—No Works shall be engaged in until every member shall have been informed of the same, and his opinion obtained. Such a communication remaining unanswered for 14 days shall be considered as tantamount to assent being given.

XIV.—The Society shall determine on the publication of a Work, and then empower the Secretary to defray the expenses incurred: this the Secretary will do by indorsing the accounts and forwarding them to the Treasurer.

XV.—The Society shall pay to the Editor or Editors the sum of from £10 to £40 per volume, as the Society shall deem necessary; but the payment of these sums to be considered as conditional on the success of the sale of the Work, and in no case requiring to be paid until six months after publication.

XVI.—The party acting as Editor shall have no claim to the copyright of the Work, further than as he is a Shareholder.

XVII.—The Society shall continue in existence for five years, commencing from the payment of the first call. At the end of that period it may either be broken up or be again re-constituted, as the majority shall determine. If re-constituted, parties who object may have their proportion of the stock and funds in hand repaid to them, but shall have no claim otherwise on the property of the Society, such as copyright. In the event of the Society being at that period broken up, the funds and property of the Society shall be equally divided and allotted in proportion to the Shares.

The first Meeting of the Society was held in London, on the 10th April, 1848, the members present being Drs. Black, Drysdale, Dudgeon and Fearon, and Mr. Headland.

It was agreed that the Rules of the Society be printed and distributed among the members.

Dr. Black was appointed Treasurer, and Dr. Ker, Honorary Secretary. The Secretary was requested to intimate to the Editors of the Materia Medica, that they proceed without delay in the publication of the first volume. The Secretary was also empowered to draw up and issue a circular, calling attention to the operations of this Society, and requesting Subscribers for the Works, and Donations.

The second Meeting of this Society was held at Clifton, on Saturday, August 26th, 1848, the members present being Drs. Russell, Black, Dudgeon, and Ker. It was proposed that a new Work now in preparation by Dr. Dudgeon and Dr. Madden, and entitled, "A systematic arrangement and analysis of the pure effects of all the Homœopathic Remedies on the Human Body, to serve as a guide for the Homœopathic practitioner," should be published by the Society.

It was further proposed that this Work should take the precedence of the first volume of the new Materia Medica, and that a grant of £200 should be made to meet the expenses of its publication. Objections to these resolutions were made, but overruled. The Secretary was then directed to inform the different members of these resolutions.

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It was decided at a subsequent Meeting, that the name "Homœopathic Publishing Society" be altered to that of the "Hahnemann Society."

The first volume of the "Systematic arrangement and analysis of the pure effects of the Homœopathic Remedies on the Human Body" will soon be published, and is the first work issued by the "Hahnemann Society."

All who are desirous of becoming members of this Society, are requested to write to the Secretary, Dr. Ker, 20 Cambray, Cheltenham, who will forward to them the rules, and give any information required.

At the third meeting of the Society, which was held on the 13th Sept., 1850, in Cheltenham, the following resolutions were unanimously adopted:

1. That the Society agree to furnish the necessary funds for the 2d vol. of the "*Pathogenetic Cyclopædia*," and appoint a permanent Committee to superintend the arrangements connected with that and all their future publications, subject to the approval of the Society.

2. That the following gentlemen constitute the acting Committee: Dr. Drysdale, Dr. Black, Dr. Madden, Dr. Dudgeon, and Dr. Ker.

3. That the Society authorize the publication of a glossary of English, French and German medical words, and of an introduction to, and proving of *Kali Bichromicum*, by Dr. Drysdale.

BOOKS RECEIVED.

Jahr's New Manual of Homœopathic Practice. Edited, with Annotations, by A. GERALD HULL, M. D. *Symptomatology. Third American edition.* New-York: Radde, 1851. 12mo. pp. 1025.

Homœopathic Treatment of Diseases of the Sexual System, being a complete Repertory of all the Symptoms occurring in the Sexual Systems of the Male and Female. Adapted to the use of Physicians and Laymen. Translated, abridged and edited, with additions and improvements, by F. HUMPHREYS, M. D. New-York: Radde, 1850. 18mo. pp. 144.

Proceedings of the Homœopathic Medical Society of the State of New-York.

British Journal of Homœopathy. Jan. and April, 1851.

The American Journal of Homœopathy. S. R. KIRBY, M. D. (Monthly,) Jan. to May.

The North Western Journal of Homœopathia. GEO. E. SHIPMAN, M. D., Editor and Proprietor. Chicago: (Monthly).

Cincinnati Journal of Homœopathy; Edited by B. EHRMANN, M. D., A. MILLER, M. D., and G. W. BIGLER, M. D. (Monthly): March and April.

The Homœopathic Advocate and Guide to Health. KEENE, N. H.:— (Monthly).

The Boston Medical and Surgical Journal; Edited by J. V. C. SMITH, M. D., (Weekly,) Jan. 7 to May, 1851.

The New-York Dental Recorder; Edited by C. C. ALLEN, M. D., Dentist. (Monthly): January to May.

Obituary.—Died, on January 31st, 1851, RICHARD S. JACOBSON, M. D., of New-York city, aged 31.

Dr. Jacobson was an intelligent young physician, of great promise, a pupil of Dr. Wilson in this city. He is thus early cut off, a victim of *phthisis pulmonalis.*

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

AUGUST, 1851.

Original and Translated Papers.

ARTICLE XXI.—*Proving of Arsenicum* Metallicum.* By A. LIPPE, M. D., Philadelphia, *with remarks by* C. HERING, M. D., Philadelphia.

In conformity with what appears to be a general law in toxicology, THE METAL ITSELF IS INERT.—*Christison.*

FIRST PROVING.

Dec. 24, 1850. For three successive evenings one grain of the third trituration was taken.

Dec. 25. First day. Slept unusually well last night, cannot keep awake in the evening. Ulcer on the right inner side of the underlip, sore when the tongue touches it. Gums swollen and painful to the touch.

* The metal used in the following provings was prepared in perfect purity at the laboratory of Professor Lehmann, in Leipzig, in 1845, by Dr. Buchheim, now professor of Materia Medica, in Dorpat. It had not altered, and had its full metallic lustre when in 1847 triturations were made in dry weather by Rademacher, with his usual exactness. A new mortar was used and kept for further triturations in the same manner as I have done with all other chemicals.

All the following provings were made under the direction of Dr. Lippe; and most of the symptoms were taken from a thesis of Doctor Stevenson, a graduate of the Pennsylvania Homœopathic College, in 1851, with his permission.

C. HERING.

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Dec. 26. Second day. On awaking in the morning, sensation as if the head was swollen. The normal pulse being 55, is accelerated to 68 in the morning, with pulsations all over the body. Sensation of lameness in the *right* hip-joint, as if he could not use the right limb, but can walk well enough after using it.

Pulsation all over, especially in the right hip-joint, *worse* in the morning, better in the evening.

Dec. 27. Third day. Has slept better and longer than usual, is very reluctant to rise in the morning. The same ulcer on the inside of the lip as on the first day, only on the left side.

SECOND PROVING.

Jan. 3, 1851. *Same prover.* Every evening for three days one grain of the first trituration.

Jan. 4. First day. At nine o'clock, A. M., pulsation all over the body, especially under the sternum, pulse (the normal pulse being 55) is 68, heavy and dull feeling in the forehead, eyelids slightly inflamed and swollen. Dry heat in the palms of the hands. Dry mouth; tongue coated with whitish mucus. Bloated feeling and burning in the feet. Lumbago.

Jan. 5. Second day. Pulse 68 in the morning, 53 in the evening. In the afternoon tension and sensation of swelling in the abdomen, with feeling of heaviness of head, like vertigo.

Jan. 6. Third day. Last night, sensation of swelling of hands, fingers and feet, feels as if he could not close the hands, cracking of all the finger-joints. Slept little, with great inclination to sleep. Sensation of swelling of the head, face feels as if bloated. Pain in the left side of the head, extending to the left eye and left ear, with nausea. Pulse in the morning 68. Hot eructations as of bile. Headache, worse when laughing. Soreness of the scalp when pulling even but one hair; bloated abdomen. Debility and general sensation of prostration.

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Jan. 7. Fourth day. Restless sleep, with sensation of fulness of the head, felt while sleeping, and worse when awaking. At night burning of hands and feet; eyes so painful that he cannot read much. In the morning pulse 68, in the evening 43. Dreams of danger, principally danger of water.

Jan. 8. Fifth day. Pulse 72 in the morning, 64 in the evening. Feels pulsations all over. Slept better last night, but still restless. Feels all the time while sleeping as if he would have headache in the morning on awaking.

Jan. 15. Twelfth day. Varices on the *right* side of the anus; painful after stool but not bleeding.

THIRD PROVING.

Jan. 16, 1851. *Same prover.* For five successive evenings every evening six pellets of the 30th potence of *Ars. Met.*

Jan. 17. First day. At 6 this morning pulse 49, at 9 A. M., pulse 64, full and strong with throbbing sensation all over the whole body. Piles still external, but better. At 10 P. M., pulse 48. Burning sensation in the feet.

Jan. 18. Second day. Feet burning hot last night without any moisture; he was compelled to hold the feet out of bed all night. At 6 A. M., pulse 48. At 9 A. M., pulse 68, with throbbing sensation all over; feeling of drowsiness also; he slept well last night; feeling of despondency and lowness of spirits, which is found difficult to shake off; gums swollen, feel as if scalded, with accumulation of water in the mouth; slight pains in the left side of the chest near the heart; piles still external on the right side of the anus.

Jan. 19. Third day. Slept well last night; feet did not burn so much; in the morning tongue is coated white; the imprints of the teeth are seen on the edges of the tongue. Pulse, 9 A. M., 68, full and hard. Piles have nearly disappeared; gums not so much swollen and feel not as scalded as yesterday; red sandy deposit in the urine; *throbbing sensation like that of yesterday.*

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June 20. Fourth day. Pulse in the morning 64; itching and burning in the lower part of the face; piles bleed a little.

June 21. Fifth day. Pain in the muscles of the left chest; great lassitude; throbbing all over. Coryza; scalding water runs from the nose, excoriating the nostrils; great lassitude and prostration of strength; a burning itching in the lower part of the face, as if an eruption would come out.

June 22—27. Sixth till eleventh day. Itching, burning, stinging in the face, with swelling; worse at night. Relieved by washing the face in cold water. On the right forehead and in the right groin it is worst. Forehead feels much swollen; the skin is stiff drawn over the forehead, immovable. The itching is relieved by pressing (and pinching) not by scratching. For many nights past very unpleasant dreams, full of danger by water, he is in imminent danger of being drowned, &c.

Later. Desquamations of skin in very small scales.

A scab which he had had for 20 years on the first joint of the third finger of the left hand healed entirely; when formerly the scab had been torn off, a liver-colored spot remained, on which a new scab formed.

Feb. 8. No more medicine had been taken, but the same coryza as before returned again, accompanied with hoarseness, and on the 9th with very intense inflammation of the throat, for which one dose of *Belladonna*, 400, was successfully administered.

FOURTH PROVING.

Dec. 11, 1850. *Another prover.* For six successive nights one dose of one grain of the third trituration was taken.

Dec. 12. First day. Feels as if the fumes of whiskey had gone to his head; great drowsiness in the afternoon, and irresistible sleepiness early in the evening.

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Dec. 13. Second day. From 11, A. M., till evening, irresistible sleepiness; feels as if he should fall asleep while walking in the street in the afternoon.

The following five days great lassitude, weakness, and depression of spirits.

FIFTH PROVING.

Jan. 16, 1851. *Same prover.* Took for six days, every evening, six pellets of the 30th potence of *Ars. Met.*

Jan. 17. Pulsations in the umbilicus and right anterior tibial artery at the superior extremity of its inferior third. Deep seated numbness in the region of the right hip-joint, extending to the pubes.

Jan. 18—26. The feet, usually icy cold, have become warm and sweat more.

Numbness in the right lumbar region and inside of the right thigh down to the knee, extending from the vertebræ down to the crest of the ilium.

Jan. 27. Œdematous swelling of the forehead and face, with itching, which can only be allayed by pinching the skin.

Itching in the right groin down to the knee.

SIXTH PROVING.

Feb. 7. *Same prover.* One dose of six pellets of *Ars. Met.*, 30.

Feb. 9. Awakes in the morning at six o'clock with a distressing, lancinating, griping pain in the bowels; afterwards one sharp, burning, watery stool, relieving the abdominal pains, but leaving great weakness; he falls asleep after sitting down; pulse 60, full.

Later. Sensation of dryness in the right knee-joint.

In the right groin a painful, swelling pain goes up to the hip and is worse when the leg is extended; worse when sitting, the leg then goes to sleep; better when walking. This pain continued for a long time in the same place. Where this painful swelling is felt a bubo suppurated 24 years ago.

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ARRANGEMENT OF THE SYMPTOMS ACCORDING TO THE ORGANS AND FUNCTIONS AFFECTED.

☞ The figures indicate the attenuation by which the symptoms were produced.

Mental.

1. Depression of spirits.
   Despondency.
   Indifference.

Head.

   A sensation as of vertigo (2d d.). 1
5. Sensation as if the fumes of whiskey had gone to the head (1st d.). 3
   Heavy and dull feeling in the forehead (1st d.). 1
   Pain in the left side of the head extending to the left ear and left eye, with nausea (3d d.). 1
   Head feels as if swollen in the morning when awaking, (2d. d.). 3
   Sensation of fulness in the head while sleeping, and worse when awaking in the night, (4th d.). 1
10. Headache worse when laughing.
   Itching of forehead which cannot be allayed but by pinching up the skin (12th d.). 30
   Soreness of the scalp when even pulling but one hair (3d d.). 1
   Sensations of heaviness in the eyes.

Eyes.

   Eyelids slightly inflamed and swollen (1st d.). 1
15. Eyes so painful that he cannot read much.

Nose.

   Fluent coryza. *Vide* 52.
   Scalding water runs from the nose, excoriating the nostrils (5th d.). 30
   The coryza returns in 15 days with heat in the face and hoarseness, lasting 3 days, when it became accompanied

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with angina faucium, for which *Bell.* 400, one dose was successfully administered.

Face.

Itching and burning in the lower part of the face, as if an eruption would break out (4th d.). 30

20. Face feels as if bloated (3d d.). 1

Bloated face (3d d.). 1

Itching all over the face, which can only be relieved by pinching the skin (for some days).

Burning, itching, stinging in the face, with swelling.; skin feels as if stiff, relieved by bathing the face with cold water; later, desquamations in small scales.

The itching is relieved by pressing, but not by scratching.

Mouth.

25. Ulcer on the right side of inner under lip (1st d.). 3

Ulcer sore when touched with the tongue (1–2d d.). 3

Ulcer on the left inner side of the under lip (1st d.). 3

Dry mouth.

Tongue coated white, covered with mucus (12th d.). 1

Tongue coated white, showing the imprint of the teeth on the edges (3d d.). 30

30. Gums swollen and painful to the touch (1st d.). 1

Gums swollen and feeling as if scalded, with accumulation of water in the mouth; aversion to wines and liquors.

Stomach.

Nausea (3d d.). 1

Hot eructations as of bile (3d d.). 1

Abdomen.

35. Bloated abdomen (1–3d d.). 1

Tension and sensation of swelling in the abdomen (3d. d.). 1

Pulsation in the umbilicus.

Numbness and sensation of paralysis in the right lumbar

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region, extending from the vertebræ to the crest of the ilium (1st d.). 30

Lumbago.

40. Varices on the right side of the anus, painful after stool, (not bleeding) (12th d.). 1

Varices bleed a little (4th d.). 30

Varices feel only sore, but neither pain after stool nor bleed (16th d.). 30

After awaking in the morning at 6 o'clock, distressing, lancinating, griping pain in the bowels; afterwards, one sharp, burning, watery stool, relieving the abdominal pain, but leaving much debility; he falls asleep sitting on a chair, and has no appetite; pulse 60, much fuller than in health (2d d.). 1

45. Constipated (16th d.). 30

Groins, Urine, &c.

Itching in the right groin extending down to the knee (12th d.). 30

In the right groin a painful swelling, worse when extending the leg, pain goes up to the hip and continues for a long time. In the same place where this painful swelling appears, a bubo suppurated 24 years ago.

Red sandy sediment in the urine (3d d.). 30

Offensive sweat on the genitals (for some weeks).

Chest.

Pulsation under the sternum (1st d.). 30

50. Slight pains in the left side of the chest in the region of the heart (2d d.). 30

Pain in the muscles of the left chest (2d d.). 30

Hoarseness with coryza (21st d.). 30. *Vide* 17.

Upper Extremities.

Sensation of swelling of hands and fingers (3d d.). 1

Hands and fingers feel stiff; they feel as if they could not be closed (3–9th d.). 1

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Cracking of all the finger-joints (2d–14th d.). 1

55. Dry heat in the palms of the hands.

*A scab which had been on the first joint of the third finger of the left hand for 20 years, healed entirely; when formerly the scab had been torn off, it left a spot of liver color, and a new scab soon formed.

Lower Extremities.

Sensation of lameness in the right hip-joint (2d d.). 3

Sensation as if he could not use the limb, but he can walk well enough after he has been on his feet a short time (2d d.). 3

Pulsation in the right hip-joint, worse in the morning, better in the evening (2d d.). 3

60. Deep-seated numbness in the right hip-joint (1st d.). 30

Sensation of paralysis in the right hip-joint, extending to the pubic symphysis down inside of the thigh to the knee.

Pulsation in the right anterior tibial artery at the superior extremity of its inferior third (1st d., 1 and 1st d.). 30

Sensation of dryness in the right knee-joint (4th d.). 3

Feet burning hot, feel as if bloated (1st d.). 1

65. Feet burning hot, without the least moisture (2d d.). 30

*Feet, usually icy cold, have become warm and sweat much.

Feet burning more at night, he has to hold them out of bed, cannot have the least cover on them (1–14 d.). 1 and 3

General symptoms; debility; weariness; general prostration of strength.

70. Emaciation.

Pulsation all over the body.

The symptoms appear first on the right and then on the left side.

Morning exacerbations.

The symptoms recur again after two weeks.

Aggravation after drinking a small quantity of brandy for which he had not the slightest desire.

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Sleep.

75. Unusually sound sleep at night (1st d.). 3
Irresistible inclination to sleep in the day-time and early in the evening (2d d.). 3
Great drowsiness in the morning after rising, having had a sound sleep (2d d.). 30
Very reluctant to rise in the morning after a good night's sleep (3d d.). 3
Feels as if he should fall asleep while walking in the street in the afternoon (2d d.). 3
80. Stupor in the morning notwithstanding a good sleep all night (3d d.). 30
Very sleepy but cannot fall asleep (2d d.). 30
During sleep a sensation as if he would have a headache when awaking in the morning.
During sleep dreams of danger, especially of danger on the water (5th d.). 1
On awaking in the morning sensation as if the head were swollen (1st d.). 1

Fever.

Normal pulse being 55, is accelerated to 68 in the morning (1st d.). 1
Normal pulse being 55, is accelerated to 68 in the morning (2d d.). 1
85. Normal pulse being 55, is accelerated to 68 in the morning (1st d.). 30
Normal pulse being 55, is accelerated to 68 in the morning and falls down to 53 in the evening (2d d.). 3
Normal pulse being 55, is accelerated to 68 in the morning and lowered to 43 in the evening (4th d.). 1
Normal pulse being 55, is now 72 in the morning, 64 in the evening (5th d.). 1
Normal pulse being 55, is now, in the morning, 64, in the evening 48 (1st d.). 30
90. Pulse after midnight 48, in the morning after rising 68 (3d d.). 30

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Pulse 64 in the morning (4th d.). 30

The pulse continues to rise in the morning and to fall in the evening for 30 days longer, without taking more medicine.

REMARKS ON THE FOREGOING PROVINGS, BY C. HERING, M. D.

The proving of metallic arsenic is of the greatest consequence to the scientific development of our Materia Medica. It will furnish answers to questions of fundamental importance.

Christison says in his Index: "Arsenic acts in all its chemical forms *except in its metallic state.*" (American reprint, page 230.) "In conformity with what appears to be a general law in toxicology, *the metal itself is inert.*"

The foregoing provings are sufficient to satisfy even the most sceptical that the metal is not inert, and it would be absurd to re-assert the inertness of metallic arsenic and deny or reject our experiments without at least repeating them.

As regards the "general law in toxicology," we have only to say that it is a fair example of what have been styled general laws, and even of most of those which have been called "special laws." So-called experiments, rude and rough, in which a few rabbits, cats or dogs have been tormented, either to death or not to death, in the coarsest possible way, such is the *ultima ratio* of "toxicology." Christison furnishes proof of this by quoting: "Bayen and Deyeux, however, found that a drachm, carefully prepared, might be given in fragments (!) to dogs without injuring them; and they once gave a cat half an ounce (in fragments?) without any other consequences than temporary loss of flesh."

I should think loss of flesh was something like an effect, as it very likely appeared rapidly or it would not have been regarded at all; because the "general law" in Orfila's "model" experiments and in nearly all the rest seems to be, that what does not follow within a few minutes does not

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follow at all. The giving metals in the form of fragments, *i. e.*, little pieces, in order to test "a law," is, to say the least, a childish experiment.

We know that all metals, *i. e.*, every one thus far proved, in the metallic form and in the state of the finest powder, not only produce decided effects, but symptoms of long duration and characteristic peculiarity.

Aurum, *Argentum*, *Stannum*, *Zinkum* have been proved by Hahnemann and others; and *Platinum* by Stapf, to which have been lately added *Kadmium*, *Palladium*, *Osmium*, *Tellurium*, &c.

Notwithstanding the repetitions of these experiments by others, for instance the proving of metallic silver by Huber, with the same results, the old school takes no notice of it. With a stubbornness which borders on stupidity they stick to their "general laws," no matter how much they are shaken by all the new discoveries in the natural sciences, nay even by their own experience. While I was attending Schönlein's clinical lectures in the hospital at Wirzeburg, I induced a fellow-student to make an experiment with triturated gold, which, he said, was absolutely inert. A few days after, he was obliged to keep his room, having an awfully swollen red nose, exactly confirming Hahnemann's observation. He is now a professor and a man of importance in pathology, but he keeps his mouth shut; he has not the courage to come out and acknowledge the truth; he is afraid to come forth as a witness, afraid to touch the superstitions of the age. He will not read this reproach, but even if he should, his face will not turn as red as his nose was; he is hardened like the rest.

Christison, in the same paragraph, says: "Of the different preparations of arsenic it may be said, in general terms, that those are most active which are most soluble." And further: "It is difficult to put this—the inertness of the metal—fairly to the test, because it is not easy to pulverize the metal without a sufficient quantity being oxidated to cause poisonous effects."

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Both assertions are worthy of consideration, as they have had much influence even in our homœopathic pharmacy. I will only remark that Christison seems to have forgotten that the sub-oxide of arsenic is as insoluble in water as metallic arsenic, and thus ought to be considered as inert. And he does not know that arsenious oxide, (AsO^3), the arsenic of the shops, which is less soluble than arsenic acid, (AsO^5), acts with decidedly more violence than the latter. It seems to be the same with sulphur, in its corresponding oxidations, and with phosphorus. If a healthy person takes, at proper intervals, the different grades of oxidation, the highest will always be found to act the mildest. But we will not declare this to be a general law, until further experiments have been made.

We will now consider the two very important rules of the old school.

1. *Solubility as a condition of effect.*
2. *Oxidation of the metals as a condition of increased effect.*

The fluid state is favorable if violent symptoms are to be produced in a short time. It is an old chemical law: *corpora non agunt nisi fluida.* The immediate production of violent effects is the result of chemical action; some essential and constituent parts of the body are to be destroyed by chemical action; and it may be that such effects are dependent on the fluid state of the agency. But effects, in general, must be ascertained by experiment, separate from the experiments which test the solubility of the agent. It would require a long series of experiments to enable us to reach a sound conclusion, that the effects observed were dependent on the solubility. The one has thus nothing to do with the other. Suppose we were even to allow the conclusion, we have still no right to conclude, negatively, that what is insoluble is inert.

The most striking fact against the inertness of insoluble substances is afforded by osmic acid. Any one can soon ascertain that it has an effect by inhaling it through the nose or trying it in the stomach. But as soon as it comes in con-

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tact with organic matter it is decomposed, and metallic osmium or its sub-oxide blackens the mucous membrane. As both the smell and the effect are peculiar, the latter cannot depend altogether upon the mechanical influence.

The only conclusion, then, which can be drawn from the experiments of the toxicologists is, that that which is soluble produces an effect; to conclude the converse, that that which is insoluble can produce no effect at all, is, like all hasty *negative* conclusions, not only unwarranted, but extremely foolish and injurious.

Every chemist knows that the experiments hitherto made in regard to solubility are very imperfect, meagre, and insufficient; and until the vital importance of an accurate knowledge of the different degrees of solubility is seen by the chemists, it will be in vain to expect them to undertake the long and tedious labor of searching for the laws of solubility.

It is known that solubility has relations to the *temperature*, the *motion* or shaking and the *quantity* of the solvent. Small proportions have not been sufficiently regarded.

Sobrero, when he saw that his oil—which I have called Glonoin—precipitated in water, inferred that it was insoluble in it. Dr. Zumbrock taking such water and feeling the powerful influence, analyzed and measured it accurately, and found that 0.128 parts of Glonoin are soluble in water at a medium temperature.

The solubility of mercury in water is still denied, but the decided mercurial effect of water boiled with mercury allows no doubt on the subject. But the chemists, accurate as they are, have generally been too hasty in denying such facts as may fall within the *errors* of observation. Liebig himself came to the most absurd conclusion, that as the homœopathic doses fell within the unavoidable errors of the scales, they were nonsensical things; as if the errors of chemical observation had anything to do with the observation of effects on the living! At the same time he is perfectly aware that plants contain substances taken up in such small quantities

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that no chemist of our days can discover a trace of them; fluoride of calcium exists in the teeth in sufficient quantity to be detected, and must be derived from plants, in which no chemist could detect it. It would be unscientific to suppose that fluorine forms a part of a plant, without any other function or use, than that cattle may use it to give hardness to their teeth. As plants contain it, they must require it for their own existence, and to say that it is merely accidental, would only be a higher degree of absurdity. Whatever has a function must be capable of producing an effect, and as it has a function in quantities falling within the admitted errors of chemical analysis, similar quantities must be powerful enough to produce effects.

It is a well known fact that a solvent saturated with one substance is still capable of dissolving a certain proportion of another and even of several others in succession. For instance, if we take 8 ounces of water and saturate it completely with sulphate of iron, ($FeOSO^3$ c. aqu.,) which will require $9\frac{1}{2}$ ounces, we can afterwards dissolve in the same solution $1\frac{1}{2}$ ounce of the sulphate of magnesia, and the liquid will still take up three ounces of sugar, and perhaps other substances after this. While every one is familiar with this, there is another fact not so well known, which is one of the most important in chemistry, and will explain innumerable phenomena in organic chemistry, physiology and especially in the science of effects or Materia Medica.

Sometimes the presence of one substance in a solution will increase its power of dissolving another, or if one is already dissolved, another may not only be added, but in increased quantities. Lithia is the least soluble in water of all its relatives, ammonia, potassa and soda; but its solutions will dissolve urates, which are insoluble in pure water. Uric acid, the morbid product, which causes, besides innumerable other troublesome symptoms, gravel in the kidneys, stones in the bladder, and the deposits on the joints of the fingers in gout, and which is formed and kept in solution in the blood and urine under conditions of which we are ignorant,

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requires 10,000 parts of water for its solution. In a solution of carbonate of potassa the solubility of some urates and uric acid increases about a hundredfold; in a solution of carbonate of soda it doubles, and in a solution of carbonate of lithia it doubles again. Lithia being the least soluble among its relatives, (only 1 to 1,000,) increases the solubility of uric acid in water four hundredfold. The same quantity of water which would have dissolved $\frac{1}{1000}$ part of a grain of uric acid will, after one grain of carbonate of lithia has been dissolved in it, receive 4 grains of uric acid.

This opens a field for the most important researches, and until it has been sufficiently cultivated, we have no right to say of any substance that it is insoluble in the fluids of the organism; and it is evidently perfectly absurd to contend, that because it is insoluble in water it is therefore inert when introduced into the vital economy.

Cinnabaris is rejected by the so-called rational schools, 1st, because we do not know of any agent capable of dissolving it in the animal body, and has been declared by the toxicologists not to be "possessed of any deleterious action on the animal body," founded on the disgustingly absurd experiments of Orfila. These philosophers are themselves, however, so much the subjects of deleterious action that they can reason backwards; thus, in the experiments of Smith, who found that the Cinnabar acted, an impure article was used. It is possible, and even probable, that the high estimation in which Cinnabar was held by the ancients in a great many diseases, may have resulted from its containing arsenic; but even a mixed sulphuret and arseniuret of mercury is not capable, so far as we know, of being dissolved by any agent present in the body.

Ten years ago I took a trituration of chemically pure Cinnabar, and observed a most decided and unmistakable action. I repeated the experiment several times; the 3d trituration always acted the same day. Others repeated those experiments with nearly the same results, particularly Dr. Lippe, who observed the same peculiar congestions of the

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head which we have ever since permanently cured in a number of cases.

Finally, Dr. Neidhard undertook to prove the *Cinnabaris*, fully, with the assistance of the students of the Homœopathic College in this city, and with such a brilliant result that it is now one of our most important and best proved medicines.

Still we do not know any agent in the animal body capable of dissolving Cinnabar, but we know with a certainty equal to any other in natural sciences that it acts upon the organism, and we know the mode of its action so that we can make use of it as an agent to cure the sick.

Shall we reject it and wait until chemists please to detect "an agency capable of dissolving it in the animal body?"

Having shown that solubility, or what is known about it, has no conditional connexion with effect, as the latter must be ascertained separately by independent experiments, we have now to consider the remaining point, oxidation as a condition of increased effect. It is said that arsenic is not easy to pulverize without a sufficient quantity being oxidated, to cause poisonous effects.

We have already remarked that if solubility is required, the sub-oxide of arsenic being also insoluble, the oxidation explains nothing. But, it is also too hasty a conclusion to say, that oxidation necessarily follows pulverization. It is true, most metallic arsenic in damp air changes into a black powder which is supposed to be AsO.; but better prepared metallic arsenic does not, especially not in dry air.

I expect to decide the question very soon, if time will allow me to examine the trituration of Metallic Arsenic which was used in Lippe's experiments by the microscope, as the metallic particles will be seen either with the strong splendor and tin-whiteness which this metal possesses, or with the dull black color of what is called the sub-oxide. It may be both are mixed.

But let us suppose that it is in the condition of sub-oxide; does that explain its efficiency? We know that a great many metals do not combine with oxygen if pulverized or

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triturated according to our way of preparing; with some metals it is even a difficult thing to produce a combination with oxygen; some combine with rapidity even when simply exposed to the air. We know the first mentioned class to act powerfully, and we know the latter would poison or destroy parts of our organism, if brought in contact with it in the metallic state. Between these two extremes lie all the rest, some oxidizing rapidly, some slowly. We know of some that they have a decided effect, notwithstanding, they are reduced to the metallic state in the body; thus while the opposite process takes place. Furthermore, we know that those which act in the metallic state—like mercury—will act in the state of oxides—red precipitate—but it would be preposterous to assume that they acted more violently in in the latter state. We refer to the case reported by Burnett in the Philosophical Transactions, 1823, page 402, where the whole of 200 persons on board of two ships and all the animals on board were poisoned by mercury; there being in the hold of the vessels leather bags filled with quicksilver, of which some had burst. As we know that mercury is soluble in air in the metallic state, and even that a small quantity of quicksilver in a bottle will amalgamate a gold leaf hanging from the stopper (Faraday), it requires the stubbornness of an old school doctor to suppose oxidation necessary in order to produce or explain these effects.

Not a single series of experiments has ever been made, to prove that oxides act more readily than their metals.

We would not have spoken of such absurdities of the old school had we not before us propositions to introduce into Homœopathy the oxides instead of the metals. We refer to *Oesterreichische Zeitschrift*, Vol. 1, No. 1, p. 174, where several reasons are given, not one of which will stand real criticism.

We come now to a proposition of some consequence.

We all know that every drug taken by a prover or a patient, may undergo chemical changes sooner or later after it comes in contact with the body. We know, beyond a doubt, of some substances, that as soon as they come in contact with

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animal tissues or fluids, they combine with them or are decomposed. We know of some, that they are not, and of others that they are expelled unaltered, from the body; of a great number we do not *know*, but have a full right by a sound analogy to conclude, that they also will. We know there are no exceptions to a mathematical rule; the same is the case with natural laws, so-called exceptions being only apparent, and if properly studied either confirming the law or proving that it is no law. Every substance will follow the laws of chemical affinity, in contact with unorganized bodies as well as with organized. As fast as careful researches are made, apparent exceptions always disappear. It has been supposed, for instance, that the organism could produce chemical elements. Careful experiments have shown clearly that it cannot. It has been supposed that chemical laws were overruled by the dynamic influence or life, as by something higher, and were obliged to submit, but there is not a single fact known to confirm this.

It is the manifold influences present in organisms, the great combination of influxes, which makes it rather a difficult problem, in some instances, to decide. Still, in every case in which the scrutiny of natural philosophers has been directed to such a question, the answer, without exception, has confirmed the higher power of the chemical laws.

Thus, every substance taken by a prover or given to a patient, as soon as it comes in contact with the tissues or fluids, will follow its chemical laws.

Single elementary substances will combine with others if they meet them and have an affinity for them. Nitrate of silver is immediately decomposed, and the metal forms an albuminate of silver; the nitric acid, a nitrate of albumen; both, we are allowed to suppose, are dissolved; the first, certainly, enters the blood and is deposited in the skin, the second, if dissolved, is decomposed and nitrates of the alkalies formed. What we call the symptoms of nitrate of silver is thus the combined effect of these two or more combinations. Single elementary substances may combine with

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oxygen, hydrogen or carbonic acid, or with other free acids or alkalies; or they may decompose some of the parts of the animal fluids or tissues.

If a certain substance combine with oxygen and is oxidized, either by taking the oxygen from air or water, or other contents not essential to life, the effect of such a substance taken in a chemically pure state, must be identical with the effect of the oxide, and it would be indifferent whether we give the patient the one or the other.

If a certain substance combine with hydrogen in the system, the effect will be the same as if this combination had been taken. As there is an essential difference between the combinations of an element with hydrogen, and of the same with oxygen, it is a question of great importance to know which will take place, or, if both are possible, what are the conditions for the one or the other. According as the one or the other happens, the opposite cycles in the time of the day, and the opposite direction with regard to the sides of the body in electro-positive or negative bodies, would be manifested in such combinations. The gaseous hydrogen combinations would act like alkalies, the oxygen combinations like acids; this I suppose to be a fundamental law in *Materia Medica.*

The difference between the effects of carburetted hydrogen and carbonic acid, is as great as a difference possibly can be. There is, in fact, no similarity whatever. It is like the difference between ammonium and nitric acid.

Sulphuretted hydrogen acts also very differently from sulphurous or sulphuric acid, and we should not suppose it could be the same substance in both, if we did not know it.

Arseniuretted hydrogen acts very differently from arsenious acid, according to the cases of poisoning and to my own provings, but the difference is not as wide as in the case of carbon and sulphur.

We may conclude that the other corresponding combinations have also more differences than similarities; thus, phosphuretted, seleniuretted, and telluretted hydrogen have very different effects from phosphoric, selenic, and telluric acids.

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Thus if the same substance can combine in the body with oxygen or hydrogen, there must be a considerable difference in the effects.

Sulphur applied to the skin, for instance, as a powder put in the stockings under the soles of the feet, combines with hydrogen, and is expelled as sulphuretted hydrogen from the skin and the lungs. It is this experiment which induced me to propose it as an antidote or preventive to Asiatic cholera (1833).

The books will tell us that sulphur could not exist in the blood as sulphuretted hydrogen; that the sulphur would be changed into sulphuric acid and form sulphates. All this is not sufficiently proved, but the combination with hydrogen is a certain fact, and can be ascertained by experiment. It may be that under certain conditions the one, and under other conditions, the other affinity would come in play, and if so we ought to know what these conditions are.

While proving the *Tellurium* in the metallic state, I had reason to suppose it had combined with hydrogen in the body. The same may have been the case with *Selenium*. *It may be the same with Metallic Arsenic*, or it may be not; the similarity between the effects of arseniuretted hydrogen and Metallic Arsenic may have another cause. According to a French chemist, arseniuretted hydrogen is decomposed by contact with the animal tissues, and Metallic Arsenic is precipitated. Experiments would *soon decide the point*, and whether the combination take place or not, the metal would probably be our best agent. At all events it is theoretically and practically a question of importance to make the following series of provings and comparisons:

HYDROGEN.		ELEMENTS.	OXYGEN.
Sulphuretted Hydrogen.		***Sulphur.***	***Sulphuric Acid.***
Seleniuretted	"	***Selenium.***	Selenic Acid.
Telluretted	"	***Tellurium.***	Telluric Acid.
Phosphoretted	"	***Phosphorus.***	***Phosphoric Acid.***
Arseniuretted	"	***Arsenic.***	***Arsenic Acid.***
Antimoniuretted	" (?)	Antimonium.	Antimonic Acid.
Carburetted	"	Carbon.	Carbonic Acid.

Those in *italics* have been already more or less proved.

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The practitioner already finds a remarkable difference of effect between sulphur and sulphuric acid, between phosphorus (which changes mostly into phosphorous acid while preparing it, or after its contact with the mucous membranes,) and phosphoric acid. We have reason to suppose this will be the case with the other acids.

The combination of the same substance with hydrogen must give us very important medicines, not only on account of their quickness and intensity of action, by far superior to the effects of the uncombined elements or the acids, but especially on account of their very marked and characteristic differences. Their general characteristics must be not only different, but opposite, and what we know thus far of the sulphuretted and arseniuretted hydrogen confirms this. The diseases in which the acids are of use, are of an opposite character to such as are helped by the hydrogen combinations.

The Red Sulphur Springs of Virginia are famous for "reducing the pulse;" it is the slow development of small doses of sulphuretted hydrogen in the stomach on which this effect depends, as experiments with sulphuretted water have proved.

The difficulty, and in some instances the impossibility, of using the other hydrogen combinations, have hitherto prevented their introduction into our Materia Medica. If we should prescribe such mixtures as would produce the gas in the stomach, we should have a mixed effect. The very ingenious apparatus of Drysdale (*British Journal*, 7, 559; 8, 152;) has overcome the apparently insurmountable difficulties, but it is only for such desperate cases or diseases as cholera and the like. My experiments with the arseniuretted hydrogen have shown in 1846–7, that the millionth of this gas, taken by inhalation, caused a dangerous illness; lasting several weeks. But experiments could be made with still smaller doses, and this difficulty overcome, and we intend to do it as soon as possible.

Still, on either supposition, that metallic arsenic forms arseniuretted hydrogen in the body, or that arseniuretted

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hydrogen is decomposed in contact with the tissues, depositing metallic arsenic, it would be better to use Metallic Arsenic, at least in chronic diseases.

The proving of *Metallic Arsenic* has been one of the most important steps toward the solution of this question, and as soon as my time will allow, I will publish the known effects of the *arseniuretted hydrogen*, and a comparison on the one hand with *arsenious acid*, and on the other with *Metallic Arsenic.*

It would be of great service in these investigations if we could find provers to repeat and augment the experiments; the 3d trituration acts very strongly, and I would recommend that preparation, as the effects are of long duration. I will, with great pleasure, supply any one with the drug who wishes to assist in repeating the provings.

ARTICLE XXII.—*Pathology considered in its relations to Homœopathy.* By E. E. MARCY, M. D., New York.

PATHOLOGY, in its widest acceptation and its most just signification, should include all diseased appearances which proceed from the action upon the human system of morbid and medicinal or toxicological agents. Some of the most prominent agents of the first class are malaria, the contagious particles arising from variola, scarlatina, rubeola, plague, scabies, typhus, hospital, and other contagious fevers; the epidemic influence of cholera asphyxia, influenza, and analogous diseases; the infectious secretions arising from gonorrhœa and syphilis; constant exposure to impure air, the use of unwholesome food, and atmospheric vicissitudes. The last class comprehends drugs of all kinds, whether derived from the vegetable, mineral, or animal kingdoms, capable of producing abnormal changes when introduced into the human organism.

Respecting the operation of all these agents, we think that it cannot justly be denied that each of them exercises a distinct specific action peculiar to itself, and that all these dif-

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ferent actions constitute so many distinct specific inflammations capable of developing pathological changes of almost infinite variety. We are aware that surgeons recognize but two kinds of inflammation, which they term the *common*, and the *specific*. Sir Astley Cooper, however, has added a third, which he calls *irritable inflammation*. The first kind occurs for the most part after mechanical injuries, and nature makes an immediate effort at restoration, by pouring out upon the edges of the injured part an adhesive matter. In the second species, or *specific* inflammation, the action of the vessels of the affected structures is of a different character—varying in each case according to the nature of the virus, or poison exercising an influence. The varieties of this specific inflammation are almost infinite, since, as we have just remarked, there is scarcely a drug, or a morbid agent of any description, which does not exert an action peculiar to itself when introduced into the circulation through the stomach, lungs, or other absorbing surface.

Medical men have injudiciously limited specific inflammations to the action of syphilitic, gonorrhœal, and a few other deleterious poisons, like the contagions of smallpox, leprosy, plague, scarlet fever, and analogous affections; but it is equally susceptible of demonstration that the action of every drug upon the human organism is peculiar to itself, and unlike, in some respects, that of any other drug. Thus, the inflammatory action to which large doses of mercury give rise, are as distinct and specific as the action of the gonorrhœal virus. The discoloration of the teeth, gums, and the mucous membrane of the mouth—the lead breath, taste, and odor—the emaciation, the colic, and the paralysis which occur from the absorption of lead into the system, are as distinct and specific effects of this drug as are the chancre and its concomitants of the syphilitic virus. The same law holds good with regard to every drug—each one possessing an individuality—a specificity—a *modus medendi* peculiar to itself.

In view of these facts, and of the importance of selecting remedies, the pathogeneses of which shall correspond as

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closely as possible to the real condition of the diseased structure as well as to the visible symptoms which may be present, we deem it important that more particular attention should be directed to the subject of pathology in connection with the provings of drugs, and the selection of remedies, than has hitherto been done.

We fully appreciate the value, and absolute necessity even, of noting all the manifest symptoms of disease, and of selecting our remedies in as complete accordance with these symptoms as possible; but since many serious disorders are constantly occurring, which are either unaccompanied by any visible symptoms, or by those only which are vague and non-characteristic, thus rendering a proper selection of remedies extremely difficult, and sometimes impossible, we should not hesitate to call to our aid a means of knowledge so important as pathology. Cases not unfrequently arise, also, in which all the apparent symptoms of a disease may be perfectly covered by several different medicines: in cases of this description, it is manifestly more proper to select that particular drug which produces pathological changes when taken in large doses, most closely resembling those of the disease we wish to cure. By this method, our simile will be more complete, and our success more certain.

Pathology also affords a positive confirmation of the truth and accuracy of our drug provings, and this alone should induce us to cultivate it as an important auxiliary to our Materia Medica. For example, belladonna, according to Hahnemann, gives rise to the following symptoms: "headache, in consequence of congestion of blood to the brain; congestion to the head with coma or delirium; erysipelatous inflammation of the head with delirium; sleeplessness from indulgence in spirituous drinks, with congestions to the head and eyes; lethargy, with redness of the face; turgescence of the veins of the neck and temples; vertigo; sense of intoxication, as from drinking wine or brandy, with a bloated, red countenance; confusion of the mind; coma; illusions; mental exaltation; he imagines that he sees ghosts

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and other fanciful objects; loss of consciousness; stupor; spasms in the arm at night; convulsions of the extremities; headache, with dilatation of the pupils; swelling, heat and redness of the face; eyes red, sensitive to light, and unnatural in expression; obscuration of sight; dilatation of the pupils; amaurosis; visual illusions; suffused eyes; paralysis of the arms; paralysis of the lower limbs; convulsions; convulsive movements of the limbs; difficult deglutition; inflammation of the throat and fauces, with soreness, burning and dryness, especially when swallowing or spitting; exanthematous eruption; scarlet spots and scarlet redness of the skin, like scarlatina; glandular swellings."

These are a few of the symptoms to which large doses of belladonna, when taken by a healthy person, are supposed to give rise; but our opponents assert that most of these symptoms are purely imaginary, and that this drug does not exercise the specific actions upon the brain and other tissues which are attributed to it. But, thanks to morbid anatomy, we are now able to confirm our provings beyond all question.

In order to illustrate our position clearly, we shall first describe the morbid changes which have been found in the autopsies of those who have been accidentally poisoned by belladonna, and then enumerate the symptoms which, according to the best allopathic writers, proceed from such changes. In the same connection we shall allude to some experiments which have been made upon animals with this drug; and finally compare the provings of Hahnemann and his disciples with these pathological appearances.

The following are a few of the morbid changes that have been found by different pathologists in those who have died from poisonous doses of belladonna: congestion of the vessels of the cerebral lobes, strongly marked in the tubercula quadrigemina; vessels of the dura mater, and pia mater distended with black blood; injection of the vessels of the cortical substance of the brain, of a red, or deep brown color; appearances of inflammation in the neurilemma of the optic nerve; red and dark patches on different parts of the body;

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congestion of the vessels of the eyes; dilatation of the pupils; deep red color of the mucous membrane of the throat; signs of venous congestion in various parts of the body.

These are a few of the pathological changes induced by poisonous doses of belladonna upon the human organism; we shall now enumerate the symptoms, which, according to distinguished pathologists of both schools, always proceed from disorders of the different parts of the body to which we have just alluded.

"Irritation of the cerebrum, gives rise to *delirium;* congestion of the vessels of the cerebrum, to *coma;* lesion of the encephalon, of the medulla oblongata, or of the medulla spinalis, gives rise to *paralysis.*"

"Belladonna affects primarily the centre of sensation, and particularly the special centre of the implantation of the optic nerves; whence the dilated pupils and the amaurosis which arise from the use of this drug; and afterwards the belladonna, having paralyzed the centre of sensation, destroys the powers of the intellectual centres and causes coma." (*Flourens*).

"The seat of diseased action which may cause delirium is the convolutions of the brain—or such parts as are so intimately connected with them that the nutrition of the one cannot be disturbed without the disturbance of that of the other."

"The seat of the diseased action which may cause coma is the same centre, with or without the centre of sensation; or the morbid process may begin in the centre of sensation, destroying certain kinds of consciousness, and may extend to the intellectual centres, making the coma complete."

"The inhalation of ether, and of chloroform, will cause both delirium and coma; the ingestion of alcohol, of opium, of belladonna, of cannabis indica, and other narcotic drugs, will cause delirium and coma: a moderate dose causing delirium, and a large dose, coma." (*Todd.*)

It has been ascertained by experiments on animals, that belladonna, in a limited dose, affects the tubercula quadrigemina, and in a larger dose, the cerebral lobes. If a limit-

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ed quantity of the drug be given to a rabbit, it will produce a slight congestion of the vessels of the parts about the tubercula quadrigemina; still larger doses cause venous congestion of the membranes of the brain, and red or brownish injections of the vessels of the convolutions of the brain: excessive doses produce violent congestion of the vessels throughout the cerebral lobes, and of the membranes of the brain.

"Inflammation of the *arachnoid*, of the *surface*, and of the *cortical substance* of the brain, is marked by *delirium;* of the *base* of the brain, by *coma*, and by retraction of the head; of the *medullary substance*, by paralysis of the respiratory muscles." (*Hall.*)

"Mania arises from acute or chronic inflammation of the *cortical* substance of the brain: we find injection here and there, of a red, or deep brown color, with softness." (*Hall.*)

"A poisonous agent capable of exciting delirium, when administered to a certain extent, will produce coma, if given in a larger dose; and it may be stated that *all* the poisons capable of producing delirium, will also cause coma: and the same remarks apply to all those agents which exercise a direct action on the brain." (*Todd.*)

The pathology of the delirium arising from belladonna, opium, hyoscyamus, stramonium, nitrous oxyde gas, chloroform, ether, Indian hemp, and alcoholic liquors; and also of the delirium of *mania à potu*, epilepsy, hysteria, chronic renal affections, erysipelas, typhus fever, rheumatism, and even of traumatic delirium, is regarded by Dr. Todd as essentially the same: and the same remarks will apply with equal force to coma, with the exception of the traumatic variety.

It is quite evident, then, that belladonna, opium, stramonium, etc., operate specifically upon those parts of the cerebral structure which are known to be the seats of *mania à potu*, epilepsy, hysteria, mania, cerebral typhus, and other forms of delirium, and give rise, not only to the *symptoms* peculiar to these diseases, but also to *morbid changes*, not *identical*, as Dr. Todd supposes, but of a *similar* character, viz.:— specific irritation, or congestion of the vessels of the affected

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parts. A comparison of the few belladonna symptoms which we have enumerated, and of the pathogenesis of opium, with the symptoms of the several maladies to which we have alluded, will demonstrate that these drugs are true homœopathic specifics in these affections. If we now take into consideration the fact, that these different drugs, and these different maladies, all induce similar pathological conditions of the cerebral structure, we shall be satisfied that the practical application of our law of cure, so far at least as the indicated remedies are concerned, must be simple, clear, and in all curable cases, entirely successful.

The argument which we have advanced with respect to the symptoms and pathology of belladonna, in connection with the symptoms and pathology of diseases, applies with equal truth to other specific drugs. Thus, the *symptoms* induced by arsenic and the *morbid changes* to which it gives rise in Peyer's glands, in the follicles of Brunner, and other portions of the intestinal canal, similate in a most striking manner, both the *symptoms* and *pathology* of abdominal typhus; the *symptoms* and *morbid changes* produced by mercury, can scarcely be distinguished from those of syphilis; the *symptoms* and *pathology* of spongia, hepar s. c., and bichromate of potash, are a complete simile of the *symptoms* and *pathological changes* which occur in the different stages of croup. These examples might be multiplied to a great extent, but as a sufficient number has been adduced to illustrate our meaning, we shall content ourselves by deducing, from the facts before alluded to, the following conclusions:

1. That every substance capable of producing abnormal changes in the human organism, whether morbific or toxical in its character, exercises a specific action peculiar to itself, developing a specific irritation, or inflammation, which may be very *similar* to, but never *identical* with any other inflammation.

For example, the *seat* of the delirium of belladonna, opium, stramonium, hyoscyamus, cannabis indica, nitrous oxyde gas, chloroform, ether, alcoholic liquors, as well as of epi-

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lepsy, hysteria, *mania à potu*, cerebral typhus, erysipelas, gout, chronic renal affections, and mania, *is the same;* and the symptoms accompanying these different varieties of delirium exceedingly similar, yet the *kind of action* in each of the instances cited, is dissimilar. This is apparent, not only from the shades of difference in the symptomatic manifestations, but also from the different pathological changes observed in the ultimate organic degenerations of these different forms of the malady: the seat, symptoms, and general appearance of mercurial and syphilitic ulcerations of the mucous membrane of the throat are the same, but the *kinds* of action induced by the two poisons are distinct and specific: that of the one tending to the destruction of the tissue involved, and that of the other to a spontaneous restoration of the affected parts; the contagion of typhus produces in the intestinal canal ulcerations like those caused by arsenic; and in the brain, disordered appearances, closely resembling those induced by belladonna and opium; but the natural tendency of the typhus action is towards the destruction of the vitality of the affected parts, while the tendency of the drug action, when not excessive, is towards a spontaneous restoration of the disordered structures.

Even if two substances should give rise to precisely the same symptoms and morbid changes, so far as the physician can discover, it by no means follows, that the kinds of action produced by these agents are identical; for death not unfrequently arises from affections of the brain and nervous system, where the most acute pathologists are unable to detect the slightest morbid change. In these instances the structures affected are so minute, and the pathological alterations so subtle as to baffle the skill of the anatomist, and elude the powers of the microscope.

2. We hold it to be a fundamental law of Homœopathy, that drugs, in order to prove curative, must produce direct topical impressions or actions upon diseased structures; and that the character of these impressions or actions, should bear a close resemblance to that of the morbid ones we wish to cure.

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A recognition of this law involves the necessity of a proper appreciation and classification of those symptoms which especially pertain to the morbid action upon which the disease principally depends, in contra-distinction to those phenomena which are more remote and sympathetic. Thus congestion of the vessels of that portion of the cerebral structure which gives origin to the optic nerves, induces, among other direct and legitimate symptoms, dilatation of the pupils, disordered vision, vertigo, headache, rush of blood to the eyes, delirium, lethargy, or sleeplessness. These are the direct symptoms which proceed legitimately from derangements of this portion of the brain, whether caused by morbific or toxical agents, and must therefore be looked upon as especially characteristic.

The symptoms which are more indirect, or sympathetic, are, general irritability of the nervous system, spasmodic movements, paroxysms of stiffness and immobility of the limbs, tremors, weariness, and uneasiness of the limbs, oppression of the chest, cramp-like pains in different parts of the body, and constant inclination to move about.

This last series of phenomena, although as strongly pronounced, when considered merely as symptoms, as those first enumerated, are by no means so characteristic of the pathological condition of the brain as the first series; for the former are uniform, distinct, and invariable, while the latter are somewhat dependent on constitutional and other accidental circumstances connected with the individual, and must therefore be looked upon as of only secondary importance.

So far, then, as the selection of a remedy is concerned, we deem a single characteristic symptom—one which we know arises from a drug-action similar, both locally and pathologically, to the morbific action—of more importance than a number of merely sympathetic symptoms. In the one case, the application of the remedy becomes reduced to the certainty of a demonstration; while, in the other instance, we cannot always reasonably entertain the same perfect assur-

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ance of success. Groups of sympathetic symptoms, apparently precisely similar, may arise from derangements of different tissues, from dissimilar causes, and from morbid actions entirely unlike; while the pathological symptoms (if we may be allowed the expression) can only proceed from disorders of particular parts of the economy, thus constituting groups *sui generis.* This important classification has already been attained with a number of our medicines; and when the pathological effects of all our drugs, and the symptomatic phenomena arising from these changes, shall have become thoroughly understood, in connection with the pathology of diseases, the practice of our art will become reduced to almost mathematical precision.

3. A close correspondence of prominent drug-symptoms with those of disease, is *prima facie* evidence of pathological correspondence; and we may, therefore, in a vast majority of instances, select remedies from visible symptoms alone, with the utmost certainty of success. At first view, this admission would seem to detract from the importance of our former positions; but this is not the fact, for we contend that whatever tends to confirm our provings of drugs, and render them uniform and positive, or to throw light upon any portion of our noble science, must be regarded as highly important.

4. The study of pathology, in connection with Homœopathy, must necessarily lead to a more accurate and reliable arrangement of both toxical and morbific symptoms, and thus eventually establish our whole system of theory and practice on an incontrovertible and self-evident basis.

One, among the many important results which would accrue from these investigations, would be the attraction into our ranks of a great number of medical men from the old school, who are at present groping about in the dusky mazes of eclecticism. This will be evident, when we contemplate the extraordinary changes of opinion which have recently occurred in the allopathic schools, respecting the nature of many diseases. As an example, we may cite the facts that

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a majority of the most eminent allopathic practitioners now regard nearly all the forms of delirium as non-inflammatory affections, in which the antiphlogistic treatment is positively injurious. This opinion is of recent date, and affords to the world an instructive commentary upon the mutability and uncertainty of the theory and practice of allopathy. Until within the past ten or fifteen years, the lancet and the usual variety of antiphlogistics were deemed essential to the preservation of life, in a great majority of cases of this description. Now, this mode of treatment is denounced as murderous by many of the identical physicians who formerly employed the "heroic practice," and those excellent homœopathic specifics, belladonna, opium, stramonium, hyoscyamus, chloroform, ether, etc., (all of which *produce* delirium and coma when taken in health) are confidently relied on by our amiable opponents. It is true that they administer *some* of these medicines in a more crude and impure form, and in larger doses than necessary, and thus compromise to a certain extent the happiness of their patients, yet they do effect clumsy homœopathic cures with these drugs, as might reasonably be supposed from their pathogeneses, and from the morbid actions to which they give rise in the encephalon.

ARTICLE XXIII. *Fragmentary Contributions to Materia Medica and Therapeutics. By* H. J. M. CATE, M. D., Danville, Vt.

CASE I.

MRS. H., aged 35, had aborted five weeks before my visit, and, in the meantime, had flowed at intervals. For three weeks has been discharging enormous quantities of dark green, almost black, extremely offensive liquid matter *per anum*, and for the whole time has been vomiting, more or less, every twenty-four hours; has terrible distress and anguish (these are the only terms with which she can describe the feelings) in the epigastrium, not uniform, but a little easier after

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vomiting, and gradually increasing till it becomes intolerable, when vomiting again gives partial relief. The pain is never entirely absent, but this round goes on continually; gradually increasing pain; vomiting and partial ease. She has also attacks of burning in the stomach and œsophagus; has twice vomited blood in large quantities, and several times passed it *per anum.* The least quantity of food or medicine, liquid or solid, produces great increase of pain and immediate vomiting, and she thinks nothing has passed beyond a certain point, indicating the pylorus; a tumor, as large as a man's fist, can be distinctly felt on the great culde-sac of the stomach, and is sensitive to pressure. Through these five weeks she has been under the care of an experienced but *heroic* allopath, who has given calomel to "correct the secretions," castor, fetid gum, quinine, stimulants, &c., but for two or three days has taken nothing. Still she has grown weaker and sicker daily; is exceedingly emaciated from the excessive discharges, want of nourishment and sleep, and the intense suffering. *Ars.* 3. every eight hours.

Second day. The first dose of *Ars.* produced an aggravation of the symptoms, but this soon passed away, and she has vomited but once. Sensibility at the epigastrium less; had but two stools, which are lighter colored; pain in epigastrium much less; countenance brighter and losing its pinched and anxious expression. *Ars.* 12. every eight hours.

Fourth day. Has not vomited since my last visit; pulse stronger; two stools, yellow; felt pain in her stomach but twice within twenty-four hours, and then slightly; food relishes. Cont.

Sixth day. No pain or uneasiness at the stomach; very weak; tongue brown but cleaning. *China* 6. through the day—*Ars.* 12. afterwards.

Ninth day. Has set up half the day; no pain or nausea; stool twice a day, consistent; appetite good; tongue clean. Dismissed.

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Case II.

Mr. H., aged 40, bilious temperament, of a scrofulous constitution, subject to suppuration of the tonsils and lymphatic glands, and frequent facial eruptions. Ten years ago was poisoned by the leaves of *Rhus-tox.*, his hands, feet and face swelling, vesicles appeared, broke and ran together leaving a raw suppurating surface. This was rapidly healed by external applications. After this he failed rapidly till a host of small boils covered him, since which his health has been better; is still more subject to tonsilitis and to the facial eruptions.

Some two weeks since, his lower lip began to swell and become painful; the pain is severe, shooting out towards his ears, eyes, and down into his throat; has been also for three days intense throbbing pain as though it would burst; it is dark purple, and hot; swelled so as to be completely everted and enormously enlarged, depriving him of sleep entirely.

Ars. 3, one dose now, and two to-morrow; then *Sacch. lac.*

One week later. He has had no pain since the second dose of the remedy; rested well the first night; lip much diminished in size, and approaching its natural color, continued *Sacch. lac.*

I have since learned that his lip entirely recovered its size, color, and consistence, and that he has had no return of the symptoms.

Case III.

Poisoning by Pulsatilla.

Mrs. M. had an attack of vomiting some four years ago, brought on by some error in diet, for which a pseudo-homœopath gave her a teaspoonful of *Tinct. Pulsatilla* at a dose. Singularly enough this produced no mitigation of her symptoms, and finding the symptoms a still more exact picture of Puls., he gave her another teaspoonful. The effect on her system, already prostrated by the long-continued

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vomiting, was appalling. It produced universal and extreme coldness of the surface, resisting all external or internal treatment, trembling and shivering, prostration, inability to speak, intense pain in the back as though it would break; tensive, cutting pain in the uterus, constant and nearly uniform. The uterus is still sensitive to the touch, and coition is painful, and often impossible. The least misstep or jar to the body produces pain in it. Her back and stomach are also weak, and require the utmost care in her labor and diet.

Cochlearia-armoracia.

I would recommend this root to the trial of homœopathic physicians in *gonorrhœa.* The treatment of this disease has always been little satisfactory to me; but this remedy promises more efficacy. I have merely to say with regard to my mode of administration, that it seemed to me that the 1st and 2d dilutions produced more favorable results at the commencement of the disease than anything higher. I have tried it in but three cases, but in these I tried the 6th dilution with trifling, if any perceptible effect, whereas, when I returned to the 1st or 2d, the change was immediate. During the later stages, when the cutting and burning pains during micturition had been nearly removed by the low potencies, the 6th dilution acted with good effect.

I will add the following symptoms of the *Coch.-arm.*, from experiments on my own person: Increased secretion of urine; urine pale and limpid; increased inclination to urinate; urination eight or ten times daily instead of four; burning and cutting at the glans during micturition, felt also before and after; crampy, tensive pain above the epigastrium, apparently in the diaphragm, relieved by bending forward; griping pain around the umbilicus; involuntary passage of mucus from the anus; stools increased in frequency.

Its pathogenesis and its effects in the few cases in which it has been tried by me, warrant its being further tested.

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ARTICLE XXIV.—*A Case of Arachnitis ending in Convulsions, with recovery under the inhalation of Chloroform.* *By* E. E. MARCY, M. D., New-York.

THE subject whose case we are about to detail, is a son of J. W. Crane, M. D., of this city, aged thirteen years, of a sanguine bilious temperament, and, until the period of the present attack, has enjoyed very good health, with the exception of an attack of intermittent fever of a few weeks' duration last summer. The following record we derive mostly from notes furnished us by the father of the lad, to whom we beg leave to render our acknowledgments.

About the third week in January, 1851, an unusual fulness was observed in the chest, abdomen, and face of the lad, which gave him quite an unnatural appearance. As his appetite and digestion were good, and as he had no pains, or other symptoms of disease, no immediate alarm was felt by his parents in regard to his case. About the 1st of February, however, the following train of symptoms manifested itself: paleness of the countenance, alternating with occasional transient flushes of heat and redness, irritability of temper, movements languid, understanding obtuse, memory treacherous, bowels torpid, pains in the head, hot and dry skin, diminished secretion of urine, constant disposition to be near the fire, sudden starting from sleep, disordered condition of the mind. These symptoms continued until the 8th of February, when there was almost constant drowsiness, great disinclination to mental or physical exertion, constant pain in the head, almost entire suppression of urine, hot and dry skin, dilatation of the pupils, strange expression of the face and eyes, and general derangement of the intellect. He could not remember what had occurred to him even two hours previously, his legs and fingers appeared to him to be only about an inch in length. In his attempts to step, or to reach for anything, he would always come short of the mark, or if his hand happened to brush against his limbs or face, he would start suddenly, from the supposition

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that some one was near him and had touched him. He would occasionally start up suddenly from his somnolence, leap on the table, and make all kinds of strange speeches, and uncouth gesticulations.

We quote the following from the notes of Dr. Crane: "February 9th, at four o'clock, A. M., I was aroused from sleep by a sudden jerking and trembling of every muscle of my son's body, which continued for about one minute, when I raised him from his pillow and commenced rubbing his body, after which the paroxysm passed off without waking him from sleep. In a few minutes, however, the spasms returned again, his limbs were convulsed, the head drawn down upon the shoulders, stertorous breathing, foaming at the mouth, eyes opening and closing with incredible rapidity, the muscles of the arms, legs, and face manifested the same rapid and convulsive movements, jaws locked, lips compressed together, eye-balls rolled downwards, pupils contracted, whole countenance frightfully distorted. The paroxysms continued to recur at intervals of about twenty or thirty minutes, of from one to five minutes duration, and to increase in violence, until about five o'clock in the evening, when his hands and feet became cold, and the pulse could no longer be distinguished at the wrist. I now left the room thinking that all would be over in a few minutes. It is proper to observe that a burning fever accompanied the convulsions during a great part of the day."

At this stage of the case, inhalations of chloroform were commenced, and within thirty seconds from the first application of the sponge to his mouth and nostrils, although it was applied at the commencement of a violent paroxysm, the convulsed parts became quiet, the fearful distortions vanished, and the patient fell into a tranquil slumber, instead of relapsing into a coma with stertorous respiration, as he had before done. This calm slumber lasted about thirty minutes, when convulsive tremors again commenced, but which were almost immediately subdued by the chloroform. The alleviation on this occasion was of nearly an hour's

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duration, when the patient commenced moving the head rapidly from side to side, instead of becoming convulsed, at the same time uttering the most distressing moans and cries. Again was the vapor administered with the same speedy and happy result. From this period he slept quietly for several hours, when he awoke with a natural expression of countenance, and a return to consciousness. After we had administered the chloroform the second time, the heat returned to the hands and feet, the blue color disappeared from the lips, and from under the nails, the pulse was perceptible at the wrist, and it was evident that a decided impression had been produced upon the disease. On waking from the sleep last alluded to, he passed a very large quantity of thick, dark urine, like ink, with a darkish sediment. From this period he continued to urinate most copiously, first a dark, thick liquid, and afterwards, as his symptoms improved, a more and more natural urine, until it finally assumed a healthy appearance.

All the symptoms he had previously labored under now rapidly disappeared, his intellect became clear, his expression natural, his skin soft and moist, the urine healthy and abundant, and the swellings of the chest and face were no longer to be discovered.

My reason for employing the chloroform in this case, was the knowledge that the inhalation of its vapor exercises a specific action upon the arachnoid and certain other portions of the cerebral structure, and produces a train of symptoms very similar to those above described. I therefore considered it a homœopathic remedy, and, as such, employed it.

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ARTICLE XXV.—*Cures by Colocynth.* *By* CH. F. C. WINTER, M. D., Lüneburg. *Translated from the Oesterreichische Zeitung.**

Ischias.

CASE I. P. L., æt. 55, has always been in good health until within four or five years, since when he has suffered from blind and bleeding piles. On the 4th July, 1845, he applied to a physician, on account of violent pains which extended from the *sacrum* along the course of the sciatic nerve, behind the great trochanter of the right leg, down as far as the knee. The pains began gradually, about six weeks ago, but are now so severe that he can neither lie, nor sit, nor walk; they are increased by the warmth of the bed, and are tearing, burning and continuous. The appetite was not disturbed, but the patient felt and looked sick: the bowels were rather slow, but, with the exception of a slightly increased heat, he presented no other abnormal symptoms. The absence of symptoms and the persistence of the pain led me to the selection of *Colocynth*, of which I gave twenty drops of the tincture in four ounces of water, and directed him to take a tablespoonful morning and evening. Three days after (July 7) he returned, with little improvement, and I prescribed four grains of the extract of Colocynth in four ounces of water, to be taken as before, with the direction that, if it should purge him, he should take only one dose a day, resuming the second only when his bowels became again less active. Repeated copious evacuations took place, and the prescription was continued until the 20th July, when the pains had almost entirely disappeared, and he could move about or lie at his pleasure. He was advised to wait a week without medicine, and on the 2d August reported himself as perfectly cured.†

* Band 3, s. 231.

† Would not a smaller dose have answered as good a purpose? And was it necessary or advisable to abandon the tincture, which so admirably secures both the preservation and uniformity of the remedy, for the extract?—*Ed. Aust. Journ.*

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Case II. The wife of a customs clerk, F., æt. 64, had suffered for two years with pain, more particularly in the right, but also in the left hip. She is rather fleshy than lean, and represents herself as having been always well.

1845, May 23. The pains are drawing and continuous; lying, sitting, standing and walking are all painful; she can find no comfortable position, especially at night and in bed; walking is difficult, partly on account of a paralytic state of the leg, and partly on account of the pain. She had consecutively *Mercurius*, *Sulphur* and *Calcarea*, but as but little amelioration had been produced by these remedies up to the 19th July, I prescribed two grains of the extract of *Colocynth* in four ounces of water, a tablespoonful every evening. She went on so well under this, that on August 2 the dose was increased to four grains, and ten days after, August 13, the trouble not having entirely disappeared, she received three grains to be taken in the same way. Increased evacuations took place in this case also, especially while she was taking the four grains solution, but never more than once a day. On the 23d of August, four weeks from beginning to take the *Colocynth*, the pains had not entirely disappeared, but strength had been restored to the leg, so that she could walk with ease over an uneven pavement, and she was considered sufficiently restored to be discharged.

Case III. Minna G., æt. 17, applied to me on the 14th July, 1845, complaining of drawing and tearing pains in the right hip and thigh. They had lasted six weeks; were continuous, but experienced periodical exacerbations; walking and standing were painful, especially going up stairs with a load, *e. g.*, a couple of pails of water. She has begun to menstruate, but is irregular, as is common at her age; she represents herself as having been always well, and cannot account for her present affection. She received four drops of tincture of *Colocynth* in two ounces of water, a tablespoonful every evening. Progress being slow under this prescription, on the 18th July the dose was doubled. On the 20th, the pains had almost disappeared; but in order effectually to

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eradicate the disease, she continued to take, every evening, a tablespoonful of a solution of a scruple of the tincture in two ounces of water. On the 30th she was discharged cured. The attack had not returned up to the 27th January, 1846, and she had grown stouter and stronger, and enjoyed permanent good health.

Case IV. B., æt. 67, experienced the first attack of pain in the year 1834. He was almost wholly restored under homœopathic treatment, in six weeks; he was, however, immoderate in the use of brandy, though not to the point of intoxication, and indulged himself in eating. When scarcely seventeen he had married a young woman of his own age, and it was from four to six years after, that their first child was born. This barrenness may be accounted for, perhaps, by their immaturity, and the same cause may be conjectured as the occasion of the immediately following perfect paralysis of both legs. When the consequences of this attack had well nigh disappeared, some years after, pains and weakness of the right leg, arm and hand came on, and, in the course of succeeding years, he had a corroding ulcer on the same leg, of considerable size, and lasting for years. In 1843 he suffered an apoplectic attack of an epileptoid character, which affected his tongue and left his speech defective. These symptoms disappeared almost entirely under the remedies employed; a weakness of the intellectual sphere, however, remained. He was fat, broad-shouldered, very unwieldy and had a large paunch. In the course of time the ulcer healed, but he had the misfortune, about that time, to fall, in getting in or out of a wagon, and to injure his right leg in the hip-joint, an accident which confined him for a long time to his bed. The weakness in his legs, subsequently so increased that it amounted to perfect paralysis in 1845, and not being able to use crutches on account of a paralytic condition of his upper extremities, he was obliged to be content with rolling himself from place to place about the room in a chair. In addition to this, obstinate constipation came on, and more especially to remedy this latter evil, some one pre-

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scribed for him one or two grains of *Colocynth* every third or, perhaps, fourth or sixth night; this course was persisted in, with few exceptions, for over two years.

On the 1st January, 1846, I was called to the patient, and found him complaining of indescribable pain in both hips and legs, but more especially in the right. So far as could be learned from the stupid mental condition of the patient, the pains were burning, tearing, and came on in paroxysms, like labor pains. When they commenced, he began to whimper and groan, and even to shriek, while his urine was passed involuntarily and incessantly. At night, and during sleep, his urine has for a long time been passed involuntarily, but never during the day, and while he was awake. When the attack was over, he was quiet, but in five to ten minutes another and more severe came on; this state of things continued from noon to evening. I prescribed *Secale*, and with good result; the pains, after a few hours, diminished. After from four to six days, during which they had not returned, he took twice in six days eight grains of extract of *Colocynth*, for the purpose of procuring an evacuation, and the same pains again returned. I had already had my eye upon the pills, and now forbade their use, substituting *Castor Oil* in their place, and the pains returned no more. *I have not the shadow of a doubt but that this affection was the result of the Colocynth, and that these pains, so closely resembling those of labor, are to be attributed to its administration*, a conclusion which receives additional confirmation from the fact that, up to the end of January, 1846, the attacks had not returned. It remains to be observed, that during the pains the leg was forcibly flexed, so that neither the patient nor external force could straighten it, while the motive power was almost wholly destroyed. During the pains he appeared oppressed and anxious, like a parturient woman. No other symptoms could be obtained from him.

Case V. A young countryman, 18 years old, S., had suffered for several weeks from violent pains in the hip and thigh, when, on the 14th January, 1846, he applied for

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medical relief. The diagnosis could not be very clearly made out, because, as usual, the reporter knew little more than that the patient had pains in the hip and thigh. Besides these, there were great chilliness, want of appetite, and constipation. On account of the meagreness of the account, I ordered the patient two grains of *Calomel* in eight doses, so that he took a quarter of a grain every night. When these were taken, the chilliness, anorexia and constipation had disappeared; the pains in the thigh and hip remained the same as before the administration of the *Mercury*. From a more accurate description of the pains, commencing at the sacrum and running down behind the trochanter to the knee, tearing, sticking and burning, I diagnosed, without difficulty, a rheumatic sciatica. On the 20th January, 1846, I prescribed a solution of two grains of the extract of *Colocynth* in four ounces of water, one dose every three hours. On the 28th the patient sent word that the pains were less intense; the dose was doubled in strength, a tablespoonful every night, and, in from eight to fourteen days, he was perfectly cured.

Neuralgia of the Solar Plexus.

Case VI. Mrs. S., æt. 24, fond of tea and coffee, of a venous, hemorrhoidal temperament, yellow complexion, inclined to hysterical affections, subject to cramp in the stomach and pains in the back, and suffering under a stoppage of the menses, on the 25th October, 1844, was attacked in the evening with a violent colic attended by the following symptoms: nausea; vomiting; colic around the navel with inflation of the abdomen and fulness of the epigastric region; frequent eructations and constipation. I was sent for at about ten in the evening; could find out no special cause for the attack, and took it for a case of cramp mixed with hysteria, and, as the symptoms pointed, though only partially, to *Opium*, I put ten drops into four ounces of water and ordered a teaspoonful every hour, On the morning of the

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26th the pains had somewhat diminished, she had had a little sleep, but, as I gathered, it was not natural, and, therefore, not refreshing; the eructations, however, the fulness in the epigastrium, the inflation of the abdomen and the constipation remained the same, although she had taken half the medicine. This not very flattering result led me to the conclusion that *Opium* was not homœopathically indicated, but that *Colocynth* corresponded much better to the symptoms just detailed, as well as to the nausea and the still troublesome though diminished colic. The constipation, indeed, seemed to counter-indicate it, but standing alone as a single symptom, it must give way to the rest. I discontinued the *Opium* and prescribed *Colocynth*, eight drops of the tincture in four ounces of water, a teaspoonful every two hours. An amelioration speedily manifested itself. The symptoms disappeared, a stool followed without any tendency to diarrhœa, and the patient did not find it necessary to take the whole of the mixture.

Paraphimosis.

Case VII. N., æt. 30, having, during a commercial expedition, had a suspicious connexion, applied to me eight days afterwards to show me on the inner surface of the prepuce a fissure already covered with a scab. As this state of things might have been produced by a simple abrasion and I had no knowledge of any other cause, and N. communicated no other, I directed him to come again if the encrusted spot should manifest any alteration. Eight days after, the scab had disappeared and in its place was an open ulcer looking enough like a chancre. The probability of contagion being so strong, I gave him *Merc. sol.* $\frac{1}{x}$ of a grain every night. He grew worse, however, instead of better, and at the end of a fortnight the ulcer was larger and deeper. There soon appeared on the glans, at the insertion of the *frænulum*, a suspicious spot, which often bled freely and ended in an ulcer boring deep into the glans and threatening the urethra. The

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prepuce was drawn behind the glans and both were inflamed and swollen, the patient complaining of violent pains both day and night. He had no appetite; his digestion was disturbed; he was entirely constipated; he had chills during the day and fever in the evening. The prepuce and glans were so swollen on one occasion when he came to me, that I feared there might occur retention of urine from stoppage of the urethra. I saw plainly that the disease was not simple syphilis, but a dyscrasic, erysipelatous condition and I prescribed *in addition* (*! Ed. Aust. Journ.*) to the *Mercury* the dose of which I had increased, *Rhus-tox.*, and tried to bring the foreskin over the gland, but could not. I now first learned from the patient that the foreskin ordinarily covered the glans—the deep ulcer on the glans had been occasioned partly by the strain of the coitus and partly by the unwonted tension dragging the *frænulum* from its point of insertion. As no improvement followed the alternation of *Mercury* and *Rhus*, but the state of things became continually worse, I found myself in an unpleasant predicament. I prescribed *Nit.-ac.* in alternation with *Mercury*, one drop every second night and continued it a week, but always with the same result. In this dilemma, the patient in the sixth week of the treatment and complaining of a constipation which only permitted a stool once in two, three, or four days, I determined to give him, antipathically, a dose of *Colocynth.* I prescribed two grains of the extract in four ounces of water, every night a tablespoonful, and if a stool did not follow, two tablespoonfuls and so on until a result took place. The patient used up this prescription in a couple of days with mitigation of his pains; the swelling was less and the deep redness diminished. On this result, I doubled the doses of Colocynth and let him take a tablespoonful morning and night. When he had taken about half of it and had copious stools, he communicated to me that during the second night of the employment of the second mixture, the prepuce had spontaneously slipped down, an agreeable fact of which I convinced myself by an examination. The glans, too, was nearly one half smaller than

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before. I immediately turned to this Journal (Vol. 1, p. 82) and found the symptom, *paraphimosis*, and also in Jahr's Manual (1834, p. 382) I found *Colocynth* given as a specific remedy for this affection—a circumstance I had not had in mind. I have no doubt that *Colocynth* here manifested its specific action and that the cure was due to it alone, for after the return of the prepuce to its normal position neither *Mercury* nor *Nitric acid* in alternation produced any amendment; but the patient desiring the other remedy, I prescribed it again until he was perfectly restored.

I am aware that this case presents nothing new, but I communicate it simply that the pathogenesis of *Colocynth* may be confirmed by this instance of its therapeutic action.

[I was applied to some two years and a half ago by a servant girl about twenty years old, of healthy complexion and intelligent appearance, who stated that for two or three years previous she had been subject to attacks of the following character: they commenced by shooting, rending pains in the left side of the face, between the temple and ear and the jaw, at first slight and intermittent, but gradually increasing in severity and frequency, until they were accompanied by nausea and empty retching of the most distressing violence, when the pains in the face became almost insupportable. The paroxysms lasted sometimes for twenty-four hours, and sometimes longer, going off gradually as they came on, and recurred latterly sometimes as often as twice a week, depriving her of sleep, and rendering her unfit for any situation. Her bowels were as regular as could be expected with a deficient appetite, and all other functions seemed normal. I prescribed *Colocynth* of the first trituration, a dose every two hours on the first symptom of a paroxysm. The first paroxysm that subsequently occurred was very much shortened, going off in a few hours, and being attended with much less of the retching, and after three weeks she had no more returns.—J. W. M.]

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Bibliographia.

ARTICLE XXVI.—*An Examination of the Evidence in regard to Infinitesimal Doses. By* WM. W. RODMAN, A. M., M. D. Waterbury, Ct., 1851. 12mo. (paper covers) pp. 99.

OF the two great stumbling blocks of Homœopathy, *similia similibus curantur* and small doses, this little pamphlet professes to deal with the latter only. It is a clear, concise and strictly logical discussion of a question, which is thus stated by the author at the outset.

"Certain practitioners assert that medicines have valuable properties in doses much smaller than has usually been thought possible. That these properties are distinct from the cathartic, emetic and other disturbing effects of the remedy. That in doses much smaller even than those whereby are usually obtained the "alterative or deobstruent" effects of medicines, there is an alterative power having definite relations to the effects of the same remedies in larger doses. To this power they give the name Homœopathic, and the doses in which it is claimed to exist are often so small that the term "infinitesimal" has been adopted to characterise them. *Has this power a real existence,* and if so, can it be made available in the cure of disease? Such a question it would seem might easily be settled."

Although, theoretically, Homœopathy would be complete without the addition of infinitesimal doses of medicine, yet, practically, the two are inseparable, and an examination of the power of small quantities of drugs to produce appreciable effects is the more useful, and even necessary, as it is the grand point of attack of our opponents and their direct denial presents a palpable issue between us. The question being thus a plain question of fact, it is evident that the only direct and satisfactory solution of it is to be obtained by an appeal to experiment, and this appeal constantly made by us is as constantly and perseveringly disregarded by our adversaries, or met by a shabby, because consciously false, assertion that the appeal has been tried and decided against us.

It is evident that the direct appeal to experiment carefully conducted, can only be avoided by assuming the position that it is unnecessary, the question being determinable *à priori.* This is a mode of settling questions of fact which has been frequently resorted to in all ages of the world, but which demands the most exact logic and the strictest exami-

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nation. It was by this course of reasoning that it was formerly determined that there could be but seven primary planets, because seven was a sacred number; but modern astronomy has carried the list to three times that amount. By the same process, it was denied that the world could revolve on its axis, because, if it did, everything would be spilled from its surface, and not a few sturdy maintainers of this *à priori* argument may still be found in the hedges and workshops of this life. By the like method, it was, a short time since, very generally held that it was impossible that phenomena resembling those of natural somnambulism, could be produced on certain impressible subjects by specified manipulations, because, forsooth, the objectors did not see why it should be so; and, although scepticism on this subject has nearly vanished even from that stronghold of deep-rooted prejudice, the medical profession, yet there are not a few left, who still obstinately refuse to look through the Paduan glass of experiment lest they should be convinced, and continue to reason with most unreasoning pertinacity, that such things cannot be, because—they cannot be.

To disprove the asserted efficacy of portions of drugs which, in comparison with the doses ordinarily administered, may properly be styled infinitesimal, one of three grounds must be taken:

1. It is, in the nature of things, *impossible.*
2. It is so *improbable* that no amount of evidence *can* make it credible.
3. It is so improbable that the amount of evidence adduced *does not* prove it.

The first of these positions is thus disposed of by the author.

"I am not aware that the first of these positions has ever been assumed by any one. The opponents of homœopathy frequently speak of the effects imputed to its doses as being impossible. These effects have even been said to involve an absurdity, similar to the claim that the part is greater than the whole. No one, however, seriously means, I presume, that such effects involve a contradiction with any ascertained truths. No demonstration, certainly, of the impossibility of the asserted facts has ever been produced. Were this once done, it would be conclusive, rendering all argument superfluous. The 'possibility' is yielded, when facts and arguments are appealed to as the proofs of the inertness of homœopathic doses." (p. 8.)

In relation to the next ground, he truly alleges that

"The second position, viz.: that the *improbability* of these doses having remedial power is so great that the supposition cannot be true, is the one

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usually taken, or at least acted upon by the profession. When the subject forces itself upon their attention, it is declared to be incredible because it is irreconcilable with undoubted facts and principles. The published attacks upon homœopathy, so far as I have met them, are attempts to settle the question by establishing a conclusive *à priori* presumption against the system. So complete is the incredibility supposed to be, that it is not thought necessary to furnish detailed experiments, or any analysis of the testimony of homœopathists, nor to produce the statements of such witnesses as give proof of being competent, by showing that they were acquainted with the homœopathic system. Professor Lawson, in the Western Lancet (Feb., 1846) says, 'No one who has the slightest acquaintance with the laws that govern the human system and the effects of medicines, can for a moment believe that infinitesimal doses of medicines, such as properly belong to the homœopathic system, can under any circumstances exert the slightest influence in the cure of disease.' Dr. Worthington Hooker says, 'The homœopathist attributes palpable results to doses of medicine which are so small that they cannot produce any perceptible effect except by a miracle.' Dr. John Bostock, in his History of Medicine, dismisses homœopathy with the single remark that 'no medical testimony is sufficient to establish a fact which is itself incredible, and that this previous incredibility can only be ascertained by an extensive and accurate knowledge of the functions and properties of the living body, both mental and corporeal in all its modifications, and under all circumstances, and by a correct and careful generalization of the knowledge thus obtained.'" (p. 3.)

It is ever to be borne in mind that the case of Homœopathy is not that of an improbable occurrence which, like a miracle, has happened but once and can never happen again, belief in which must be established, if at all, by testimony alone. The evidence to which we first and most strongly appeal, is the impartial experimentation of our opponents themselves; if this do not convince them, we offer to grant them an honorable absolution from believing. Thus their varied monotony of excuse is an attempted justification, not of their disbelief but of their refusal to investigate—a refusal which, in this age of the world and in the present position of Homœopathy, is not only disgraceful to any one making the smallest pretensions to scientific acquirements, but absolutely admits of no justification whatever. It is not too much to say that there can be no such thing in science as an *improbability* so great as to justify a refusal to investigate that which is attested by a reasonable amount of testimony. What so improbable, *prima facie*, as that a small white powder, not weighing half a grain, should no sooner be laid upon the tongue of a healthy man, than it should destroy his life, while a hundred other powders similar in appearance should produce no more effect than his daily salt? What so improbable as that the image on the back of Porta's chamber should

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there, by its own action, engrave itself deeply in the very substance of a metal plate? What so improbable (or would not our philosophers have rather called it *impossible*) as that the ticking of a clock in Washington should be distinctly heard and every vibration of the pendulum registered in Cincinnati? Would science have been excused for neglecting the announcement of these facts on the ground of their improbability?

We are reduced, then, to the third and only remaining ground of excuse, that the evidence of the efficacy of infinitesimal doses, which has been hitherto adduced, is not sufficient to authorize a charge of neglect upon the profession in consequence of their refusal to investigate the subject. This issue we are ready to meet, and we allege on the other hand that the evidence is amply sufficient not only to compel an examination, but also to authorize a full belief without personal experiment, and that those in the profession who decline to believe, still more those who refuse to investigate, are disloyal to their great mistress and guilty of scientific treason.

Let us inquire, first, what is the amount of testimony ordinarily required for belief in any fact in science. In many cases, the simple assertion of a single observer is deemed perfectly sufficient. When Wagner tells us that the long diameter of the blood-corpuscles of the torpedo is .002 of an inch, we hear no expression of doubt, but the result is received as an ascertained fact. How many of the believers in Liebig's statement, that Chloroform is a perchloride of formyl and that its formula is $C^2 HCl^3$, have ever verified the fact by an actual analysis? What is the amount of evidence upon which the world this day believes in the existence of a planet Neptune, or of the asteroids Flora, Iris, Metis, Hygeia? We hesitate not to assert that the recorded evidence in favor of the action of infinitesimal doses is a thousand times as great! We see, then, that in the ordinary matters of science, a great amount of testimony is not required to establish a particular fact; and the reason is obvious; the experiment or the observation is easily repeated, and the fact that the scientific reputation of the first observer is at hazard, if his account be not verified, forms a sufficient guarantee for his care in conducting the experiment and his faithfulness in making his report. But we do not ask that the efficacy of small doses shall be believed upon the testimony of a single witness, nor on that of a dozen; a continually augmenting band of competent and scientific observers, for the space of

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half a century, have accumulated a mass of evidence which a life-time would hardly suffice to master, while patients, numbered now by millions, have added their grateful testimony, from year to year, to a truth which has been full of life and joy to them.

Neither is the testimony vague and shadowy; it will be seen, on examination, that its statements are as precise and circumstantial as it is possible for statements of medical facts to be.

"All the circumstances which can be enquired about are stated if required. Everything which might aid the judgment in explaining the results is given or offered. The specifications are frequently so minute as to excite the derision of others. These details can be compared with unquestioned facts, and their real value estimated. It is possible that these circumstances may admit of no explanation except through the action of the doses. If this should prove to be the case, the minuteness of the circumstances detailed, is such as to admit of constant contradiction and detection, if the testimony is false. The importance of this precision may be seen by comparing it with the evidence, lately revived, in favor of certain exploded modes of treating disease, of which Perkinism is made most prominent.* I have not the means of examining the original evidence in favor of this system. Those, however, who now appeal to this evidence, do not give us a precise report of a single case thus treated. Of course we know not what evidence would be supplied by an ample number of such cases—much less what would be testified to by those who should treat all their cases with 'metallic tractors.' Evidence, free from such deficiencies, is abundantly furnished by homœopathists.

"Second. This testimony is direct and positive. Not, indeed, that infinitesimal doses do produce effects, for the nature of the case does not permit this, though homœopathic physicians assert these effects as confidently as they could the remedial effects of medicines in any doses. They assert, however, that their own convictions are unhesitating, and as the basis of them testify to certain facts, without conditions or limitations, which so directly involve the efficacy of these doses as to convince most of those who observe the facts and listen to the testimony, that the conclusion is true. The evidence may be sufficient to exclude all reasonable doubt: that it should be so strong as inevitably to produce conviction, would of course be impossible.

"This testimony is positive as to several particulars.

"1st. That there is a certain amount of success under homœopathic treatment. Reports of hospitals, dispensaries, and other public charities are given regularly. These establishments are open to the public, and any considerable inaccuracy may be detected. They are, as it is well known, watched with no little care, and in no friendly spirit. They include, one with another, probably every variety of disease which is ever made the subject of medical treatment. The reports vary in regard to the success attained: sometimes it would appear to be very striking, at others less so. On the whole, however, they assert that a greater success is attainable

* See the works of Dr. Holmes and Dr. Hooker, already referred to.

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under this treatment than under any other which the attending physicians know about. These representations have induced others to try the same means, and they, with hardly an exception, testify to the same facts. Several thousand physicians in private practice now unite in testifying that in inflammations, fevers, diarrhœa, dysentery, rheumatism and most forms of acute and chronic disease, a success is attainable under the administration of homœopathic remedies in infinitesimal doses, which they would not know how to obtain otherwise."

* * * * * * * *

"There are now in operation several large homœopathic hospitals. They publish regular reports and invite examination. Among them none perhaps has excited so much attention as that of the Sisters of Charity at Vienna, under the charge of Dr. Fleischmann. His reports have claimed so much success, that Dr. Balfour, of Edinburgh, went to Vienna apparently to detect their falsity. He wrote from that city in 1846, in the following words: 'During the first appearance of cholera here, the practice of homœopathia was first introduced: and cholera when it came again renewed the favorable impulse previously given, as it was through Dr. Fleischmann's successful treatment of this disease, that the restrictive laws were removed, and homœopathists obtained leave to practice and dispense medicines in Austria. Since that time their number has increased more than threefold in Vienna and its provinces.' He also says: 'No young physician settling in Austria, excluding Government officers, can hope to make his bread unless at least prepared to treat homœopathically if requested.'"* (p. 40.)

The author goes on to show that the testimony offered is also positive as to the fact, that innumerable *coincidences* have occurred in which similar symptoms, often of the most serious character, have disappeared after the administration of the same appropriate remedy; that these coincidences take place apparently in accordance with the law of similars; that the doses administered are really infinitesimal; and he shows that this testimony is intelligent, honest and abundant.

It is said, however, that all this may be true, and yet Homœopathy may make out no title to investigation, for other medical delusions have presented as long an array of votaries and as superabundant an amount of testimony, and have yet faded out from recollection before the hair of their champions had begun to wax gray.

"Of the instances on which this conclusion is based, none is so striking, and none is so much appealed to as Perkinism.† If the history of the 'metallic tractors' does not invalidate the evidence in favor of homœopathy, that of 'tar water,' and other similar 'delusions' cannot do it.

* British and Foreign Medical Review. 1846.

† See the works of Dr. Holmes and Dr. Hooker, heretofore referred to.

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"To make the application valid, it is necessary to show,

"1st. That Perkinism had as much collateral evidence in its favor as homœopathy has. 'The credibility of testimony greatly depends upon confirmation by collateral circumstances, and on analogies supplied by the aid of reason, as well as mere experience.'

"2d. That the testimony would bear analysis, and was found to be as complete in every respect.

"3d. That the downfall of Perkinism was conclusive evidence of its being a worthless system, and that it was not crushed unjustly by the authority and ridicule and neglect of unbelievers.

"But after this is done, and Perkinism is shown to equal homœopathy in the evidence it furnishes; to have been as probable from analogy; to have had as satisfactory presumptions in its favor; to have had as positive, intelligent and honest witnesses; and finally, when it is shown to have been all imposture or delusion, and thus to have deserved its fall, our opponent has still more to do. He is bound to tell us why, if homœopathy is equally worthless, it has not shared the same fate. The same year in which Perkins promulgated his discovery, was also marked by Hahnemann's first essay. Dr. Holmes tells us, that in fifteen years the tractors were almost forgotten. If it takes so short a time to demolish one false system, there must have been sad mismanagement in the treatment of the other. Its witnesses are already spread over a period of more than half a century. They are found in every civilized country on the globe. In those countries, where, ten years ago, homœopathy was said to be already declining, its practitioners have, in the interval, increased manyfold. The establishment of hospitals and dispensaries, of homœopathic professorships, and quite recently of their own medical colleges, are further evidence of progress during that period. With some slight fluctuations they are still increasing, and with a rapidity which has never been equalled by any radical change in medical opinions. The testimony they have given, has been faithfully adhered to amid ridicule and persecution, and, in some cases, where arbitrary laws have required the giving up the practice of medicine, or the renunciation of homœopathy; yet I know of no man who, being once recognized by homœopathists as a homœopathic practitioner, has been led by any motives to renounce his belief in it. The assertion may be safely hazarded, that no statements have ever been made on any subject, sustained by testimony so numerous, so positive, so intelligent, and, apparently, so sincere, and yet proved to be false. Until such an instance can be found, no appeal can properly be made to the 'uncertainties of medical evidence,' as an excuse for neglecting to use the only means of attaining certainty." (p. 63.)

We have given this little pamphlet a more extended notice than we had contemplated; but our readers will hardly regret it. Our only fear is, that the logical severity of its plan and the want of polish, amounting sometimes to carelessness, and the deficiency of illustration in its style, will render it less widely read and less popular than a work on this subject deserves to be.

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ARTICLE XXVII. *De la Fièvre Typhoïde et de son Traitement Homœopathique. Par* AUG. RAPOU, Docteur en Médecine de la Faculté de Paris. Paris, 1851: pp. 107.

On Typhoid Fever and its Homœopathic Treatment. By Dr. RAPOU.

OUR Lyons colleague has presented, in this little compilation, a very acceptable contribution to our stock of homœopathic monographs. No pre-existing medical system was ever so fundamentally opposed to a *general* practice of medicine, to the treatment of disease on "general rational principles," falsely so called, as our own; none has ever so loudly demanded not only that every disease shall be the specific subject of study by itself, but that *every case* of every disease shall receive a treatment founded upon its own special circumstances and peculiarities. Other systems have looked exclusively to the *genus;* Homœopathy contemplates more especially the *differentia.*

A collection of the monographs already acquired by our school, would show that we have already made no slight advances in the right direction. The treatise on *Intermittent Fever* by Von Bœnninghausen, that on *Scarlatina* by Cook, published in the Examiner, the essay on *Pneumonia* by Müller, in the Leipsic Journal, the treatise on *Uterine Affections* by Griesselich, in the Hygea, the pamphlet before us on *Typhoid Fever*, the innumerable publications on the *Asiatic Cholera*, are but a small part of the treasures that await and reward the diligence of the Homœopathic student.

Dr. Rapou has earned his title to instruct us on the subject he has chosen, at the bedside of from seventy to eighty patients attacked with typhoid fever, in all degrees of severity, of whom he has lost not a single case. We proceed to give our readers an account of his observations so far as they are practically interesting.

After treating at some length of that apparently inexhaustible subject, fever in general, and stating it as his opinion that typhoid fever is the morbid result of a miasm or virus, he goes on to remark:

"Fatigue of body and mind, exhausting and long-continued labor during the period of development are potent causes of typhoid fever, but still accessory causes and only operative if the patient possess the proper predisposition or the reigning type of fever be of that character. At one time it seems to have vanished entirely; at another, it makes its appearance without appreciable cause. It often attacks individuals apparently in perfect

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health and who have been subject to no privation and guilty of no excess. Andral and other physicians have observed that strangers in Paris, not yet acclimated, were particularly liable to be seized by it; we have remarked the same thing in Lyons, and a similar observation might be made at every grand centre of population. It would seem as though the typhoid miasm were the result of an atmospheric vitiation produced by the congregating of masses of human beings around a single centre under special conditions which have not been sufficiently studied. Thus it is endemic in towns but ordinarily only epidemic in rural districts, resembling in this respect its related miasms, plague, cholera, smallpox and yellow fever, which are endemic in the neighborhood of their foci—the deltas of the Nile, the Ganges and the Mississippi—and whence they occasionally start on epidemic excursions through the world." (p. 21).

Our author then runs a tilt against sanitary cordons, precautions and commissions, proving to his own satisfaction though without resorting to argument, that they are attempts by the faculty to draw public attention from their unskilful treatment of the disease by diverting it to the establishment of quarantines, the cleansing of streets and sewers and the whitewashing of cellar-kitchens.

With respect to the influence of age upon the occurrence of typhoid fever, he observes:

"The age most favorable for its development is the period between 15 and 30; cases very seldom occur from 55 to 70 and after 70 we have adynamic fevers but never a true typhoid, its peculiar intestinal lesion (dothinentérite) no longer occurring.

"This lesion, which is characteristic of typhoid fever, consists in a papulous, rose-colored swelling of Peyer's glands and the follicles of Bruner, followed by ulceration. In true typhoid fever, as described by Louis and Chomel, this pathological symptom is never absent, but it is not the only observable alteration of tissue; there are many others which we shall describe; for, without an exact notion of these, it is impossible to take in the true value of the symptoms, and, as a consequence, to select with sufficient exactness the necessary remedy.

"In well marked typhoid fever, the blood is altered, decomposed and has lost its bright red color and its fibrinous consistence. To this alteration is to be attributed the adynamic as well as the ataxic character of the affection. * * *

"It is rarely that the pulmonary parenchyma is not affected; it presents every degree of alteration witnessed in thoracic congestion. There is one appearance, however, peculiar to typhoid fever; a soft, reddish hepatisation, resembling the state of the spleen in individuals who have died of malignant intermittent.

"Sanguineous effusions into the pleura are quite frequent.

"In a great number of cases no local symptom whatever reveals the existence of the most extensive pulmonary complications, while in others, which present very marked difficulty in the respiration, no morbid phenomena are found in the lungs after death to account for it.

"The typhoid state is sometimes accompanied by a very deep jaundice,

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attributable not to the bile, but to the special alteration of the blood; an appearance not unfrequent in other miasmatic diseases.

"Swelling of the parotids appears in some cases, but always as a dangerous complication; it is never a critical phenomenon.

"There is no organic apparatus which presents such numerous functional disorders as the nervous centres, which, nevertheless, manifest no abnormal post-mortem appearances, and we accordingly see the most formidable cerebral symptoms promptly disappear under the influence of a well-directed specific treatment. The derangement of the senses of sight and hearing, contraction or dilatation of the pupil, modifications of the sensibility of the skin and of the calorific sense generally disappear with the intestinal lesion which had sympathetically affected the brain.

"Ulceration of the stomach rarely occurs. The great curvature sometimes exhibits an injected and softened state of the mucous membrane, but nothing that can be considered as characteristic of the disease.

"The duodenum is almost always intact; the follicles are never ulcerated; the peculiar exanthem is confined to the small intestine.

"Andral has sought in vain to find this eruption in patients who had expired of other acute diseases; he occasionally found a very unequal development of the follicles, but nothing resembling the typhoid exanthem.

"It is said that it has its regular course and its phases like those of Variola; it terminates differently, however; by resolution or by ulceration. Cicatrized ulcers have been discovered in the intestines of those who died accidentally during their convalescence.

"The large intestine is ordinarily healthy, with the exception of the cœcum, which is commonly covered with a confluent eruption. But it is the special seat of a very abundant and characteristic disengagement of gas. In many patients, so great is the distension of the colon by gas, that its form may be detected in the abdominal walls; it rises to the diaphragm, fills the epigastrium, and might be mistaken for the stomach. The cause of this symptom can scarcely be referable to the colon, as it is generally less altered than the small intestine.

"The special inflammation of the follicles appears and disappears with the fever. We must remember, however, that the evil is not there, but lies deeper; for in typhoid fever, as in other miasmatic diseases, the organic lesion scarce ever bears any relation to the gravity of the symptoms.

"The tongue is more varied than in any other disease, and with this peculiarity, that its appearance is not an indication of the state of the stomach, but of the general typhoid affection. Physicians who draw conclusions from it respecting the condition of the *primæ viæ*, are led into grievous errors; a dry tongue, red on the edges, does not indicate the use of emollients and antiphlogistics; the furred tongue of the commencement of convalescence, does not indicate purgatives and restricted diet; the only indication it furnishes, is as to the nature and degree of the typhoid condition. If the cerebral organs are particularly affected, the tongue is red and tremulous; if the lungs, it is furred; if the abdomen, it is dry, black in the centre and red on the edges. These symptomatic relations are the most constant and the most reliable.

"Nausea and vomiting sometimes exist at the commencement, diminish with the progress of the disease, and vanish when the adynamic state is well established. Should they occur in the last stage, they are probably due to perforation of the intestine.

"The abdomen is almost always indolent; the patient does not complain

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of colic. A single symptom points to the lesion of the digestive tube, the very acute pain produced by pressure in the right iliac fossa. If the patient is not beyond manifesting any signs of pain, he is agitated and utters a plaintive cry. The slight gurgling under the hand in the right groin, the pain there, and the insensibility of the rest of the abdomen are characteristic signs of the presence of typhoid fever. * * *

"The urine undergoes changes which are tolerably constant, and furnish indications of great value, both as to the violence of the disease and as to the regimen of the patient during convalescence. There is no disease in which the examination of the urine is so essential, and yet it is for the most part entirely neglected. For my own part, it is my chief guide, and has never misled me. We may be deceived by the pulse, the tongue or the physiognomy, but never by the urine. The water passed each day and night should be separately preserved in a glass, that it may be minutely scrutinized as to its tint, its limpidity, and the character of its sediment.

"In the beginning, the urine is turbid, whitish, jumentous and does not deposit; soon afterward, when the disease is established, it becomes perfectly limpid and of a normal color and for some days seems to remain the same; still if the glass be held between the observer and a strong light a slight cloud will be perceptible in the upper part of the liquid. This cloud in a few days gradually descends so that it occupies the middle strata, those above and below it being clear and limpid, while the centre presents a perfectly distinct, dim, opaline tint; and in proportion as it descends may we be assured of the approach of a favorable crisis. When it reaches the bottom of the glass its character changes and it is transformed into a grayish sandy deposit which partly settles upon the sides of the vessel. We may then safely prognosticate the return of health and reassure the patient's anxious friends.

"This sediment increases day by day and becomes generally very abundant, so much so as sometimes to attain a depth of at least two inches in a Champagne glass; it is then composed of a red powder deposited upon a base of thick mucosity. From this time the patient may partake of slight aliment, beef-tea or soup, and as soon as the sediment becomes purely sandy and begins to diminish, the cure is certain. We must then, without loss of time, prescribe a strengthening diet of roast meat, weak wine and water, nourishing soups; if we hesitate, we arrest the salutary reaction at the most favorable moment for its development and induce a convalescence more dangerous than the original disease. The pulse then becomes sharp and rapid; the cheeks flush; a short dry cough or frequent diarrhœic stools indicate the development of a passive pneumonia or a dysentery of exhaustion. Good beef-tea is here the sovereign remedy; I have not the slightest doubt but that many a typhoid patient, arrived at the gates of convalescence in spite of allopathic treatment, has there succumbed, a victim to want of nourishment and an anti-inflammatory regimen. I have known several cases, and shall never forget having been called to the bedside of a little patient reduced to the lowest state of weakness and abandoned by his physicians, and having saved him by prescribing soup from my first visit.

"We must be guided by the urine in directing the diet of the patient; if it is red and clear, we give nothing; if it becomes pale, slightly turbid and deposits a little sediment, we give nourishing food; if the deposit becomes abundant we are to be more cautious."

Our author's account of the peculiar eruption of typhoid

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fever contains nothing new, and is not as precise and definite as he might have rendered it had he availed himself of the accurate reports with which we have been lately favored by English observers. We pass to his description of an attack of the disease.

"The invasion of typhoid fever frequently takes place in the most insidious manner; an exquisite tact and extended experience are necessary to detect it in all cases from the commencement. It may present itself in the first instance in the form of a local inflammation, gastritis, bronchitis or angina; we have seen it suddenly burst out, after a short period of depression, in a violent inflammatory fever. In severe cases it begins by violent headache with nausea and syncope; generally the patient feels unwell without being able to describe his symptoms; he is tired, sleeps badly, has no appetite; he has bleeding from the nose of a few drops of blackish blood; his head is heavy, he has vertigo, confusion of ideas and trembling of the legs; he is obliged to go to bed. The first two nights he has horrible nightmares; the succeeding morning he no longer complains but answers slowly and briefly that he is doing well: his countenance is stern, his eyes brilliant and animated, his arteries pulsate and his pulse is full; his lips are dry, his tongue whitish and marked with red points; he has continual thirst; his abdomen is tympanitic, he is constipated and his urine is small in quantity and deep colored.

"From the third to the sixth day the stupor increases: the patient replies with difficulty and only to urgent questioning, but always slowly and sensibly. He stammers; his tongue trembles, becomes dry, thick and covered with a brownish coat. The abdomen becomes more tympanitic and appears unaffected, except in the right iliac fossa, where severe pain is manifested by the patient by groans when pressure is made on the spot. The skin is dry and burning, and we discover here and there on the trunk a few red colored papules; still later we find on the neck an eruption of rounded vesicles, transparent, limpid and looking like drops of dew, which disappear at the expiration of thirty-six or forty-eight hours, leaving little whitish pellicles. Occasionally these *sudamina* are not appreciable and the farinaceous dust is all that is observed. The patient lies on his back motionless, except a clonic contraction of the fingers and a subsultus of the tendons of the forearm. The air of the room is impregnated with an odor *sui generis*, indescribable, but indicating at once to the experienced physician that he is in the presence of typhoid fever.

"About this time the disease begins to take on one of three forms. If the brain is attacked, all the symptoms are drowned by the disordered functions of this important organ: fury, convulsions, cries, shouting, turgescence of the face, haggard eyes, contraction or dilatation of the pupils, trembling and redness of the tongue, tension of the pulse up to the moment of general collapse which precedes the last agony.

If the lungs are seized, the affection might easily be confounded with the adynamic pneumonia of old men; cough attended with gelatinous expectoration which adheres to the vessel, at first rose-colored, but gradually becoming brownish, then wine-colored and finally fluid like prune-juice. The features alter with great rapidity, the nose sharpens, the temples hollow in and the pulse becomes thready; life soon goes out without any other perceptible reaction than a slight febrile movement in the evening with a violet-redness of the cheekbones.

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The abdominal is the most frequent and least dangerous form. Here we have no additional morbid phenomena; the symptoms of the first period develop progressively; the skin becomes drier and more pungent in its heat, the rosy eruption increases upon the body; we have even observed it upon the hands. The stupor becomes complete; the patient no longer answers questions, and is insensible to every stimulant; his lips are dry and blackish as well as his gums and tongue; his teeth are covered with a dull varnish; his abdomen is tympanitic. A colliquative diarrhœa now commonly succeeds the obstinate constipation that accompanied the earlier stages of the disease."

We come now to the treatment of this formidable malady, in discussing which the author divides the disease into three stages; the *vegetative* or formative, the *animal* or inflammatory gastric, and the stage of *prostration*, with colliquative diarrhœa. In the first of these he recommends *puls.*, *nux*, *merc.*, *dulc.*, *bry.*, *rhus*, *ipec.*, *verat.*, *digit.*, and *china.*

Pulsatilla is most effective in lax, lymphatic constitutions, where there is a predominance of shivering, absence of appetite and thirst, bad mouth, white tongue, nausea, mucous vomiting and stools, and tearful disposition —one drop of the 6th, in water, every three, six or twelve hours.

Nux-vomica is applicable to cases in which bilious or gastric symptoms predominate with tenesmus or constipation—3d or 12th dilution twice a day.

Mercurius is particularly efficacious in individuals of nervous-lymphatic constitution, delicate and enfeebled, with pale, yellowish face, tongue covered with a very thick coating, putrid, sickish taste, little thirst, painful sensibility of the epigastrium and hepatic region; *copious, fluid, flocculent stools, a little bloody.* A grain of the 1st or 2d trituration every two or three hours diminishes the frequency of the stools; they become bilious and less watery; the abdominal sensibility disappears by degrees, and with it all the other morbid symptoms. We prefer the employment of the *Mercurius-solubilis*, and have every reason to believe that it occasionally prevents the occurrence of intestinal ulcerations.

Dulcamara is indicated when the attack has been preceded by catching cold; the tongue is clean, the stomach unaffected; yellowish, fluid stools with borborygmus, gripings and cuttings, pressure in the bowels, abdomen painful, especially in the umbilical region. A drop of the 1st dilution, given every three or six hours, soon produces a cessation of the abdominal pains, renders the stools less frequent and more consistent, and induces a general perspiration, during which the fever disappears.

Bryonia may be administered when the disease threatens to pass into the second stage, and there are already some nervous manifestations; tearing, beating, piercing headache, disgust, nausea, regurgitations, tongue whitish, mouth bitter, dryness of the throat, thirst; vesicular eruptions on the lips and mouth, cramplike tension in the stomach, sensibility of the epigastrium to pressure, abdomen painful, emission of flatulence, constipation, urine scanty and turbid, voice feeble and hoarse, morning cough, shootings and stiches in the chest when coughing or taking a deep inspiration, pains in the joints and limbs, overpowering lassitude. We give the 3d to the 12th dilution, one drop every three hours.

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"*Rhus* may be administered when there is confusion in the head; shootings in the brain; dry, burning heat; lancinations in the head; tension and stiffness in the nape, aggravated at night and by motion. It is also suitable when there are wandering pains in the nape and breast, with fatigue and lassitude of the limbs in the most acute part of the first stage, when nervous symptoms begin to be perceptible; the tongue furred; diarrhœa, with borborygmi; shiverings; vertigo, with closing of the eyelids; alternations of flushing and paleness of the face; dryness of the throat; vomiting of ingesta; yawning; head confused and heavy; pressure on the eyes; painful sensitiveness to noise and light; somnolence; weakness of memory; tendency to delirium; lower lip and tongue blackish; a drop of the 3d to 12th, every two or three hours.

"*Ipecac.* succeeds in cases which assume a very gastric character, with choleroid state; clear, green, fluid discharges—a drop of the 1st to 3d, frequently repeated.

"*Veratrum-album* I have always found very serviceable when the disease begins by vomiting and fluid dejections, with cold limbs and cold sweat. In a case in the second stage, where the extremities were as cold as marble up to the knees and elbows, and covered with *petechiæ*, the pulse hardly perceptible, the abdomen extremely painful, with involuntary stools and urine, this remedy alone sufficed. Globules of the 6th and 12th dilution were administered every two hours, and afterward every one or two hours. The whole discouraging train of symptoms was promptly modified, the *petechiæ*, it is true, remained a fortnight afterwards.

"*Digitalis* is applicable to persons of a nervous, lympathic constitution, where there is dilatation of the pupils, tongue entirely clean, slow and regular pulse, prostration of strength, pressure and fulness in the epigastrium, disgust, sickness, and even vomiting—a grain of the 1st to the 3d trituration, every three hours.

"*China* is indicated where the disease takes the form of a lingering fever; paleness of the face; headache; disordered sight and hearing; tinnitus; coated tongue; dryness, and bad taste in the mouth; thirst; nausea; pressure in the epigastrium, which is sensitive to the touch; inflation and sensibility of the abdomen; watery stools; lientery; scanty urine; embarrassment of the respiration; pressure in the chest; shooting, tearing pains in the limbs; anxiety; sleeplessness; coldness, especially of the hands and feet—a drop of the 3d dilution, every third hour."

Against the second stage of the malady, the author advises *puls.*, *mero-dulc.*, *bry.*, *rhus*, *phos-ac.*, *cham.*, *bell.*, *acon.*, *calo-carb.*, *cocc.*, *hyosc.*, *sulph.*, and the use of cold water. The indications for the employment of these remedies are given at too great length for our space; we translate what our author quotes from Dr. Bartle on the hydrotherapeutic processes.

"Pure, cold water produces a better state of the blood, and, administered as a drink, is a source of agreeable refreshment to fever patients; employed moderately, externally, it revives and strengthens the nervous system; it favors reaction and renders the economy more sensitive to the action of homœopathic remedies; it provokes crises by the urine, and especially by the perspiration; it is a powerful assistant to medicines exhibited for this purpose. It often happens that, towards the end of the second stage, the

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best indicated remedies produce no favorable change, and are even the causes of unpleasant aggravations; in such case we obtain, from the external and internal use of cold water, salutary critical movements, which replace the aggravations by curative results.

"The employment of cold water not only does not interfere with the action of homœopathic remedies, but it is even an exceedingly useful auxiliary to them in the treatment of severe typhoid fevers. The simultaneous application of the two methods determines an abundant perspiration, which frees the organism from morbidly-altered fluids, and thus re-establishes the equilibrium of its functions.

"From the beginning to the end of the disease, the patient may quench his thirst by swallows of fresh water; he may rinse his parched and burning mouth; his hot and suffering head may be covered with moist compresses, and his tympanitic and painful abdomen with wet linen, well wrung out and frequently renewed. If there be constipation or diarrhœa, he may have cold injections; if he complain of violent, dry, general heat, his body may be rapidly washed and rubbed, from head to foot, and, if that be not sufficient, he may be enveloped in a wet sheet. As long as there is no diarrhœa, the patient may drink as much cold water as he likes; if that occur, he must moderate his drinking, lest he should augment the looseness. He may then appease his thirst by frequently rinsing his mouth with cold water. Violent cerebral congestions, with headache and dryness of the skin of the head, call for a constant renewal of wet bandages, slightly wrung; a great alleviation of his suffering is always the result: the constant abstraction of heat prevents violent and dangerous cerebral reactions. In meteorism, with painful sensibility of the abdomen, we may cover the bowels with a moist compress, strongly wrung out, and only renewed when it is nearly dry; it should be covered with a dry cloth or piece of oiled silk. The effect is, to condense the abdominal gases, and thus to diminish the meteorism and the painful sensitiveness of the parts.

"Obstinate constipation never fails to yield to lavements, at first of tepid water and subsequently of the ordinary temperature. Should diarrhœa result, a drachm of starch may be added to two ounces of water, and given after every stool—the irritation of the large intestine is thus very appreciably calmed."

If, toward the conclusion of the second stage, the heat does not diminish and the evening exacerbations become more marked, notwithstanding the employment of homœopathic remedies, Dr. Bartle chooses the moment when the heat is greatest, strips the patient and rubs him smartly with a sponge dipped first in lukewarm and then in pump-water, then dries him and puts him to bed. If this is not sufficient, he puts him into a tub and dashes him with the same, at the same time rubbing his body with the palms of the hands; this proceeding is followed by a permanent diminution of the heat, easier respiration, freer circulation, a normal pulse and quiet sleep. The patient is then packed in a wet sheet, the advent of perspiration is waited for an hour, and, if it does not appear, the whole process is repeated. When the sweat appears, it is kept up by drinking freely until it is proper to

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put an end to it, when the patient is again washed with tepid water and replaced in bed, hydropathic applications being entirely laid aside.

In the third stage of the disease, the author recommends *bry.*, *rhus.*, *phos-ac.*, *opium*, *calc-carb.*, *nux-v.*, *hep.*, *sulph.*, *acon.*, *phosph.*, *china*, *metallum*, *cham.*, *arn.*, *nit-ac.* and cold water.

We should have been glad to have seen added to this little treatise, many important matters necessary to render it complete, and, among the rest, a table showing the comparative statistics of typhoid fever under allopathic and homœopathic treatment. Still, in this, as in many other cases, the full benefit of our method is, by no means, adequately represented by such statements. Many a patient, under homœopathic remedies, escapes with a slight, scarcely nameable illness of a week, while, left to Nature or to the tortures of allopathic ingenuity, he would not have recovered, if at all, in less than three times that period, and after sufferings that would have plainly indicated typhoid fever. This is the true glory of the *ars medendi*; not the negative virtue of doing no harm to the patient, the passive merit of the expectant school; but the positive power of cutting short or aborting every morbid process in its very incipient stages—a power which medicine has hitherto despaired of attaining, but which is now fairly in sight, and almost within our grasp, and the only avenue to which is labelled: ***similia similibus curantur.***

Article XXVIII.—*Truths and their Reception, considered in relation to the Doctrine of Homœopathy; to which are added various Essays on the principles and statistics of Homœopathic practice.* Second Edition. Published under the superintendence of the British Homœopathic Association. London, 1849. 8vo. pp. 251.

This useful volume contains four different essays by as many hands. The first is a vigorous attempt by Mr. Sampson to show that Homœopathy only shares the fate of every new discovery in being violently opposed and slowly adopted; the second is a translation of Hahnemann's first essay on the homœopathic principle published in Hufeland's Journal in 1796, which ought to be familiar to every Homœopath; the third is a short article on the results of the homœopathic

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treatment of Asiatic Cholera and the last is Mr. Kidd's "narrative of a mission to Ireland during the famine and pestilence of 1847," with statistics of the treatment by homœopathic remedies, of the pestilential fever that ravaged that fated country during the famine.

Mr. Sampson's essay will well repay perusal. It is calculated to do much good by supplying a ready and conclusive answer to the question so often put by lay inquirers "why do not the doctors adopt your system, if it be so great an improvement?" This interrogatory implies that if the alleged discovery were an improvement it would at once be received by the profession; a fallacy which Mr. Sampson proceeds to demonstrate not only in relation to medicine but to other branches of practical science.

"In the face of constant experience to the contrary, the idea that those who have spent long years in acquiring the knowledge of a particular calling, will be most ready to welcome the announcement of new discoveries calculated to remove any errors which may exist in connexion with it, and which errors, of course, must have been always instilled into them as truths, is still generally entertained; and, consequently, the first cry against every alteration is, that those who have been educated in the system which it would subvert, are decidedly opposed to its introduction.

"'Let me see the medical profession generally recognize the doctrine, and I shall then think there is something in it,' is the common remark that is considered sufficient by the ordinary public to justify a dismissal of Homœopathy. Unfortunately, however, this remark amounts to saying, 'Let me see that happen in regard to Homœopathy, which never yet happened under any analogous circumstances, and I shall then feel disposed to give it my attention.' It will be conceded as an axium, that no discovery involving the subjugation of long entertained errors, was ever yet introduced to the world, without having to struggle, step by step, through obstinate opposition; and it is not too much to assert, that this opposition—this never failing roughness, necessary to stimulate infant truth in its growth to an ultimate unassailable vigor—has, *in every recorded case*, proceeded directly from those very parties whose prompt advocacy is, in the instance of Homœopathy, demanded by the public, as a first inducement to their conversion, namely, the orthodox and established professors and ministers of the system to which the new discovery may have applied."

This position he proceeds to maintain *à priori and à posteriori*—showing in the first place that this very result might have been expected from the constitution of human nature, and in the next, that it always has taken place. The rejection does not take place because the thing is new, but because it tends to shake the foundations of some old settled opinion or some cherished prejudice. The conservative element is immediately in arms, and in those minds in which it is strong and the reasoning powers are weak, no investigation is felt

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to be necessary but the verdict of 'false' is instantly pronounced. If the conservative feeling be weak in proportion to the reasoning powers, a judgment is deferred as out of place until it can be founded upon an investigation.

"The final question, therefore, to be considered in all instances, is, to what extent our new discovery is likely to meet with opposition from this feeling, and consequently we must ascertain whether the public at large have any settled prejudices on the matter; or, supposing this not to be the case, whether there is any section of the public amongst whom such prejudices exclusively prevail. Now, settled opinions such as those which form the stuff out of which prejudices are made, arise from three causes, early education, subsequent habit, and finally, a sense of worldly convenience, profit, and expediency. For the public at large, therefore, to entertain prejudices on any subject, it would be requisite that such subject should have been mixed up with their education, their habits, and their interests. Hence, on any point which has been equally learned and practised by every member of the community, we should be bound to expect, supposing we were aware of any discovery that would render necessary a modification of their views, a very general opposition, from the sheer blind impulse of the faculty of Firmness. And this is what is actually observed. The prejudices of classes may be removed or overpowered by the action of the other classes who are able to see the light, but the prejudices of nations are almost irremovable, and to effect any change of general customs, manners, or institutions, it is usually necessary that one entire generation, at least, should pass away.

"On all national subjects, therefore, resistance must be expected, even although the reform or discovery we would introduce may not only be ushered in by an appeal to the common love of novelty, but by a statement of beneficent purposes which it is our object it should accomplish. But on subjects which are not national, and which have only been studied by particular classes, of course this opposition will be narrowed down, in proportion to the limits of such classes. No man can have a prejudice on a subject of which he has never heard, or which, supposing it may have been heard of, has never appeared to have any particular interest for him. We might very safely announce a new theory of the laws of color amongst the merchants on the Royal Exchange; and it is more than probable, that in an assembly of artists, the necessity of a thorough revolution in the existing notions of commercial management, might be asserted without the danger of any violent hostility. If, on the other hand, the commercial reformer were to go amongst the merchants, and the theorist on color amongst the artists, a very different result might be anticipated.

"Recognizing, therefore, that it is only those who have given attention to a subject, that are likely to have any prejudices regarding it, let us inquire as to the particular circumstances under which these prejudices are likely to be manifested with the greatest violence. A man may have given attention to a subject, merely from a general love of inquiry, and in this case prejudice may be supposed to be at its lowest point; although, even here, it is plain he can hardly have dwelt long on any particular train of thought or of investigation, without arriving at some definite opinion—some peculiar structure of his own, built up out of the facts with which he has become stored—and as few things are more cherished than theories of this kind,

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there will, consequently, be no small conflict even in the mind of a candid inquirer such as we have supposed, between his disposition to welcome every new suggestion, and his dislike to find that the ingenious fancies which had long held quiet and agreeable possession of his mind, must be summarily dismissed. This, however, is the best case that can be imagined; and if a discoverer should happen to fall in with such a person, when he first ventures to disclose his views, he may consider himself more than ordinarily fortunate. In the next place, there are persons who have studied particular subjects, or who have become acquainted with them through being taught by others, but who do not practice them professionally. The son of an astronomer, for instance, would imbibe his father's views, and would be apt to accept as family dogmas the conclusions based upon them; and this case would be more difficult to deal with than the first, because, in addition to the pride of opinion, we should here have the effect of education, and the consequent inveteracy of early habit. Thirdly, and lastly, we have those who have not only been strictly educated on a given subject, but who have also adopted it professionally—that is to say, as a means of livelihood. Now, upon this class, what must be the first effect of a new discovery, tending to correct existing errors in the system they have learned? In the first place, they must be prepared to recognize that some of the views impressed upon them by teachers whom they looked upon as almost infallible, were either wholly dark or mistaken: secondly, they must give up any theories of their own which they may have raised upon the foundations thus laid in their minds, and acknowledge that new men have opened up to them a truth, which all their previous education, study, and practice had failed to set before them: and next, they must be prepared to admit that the mode of practice in which, by their peculiar skill, they may have hitherto attained reputation and fortune, must be abandoned, or modified in a way which will involve the necessity for a new study; and the adoption of which must place, at least for a time, those worldly profits in jeopardy, which were previously considered secure beyond the possibility of disturbance. Will it not be admitted, that a more terrible demand upon the qualities most rare in the human mind—those of teachableness, humility, and self-denial —can scarcely be conceived, and shall we not, consequently, recognize that, apart from a reference to recorded instances, the mere process of unaided reason is sufficient to demonstrate to us, that the severest opposition to all new truths must always come from those whose knowledge, pursuits, and interests have all been mixed up with the studies to which these truths respectively have reference?"

It appears thus that such a result was to have been expected from the structure of the human mind, and the author proceeds to show that such have been its practical workings by a history of the abolition of capital punishment for petty offences in England, opposed throughout by the judiciary and those "most conversant with the subject;" by the example of Columbus whose theories were derided and pronounced false by maritime men and geographical professors, and lastly, by that of Christ, whose persecution, betrayal and execution all proceeded from the "chief priests and elders," the officers of the law, and "persons most conversant with" the religion he came to reform.

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From these striking instances let us pass to others equally apposite and more familiar as every day topics of discussion in our times and country and under our own eyes. The discussion on the propriety of the abolition of flogging in the Navy is yet fresh in our minds, the experiment is even yet green in our ships of war and no one has forgotten that the violent opposition to it arose from those "who were familiar with the subject from a life-experience," and who had declared that it would be *impossible* to keep up the discipline of a vessel without the punishment of flogging. The history of the same contest with respect to the British army is well given by Mr. Sampson.

"It will be remembered, that about two years back, a decided expression of public opinion took place, on the question of military discipline and punishments, in consequence of the death of a soldier having rapidly ensued after the infliction of 150 lashes, by order of a court-martial at Hounslow; and that the agitation thus aroused led to the number of 50 lashes being fixed as the limit to which such sentences should for the future be allowed to extend. The force of popular feeling had seemed to render it probable that the entire abolition of this degrading mode of upholding those 'noble qualities' of the British soldier which form so frequent a theme in the British parliament, would be unavoidable; and it was only with difficulty the ministers contrived to put off this consummation, and to pacify the advocates for reform by the concession above mentioned, coupled by general assurances of a strong desire ultimately to grant all that was demanded. But it was by public opinion alone, that is to say, by the opinion of merchants, doctors, clerks, shopkeepers, mechanics, farmers, laborers, and private gentlemen, as opposed to the opinions of military officers, 'who were conversant with the subject, as the business of their lives,' that this great concession was obtained. From the earliest military records, down to the very hour at which the amelioration in question was adopted, the fear of the possibility of such a step had been constantly present to the military mind, and predictions and protests of the most alarming description had always burst forth at every mention of the matter.

"Up to the year 1807, any number of lashes could be inflicted, but at that period a private of the 54th regiment having been sentenced to receive 1,500, his Majesty, George the Third, was 'graciously pleased,'—to use the words of the general order promulgated on the occasion,—'to express his opinion that no sentence for corporal punishment should exceed *one thousand* lashes.'

"During the war, the punishment was so frequent in the British army, that it was estimated by Major Macnamara to have been sustained by at least three-fourths of the soldiers in every regiment; and in 1812, it was stated that the mean number of lashes inflicted monthly in a regiment then serving in India, was for some time 17,000. These facts attracted attention, and provoked discussion in the House of Commons, and it was solely owing to such discussions and the efforts of the press, that the practice became moderated in the slightest degree. The opposition raised by military men to permitting any consideration of the question was such, that it was remarked on one occasion, when Sir Francis Burdett brought forward a motion with respect to it, that 'one would have supposed he had been pro-

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posing to do away with some great known blessing—something containing within itself the means of affording health, or plenty, or security.' And in 1842, Lord Stanley, then Mr. Stanley, expressed his conviction, that if the matter had been left to military men, flogging would have been continued to that hour in full force. A large proportion of the officers of the army, it is remarked in the excellent work of Mr. Marshall on the system, 'seemed to be so well satisfied with the efficacy of corporal punishment, however degrading and injurious it was popularly admitted to be, that they rarely considered the practicability of moderating its severity, diminishing its frequency, or of suggesting an adequate substitute. Corporal punishment was considered the *sine qua non*, without which the discipline of the army could not be maintained. 'I am not the least surprised at this opinion,' says Lord William Bentinck; 'I must not forget that for many years of my life, *in conjunction with ninety-nine hundred parts of the officers of the British army*, I entertained the same sentiments. It is only from long reflection, from the effects of *discussion*, from the observation that since that time, though corporal punishments have diminished a hundred, perhaps a thousand-fold, discipline has been improved, and the soldier treated like a rational being, and not as a mere brute, that my own prejudice and that of others have given way.' 'At one time,' Mr. Marshall adds, 'the efficiency of an officer to command seemed to be estimated by his disposition to inflict corporal punishment. 'I understand you have got a new commanding officer,' said an officer of one regiment to that of another; 'how do you like him?' 'We like him pretty well,' answered the other, 'only he does not flog enough.'

'When, at length, in 1812, public opinion had succeeded so far as to cause a limitation of the number of lashes in the power of a regimental court-martial to 300 instead of 1000, the effect it produced on some military authorities was such as completely to overpower that which, in such characters, is usually considered to be the grand idea of life, namely, implicit subordination. 'One officer,' says Mr. Marshall, 'with whom I was acquainted, and who belonged to the same regiment as myself, swore that he could not, and would not, comply with the order.' Throughout all the struggles made against the system, it has been well observed, the arguments adduced by military officers in Parliament bore a close affinity to those with which a Spanish Inquisitor once endeavored to justify the system pursued by that tribunal. 'Do not imagine,' said he, 'that we take pleasure in *auto da fés*. Oh, no! it is by far the most painful part of our duty. But how can ecclesiastical discipline be carried on without it? Gentlemen *who are not themselves versed in the department over which we preside*, are not competent judges as to the expediency of leaving the power in our hands, without which it would be altogether impracticable to maintain due subordination, and anarchy and confusion would infallibly prevail.'

"The motives of the parties advocating a mitigation of corporal punishment, were traced to 'an active and persevering desire to innovate upon the customs of the country, and to establish a corrupt popularity with the unthinking part of the community, if not to sap the discipline of the army, and thereby to remove the last bar to the introduction of democracy, and its consequences, anarchy and devastation.' Since that time, however, we have seen the 1000 lashes reduced to 50, and none of these consequences have been fulfilled. It has turned out, that on the subject which had been the business of their lives, the military prophets were wrong, and that, as in the case of the cosmographers and navigators of the days of Columbus, who showed themselves less capable of forming a judgment on nautical science

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than a physician and a priest, it would have been better if they had submitted with docility to learn the most important lesson connected with their profession, from the arguments of the shopkeepers and others composing the general public, to whose will they were at length forced to succumb, and the correctness of whose views they are now compelled to acknowledge."

So, too, in relation to the penny postage.

"About ten years back, Rowland Hill broached his plan of Post Office reform, which, for simplicity and ingenuity, may also take its place in the actual records of discovery; and in this case the fact is too well known to need repetition, that the adoption of the measure was actually forced on the Government by public opinion, against the most energetic protests and the most persevering obstacles, placed in its way by the Post Office authorities, who were 'conversant with the subject, as the business of their lives,' whose opinions were received with the usual weight on this very score, and who could actually have had no personal motive to resist the improvement, except such as was furnished by professional prejudice, since it placed their official position in no danger whatever, and would merely have involved on their part a variation from the peculiar routine to which they had been hitherto accustomed."

The argument may be brought nearer home, and extended to almost an indefinite length, by considering the history of any improvement in medicine which has been in the least opposed to the current thought in the profession at the time. It is not necessary even to allude to the fiercely malignant feeling provoked towards Harvey, for announcing and sturdily maintaining a theory that the arteries were filled with blood instead of vital spirits, and constituted a part of a grand circulatory system. The consideration of this question was unanimously left to the medical profession as those best qualified to decide upon the probabilities of its truth, and the general public, at that time, far, far more than at this, stood ready to abide by their judgement. What the decision was, stands recorded in sadly legible characters for the instruction of succeeding ages, and the consolation of the persecuted for truth's sake, through all time. Every one is familiar with the extraordinary opposition manifested by the profession to the introduction of inoculation, and, subsequently, of vaccination, as preventives of the mortality of smallpox, and we have not forgotten that one of our own young cities was stirred up to the verge of riot by the perseverance of one indomitable physician, in the endeavor to introduce what, with prophetic foresight, he believed to be an inestimable boon to the human race. The legislative act against the use of antimony, procured by those "who ought to know," still remains of record, and is even sought to be paralleled in our own day by minds of the same class, who would, by state

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penalties, prohibit blood-letting and the use of mercury. Craniology has at last made its way to an acknowledged position in physiology, and its fundamental principles, at least, are received as unquestioned truths by the medical profession, but history does not forget the violent abuse with which its announcement was received, and on which its infancy was fed; nor has the choice Billingsgate, with which it and its professors were perseveringly assailed, become altogether illegible in the pages of that pander to professional prejudice and spite, the London Lancet.

But in this melancholy waste there is yet a bright spot of hope; in this washy sea of fear and folly there is always a nucleus around which new truth may crystallize; there are always provided some minds nobly armed and equipped, whose office it is to be at once the prophets and the martyrs of the rising star. Their lives are spent in this office, and their preaching, apparently fruitless for a time, is not in vain addressed to 'audience fit tho' few;' some kindred souls have always been ready to listen, whatever may have been the truth announced, and upon such the progress of the world depends.

Our author having shown that Homœopathy has no exemption from the fate of every other new discovery and that no argument can be certainly founded upon its rejection by the great mass of medical men, our author proceeds to complete his proof by producing instances of eminent physicians who *have* acknowledged, more or less fully, the truth of our fundamental law. Most of these names, from Hufeland to Forbes, are familiar to us, and their testimony has been frequently cited—the evidence, however, of the greatest English surgeon of modern times, Mr. Liston, is so appropriate, so conclusive and so honorable to his memory, that notwithstanding it has already appeared in a public journal, we extract a part of it for the benefit of such of our readers as have not met with it. It is contained in a letter from Dr. Quin to the British Journal of Homœopathy.

"I have in the first part of this letter alluded to the favorable opinion entertained by Mr. Liston of some of the homœopathic tenets. Fortunately, the evidence of this does not rest upon the *ipse dixit* of any one whose testimony can be considered suspicious, or prejudiced in favor of the new doctrines, but is recorded by himself in his lectures; and some of the cases and remedies, with his clinical remarks, are detailed in a medical periodical most adverse to Homœopathy: he also recommends, in his *Principles of Surgery*, erysipelas to be treated with aconite and belladonna, in small doses. The circumstances which led him to adopt this treatment, and the use of other homœopathic remedies, I shall now briefly relate. In

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the course of our frequent consultations and conversations, we generally communicated to one another any interesting facts or cases occurring in our respective practice; and one day in the beginning of January, 1836, he was lamenting over the fatality that attended his treatment of the great majority of cases admitted to his hospital with erysipelas of the head, and stated that in the physicians' wards the results were much the same as in the surgical wards. I mentioned that I had also had several very severe cases, but that they had every one recovered under homœopathic treatment. It so happened that I had been called that very morning to a very severe case, which I offered to show him, and begged him to watch the result of the treatment, which I had barely commenced. He accepted, and we immediately visited my patient, a young man about twenty-eight years old, who was subject to epileptic fits, and who, two nights before, had cut his temple in falling, upon being seized with a fit: the consequence was an attack of erysipelas, which, by the time I first visited, had spread across and down the face, and over the scalp. We saw the patient twice a day until he was convalescent. The cure was very rapid, and the effects of the medicines very marked: they were aconite and belladonna. Mr. Liston saw the medicines prepared by me, and administered some of them himself; he was so astonished and satisfied with the beneficial results of the treatment, that he resolved to try the aconite and belladonna. His only motive for hesitation was, that if these medicines should prove less successful in his hands than they had done in mine, he should bring ridicule upon himself, and injure his position in the hospital with his colleagues and his pupils. I suggested to him, to prescribe one grain of the extract of aconite, to be dissolved in several spoonfuls of water, and a spoonful given at intervals of several hours; and to dilute the same quantity of belladonna in a much larger quantity of water, and give a spoonful in the same manner. He immediately followed this suggestion, and the results are related in the following extracts of the reports of the North London Hospital, contained in the *Lancet* of the 6th and 13th of February, and the 16th of April, 1836.

"'North London Hospital.—*Erysipelas of the Head.—Remarkable Effect of the Extract of Belladonna.*—Mary Pecks, aged 32, was admitted under the care of Mr. Liston on the 21st January, 1836, laboring under severe erysipelas of the head and face. Fomentations, tartarized antimony, and saline mixtures were prescribed, with but slight benefit; one grain of belladonna in sixteen ounces of water was then ordered, two tablespoonfuls to be given every three hours. On the 24th of the same month she was reported rapidly improving; swelling and redness nearly gone.—Convalescent.—Medicine discontinued. In going round, Mr. Liston remarked that this was one of the most satisfactory and successful cures of erysipelas he had ever seen; the disease entirely, though not suddenly, disappearing in the course of a very few days. He was inclined to attribute this to the treatment, both local and general, which had been adopted, but more particularly to the administration of belladonna. This, the students might be aware, was given on the homœopathic principle, the doses only being somewhat increased. They had all, probably, seen the good effects of the aconite, and some of the other remedies employed by the advocates of Homœopathy.'

"'It was worthy of remark, that this same patient had been admitted into the hospital for a similar attack affecting the same parts, and was successfully treated with tartarized antimony, incisions, and fomentations. She came into the hospital on the 30th of October, 1834, and was discharged, quite well, on the 22d of January, 1835. Under allopathic reme-

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dies, she was between eleven and twelve weeks recovering, whilst under the remedies prescribed on the homœopathic principle, she was reported convalescent on the fourth day from her admission. It is but just to state, that in her first attack the disease had been allowed to proceed for four days without the administration of any remedy, and her convalescence was rendered rather tedious, from collections of matter forming in various parts of the scalp.'

"Again,—'*Erysipelas of the Head.—Use of the Extract of Aconite and Belladonna.*—Catharine Cox, aged 25, was admitted February 4th, 1836, under the care of Mr. Liston, with erysipelas of the face; has been subject to attacks of erysipelas for twelve years, lasting for a fortnight or three weeks at a time, the cures not being completed under three weeks. On her admission, fomentations were used to the parts every two hours, and an opening draught, containing sulphate and carbonate of magnesia, with antimonial wine, was given immediately. On the following morning, the 5th, the erysipelas had extended over the left ear to the occiput; she had passed a restless night; pulse same as yesterday, 116, small and hard; bowels opened by the medicine; great heat of skin, and thirst; the catamenia have re-appeared. Mr. Liston ordered a mixture, containing one grain and a half of aconite in four ounces of water, of which two tablespoonfuls to be given every three hours. At 10, P. M., had taken three doses of the aconite mixture; pulse, 108, softer; skin moister and softer; not so much restlessness; has had a slight rigor. A mixture, containing one grain of extract of belladonna in 16 ounces of water, of which two tablespoonfuls to be taken every three hours. On the following day the pulse had fallen to 96; had had a very quiet night; skin covered with a gentle perspiration; tongue moist and clean; redness and swelling much diminished; no pain, and says she is a great deal better. Ordered a dose of castor oil. The belladonna mixture to be given every five hours. On the 7th she was nearly convalescent, the medicine was discontinued, and a pint of beef tea ordered. On the 9th, quite recovered, having been under treatment only four days.' The report goes on to state, the aconite has superseded bleeding in many cases at this hospital.

"In the course of some clinical remarks delivered by Mr. Liston, in April, 1836, *apropos* of the case of a man admitted on the 17th of December, with erysipelas occurring in the upper extremities, that eminent surgeon, in the most unequivocal manner, bears evidence in favor of the principle of Homœopathy, and also gives testimony to the efficacy of the homœopathic remedies even when administered in infinitesimal doses. I cannot do better than quote his own words, as used by him in the clinical lecture I have alluded to above.—'*Erysipelas occurring in the upper extremity.*—Since I last spoke on the subject of erysipelas, we have succeeded in subduing the action of the vascular system, without either the use of the lancet or tartarized antimony, by giving small doses of the aconitum napellus, and afterwards of belladonna. Two cases in which this treatment has been most successfully employed, have been accurately detailed in some late numbers of the *Lancet*. You have no doubt read them, as well as watched the cases themselves in the hospital. The first case was that of a woman, who, the first time she was in the hospital, was treated for erysipelas by antimony, punctures, and fomentations. It was some time before she recovered, and her convalescence was exceedingly tedious. In the second attack, after subduing the inflammatory fever in some measure by antimonials, we administered extract of belladonna in very minute doses, and in two or three days she was quite well. The second case was that of a woman who had

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been much subject to the affection, having had successive attacks of it at intervals, seldom recovering from them under a fortnight; small doses of the aconite, followed by belladonna, were given her, and in the course of three days she was also convalescent. There has been another case lately here, of a man with small ulcerations of the leg, from the toes up to the knee, aggravated by a scald, and who walked about until the leg became exceedingly swollen and red. He suffered besides considerably from fever. In this state he was admitted. We subdued the fever, and then administered to him the extract of belladonna, and in twenty-four hours the disease had quite disappeared. Of course, we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is recommended and pursued. You know that this medicine is recommended by the homœopathists in this affection, because it produces on the skin a fiery eruption or efflorescence, accompanied by inflammatory fever. *Similia similibus curantur*, say they. They give, in cases where a good night's rest is required, those substances which generally, in healthy subjects, produce great restlessness, instead of exhibiting, as others do, those medicines termed sedatives. It is like driving out one devil by sending in another. I believe in the homœopathic doctrine to a certain extent, but I cannot as yet, from inexperience on the subject, go the length its advocates would wish, in as far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed. The beneficial effects, as you witnessed, are unquestionable. I have, however, seen similar good effects of the belladonna, prepared according to the homœopathic pharmacopœia, in a case of very severe erysipelas of the head and face, under the care of my friend Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and inquiry.' . . . . . .

"Encouraged by the success which had attended his administration of aconite and belladonna in erysipelas, Mr. Liston requested me to give him a few notes of other diseases treated successfully by Homœopathy, with the names of the medicines usually prescribed by me for their cure. This I immediately complied with. He subsequently informed me that he had employed the following medicines with great success:—*Arnica montana* internally and externally in severe contusions, lacerations, and incised wounds; *rhus toxicodendron* in sprains, luxations, and swollen and painful joints; *nux vomica* in irritation of the bladder, obstinate constipation, and in some cases of partial paralysis; *bryonia alba* in rheumatism, and in arthritic pains of the joints; *chamomilla* in diarrhœa, and as a palliative for toothache; *pulsatilla* in retarded and suppressed catamenia; *mercurius solubilis* alternated with *belladonna* in cynanche tonsillaris and ulceration of the fauces; and a variety of other medicines, unnecessary for me to occupy your pages with, as their effects are familiar to every homœopathic practitioner. Mr. Liston, however, was most struck with the action of *aconite* in subduing inflammation, and reducing vascular excitement; and he often expressed his regret to me that the power of aconite to abate vascular overaction, and supersede the necessity for abstraction of blood in many diseases, was not known to him earlier; because he was convinced that it would have prolonged the life of his father, whose death had been hastened, in his opinion, by ill-judged copious venesection.

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"In numerous cases demanding surgical assistance to which I had called him in, in consultation, he invariably left the whole constitutional treatment to me; and frequently after his professional services were no longer required, he continued his visits merely from the interest he took in watching the effects of the homœopathic medicines prescribed by me.

"In a visit which I paid him a few days before his last fatal seizure, he, half in joke and half in earnest, said to me, 'If in a short time I do not mend quicker than I am now doing under allopathy, I shall certainly send for you to treat me homœopathically.' He then entered, with great interest, into conversation with me about some of my cases, and the remedies I was employing for their cure. He has often had many similar conversations, particularly of late, with our esteemed colleague, Mr. Cameron, for whom he entertained a very sincere friendship."

Similar testimony is every day accumulating; but, still, so inveterate are the prejudices of medical men, that we fear Homœopathy has much more to hope from the death than from the conversion of the present generation of physicians. It is to those who are now students that she looks with no groundless hope, as to those who are to carry on the great work of reform; upon a large proportion of these it will be in vain to attempt to fasten the antiquated notions and inveterate prejudices of their teachers; the pressure from within, of an ever-increasing induction of fact and experiment, and from without, of an intelligent and convinced laity, will soon force the large majority into the recognition and adoption of a truly beneficent Healing Art.

The remaining essays in the volume are equally worthy of study, more especially the first development, by Hahnemann, of the germ of that thought which has since so expanded as to cover the world, and the growth of which threatens to throw every other medical system into obscure shadow. From this same stand-point is the true starting place of every homœopathist who would get a true grasp of his profession as a scientific acquisition of his own strength and labor; here let him begin, and following the master through all the subsequent developments of the grand idea which took possession of his mind, in humble imitation of his zeal, his perseverance and his unprejudiced candor, let him examine, reason and decide. Let no *ipse dixit*, whether from Hippocrates, Aristotle, Broussais or Hahnemannn, ravish his better judgment, but let all things be calmly weighed in the balance of reason, examined in the light of a true experience, and decided calmly and without prepossession. So shall he become a true priest in the order of Æsculapius, and be able to give a reason for the truth that is in him.

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Collectanea.

MATERIA MEDICA.

1. *Aconitina.*—Dr. Golding Bird has communicated to the Medical Society of London a case which is peculiarly interesting, as being the first recorded case of poisoning by this vegetable alkaloid. A gentleman of high intellectual attainments and good station in society obtained, from his own prescription, two grains and a half of aconitina. It appears probable, from collateral evidence, that he must have fallen almost immediately upon swallowing the poison, and struck his head against the furniture. Either the poison or the blow must have caused violent vomiting, as the floor of his room was found flooded with vomited matter. When seen by Dr. Bird, eight hours after taking the alkaloid, the patient was fearfully collapsed, the surface was cold, sweating, and quite pale, and the heart's action almost imperceptible; the pupils acted, and there was no paralysis. His intellect was unimpaired; but he suffered from severe vomiting, which recurred every two or three minutes, and was performed by a sudden jerking action of the abdominal muscles, accompanied by a loud shout, probably dependent upon a sudden contraction of the diaphragm. Every attempt to swallow was followed by the spasmodic contractions so characteristic of hydrophobia, but they were not renewed by the sight of water. All these convulsive movements were, however, easily excited by simply touching him. The treatment adopted was a warm bath, with a turpentine enema, and a mustard poultice applied to the region of the stomach. The pulse became more perceptible towards evening, and the patient calmer; but as the spasms were still easily excited by any attempt to swallow, it was deemed advisable to administer an enema of beef-tea and yolk of egg, with ten drops of tincture of opium. He passed the night in a state of spasm and exhaustion, but his intellect was most perfect, and even vivid. After a hard struggle, he emerged from the effects of the poison, and was pronounced convalescent the next day.

This case offers a few points of interest in a toxicological point of view. The constant and repeated vomiting, the great depression of the circulatory system, as well as the spasmodic state of the muscles, are symptoms observable also where the root or extract of aconite has been used. Of course, as was to have been expected, all these symptoms were in this case considerably aggravated. But Dr. Bird's opinion, that the vomiting and hydrophobic state of the patient are characteristic of poisoning by this alkaloid, still requires confirmation. It may, however, be remarked, that where the root or extract has been administered to cause death, either complete insensibility, or stupor almost amounting to it, has been observed in many instances; while in the present case the intellect remained perfect, and even acute during a great portion of the time occupied by the operation of the poison. Lastly, when we consider the dangerous effects that are so apt to follow the administration of even small doses of the alcoholic extract or

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tincture, we cannot but be surprised at recovery where two grains and a half of the active principle had been taken. It was probably due to the early and severe vomiting."

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2. *Belladonna.*—[The following most interesting and instructive instance of the pathogenetic effects of this drug is communicated to the Lancet by Mr. Edwards:]

"Miss G——, aged thirty-four, unmarried, of slight figure, fair complexion, and nervous temperament; has been an invalid for many years; is the subject of lateral curvature of the dorsal vertebræ, for which she has on several occasions undergone a good deal of professional treatment. Such are the physical characteristics of the individual I was called to see under the following circumstances:—

January 8th, at eight o'clock, A. M., I received a verbal message from her sister, (at whose house Miss G—— was visiting,) accompanied with an ounce-and-a-half phial, labelled "embrocation of belladonna," to the effect that Miss G—— had just swallowed the contents of the bottle, instead of an aperient she intended to take. Having an emetic draught close at hand, in my dressing-room, I sent it down, requesting it might be administered immediately, and that I would call upon her as soon as I could. In about half an hour I arrived at the house, and found my patient stretched upon a couch, and presenting the following appearances:—Head bent forward upon the chest, speechless, eyes closed, breathing heavy and stertorous; pupils widely dilated; hands and feet cold; pulse scarcely perceptible; jaws firmly fixed. At this time there was not the least convulsive action, but a constant disposition to raise the hands to the face. Notwithstanding she had taken the emetic, together with copious draughts of mustard-and-water, no vomiting had taken place. I lost no time in directing my servant to procure the stomach pump, and also the assistance of my friend, Dr. Topham. In the meantime I roused the patient by having her raised up and shaken, upon which she appeared conscious when spoken to, but had lost all power of answering any question addressed to her. Her teeth being closed, we had great difficulty in getting any liquid into her mouth, nor was she capable of swallowing it when we did. By compressing her nostrils and forcing her to breathe through her mouth, the teeth became sufficiently separated to enable me to introduce a long feather into the back of the fauces; this soon produced copious vomiting of a large quantity of a green colored fluid, strongly impregnated with camphor. This operation was repeated two or three times, each one producing more or less vomiting of similar matter. Hot water was applied to her feet, friction to her hands, and sal volatile to her nose. The same uncontrollable disposition to heavy comatose sleep still existed. At ten o'clock Dr. Topham arrived with the stomach-pump, which we immediately proceeded to use; but from the rigid closure of the jaws we had great difficulty in separating them sufficiently to adjust the gag, and pass the œsophagus tube into the stomach; after some trouble this was effected, and about a pint and a half of warm water was injected, and then carefully withdrawn; it was of a greenish hue, and strongly impregnated with camphor. We continued to wash out the stomach with warm water and slight quantities of aromatic spirit of ammonia, until the fluid withdrawn was quite colorless and devoid of the smell of camphor. We then threw into the stomach a breakfast-cup-full of strong coffee, to which had been added three teaspoonfuls of aromatic spirit of ammonia, and withdrew the tube. The pulse had risen considerably

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and the countenance had assumed a more natural appearance; a mustard poultice was applied to the epigastrium; she was put into a warm bed, with hot flannels to her feet, and suffered to doze.

The following facts were elicited from her sister:—She says that at half-past seven, A. M., she was aroused by a loud knocking at her bed-room door, on opening which, she saw Miss G—— in her dressing gown, presenting an appearance of great alarm and anxiety. She informed her what had happened and that the medical man who prescribed the embrocation had cautioned her to be careful, as the smallest quantity swallowed would be fatal. At this time she only complained of 'a sensation of madness in her brain.' She was enabled to speak and swallow perfectly well until a few minutes before my arrival, when she appeared to lose the power of executing both those acts quite suddenly, and fell into the comatose condition in which I found her.—Twelve o'clock: There seemed to be a gradual improvement in her breathing, circulation, and general appearance; there was a slight twitching of the muscles of the right side of the face; not able to swallow; but we fancied she, in answer to a question put to her, said, 'Yes.'—Five, P. M.: Symptoms remained much the same as last report; no evacuation from the bladder or bowels; pupils widely dilated and immovable; has slept a good deal; skin warm; pulse 112, feeble; still unable to speak or swallow. Nine, P. M.: Countenance more natural. There was constant nictitation and picking at the sheets; if touched by any person, she jumped as if in great alarm. This I observed to occur whenever her hair was removed from her face, or when I felt her pulse. When thoroughly roused, she answered in monosyllables, and apparently attempted to form connected expressions, but they were unintelligible; pupils still greatly dilated; nor did they contract when a lighted candle was placed before the eyes; pulse 120; no action from bladder or bowels. On asking her if her throat was sore, she answered, 'Dry;' on asking her if she could suck an orange, she said 'Yes.' I therefore had some orange-juice squeezed into a glass, and by means of a teaspoon, got her to swallow perhaps half an ounce; but this was accomplished with great difficulty. Ordered an injection of a pint of gruel with half an ounce of oil of turpentine, and an ounce of castor oil to be administered directly, and, when able to swallow, the following mixture:—Spirit of nitric ether, three drachms; compound tincture of cardamoms, two drachms; camphor mixture, five ounces and a half; mix. To take an ounce every three hours.

9th.—Eleven, A. M.: Has passed a restless night, sleep being much disturbed by frightful dreams; complains of intense pain in the head, and says it feels enormously large, as also does her throat; is much annoyed by a constant sensation of trembling in all the muscles of her body; bowels were moved after the injection, and some urine passed at the same time, none since; great intolerance of light and noise; tongue rather dark, but moist; skin natural; complains of thirst; pulse 88; pupils as dilated as ever. She says she can see me distinctly for a moment only, and then my face becomes horribly distorted. The power of speech seemed to return about twelve or one o'clock, at which time she was very delirious, and would persist that there were very horrid monsters all over the room staring at her. Ordered eight leeches to the temples; effervescent mixture every three hours; and two grains of calomel, with seven of extract of colocynth, to be taken directly. She says she remembers my coming to her yesterday morning, but was unconscious of everything afterwards until the evening.

10th.—Better; head much relieved by the leeches; passed a restless night, her sleep, she says, being disturbed by 'miserable phantoms,' bowels

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have been relieved two or three times, and urine has been excreted copiously; skin moist; pulse 100; slight thirst; pupils still unaffected by light; complains of the trembling of her muscles, but has lost the sensation of her head and throat being enlarged. Continue effervescent mixture, and to take some beef-tea.

11th.—Improved in every respect; pupils not so widely dilated, are now slightly affected by light. To sit up on the sofa, take nourishing diet, and tonic medicine.

From the above date gradual amendment took place, and the power of vision slowly returned. It was, however, some days before she was able to walk, even with the assistance of a person on each side of her; this inability to walk did not arise from weakness, but she appeared to have lost all power of controlling the action of her legs.

Remarks.—This case is interesting, inasmuch as we possess but few opportunities of witnessing and recording the symptoms arising from the exhibition of poisonous doses of belladonna. The quantity taken, I afterwards ascertained from the medical man who prescribed the embrocation, was one drachm of extract of belladonna in an ounce and a half of soap liniment. Coma preceded any convulsive action by some hours, the twitching of the facial muscles not being perceptible until twelve o'clock. The pneumogastric nerves were early influenced by the poison, as evidenced by the difficulty of articulation and deglutition. Orfila found that belladonna given to dogs frequently produced weakness of the posterior limbs. This effect was most palpable in the case before us, my patient being unable to control the actions of her legs for some days after all the other symptoms had quite subsided.—*Lancet.*

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3. *Bromine in Croup.*—[The following paper was communicated by Dr. Curtis to the Hahnemann Academy of Medicine.]

While prescribing last winter for a member of a family, in which I have long been medical adviser, I was requested by the mistress of the house to suggest something which might be of use to a favorite mocking bird, which had for several months suffered from a cough, since the advent of which he had drooped and lost his musical ardor. During this time he sometimes moped the greater part of the day, incessantly opening his bill, apparently breathing with difficulty and giving vent to a short sound like sneezing. A bird fancier who was consulted on the occasion diagnosed the malady as a cough, and recommended liquorice water as a drink, which was tried without any appreciable effect. On reviewing the case of the little feathered patient, I remembered that the trials of Bromine, upon which we predicate its application in tracheitis and croup, were made upon pigeons, and I was struck by its adaptation to this instance, the interest of which grows out of the fact, that the pathogenesis of the remedy was made on birds. In Noack and Trinks, under the head of the Path. Anat. of Bromine, we find in the trial on doves, "Inflammation of the larynx, trachea and ramifications, marked by slight reddish stripes, and by a dull red color, especially about the glottis;" again, "Severe inflammation of the larynx and trachea, with exudation of plastic lymph, almost blocking up the tubes." Not having a preparation of this remedy at hand, I prescribed *Hepar-sulph.* as a substitute, but, as I learned a short time after, without success. I then advised *Bromine* 6th, a few pellets to be put daily in the drink. The result was a speedy cure, which the duration of the malady and its resistance to mild weather during the last summer, leaves fairly attributable to Bromine.

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The above facts in the symptomatology of Bromine, point forcibly to its use in genuine croup, and I ought, perhaps, not to omit the passing remark, that in my experience it approaches more nearly the rank of a specific in this deadly malady, than any other drug in our Materia Medica.

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4. *Digitalis.*—M. De Colleville (Jour. de Méd. de Bordeaux) relates an instance of recovery from the effects of a large dose of digitalis.

A woman, æt. 68, while suffering from œdema of the lungs, and when nearly convalescent, was ordered to take an infusion of the dried leaves of digitalis, in the proportion of (60 centigrammes) 9¼ grains in a quart of water. The druggist, by some accident, used (15 grammes) 231½ grains. This was infused in eight glasses of water, and administered to the patient in divided doses. She was soon attacked with great uneasiness, nausea, bilious vomiting, confused vision, amounting to blindness, ringing in the ears, vertigo, convulsions, and syncope. The face was pale; there was great coldness of the skin, with palpitation; thready, slow, and intermittent pulse, and pain in the abdomen. These effects were produced by four doses of the infusion. A physician, who saw the patient early the following morning, found her in a highly dangerous condition. He prescribed saline enemata, sinapisms, with warm bottles to the feet, and frictions with camphorated spirit to the skin. Strong coffee was administered internally. In six hours there was no apparent amendment: the vomiting, convulsions, and fits of syncope continued; but the difficulty of breathing under which the patient had previously labored had entirely disappeared; there were no longer symptoms of œdema of the lungs, and the chief object then was to counteract the effects of the poison. Syrup of orange-peel, and other simple medicines were prescribed, and an enema of assafœtida and camphor administered. Three days after the accident the vomitings were less frequent, and the syncope and convulsions had ceased: but there was still vertigo, with ringing in the ears and hallucinations of vision. In six days the patient had perfectly recovered from the effects of the poison.—*Ranking's Abstract.*

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5. *Helianthus; Sunflower seeds.*—[The following is an interesting involuntary proving of this substance which reminds us strongly of *Belladonna.* A full proving should be undertaken.]

Mr. Davey, of Romford, relates the following case in the "Medical Gazette," October, 1848: "I was called to attend Eliza Hammond, æt. 23, an inmate of the Romford Union-house, unmarried, with an infant a few months old. I found her sitting on her bed, with an anxious countenance, eyes suffused, face deeply flushed, skin generally of a scarlet redness, and very hot; pulse 110, full, soft, and compressible; breathing rather difficult and hurried; tongue and fauces very red, and inclined to dryness; voice hoarse, pupils natural, mind perfectly clear. She complained of a severe burning sensation in the fauces, œsophagus, and epigastrium; tingling of the skin; nausea, headache, thirst, stiffness and dryness of the throat, and difficulty in articulating. She had vomited freely about half an hour before my visit; the ejected matters not preserved. The bowels had acted once in the morning.

I found that, at 10, A. M., (being then in perfect health,) she had eaten a quantity of sun-flower seeds. While eating them, she remarked that they had an unusually hot taste, and immediately afterwards felt a sensation of glowing in the throat and stomach. Shortly after this, she became

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very sick and ill, and her symptoms increased in severity until the vomiting occurred; she then felt rather better, and continued to amend up to the time of my visit. She could not say how many seeds she had eaten, but she thought more than 100.

As she had vomited freely, I gave her a brisk aperient, and mucilaginous drinks, followed by salines; the next day she felt pretty well, and complained only of a slight headache, and some stiffness of the throat. The child continued well throughout, and the secretion of milk was uninfluenced. Although the seeds of the sun-flower are so commonly eaten with impunity, the foregoing case shows that serious results may occasionally ensue; and it is probable that many similar instances have occurred, but that, from the generally assumed harmlessness of the seeds, they have not been recognised as the cause of the symptoms. Hammond had repeatedly eaten them without ill effect, and on this occasion observed a decided difference in taste and pungency; whence we must conclude, that although usually absent, or in very small quantity, an acrid poison may be, and is occasionally, developed in the seeds of the sun-flower.—*Ranking's Abstract.*

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6. *Hydrocyanic Acid.*—[The following case of poisoning related by Prof. Christison, appeared in the Monthly Journal of Medical Science for February, 1850. The patient had taken about 45 minims of dilute acid, containing between a grain and a half and two grains of the radical acid.]

"A gentleman, about 60 years of age, whose mind had begun to give way under the pressure of dissipation and misfortune, and who had several times threatened to commit suicide, hastily summoned his wife one evening, told her he had just taken prussic acid to put an end to his miseries, and immediately fell down senseless on a sofa, without either cry or convulsion, but drawing his breath deeply, forcibly, and slowly. Medical aid was instantly sent for in all directions. Nearly half an hour appeared to have elapsed before I reached him. Dr. Adam Hunter and Mr. Carmichael had arrived, however: the stomach-pump had been immediately resorted to, and the first stroke of the pump was made as I entered the room.

The convulsive respiration at the outset had been soon succeeded by regular breathing, with snorting inspiration, and moaning expiration. The insensibility was complete from the first; the body was excessively relaxed, and without any convulsive movement; the eyes were wide open, staring straight forward upon vacancy, injected, watery, and with the pupils somewhat contracted, but not more so than they often are naturally in persons of his age; and the face and head were congested and hot. The introduction of the tube of the stomach-pump did not elicit the slightest sign of consciousness. In this state I found him on my arrival, wholly unconscious under all ordinary mechanical stimulation, totally relaxed and powerless, and breathing deeply, laboriously, and stertorously, but with ordinary frequency. The pulse was above 100, very small, feeble, yet regular.

The first liquid withdrawn by the stomach-pump, amounting to six ounces, was a colorless, nearly clear, watery fluid, being little else than water introduced by the pump upon an empty stomach, for he had taken no food since breakfast. My two friends could not observe any odor of hydrocyanic acid in this fluid, even while warm and fresh drawn; and I could detect it only faintly, and, I must admit, equivocally, on whiffing it slowly and steadily for some seconds. Nor was there any hydrocyanic acid odor in his breath, or near him, in any part of the room.

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The stomach was quickly and repeatedly cleared out, and ammonia was applied to the nostrils from time to time, but without any sign of reviving consciousness. His head was then brought to the edge of the sofa, and, while it was held over a bucket, a stream of cold water was gently and steadily poured over it for two minutes, from a large jug, a foot or so above him. During this proceeding, the breathing rapidly became deeper and softer, and without snoring. The head and face, very much cooled, presented less turgescence. The eyes were suddenly turned in a lateral direction, and then an attempt seemed to be made to fix them upon any one who put a question in a firm voice. From this time he slowly recovered, without any further treatment; and in an hour and a half from the time when he gave the alarm, he was able to mutter, "Yes" or "No," correctly, when questioned, and he could turn on his side without assistance. When not roused, however, by being spoken to, he fell into a restless sopor, with moaning, and tendeney to shivering. In three hours he was tolerably sensible, but drowsy: he slept profoundly all the subsequent night and next morning was quite sensible, though still sleepy. His mind was evidently unhinged, but not more than before the act; and it has continued more or less so ever since, rendering seclusion from general society indispensable."

[The following useful summary of what is known of the more prominent pathogenetic effects of Hydrocyanic acid was communicated by Dr. Wright to the Brit. Am. Journal for 1848.]

I. *As to the State of the Eyes.*—1. That there is no constant state of the eyes. 2. That the eye-balls are generally prominent, glistening, and bright; pupils dilated, and more or less insensible.

II. *State of the Countenance.*—1. The countenance may retain its natural appearance. 2. It may be pale and calm, as in sleep. 3. It may be livid, turgid, and distorted, with foam issuing from the mouth. 4. That this state is analogous to that observed in epilepsy, while the immediately preceding resembles asphyxia from carbonic acid.

III. *State of the Respiration.*—1. Respiration is variously affected, and may be (*a*) noiseless and tranquil, as in sleep; (*b*) one or two gasps or inspirations; (*c*) noisy and stertorous; (*d*) convulsive and catching; (*e*) slow and laborious. 2. That restoratives cause deep inspirations. 3. That, owing to the above discrepancies, we cannot predict with certainty, that any specific change will be induced in the respiration by prussic acid.

IV. *State of the Pulse.*—1. That our knowledge of the effects of a fatal dose of prussic acid on the pulse is very imperfect; all that can be said is that it renders the pulse imperceptible.

V. *Consciousness.*—1. After a fatal dose, consciousness, reason, and intelligence, are retained for an interval of variable duration. 2. That this interval is usually short, and is succeeded by complete insensibility. 3. That the absence of delirium and mental hallucination are negative characteristics.

VI. *Acts of Volition.*—1. That a person, after taking a fatal dose of prussic acid, may retain for a period command over the voluntary muscles, sufficient to perform various and complicated actions. 2. That the duration of this period cannot be fixed. 3. That the powers of speech may not be immediately annihilated by a fatal dose, and it is not unlikely that they may be enjoyed as long as power and command over the voluntary muscles generally are maintained. 4. That, as in one instance, a rational answer

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was spoken by the victim to a question three minutes after he had swallowed the fatal dose, so *à fortiori*, the period, during which consciousness, volition and motion are exertible, might be, possibly, of three minutes' duration. 5. That, with this knowledge, we should be prepared to make allowances for the fulfilment of different intricate performances, in the interval of consciousness and muscular control, which follows the taking of poison. 6. Convulsions occurred in none of the cases cited above; it is, therefore, erroneous to connect them exclusively with those of slow death, or with those where subjects enjoyed more or less muscular control prior to death.

VII. *Of Sensation.*—That, with loss of consciousness, there is also loss of sensation. 2. Prior to the occurrence of which, it is not unlikely that the feelings are not of a disagreeable nature. 3. That prussic acid produces some particular effects on the special senses, as great bitterness of taste, and loud ringing in the ears. 4. That should restoratives be successful, sensation returns, accompanied with feelings more or less perverted, and varying from those of slight uneasiness to those of great agony. 5. That the property which prussic acid possesses of obliterating sensation classes it amongst the anæsthetic agents.

VIII. *Of Motion.*—1. That the most important varieties of involuntary motion, observable after fatal doses of prussic acid have been swallowed, are—first, tonic spasm or tetanic rigidity; and secondly, clonic spasms or convulsions, (epilepsy). 2. That probably the tonic result from a major dose and greater susceptibility; and the clonic from a minor dose and less susceptibility. 3. That both, more especially from a maximum dose, may be absent. 4. That death is least rapid in cases of convulsions. 5. That convulsions may be succeeded by rigidity. 6. That rigidity may occur without convulsions, and that it usually appears on the departure of convulsions. 7. That the absence of convulsions is denoted by placidity of the countenance, non-clenching of the hands, natural posture, want of derangement of the clothes, and other marks of struggling. The results from experiments on animals, as regards convulsions, are not to be expected in the human subject, in whom convulsions are not constant but occasional symptoms.

IX. *Of the Odor.*—1. That the odor is not always present in the breath in cases of poisoning by prussic acid. 2. That if present, it may be questionable from—first, its weakness, which may be due to many causes; secondly, its being masked by other odors; and thirdly, from discords in the opinions of those testing it.

X. *Of the Shriek.*—1. That in man the absence of the shriek is the rule, its presence the exception. 2. It is not improbable that loud gasping inspirations have been mistaken for it. 3. That when it does occur, it is most likely a simple expression of terror, wherefore it might be present only in homicidal or accidental cases. 4. That it would be likely to occur in cases of epilepsy and convulsions.

XI. *The evacuation of the Rectum and Bladder* is an accidental, rather than an essential symptom.

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7. *Iodide of Iron in Phthisis.*—Dr. Macario relates a case of pulmonary phthisis (*L'Abeille Médicale*, 28 *Jan.*, 1851) which was treated by inhalation of iodurettted steam and pills of iodide of iron. Several physicians, among the rest M. Chomel, had declared the existence of cavities at the apex of the left lung; the patient, a young girl of eighteen, presented the

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following symptoms: dulness; moist râle and mucous crepitation over the seat of the disease; dyspnœa; hollow and very painful cough; purulent expectoration; pain between the shoulders; slow, continued fever; night-sweats; some hæmoptysis at the period of the menses, which had ceased to appear for three months; occasional diarrhœa; very depressed in spirits. She had taken cod-liver oil, mineral waters, fucus crispus, extract of quinquina, and among divers other applications, had had an issue on the chest. On the 31st August, 1850, six weeks of treatment having produced no amendment, she began the inhalation of iodureted vapor and taking iodide of iron. In a few days she was better, the monthly period came round without hæmoptysis, the sweats and fever disappeared, while the cough and expectoration became less; at the end of a month the vapor of hydriodic ether was alternated with that of iodine, the latter having produced some irritation, and on the 30th of October the physical signs had almost disappeared, the expectoration was much less and the patient had become strong. The treatment was continued with the addition of four pills a day, each one containing twenty centigrammes (about three grains) of phosphate of lime and the same quantity of iodide of iron, and on the 20th of December the patient was entirely recovered.

[As far back as 1842 our attention was directed to the above named drug as a remedy in tuberculous affections of the lungs. We can call to mind two cases of serious, and as we then supposed incurable cases of pulmonary disease, in which the iodide of iron, empirically employed, in doses of one-twelfth of a grain, twice daily, effected permanent cures. Both of these patients had suffered from hæmoptysis, and presented unequivocal marks of tuberculous ulceration of the lungs. Since that period we have so frequently witnessed the beneficial effects of this drug in phthisis, that we deem it proper to call the attention of the profession more particularly to its claims as a therapeutical agent.

In regard to the pathogenesis of iodide of iron, but little is at present known, as the provings with it have thus far been very limited and imperfect. According to Dr. Thomson, who made some experiments upon his own person some fifteen years ago, it produces the following physiological effects: improvement of the appetite and of the digestive functions; stimulant effect upon the whole digestive canal; copious discharges from the bowels, of a black color; increased flow of urine, which contains both iodine and iron; increased temperature of the skin, with an increase of the insensible perspiration; uneasy sensation at the epigastrium, with nausea of several hours' duration, and slight headaches; symptoms relieved after copious evacuations.

Other symptoms which have been observed from large and repeated doses of the iodide, are: congestion of the lungs, with great vascular excitement; sense of fulness and oppression of the chest; rapid and laborious respiration; asthma; vague, flying pains in the chest; dark colored expectorations; pulmonary hæmorrhage; palpitation of the heart; debilitating sweats; marked tendency to hæmorrhages from the nose, the bowels, uterus, and lungs; rapid and moderately full pulse; urine and prespiration augmented. When iodide of iron is added to blood in the air, it possesses the property of promoting its coagulation. In a state of solution it is readily absorbed, and is supposed to exercise a peculiar effect upon the blood and other fluids of the body. From the fact of its having effected cures in chlorosis, and other disorders characterized by an impoverished condition of the fluids of the body, it may be inferred that it possesses the

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specific power of promoting the formation of red globules, and thus of adding strength and vigor to the entire organism.

The investigations which have hitherto been made with respect to its pathology, are so vague and indefinite, as scarcely to deserve attention; we trust, however, that the working men of the profession will be on the *qui vive*, and, in good time, present us with a full and reliable account of this important drug.

In the meantime, we beg leave to announce the fact that other medical men, in addition to ourselves, have found the remedy of eminent service, in different stages of tubercular phthisis.

We are accustomed to prescribe the article at the first attenuation—a dose at intervals of eight hours.

On account of the great facility with which the iodide of iron oxydizes, and thus becomes convertible into the peroxyde, it is important to keep the medicine as much as possible from the influence of the air.—E. E. M.

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8. *Ricinus communis.*—[In our last number we published Dr. M'William's paper on the effects of the leaves of this plant on the genital system of the female; it is, unquestionably, a very powerful and valuable agent, which we shall find serviceable, probably, in cases of galactorrhœa and menorrhagia. We are happy to find that Dr. Tyler Smith has been employing the Hahnemannian method of experimenting upon the healthy subject with the plant as it is cultivated in England, and we give with pleasure his results as contained in the London Journal of Medicine.]

In directing the use of the Bofareira leaves, which I have procured from the Botanical Gardens at Chelsea, Kew, and the Regent's Park, I have followed as nearly as possible the description of Dr. M'William, with the exception of the application of the steam of the decoction to the generative organs. The following are the cases in which the agent has been used under my directions.

The following case was conducted by Mr. C. Stillman, one of the house-surgeons of Queen Adelaide's Lying-in-Hospital.

Case I.—Mrs. C., twenty-four years of age, rather tall and thin, mother of two children, had weaned the last about six weeks, and had still a little milk, of a very thin serous character, left in the breasts. She commenced the use of the Bofareira, on the morning of Wednesday, August 21st, by bathing the left breast only, with a strong decoction of the leaves. The leaves themselves were afterwards applied to this breast. In the evening, she repeated the bathing; after which, she perceived, on squeezing the nipple, that her milk, which was at first thin and watery, had now become quite thick. After repeating the application on Thursday the 22d, she felt throbbing pains in the breast, accompanied by sickness and pains in the back, which she described as being like after-pains, and the areola surrounding the left nipple had become much darker than the right; the glandular follicles were also larger than in the nipple which had not been under the influence of the Bofareira. The difference between the two breasts was very marked. Having at this time no more leaves, she was unable to continue the application. On the following day, a fresh supply of the leaves was obtained, and she again bathed her left breast as before. After two applications, the *catamenia* appeared before the regular time, and the fomentations were not afterwards continued.

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Case II.—Mrs. H., mother of four children, her youngest child aged one year and five months, had been weaned more than six months. During the latter months of lactation, she had little milk; the breasts were small, and the nipples contracted. Before applying the Bofareira, the breasts were carefully examined, to learn if they still contained any traces of milk. After much trial, she could squeeze from her left breast the smallest points of serum from the mouths of two or three of the galactophorous ducts, as is the case with most women who have suckled; but from the right breast not a trace of moisture could be expressed. The Bofareira was used night and morning for four days, by bathing with the decoction, and the application of the hot leaves to both breasts, in the manner described by Dr. M'William. After the second application, thick milk, like the colostrum, could be squeezed from both nipples, the breasts were considerably swollen, the glands in the axillæ were also painful, and pains extended down the arms. There were, in fact, in this case, all the symptoms present, in a minor degree, which are usually observed in the establishment of the milk after parturition. Mrs. H. had also distinct periodical pains in the back and abdomen, which she compared to after-pains. A leucorrhœal discharge was also produced. At the end of the fourth day, milk flowed so freely into a breast-pump, that there was no doubt she could have suckled a child; but at this point the application of the Bofareira was omitted, and the milk has since gradually disappeared.

Case III.—Mrs. D., a married lady, without family, hearing of the use of the Bofareira in the last case, wished it tried upon herself. As there was no possibility of injury she was supplied with some of the leaves, and proceeded to use it. The application, and the use of the decoction, produced swelling of the breast, pain in the back, and an increase of a leucorrhœal discharge, to which she is subject; but there was no appearance of milk in the breasts. At the time of using the Bofareira, the catamenial discharge had ceased about a week.

Case IV.—M. L., a young woman, who had been delivered three weeks, but whose milk, though profuse, was so poor as to be little more than serum, used the Bofareira three times. Under its use the secretion from the breasts became markedly thicker; but the child was unfortunately attacked with diarrhœa, and it was not thought advisable to continue the use of this agent longer.

Case V.—L. M., a young woman, mother of one child, but who had weaned her infant about a year and a half, applied the Bofareira in the form of decoction and poultices two or three times; but the pain and swelling were so considerable, that she refused to go on with it. She had a little serum in the breasts, at the time when the use of the Bofareira was commenced. The secretion speedily becamd milky. This patient had a leucorrhœa, which had been present, ever since the weaning; and the uterine and vaginal irritation, upon which the leucorrhœa depended, had kept up, in all probability, the serous secretion from the breasts, which is common enough in leucorrhœal cases.

Since the foregoing cases occurred, I have used the remedy in a case o scanty menstruation of a remarkable kind. Owing to exposure to marsh malaria, some years ago, the patient had scarcely a sign of colored discharge at the usual catamenial periods. She used the infusion of the leaves of the red Bofareira at the date of her period, applying the infusion and leaves to the breasts, and the vapor to the genitals, with the effect of producing, in two days, a considerable flow of the catamenia. From the effects n this case, and in one of the cases already related, the Bofareira promises

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to be of considerable value as a direct emmenagogue; at all events the cases in which I have tried it, show that the plant does not lose its efficacy in this climate. I hope that, in America and other parts in which the plant is common, perennial instead of annual, extensive trials of its efficacy both as an emmenagogue and a galactagogue, will be made.—*London Journal of Medicine, Oct.* 1850, *p.* 951.

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9. *Stramonium.*—On the evening of the 10th of February, a prisoner was brought to the General Hospital, from Bukkur Fort, in the following state:—He was quite insensible to sound, seeming not to hear the loudest talk; rousing and shaking him had no effect; his eyes were partially open, and the pupils more dilated than I have ever seen. The stupor was of a drunken kind; there was no disposition to sleep, but a constant restlessness and turning of the body, attended by a most peculiar fidgety manner of twisting the fingers and catching at some imaginary object. This was varied now and then by grasping the bed clothes very tight; his body was warm more from this excercise of the arms than any perceptible cause; the tongue was always rolling; the pulse rather quick; and the patient often shrunk, as if suffering from a creeping sensation over his body.

Nobody knows when or how he became so; but he was found in this state at two, A. M. It was my belief that the man was under the influence of some vegetable poison. Accordingly, a dose of seventeen grains of sulphate of zinc was given, followed by warm drinks, and wet cloths ordered to be kept to the head. The zinc having no effect, a second dose was given, a good scruple; this likewise failed. I then used the stomach-pump, but brought nothing from the stomach. After waiting a little time, I gave fifteen grains of sulphate of copper, and directed an enema to be used, and that mustard sinapisms be placed on the nape of the neck and some way down the spine.

11th. In the same state: the emetic not acted; nor have the bowels been moved; the pulse very quick and sharp. Ordered ipecacuanha powder, one scruple; potassia-tartrate of antimony, one grain; and an enema of sulphate of magnesia and warm water; vomited once, and brought up several seeds of the datura; the bowels unmoved. I now bled him at the arm, taking away fully ten ounces of blood; ordered another enema of oil of turpentine, castor oil and tepid water; head to be shaved; cold applications thereto, and the emetic as before at two, P. M. Evening—Still insensible; bowels unmoved; slight sickness, and more of the datura seeds.

12th. Bowels twice freely moved during the night, when several of the datura seeds came away. To get demulcent drinks only. Evening—Appears to be coming round, and takes a childish notice of signs, but unable to talk.

13th. Is disposed to be very happy; laughs and talks incessantly; bowels open. Evening—Has sobered down; quite sensible, and says, that the seeds of some plant had been given him by another man, at his own request, as medicine.—*Lancet.*

The following case is reported by Mr. Stobo, of Tortola, West Indies.

C. B., aged 5 years, a stout and healthy boy, the son of Musta parents, ate more than a drachm of the seeds of the datura stramonium, taken from a fresh ripe apple; the seeds having been roasted over a fire. When seen, about an hour after, he was much excited, rather delirious, clinging to the

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woman who had him on her lap, under the impression of some immediate danger. His pulse was about 120; face flushed; eyes brilliant, pupils dilated; there were also convulsive movements of the limbs and neck, thick frothy saliva issued from the mouth. A warm bath, calomel, and repeated emetics were administered; the stomach-pump was then applied, and an injection of soap and water thrown up the rectum. The matter evacuated both from the stomach and rectum contained many of the seeds. After this the symptoms appeared relieved, but the tossing of the limbs increased, and there was much flushing of the face; the skin also, naturally of a dull olive color, became intensely red. He was then bled twice, which relieved him. He continued much in the same state for a day or so: a state of vigilance having succeeded that of terror. The restlessness wore away, and he recovered in the course of two days.—*Med. Times.*

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10. *Strychnia.*—A remarkable instance of recovery from a large dose of this poison has been recorded by Dr. Anderson. A Mr. B. had suffered severely from the tic douloureux, for which he was in the habit of taking 3½ grains of hydrochlorate of morphia at a dose. Upon the present occasion he bought, as he supposed, some fresh morphia, but which he observed had a yellowish cast. He took the same day 3½ grains of this powder, and observed that it had a very bitter taste. Soon afterwards he experienced numbness in the back of the legs, which he referred to cold. However, he left his home, and proceeded a short distance on business, the same sensation continuing, with a general feeling of indisposition. The numbness was soon accompanied by a sort of dragging of the legs, so that "he had to put his hands at the back of his thighs in order to push his legs along." This was now about two hours and a half after taking the poison. This want of power, however, did not increase; but while describing his symptoms to a friend he suddenly lost his balance and fell backwards, and upon rising became more nervous and alarmed. He then experienced more difficulty in walking, and could not get on without support. He proceeded home, and, before stepping into bed, took a *second dose* of the same powder. This was about five hours since the first. In less than ten minutes after this he was siezed with tetanic spasms, affecting the legs and muscles of respiration. He was raised in bed, which relieved the sense of suffocation, but the spasms of the leg, back and chest continued, and followed each other every ten or fifteen minutes. The numbness and dragging of the muscles, which had been continuous during the first five hours, now left him during the intervals of the spasms, and he suffered only from exhaustion. His intellect remained clear throughout, and his hearing became very acute. The paroxysms lessened in frequency after a time, when they suddenly returned in all their former violence. The symptoms then ceased about thirteen hours after the first dose was taken, and the patient, suffering only from extreme exhaustion, gradually recovered. Little or no medical treatment was adopted. Dr. Anderson afterwards clearly proved the nature of the poison by a careful analysis.—*Mon. Jour. of Med. Science.*

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11. *Taxus-baccata.*—[The homœopathic provings of the common yew are as yet very imperfect, and have been made with the leaves and young shoots. The following symptoms from the berries and seeds are worthy of record, and seem to point to this remedy as well worthy of attention.]

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A boy, æt. 4, ate many of the berries and nuts of the yew. Two days after he vomited, and was seized with convulsions, coma, and purging; dilated pupils; respiration frequent; lungs engorged; tongue excoriated; countenance pale and depressed; pulse small and wiry; extremities cold. This was the state the author found him in. An emetic was given, which cleared his stomach. Leeches were applied to the head, with abatement of the convulsions. Purgatives were given, to assist the natural efforts, and a teacupful and a half of drupes and nuts were voided; convulsions still continuing; leeches during the first day were again applied, with marked relief. Forty or fifty mucous evacuations, with many nuts in them, were passed for several days, accompanied with tormina and tenesmus of the most excruciating kind; these continued, with great prostration, for seven or ten days, allowing only of castor oil and anodynes, with wine and a farinaceous diet, to be administered, at which time the evacuations began to contain vast quantities of pus, and petechiæ made their appearance on the fingers and toes, also ecchymoses. The vital powers from the beginning were so depressed, as to baffle anything like an active curative plan from being used, notwithstanding violent gastric and mucoenteric inflammation existed. There was pain to the last, before and after each evacuation, with prolapsus ani. He died nineteen days after eating the drupes and nuts.

—A second case is given by Dr. James Taylor. A child, æt. 6, ate freely of the berries, and about an hour after fell insensible. The body became cold, countenance pale, breathing laborious and frequent, pupils dilated, convulsions and vomiting. Emetics and purgatives were exhibited in vain, and death took place.—*Ranking's Abstract.*

PATHOLOGY AND THERAPEUTICS.

12. *Asiatic Cholera.—Hahnemann's directions.*—[We do not remember to have seen the directions of Hahnemann in relation to the Prophylaxis and Therapeutics of Asiatic Cholera in an English dress. The following is translated from the Biblioth. Hom. Vol. I., pp. 66, 149, 151.]

A receipt against Asiatic Cholera has lately been given to the public, which was found so serviceable at Dunabourg that but one patient in ten died to whom it was administered. Its principal constituent is CAMPHOR; in quantity, it is tenfold that of any other ingredient. The mortality, however, would have been reduced from ten to less than one per cent. had the injurious accessory medication and bleedings been omitted and reliance been placed upon the Camphor alone. It is necessary, it may be observed, that this drug should be used from the commencement of the attack, for it is only in such cases that it is of such incredible service. Should the physician reach his patient at a moment when the most favorable time for the exhibition of Camphor has passed, the second stage of the disease having been developed in which the use of that remedy is no longer indicated, its administration notwithstanding will only leave the sufferer to expire.

It is, for this reason, very important that every one should learn to give Camphor to a person attacked with Cholera, on the first manifestation of the disease, without waiting the arrival of the physician and his remedies, which, however excellent, might still be administered too late. Thus, I have received a multitude of accounts from laymen in Gallicia and Hungary, who have marvellously saved the lives of those patients to whom they administered Camphor at the first onset of the disease.

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When the Cholera appears for the first time it always commences with the first stage, characterized by tonic cramps; sudden prostration of strength, the patient cannot hold himself up; his expression is unnatural; eyes surrounded with a black ring; face and hands become blue and cold; discouragement, anguish and despair take possession of him and manifest themselves in every feature; half-stunned and insensible, he moans or cries out with harsh and hollow voice without being able to express clearly the pains, the burning sensations in the stomach and œsophagus and the cramps in the calves and other muscles which torment him; he screams if you touch him on the pit of the stomach; he has neither thirst, nor sickness, nor vomiting, nor diarrhœa.

It is in this first stage that Camphor affords instantaneous relief; but it must ordinarily be administered by those immediately about the patient, for the opportunity passes rapidly and death takes place or the second stage sets in, which is much more dangerous and is not curable by Camphor. In the first stage of the attack, then, the person attacked by Cholera should have, *as often as possible, and at least every five minutes, one or two drops of camphorated spirits of wine* administered upon sugar or in a spoonful of water. This is prepared by dissolving one part of Camphor in twelve of alcohol.

Frictions should also be made on the skin of the arms, chest and legs, with the hand dipped in the camphorated spirit; an injection of a half pint of water with the addition of two coffee-spoonfuls of the same spirit may also be administered. From time to time, bits of Camphor may be placed upon a heated metallic plate, in order that, if the patient be not able to swallow on account of cramps in the muscles of the jaw, he may still receive the benefit of the Camphor through his lungs. The more rapidly these means are employed on the first warning of the attack, the more speedy and sure will be the restoration of the patient to health; this may take place in two hours.* Warmth, strength, and consciousness return, and rest and repose complete the cure.

Should this precious moment have passed, the case is a more serious one; Camphor has lost its efficacy.

Cases of Cholera occur, especially in northern countries in which the first stage, characterized by the tonic cramps which I have described, is scarcely to be recognized, the disease passing almost immediately into the second stage. In this we have, clonic cramps, copious watery stools mixed with white, yellowish and even reddish flocks; inextinguishable thirst; violent abdominal colics; frequent vomiting of large quantities of liquid with continually increasing anguish, sighing and yawning, icy coldness of the whole body even of the tongue; marbled blue of the arms, hands and face; eyes fixed, cast down; failing of all the senses, slow pulse; exceedingly painful convulsions of the calves and cramps in the limbs.

In such cases, spirits of Camphor administered in drop doses every five minutes, should be only continued up to the moment when a striking amelioration is manifested; this, with so active and prompt a remedy as Camphor should take place in a quarter of an hour. If it should not then be perceptible, there must be no delay in resorting to the medicaments appropriate to the second stage.

Let the patient then have one or two globules of *Cuprum* (X, II.) dissolved in a spoonful of water, every hour or half hour until the vomiting

* There have been cases in which the patient did not receive Camphor, and after he was laid aside as dead, he was seen to move his fingers; a little spirits of camphor mixed with oil having been then placed in his mouth, he has been restored to life.

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and diarrhœa cease and warmth and quiet return.* No other means must be employed—neither aromatic teas, nor baths, nor blisters nor bleeding—without this precaution, cuprum is useless.

Similar advantages will be derived from a minute dose of *Veratrum-album* X, II.; the copper, however is more efficacious and a single dose is sufficient if it be left to act until the patient feels its renovating effects and we may then begin to satisfy in moderation his requirements.

In such cases arising from an overloading of the stomach with food difficult of digestion, a few cups of coffee will assist the cure.

Occasionally, when several hours have elapsed before remedial means were applied or where those of an irrational character have been employed, the patient passes into a sort of nervous fever with delirium. *Bryonia* and *rhus* X, II., in alternation will then render the greatest service.

As prophylactic means, the administration of a single globule of *Cuprum* X, I, once a week in the morning, fasting and without drinking for some time afterward, together with a careful and regular mode of living and sufficient cleanliness, will be found the most effective preventive of infection. The drug should not be taken until the cholera has actually appeared in the neighborhood; it will, however, produce no perceptible alteration whatever in the condition of a healthy man. *Camphor* will not protect from the cholera; copper is the true prophylactic.

At a subsequent date he advises:

Copper has been generally found efficacious as a prophylactic against cholera wherever it has been employed and its action has not been interfered with by gross faults of regimen or the vapor of Camphor. The best homœopaths have found it equally indispensable in the second stage of cholera alternating it according to the symptoms with *Veratrum-album* X, I. I have also advised the alternation of these two drugs in weekly doses as a preservative.

I have good authority for saying that at Vienna, Berlin and Magdeburg thousands of families have followed my instructions concerning Camphor, and have thus, often in a quarter of an hour, restored to health those of their members who were attacked and so effectually and quietly that their neighbors knew nothing of it, still less the doctors who used all their influence against a treatment at once so simple, so rapid, and so perfectly sure.

The cure is completed in an hour by the interior administration of spirits of Camphor in drop doses every five minutes (only six or eight drops, consequently, in all) together with the use of frictions of the head and chest. Innumerable facts from far and near have demonstrated this to me, (in Austria and Hungary by the ecclesiastics,) but these are prevented from coming to the light by the efforts of the physicians and consequently little is said about them in the public prints.

Still later:

Instead of repeating the dose of *Cuprum* every hour or half hour, according to the urgency of the case, it is better to alternate it with *Veratrum*

* That that very dear and rarely pure substance, Cajeput oil, should be so useful an agent in the treatment of Asiatic Cholera, that there should be scarcely one per cent. of deaths among those treated by it, is owing to its singular relation to Camphor which may almost entitle it to the appellation of liquid Camphor, and to the fact that it is brought to us from the Indies in copper vessels. It contains portions of copper and before rectification presents a bluish green tint. It has been ascertained, as I have been assured by many authentic accounts from Hungary, that wearing a plate of copper next the skin, was found to be a protection against cholera in that country.

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at the same interval. As soon as an amelioration is perceived after a dose of each of the remedies has been administered, we should wait as long as it continues. According to the experience of Dr. Veith, *phosphorus* X, I, or *phosphoric acid* is indicated by the predominance of a lienteric diarrhœa accompanied by noisy borborygmi.

The alternation of *Cuprum* and *Veratrum* X, I, every week will act as a preventive.

The smell of Camphor must be carefully avoided, otherwise the effect of the prophylactics may be neutralized. All fumigations must be abstained from and the diet should be homœopathically strict. Camphor does not protect from infection for any length of time, because its action is too fugitive.

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13. *Purpura—Efficacy of Turpentine.*—[The following case is reported by Dr. Budd to the Medical Times.]

M. A. Riley, widow, aged 65, of spare habit and broken health, and very infirm. For the last twenty-one months she has suffered much from want, being often without sufficient food for days together, besides which, asthma and cough, attended with profuse expectoration, have added much to her weakness.

Five days before admission she discovered, on getting out of bed, that her body and limbs had become thickly sprinkled with dark purple spots; she also observed that her urine was bloody, and in the course of the same day she began to bleed profusely from the mouth. Her stools were like soot. She had, in fact, become the subject of *purpura hemorrhagica*. It would appear from her account, that these phenomena came on quite suddenly—a fact not new to the history of the disease, but probably of some importance as to its pathology.

On the following day she grew rapidly worse. Blood flowed from the mouth without ceasing, and much was also voided in the stools and urine. On the 17th of May she reached the hospital very faint and exhausted, having come on foot from her own house, about two gun-shots off. Within an hour after her admission I was summoned to her, as she appeared to be fast sinking. I found her in a state of alarming collapse. Her body and limbs were thickly covered with the characteristic ecchymoses, whose peculiar purple color first gave the name to the disease. These ecchymoses were especially numerous and thickly set along the shins of both legs and the corresponding aspect of both forearms; on the thighs and upper arms they were more widely scattered, and on the trunk more widely still. In their general arrangement they were strictly symmetrical. As further illustrative of this, it may be mentioned, that there was an ecchymosis in the outer corner of each eye, and one at each angle of the mouth. The centre of those at the corners of the mouth was occupied by a small slough in process of separation. In the interior of the mouth, at a spot corresponding to the centre of the right cheek, there was a similar slough, nearly an inch long, and about half an inch broad. Blood was oozing very freely from under the detached border of all these sloughs. On the outside of the cheek was a large bruise mark, corresponding to the seat of the slough within. Numerous large blotches or bruise marks of the same kind were plentifully scattered over the surface generally. In addition to these, the following particulars were noted in the course of the day: gums firm and of natural color; stools sooty and like coffee-grounds; urine the color of blood, highly albuminous, and throwing down, on being allowed to stand,

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a layer of grumous blood, occupying about one-sixth of the whole depth of the fluid.

Face pallid, without yellowness, and, with the exception of the large blotch already mentioned, free from ecchymoses. Tongue and interior of mouth much blanched. Debility extreme; faintness on every change of posture; tongue tremulous; pulse 100, small and weak; no febrile movement; appetite tolerably good; thirst natural; no enlargement of liver or spleen; extremities cold. Cough frequent; expectoration copious; sputa opaque, greenish, diffluent; physical signs of a high degree of emphysema, with catarrhal râles.

I ordered her to be put on a generous and varied diet, including meat and vegetables, milk, and eight ounces of wine. In the shape of medicine, she was to take two scruples of chlorate of potash daily, and ten grains of extract of krameria, in a wine-glassful of the decoction of logwood, every four hours. My colleague, Mr. Morgan, directed the bleeding sloughs to be "mopped" frequently with a dossil of lint soaked in oil of turpentine.

The effect of this measure was immediate. The bleeding ceased from the moment of the first application of the turpentine, and did not afterwards return; the sloughs soon came away, and in a few days, under the continuance of the same treatment, the sores were healed.

On the other hand, there was not the slightest check put to the other symptoms. The urine continued to be as much charged with blood as ever; the evacuations as black and sooty; and fresh ecchymoses made their appearance in great number from day to day. Wherever any, even the slightest pressure was made, a large bruise mark was sure to be seen shortly after. The bodily weakness increased rapidly, and it soon became plain that, unless means could be taken to stay the loss of blood, the poor woman could not survive many days longer.

Matters being at this pass, on the 21st, after four days' trial, the chlorate of potash and astringents were given up as of no avail, and in lieu thereof twenty minims of oil of turpentine, in emulsion, were ordered to be taken every six hours. An immediate amendment followed the change of the plan. Before four doses of turpentine had been given all hæmorrhage had ceased. On the following day the urine was pale and transparent, free from albumen, and every other trace of blood; blood ceased to appear in the evacuations from the bowels, and no new ecchymosis occurred on the surface of the body.

On the 28th, seven days after beginning the use of turpentine, the blood extravasated into the conjunctivæ had nearly disappeared, and the spots over the body generally had much faded.

Meanwhile, the patient had gained greatly both in flesh and strength. Her recovery suffered no interruption, and on the 21st of June she left the hospital much improved in health and condition. The turpentine was continued for a fortnight only. On the 4th of June, there being no trace of purpura remaining, it was given up, as of no further need. On the 25th of May, the evening dose was vomited. One drop of creosote was, in consequence, added to each dose of the emulsion, and no sickness occurred afterwards. On the 28th there was some strangury, but this ceased at once on a slight reduction of the quantity of turpentine taken.

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The interest of the case is, I need scarcely say, wholly practical, and lies in its value as a striking illustration of the styptic properties of the oil of turpentine. It would, of course, be highly unphilosophical to found any conclusions as to the efficacy of a remedy from the observation of its effects in a single case. The result which here followed so closely upon the administration of turpentine has, however, been observed before in other cases without number. In purpura, especially, its virtues have long been known. The late Dr. Whitlock Nicholl believed it to be quite a specific for this disease in its idiopathic form; and to judge from the case before us, he was not so far wrong. I may add, that since this case occurred, I have met with three others, in which hæmorrhage of various kinds and from various sources ceased at once, on the administration of turpentine, after other medicines had failed. The first of these was also a case of purpura; the second, a case of hæmorrhage from the nose and kidneys; the third, one of hæmoptysis, from tuberculous disease of the lung. In the last, the outpouring of blood was truly appalling. The patient had already coughed up more than two quarts (by measure) before the first dose of turpentine was given; and yet, in spite of this tremendous loss, the bleeding was still going on without check or abatement.

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14. *Phthisis and Asthma; minute doses of Tartar Emetic.*—[We congratulate our allopathic friends on the advance in posology indicated by the following extract. Though they are still far enough from the truth, yet, continuing in the same direction, they may, perhaps, be surprised to find that even smaller doses are not only efficient, but *the most efficient* means of combating the most formidable maladies.]

"In Vol. xxxi. of the "Bull. de Thérap.," M. Benardeau gave an account of the great benefit he has seen derived from the administration of minute doses of tartar emetic in the hectic of phthisis. Since that period he has used it in other stages of tuberculization, and in several cases of asthma, with excellent effects. He gives from three to six pills in the twenty-four hours, each containing 1-25th of a grain. By their use, the cough, dyspnœa, and inordinate action of the heart become calmed, and, in fact, all the good effects of morphia, without its inconveniences, seem to be produced."—*Bullettin de Thérapeutiq.—Brit. and For. Med. Chir. Review, July*, 1850, *p.* 278.

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15. *Epilepsy.*—[Mr. Salter calls attention to the use of the expressed juice of the *Cotyledon umbilicus* as a remedy for epilepsy, and relates two cases of apparent recovery under its administration, in the Medical Gazette.]

Case I.—Joseph Lamport applied to me on the 25th of October, 1849, for the cure of epilepsy. He is a stout, well-made young man, of a florid complexion, 22 years of age, five feet ten inches high, by occupation a gardener. He has been the subject of epilepsy for the last five years: his fits are of frequent occurrence: they sometimes take place as often as twice in the day: a month appears to have been the longest interval that he has experienced between the attacks, but of late they have been more frequent than formerly. He states that they come on without any warning; he is insensible from ten minutes to half an hour: on recovering he is sometimes sick and vomits, and suffers from weakness and headache, but in a few hours he feels quite well again. His appetite is good, bowels regular, and pulse natural. He was directed to take one drachm of Hooper's fluid extract of cotyledon water twice a day, and an occasional dose of compound

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rhubarb pill if the bowels required it. He has continued the medicine pretty regularly up to the present time (May 7th). The benefit he experienced was strikingly marked from his first taking it. He has had no fit for the last three months, and is in every respect at the present time quite well.

Case II.—On the 21st of October, 1849, I was consulted by a gentleman of about 20 years of age, who had been for some time the subject of epilepsy; but from the fits hitherto occurring in the night, it was not known precisely how long he might have labored under the disease. However, about six months since, previous to my seeing him, from the attacks occasionally occurring in the day-time, the complaint was detected. His parents had, however, for a long time suspected that something was the matter, from his sometimes not rising at the usual hour in the morning, and afterwards from his appearing dull and stupid during the day. Moreover, he had often been heard to make strange noises in the night; but, as he had been known to suffer from what is called nightmare, the circumstance did not give rise to the suspicion that he was affected with any serious disorder. This being once ascertained, his bedroom was changed, so that he might be within hearing of his mother.

The intervals between the attacks after this period varied from two to three or four weeks. Occasionally he had only one fit: at other times he would have four or five in succession in the course of one night. I now found on inquiry that he generally knew when the attacks were about to come on, from a peculiar feeling in his left arm and hand which took place the day previous. This was an uneasiness, scarcely amounting to pain, yet clearly allied to it: there was a feeling of stiffness, and an awkward inconvenience when it was moved; a crampy feeling with occasional twitches of the muscles, and contraction of the fingers, together with some numbness; but he was not aware of any *aura* before the attack. The patient was of small stature, of a nervous and irritable temperament, and considered to be weakly rather than otherwise, but had, notwithstanding, enjoyed good health. The appetite was good; the bowels were disposed to constipation. Before he was put upon a regular course of medicine for the relief of the epilepsy, I thought it right, in the first place, to clear the bowels, and observe if any common source of irritation existed that might be thought directly or indirectly to have occasioned the fits. He was ordered to take a sufficient quantity of compound rhubarb pill to keep up a full action on the bowels, and to leave off suppers, of which he was accustomed to partake largely. But as the fits continued, and it was suggested that he might possibly have worms, he took at intervals of two or three days several doses of turpentine at night, followed by castor oil in the morning, and on one occasion a large lumbricus was passed. But this treatment had no effect in diminishing the paroxysms; on the contrary, they were thought to be decidedly more violent, particularly on one occasion—the day following the use of the turpentine. On April 21st, he was put upon the use of the cotyledon, and ordered to take a fluid ounce of the recent expressed juice of the plant twice daily. In the month of June, from the scarcity of the plant, he commenced the concentrated extract, as prepared by Mr. Hooper, which he continued up to Sept. 9th, about which time the fits left him, and have not since occurred, having previously gradually declined in frequency and severity. He continues now in good health; but, by his own desire, he takes the cotyledon as a prophylactic.

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Miscellanea.

American Institute of Homœopathy.—The regular Annual Meeting of the Institute took place at the Temple, New Haven, Connecticut, on Wednesday, the 10th of June last. A very respectable number of physicians was present, principally from the Eastern and Middle States.

At 10, A. M., the Institute was called to order, and, on motion, Dr. W. E. Payne, of Maine, was elected the chairman of the meeting. Dr. Payne was conducted to the chair by Dr. Kirby, of New-York, and in a short speech returned thanks for the honor done him by the election, and trusted that all indulgence would be shewn him, as whatever errors he might commit in presiding, would be those of the head, and not of the heart.

Dr. Foote, of New Haven, moved to suspend the rules of order that the committee to revise the rules and regulations of the Institute might report the code they had adopted. The motion was carried, and Dr. Foote, the chairman of the committee, reported, and the report, after some discussion, was accepted, and the committee discharged.

On motion of Dr. Swazey, of Springfield, the 10th section of the code was stricken out.

On motion of Dr. Jeanes, of Philadelphia, the rules and regulations reported were adopted as amended.

The Secretary, Dr. Small, of Philadelphia, proceeded to call the roll.

The Chair appointed the Standing Committees:

1. On Election of Members: Dr. McManus, of Baltimore; Dr. Bowers, of New York; Dr. Gardiner, of Philadelphia; Dr. Osgood, of Boston; and Dr. Dodge, of Maine.

2. The Central Bureau of Materia Medica: Drs. Hering, Jeanes, Neidhard, Williams, and Kitchen, of Philadelphia.

3. On Communications: Drs. Small and Jeanes, of Philadelphia; and Dr. Swazey, of Springfield.

On motion, the minutes were read by the Secretary, so far as they related to unfinished business.

Dr. McManus, Chairman of the Committee on Elections, reported the following names as candidates for membership, who were duly elected members: Drs. J. Abbott, of Westfield; J. J. Cushing, of Providence; J. L. Martin, of Baltimore; H. C. Preston, of Providence; W. C. Preston, of Middletown; C. H. Raborg, of Baltimore; W. Pearson, of South Hadley Falls; H. A. Collins, of Conway; W. Armor, of Baltimore; W. P. Gambell, of Francestown; P. E. Vastine, of Baltimore; J. T. Denison, of Fairfield; and J. W. Metcalf, of New York.

The Chair appointed Drs. Foote, Bayard, Joslin, Skiff, and Jeanes, Committee to audit the Treasurer's Report.

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The Constitution was read by the Secretary, for the benefit of the members elect.

The Treasurer, Dr. Kirby, presented the Treasurer's Report, which was accepted, and referred to the Committee to be audited.

Reports from branches and auxiliary societies being in order, Dr. Bowers read a report from the N. Y. Homœopathic Society.

Dr. Jeanes moved that the same be accepted and published in the proceedings of the Institute, which motion was carried.

On motion of Dr. Foote, the election of officers was postponed until the afternoon session; and on like motion the delivery of the Annual Address was postponed till 8 o'clock in the evening.

Dr. Kirby, from the Committee on Medical Education, reported verbally, which report, on motion of Dr. Jeanes, was accepted, and the Committee discharged.

A prolonged discussion then took place on the subject of Medical Education, principally turning upon the expediency of instructing students of Homœopathy in that which was peculiar to the Allopathic School. Drs. Wells, Jeanes, Kirby, McManus, Guy, and Joslin, took part in the debate.

The Institute, on motion of Dr. Jeanes, adjourned to 3 P. M.

At the Afternoon Session the minutes of the morning meeting were read and accepted.

Dr. McManus offered a resolution in relation to the payment of annual dues by members of the Institute, which, with an amendment by Dr. Joslin, was carried.

The Report of the Committee on Blisters being called for, Dr. Joslin stated that Dr. Bayard, the Chairman of that Committee, was necessarily detained by business.

Dr. Small read a report from the Philadelphia branch, which, on motion, was accepted.

Dr. Foote, from the Committee on the Treasurer's Accounts, reported the same correct. The report was accepted.

Dr. Foote offered to read a letter from Dr. H. D. Paine, of Albany; objection being made, the communication was referred to the appropriate Committee.

The next business in order being the election of officers, Dr. Swazey, of Springfield, was nominated and elected General Secretary; Dr. C. C. Foote, of New Haven, Provisional Secretary; and Dr. Kirby, of New York, was re-elected Treasurer.

Dr. Wells, of Brooklyn, N. Y., offered a resolution to the effect that pathological changes of tissue afford no adequate guide in the selection of a remedy, which gave rise to an animated and prolonged discussion, which was interrupted by a motion to adjourn, for the purpose of hearing the Annual Address.

At 8, P. M., the hall of the Temple was filled with an audience of the most respectable and intelligent of the inhabitants of New Haven, to whom Dr. Swazey delivered the Annual Address on the subject of "Life, Disease, and the Law of Cure." The address was listened to

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for nearly two hours with the greatest attention, and the Institute adjourned until 8 o'clock on Thursday morning.

Thursday, June 11th. On motion of Dr. Foote, the thanks of the Institute were presented to Dr. Swazey for his able and interesting address, and a copy was requested for publication in the proceedings of the Institute.

Dr. Jeanes, of Philadelphia, read the Report of the Central Bureau of Materia Medica, which was accepted.

The Report of the Committee on Cholera being called for, on motion of Dr. Jeanes, it was ordered that the Committee have leave to sit for another year, to report at the next Annual Meeting.

On motion of Dr. Swazey, a resolution was adopted to the effect "that the Institute considers it the duty of every member to make some written communication at every Annual Meeting, upon some matter pertaining to the general interest of Homœopathy."

On motion of Dr. Kirby, Drs. Jeanes, Joslin, and Metcalf were appointed a Committee, to address, through the proceedings of the Institute for 1851, the Homœopathic Physicians of the United States, urging upon them the propriety of organizing forthwith branches of the American Institute of Homœopathy.

On motion of Dr. Foote, a resolution was adopted "that such part of the proceedings of this meeting as the Secretaries may deem of sufficient interest, together with the address, constitution, by-laws, resolutions in force and a list of the members, be published under the direction of the Secretaries."

A communication and pamphlet were received from Dr. Ingalls, which, on motion, were referred to a Committee consisting of Drs. Small, Joslin and Guy, to consider and report to the Institute.

A communication was received from Dr. J. L. Sullivan, which, on motion of Dr. Joslin, was referred to the Committee on Communications, to be by them disposed of pursuant to the wishes of the author.

On motion of Dr. Metcalf, the Committee on Communications, after the discharge of the duties now devolved upon them, were discharged.

On motion of Dr. Kirby, it was resolved to hold the next Annual Meeting of the Institute in the City of Baltimore, on the third Wednesday in May, 1852.

Dr. Kirby, of New-York, was appointed to deliver the annual address.

The thanks of the Institute were presented to the Chairman and Secretary, and the Institute adjourned.

The Western Institute of Homœopathy.—This body held its first session on Tuesday, June 3, 1851, in the City of Chicago, Ill. A constitution and by-laws were adopted, officers elected, and a variety of business transacted. An address was delivered by Prof. Dodge of Cleveland, O.

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The Committee appointed to select the drugs to be proved by the members during the ensuing year presented the following list: *Arsenite of lime*, *Æsculus-glabra* or *Buckeye*, *Apis-mellifica* or *Honey-bee*, and the *Iodide of Sulphur*.

The next meeting of the Institute is to be held at Cleveland, O., on the fourth Wednesday of May, 1852.

Wisconsin Homœopathic Institute.—This society met at Milwaukee, on the 14th of May last. The members are engaged in proving the *Euonymus-atropurpurea* (Burning-bush), and the *Apis-mellifica* (Honey-bee). An address was delivered by the President, and the Institute adjourned for a year.

Thuja-occidentalis.—We call the attention of our readers to the beautiful proving of this plant by our Vienna colleagues, the commencement of which we publish in an appendix to this number of the Journal. If any one desires to get a true knowledge of the action of this drug, let him read with care the essay of Dr. Mayrhofer, and he cannot fail to be enlightened. The proving of Thuja will be followed by others, and the whole will be so arranged as to be bound in a separate volume with every convenience of reference.

Hahnemann Academy of Medicine.—New-York, March 5th, 1851. Stated Meeting.

An interesting discussion sprang up on the subject of smallpox. Dr. Kirby stated that he had, since the last meeting, employed *Thuja* in a case of *distinct* smallpox, with, what seemed to him, remarkable effect, as the patient received prompt relief from distressing symptoms of the throat, head and eyes, after the eruption had fully appeared. He could not give the details of the case, as the notes he made were imperfect; and he would simply ask the attention of the Academy to that drug in that disease. Dr. Hempel doubted if *Thuja* were homœopathic to smallpox, under any circumstances. It was his opinion, that in that disease the pathogenesis of the drug should correspond to the symptoms of the fever which precede the eruption, which *Thuja* did not. *Mercury*, said Dr. H., is a specific for *Syphilis* in all its stages. That drug that is homœopathic to a disease at its commencement, is so through all its stages.

Dr. Donovan stated that he had used *Thuja* with success in a case of *Tinea Capitis*. The eruption was vesicular, suppurated, and was very much like smallpox, but in the latter disease he preferred *Tart. Emetic*. Dr. Metcalf said that Bönninghausen was the authority for the use of *Thuja* in smallpox—he gave it in a very high attenuation.

Dr. Kinsley, in reply to Dr. Hempel, said that the antecedent fever to all eruptive diseases is so similar, that it could not be distinguished, and the

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remedy which may be indicated in the fever before the eruption, might not be appropriate in all the stages of the disease. The principle laid down by Dr. Hempel, he thought, was unsound. He, Dr. K., had seen severe fever in cases, with but slight smallpox eruption; on the contrary, he had seen cases in which the fever was slight, followed by extensive eruption; the antecedent fever, therefore, gives no evidence as to what may be the violence of the disease in its entire course. His experience went to show that the severity of smallpox was in proportion to the extent of the eruption, and as in other diseases, the remedies would vary according to circumstances.

Dr. Hallock inquired if any gentleman had used the *Vaccine* as an internal remedy in smallpox. Dr. Metcalf replied that he had in two cases, but did not perceive any effect. Dr. Kinsley administered *Vaccine* in several cases, but the evidence of effect was not clear. Dr. Hallock said he had used the 3d trituration with benefit, he thought.

Dr. Kinsley related the case of a lady, on whom the smallpox eruption appeared two days after giving birth to a child. The child was vaccinated when the nature of the mother's disease was known. The vaccination took, and the child escaped the smallpox.

April 2d, 1851. Stated Meeting.

Doctor Sherrill read some notes of a case of clerical Bronchitis which he had recently treated. The prominent symptoms were aphonia, great prostration of strength, tendency to diabetes and soreness of the scalp, accompanied by supra-orbital headache. In the commencement of the treatment, Nux and Sulphur were used without much benefit, after which, recourse was had to Conium and Phosphorus, under the use of which the patient grew rapidly better, and was very soon free from the affection.

Dr. Curtis remarked that the last remedies were well adapted to the case, particularly the Phosphorus, which was an invaluable remedy in all of these throat affections. He thought, however, that the Carbo Vegetabilis was very much indicated by the symptoms, and would have been chosen by him in preference to the others. Dr. C. then referred to a case of Aphonia, of five years' duration, which he had cured by a single remedy, the Causticum, given in drop doses of the tincture. During the whole period of the disease, the patient had been able to utter only a few harsh and indistinct sounds, and even these were accomplished with difficulty. He regarded the case as one of Paralytic Aphonia. Dr. McVickar concurred in the opinion, and thought that the difficulty had depended on paralysis of the vocal chords.

Dr. Donovan observed that he had met during the past winter with two cases of Aphonia, or rather partial Aphonia, somewhat similar. They seemed to be of a catarrhal or rather rheumatic character, and the muscles of the larynx appeared to be in a condition analogous to some forms of Rheumatic Paralysis of other parts, for which Rhus is found to be so extremely beneficial. In both cases the Rhus was given and was followed by immediate relief. The choice of the remedy was in both cases, Dr. D. stated, determined by one of the subjective symptoms. By making an effort the patient was able to utter a few sounds, and continuing the effort, the Aphonia seemed to yield in some measure, so as to allow of the patient conversing in a low tone. Improvement from using an organ being characteristic of Rhus, had induced him to prescribe it, and it proved how important it is for us to note the subjective symptoms of a case.

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Dr. Kirby referred to some cases of Glossitis attended by mercurial fetor of the breath, which he had recently treated. The cases were in the beginning merely of a catarrhal character, with sore throat, for which Belladonna had been prescribed. Glossitis set in afterwards, and was promptly subdued by the administration of Mercurius 6. His son also had cured some cases of the same kind, with Mercurius of the 30th dilution. The cures were not so rapid, however, as where the lower dilution had been given.

Dr. McVickar stated that the remarks of Dr. Kirby recalled to his mind a case of Glossitis which had occurred in the New-York Hospital some years since. In this case a most intense aggravation of the affection had been induced by the administration of an Allopathic dose of Calomel, which had been given for the purpose, as he supposed, of moving the bowels. So violent were the symptoms which followed, that it became necessary to make incisions in the tongue to relieve the swollen condition of this organ. The same peculiar fetor of breath existed also in this case as in those detailed by Dr. Kirby. The case had been reported, Dr. McVickar stated, and was to be found, he thought, in the New-York Medical and Surgical Journal.

Dr. Ball referred to an interesting case of what he regarded as suffocative Bronchitis, occurring in an infant. It was characterized by extreme difficulty of respiration and decisive secretion of mucus in the bronchial tubes, the mucous râle being remarkably distinct. The respiration was of a harsh, painful character, resembling somewhat the sound produced by the working of a saw, and during the attack the child was constantly covered with a clammy perspiration. The affection occurred in paroxysms, which were so severe that the infant seemed every moment threatened with suffocation. Musk and Hydrocyanic Acid had been employed in the case as palliatives, under a belief that the case was one of Thymic Asthma; but no benefit whatever had resulted from their employment. Dr. Ball then observed that finding the symptoms corresponded closely with those laid down in the pathogenesis of Arsenic and Tartar Emetic, both of which seemed indicated, he was induced to prescribe them in alternation, and so successful were the remedies that the child almost immediately began to improve, and was soon perfectly recovered. The case was interesting, he said, from the fact that the child had been suffering for five or six months from these attacks, and had derived no benefit from the ordinary treatment. Dr. B. stated that he had used in this case Tartar Emetic of the first trituration, and Arsenic in the ordinary dilution of 1-160. Half a grain of the first and a drop of the latter having been put in tumblers of water, and a teaspoonful given every half hour alternately.

Dr. Donovan referred to some remarks he had made at the last meeting of the Academy, respecting the use of Thuja Occidentalis in a case of Tinea. He wished merely to call the attention of the Academy to some symptoms remarkably characteristic of Thuja, which had appeared during the treatment. He had given this remedy on account of the pustular character of the eruption, and to correct a Sycotic taint which, from some of the symptoms, he thought, was lurking in the system. Soon after the patient commenced taking the remedy, an immense number of small moles, varying from a pin's head to a pea in size, appeared on the neck, and were accompanied by vesicles surrounded by a red areola, resembling, precisely, those described in the provings of Thuja. The vesicles were not limited to the neck, but appeared on the hands and feet of the patient, and, after a

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short time, assumed a pustular character, and finally dried into thick crusts, the whole eruption so closely resembling smallpox in its character, that the resemblance was even remarked by the family. Dr. Donovan stated also, that some two years since, he had removed a large number of warts from the face and hands of a young lady by means of the Thuja. There were, probably, some thirty or forty altogether, and they had entirely disappeared. His mode of administering the remedy was to put some two or three drops of the tincture in a tumbler of water, and give a table-spoonful morning and evening. The remedy was at the same time applied locally. In this case, he had noticed also that a number of new warts suddenly came out during the administration of the remedy, and disappeared again as soon as it was discontinued. Dr. Donovan then remarked, that in the case of Tinea he had referred to, there were several congenital moles on the neck of the patient, which inflamed under the action of the Thuja, ulcerated, and finally disappeared. He referred to these particulars to show that the Thuja could produce those excrescences, as well as cure them, in persons having this peculiar predisposition. Stapf, in his proving of Thuja, had given us instances of a similar character, but in the new Jahr, this pathogenetic effect of Thuja had been entirely overlooked.

June 4th, 1851. Stated Meeting.

The Vice President, Doctor Curtis, opened the conversations by reading some notes on the employment of Bromine in an affection resembling croup which had occurred in a Mocking bird, and observed that he thought its success in croup had not been sufficiently tested. In the course of the informal conversation which followed the reading of this paper, Dr. Kinsley stated that he had used the Bromine in only one case of croup. He had given it after all the other remedies had failed and had derived, he was sorry to say, no benefit from its employment. Doctor Guy, of Brooklyn, stated that Dr. Wells and himself had treated, some time since, a case of croup, and employed the Bromine with the happiest results after all the usual remedies had failed. A profuse discharge of thin mucus, he remarked, accompanied the cough and constituted the distinguishing feature of the case. This symptom had induced the employment of the Bromine, and he thought it would prove successful in all similar cases.

Dr. Donovan observed that he was treating a case of intermittent which had been suppressed about a year since by quinine or some other febrifuge. The patient had been ever since in miserable health, had suffered from time to time from slight returns of the chills, and a few days since, after experiencing some mental emotion, had a recurrence of the attack. He had given Ignatia on account of the moral condition of the patient, and the extreme thirst accompanying the chill, but the remedy, instead of relieving, had only seemed to develop the disease more fully, as it had now returned in all its original intensity. The Ignatia did not meet, he said, all the symptoms, there being thirst during the hot as well as the cold stage, and he had determined on giving the Capsicum, which seemed to correspond better with the case. He had never used the remedy, however, in intermittents, and could only infer from its pathogenesis, that it was applicable to such symptoms as he had detailed.

Dr. Guy stated that he had treated a case of Tertian Ague, recently, with Capsicum. The patient complained of pain in the head, and of thirst during the chill and fever. The Capsicum was given, at first, in a low potency, and the disease, after two or three slight returns of the chill, disappeared, but returned again in full force on the 14th day. Capsicum of the 30th

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was then administered during the apyrexia, and the disease, after a return of the chill on the regular day, disappeared.

Dr. Metcalf observed that the recurrence of the affection on the 14th day was not necessarily to be attributed to the remedy which had been given, as this class of diseases had a peculiar tendency to return at such intervals. Dr. Guernsey expressed the same opinion, and remarked that in three cases, recently, under his care, he had particularly noticed this return of the affection after an interval of 14 days.

Dr. Donovan observed that there was one remedy for intermittents, to which he would call the attention of the Academy. It was the Daphne Mezereum. He attended, some months ago, a lady for an attack of intermittent of a quotidian type, characterised by violent chills, with intense thirst during the chill, the thirst being increased by drinking. There was little or no febrile reaction following the chill, but the patient complained of pain and tenderness in the lumbar region and of violent colic and splenetic stitches. She was suffering from Leucorrhœa also, and in the right inguinal region there was a spot exhibiting considerable tenderness to pressure. Ignatia, Cocculus and one or two other medicines were given, but none of the ordinary remedies seemed to meet the symptoms, and after a careful examination of the Materia Medica, the Mezereum was selected as the remedy best adapted to the case. Its pathogenesis corresponded admirably with the symptoms of the disease, and it succeeded, as he had anticipated, in arresting it. The Mezereum, however, did not check entirely the leucorrhœa, nor remove altogether the ovarian irritation, its action being limited apparently to the sympathetic affections depending on these troubles. To remove those local difficulties the Staphysagria, Conium, and Calcarea were given, under the use of which the patient soon recovered.

Dr. Kinsley said that the remarks on the employment of Capsicum reminded him of a case of sore throat, in which he had recently employed this remedy. The patient described the pain as of a burning, stinging character, and said it felt as if she had been swallowing Cayenne pepper. Taking advantage of the hint, Capsicum was administered, and the affection of the throat disappeared.

Dr. Metcalf remarked that another remedy, the Mansanilla, was peculiarly applicable to cases of this character. It produced, he continued, like the Capsicum, a kind of stinging, smarting, extending from the pharynx to the œsophagus, which did not seem to be produced by the mere local action of the drug, but appeared to be a purely dynamic effect. The Mansanilla, Dr. M. further remarked, was likely to prove of use in bowel complaints, as diarrhœa of an extremely violent and long continued character was among its most prominent symptoms.

Dr. Cox referred to two cases of nocturnal enuresis he had recently cured by giving the Benzoic Acid. One of the patients was a girl of 9 years of age, the other a young lady of 18. The medicine was employed in the first trituration, and was taken morning and evening. "The cases were interesting," Dr. C. continued, "as the difficulty had existed for some time, and had resisted all the usual remedies. In the girl," he observed, "there had been for a short time a slight return of the affection, but on administering the Acid again, it was promptly and permanently subdued."

Dr. Metcalf remarked, "That it would have been well had the character of the urine been observed in these cases. The Benzoic Acid is well known to be remarkable," he said, "for its giving a jumentous odor to this secretion; and it would have been interesting to know whether its curative action was limited or not to cases having this peculiar symptom."

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Dr. Guy mentioned a case of enteritis occurring in a child, complicated, as he thought, with intussusception of a portion of intestine. The child, when he first saw it, was constantly retching, and seemed to be in extreme pain. He prescribed Ipecac., but this doing no good, he was sent for, and on seeing the child again, found it in a state of extreme prostration, and the vomiting of a stercoraceous character. Opium was given, and repeated in half an hour, but finding it of little benefit recourse was had to the 4th of Plumbum. This was perfectly successful; the vomiting and other symptoms disappearinng after the second dose of the remedy.

Dr. Curtis remarked, "That he had employed the Plumbum in a similar case some years since, and with like success. The case was attended," he said, "by stercoraceous vomiting, which ceased immediately after the administration of the medicine. He had employed the Acetas Plumbi in this case, and had used it in its ordinary form."

Dr. Cox then related to the Academy two cases of inguinal hernia he had prescribed for within a short time, in both of which the homœopathic remedies had been perfectly successful. Nux and Veratrum, of the 3d trituration, given every half hour, were the remedies employed, and under their use the protrusion had entirely disappeared, without the taxis being resorted to. "The case of the adult was interesting," he said, "as the hernia had existed for some time, and was much swollen; the family having made several unsuccessful attempts to reduce it. Stercoraceous vomiting, extreme prostration and other symptoms, indicating strangulation of the intestine, were present, and so hopeless did he consider the case, that he proposed an operation as offering the only chance of escape. The remedies were resorted to, however, and after using the Nux with little or no effect, resort was had to Aconite and Veratrum, under the use of which the patient grew rapidly better, and he was surprised on visiting him in the morning to find the hernia had entirely disappeared."

The Prescription of an Eclectic in Pneumonia, etc.—A professor in one of our medical colleges, who calls himself an eclectic, recently informed his class that he was in the habit of prescribing *tart. emetic* in doses of one-sixtieth of a grain, for the cure of pneumonia and other pulmonary affections. The professor also observed that he had been accused of being an homœopathist, which he took occasion to deny. The doctor acted wisely in making this last assertion, for we should be very sorry that any one should be recognized as a homœopathic practitioner who is so ignorant of our doctrines as not to be aware that tart. emetic is, in the strictest sense of the term, *homœopathic* in pneumonia, and certain other affections of the air passages. To prove that this gentleman makes use of our principle of cure, either unwittingly, or without the moral courage to avow it, we submit the following from an eminent allopathic source:

According to the experiments of Majendie, "*tartar emetic* appears to operate locally and by absorption, its principal action being on the intestinal canal and lungs: for nausea, vomiting, alvine evacuations, difficulty of respiration, and accelerated respiration, were produced by injecting a solution of the salt into the veins, by introducing it into the

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stomach, as well as by applying it in the solid state to the cellular tissue. Traces of pneumonia, gastritis, and enteritis, were found after death."

"Majendie ascribes to tartar emetic a specific power of causing engorgement of the *lungs;* for he found, on opening the bodies of animals killed by it, that the lungs were of an orange-red or violet color, incapable of crepitating, gorged with blood, and here and there hepatized. The same effects are produced in the human pulmonary organs; and in support of this opinion a case reported by Jules Cloquet (Orfila, *Toxicol.* Gén.) has been referred to: it is that of a man who died of apoplexy, but who, within five days of his death, had taken 40 grains of tartar emetic." "In the lungs were observed very irregular blackish spots, which extended more or less deeply into the parenchyma of this organ." (Pereira's Mat. Med. and Ther., pages 566–67–68.) The writer has in several instances injected solutions of emetic tartar into the veins of rabbits, and among the symptoms induced, difficult and rapid respiration was always observed; on examining the lungs after death, we have uniformly found indications of disease, acting either in the form of inflammation, hepatization, or engorgement.

When taken in health in large doses, tartar emetic gives rise to the following pulmonary symptoms: rapid, short, and difficult breathing; oppression of the chest; dull or sore pain in the chest; cough, with slight expectoration; pulse weak, soft, suppressed, and irregular; pain increased by lying on either side. This train of symptoms has often been witnessed by gentlemen of the old school, as results of large doses of this drug taken in health.

The fact, then, that tartar emetic does act specifically upon the pulmonary structure when taken by a healthy person, producing a train of symptoms very similar to those of ordinary pneumonia, cannot be controverted. This circumstance, taken in connection with the similar pathological conditions induced in the parenchyma of the lungs, by the drug and by the disease, affords the most overwhelming proof that tartar emetic cures pneumonia and some other pulmonary affections, in accordance with the homœopathic law of cure, *similia similibus curantur.*

Let us suggest, then, to the ardent professor above alluded to, the propriety and justice of *preaching* as well of *practising* according to our method; for in this way alone can he ever obtain a reputation for judgment or consistency.—E. E. M.

Proper mode of preparing Broth.—Professor Liebig, in his annual report, has investigated the economic relations of cooking, and has given the following directions for rendering the nutriment of meat fluid. Chop the meat to be used into very fine pieces, mix it thoroughly with an equal weight of cold water (a pint to a pound of meat), and leave it a short time to macerate before putting it on the fire; then heat it *very slowly* to boiling, boil for a few minutes and strain it. If the prejudice of the patient require it to be colored, it may be done

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with a little burnt onion or sugar. If the meat be plunged into boiling water in the first instance, the albumen of the surface is coagulated and a shield is formed, which prevents the water from penetrating and dissolving the interior juices.

When fresh meat is immersed in brine for the purposes of preservation by salting, there immediately ensues an interchange of the fluids of different density (the juice in the fibre of the meat and the brine) until they are rendered nearly uniform in density and composition. Thus, what the meat gains in salt, it loses in nutritious matter, and the salting liquor becomes rich in some of the most valuable constituents of broth, as phosphoric acid, potassa, kreatinine, etc., which are wholly lost—hence, the want of economy in salting meat, the lower nutritive qualities of salt provisions, and the injurious consequences which flow from its constant use.

It is probable, from some of the researches of the French chemists, that an injurious change of an analogous character takes place during the drying of meat, for it is asserted that equal weights of dry and fresh meat are required to serve equal purposes of nutrition, notwithstanding a very large proportion of the weight of fresh meat consists of water only.

Homœopathic County Appointment.—It will be seen by the annexed notice, taken from the Albany State Register of May 17th, that the city and county of Albany are in advance of the rest of the state in medical enlightenment. We shall very soon hear of other counties following this excellent example, the argument to the pocket being a powerful one, if no other, and that being entirely on our side.

"MEDICAL APPOINTMENT.—We learn that the Board of Supervisors, now in session, have appointed Dr. D. Springsteed County Physician. This will be a gratifying appointment to the many friends of Dr. Springsteed, though we believe it is the first case in this city of the selection for that office of a homœopathic physician."

Homœopathy in California.—(Extract of a letter from Dr. Hardenstein to Dr. Hering, dated Sacramento City, April 26, 1851.)

"Diseases here are all of an intermittent character, which corresponds to the low, marshy kind of land. The most successful remedies are *chin.* 30, *ars.* 3.30, *quinin.* 1.3, *rhus-tox.* 12.30, *hep.* 3, *ign.* 12, *calc.* 30.50, *ipec.* 30, *nux* 30. in intermittents. In diarrhœas *merc-s.* 3, *merc-cor.* 3.6, *chin.* 30, *ars.* 30, *oleand.* 12, *rhus* 12, *bry.* 12.

"*Gastroses* yield mostly to *puls.*, *nux*, *ipec.*; *scurvy* to *ars.*, *lach.*, *natr-mur.* Anasarca is frequently connected with scorbutus.

"Cholera has been here in a terrible form. I saw the first cases in Russia in 1828 and have been well acquainted with it since; it was more fatal here in the hands of allopathic physicians than anywhere; they lost 19 out of 20. In fact I never saw a case of true Asiatic Cholera recover where *opium* had been administered. *Veratrum* controlled all the symp-

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toms, in some cases instantly; *cuprum* was seldom required; *cham.*, several times, in cases of adults and males, acted admirably. One case, indicating *cham.*, was obstinate, but *cham.* and *silic.* brought on the suppressed habitual sweat of the feet and the patient recovered. *Jatropha* acted energetically in several cases, and *sulph.* 200 was followed by an aggravation in the case of a lady but proved curative. Out of 120 cases I lost 5, and among them a son of Dr. S. G., of Boston. A host of cases of Cholerina yielded easily to *ac-phos.*, *ipec.*, *nux*, *ars.*, and *merc.* A great many of the fatal dysenteries here are nothing more than hæmorrhoidal dysenteries, if I may so call them, caused by colocynth pills and other drastics.

There is an abundance of *Oleander* in the mountains; also a kind of *Rhus* but not the *toxicodendron* nor any of the others known to me, though it has the characteristic action of that drug. The *Urtica-nobilis* abounds here and is of a most powerful action, more so I should think than the *urens* or *dioica*. There is an *asclepias* here of which I will send you the expressed juice—it resembles the *syriaca*, but I should name it *californensis*, as I have never seen any like it but the *syriaca*, from which it widely differs in its medicinal action—it approaches more nearly to *rhus*, but seems to be more active and affects the scrotum oftener. *Bryonia* acts better as an antidote than *bell.* or *rhus*, but my observations have been very imperfect. The action resembles that of the *Callotropis-procera* from Eastern Africa (lat. 10° to 26° N.), which a Bedouin told me produced Elephantiasis. The Californensis is perennial, herbaceous, 3 to 6 feet high, leaves alternate, roundly elliptic, the lower surface of a soft velvety appearance, fruit-stem bending, capsule rough, bursting open, flowers in umbels whitish blue, sometimes red, purplish white blossom. The African *Syriaca* is from 12 to 20 feet high, leaves roundly elliptic, corky bark and large bluish umbels of flowers; it is very poisonous. I believe the asclepias here or callotropis would prove a valuable remedy; the ulcers I have observed had more of a suety base like *hep.* and *merc.* ulcers, with pain when laughing and the œdema of *rhus*. The dew on the plant is a very active poison. Many of the Indians suffer from syphilis or rather ulcers similar to those of syphilis, which spread, however, down the thigh around to the trochanter major and down to the rectus. May not these ulcers be occasioned by this plant? Mosquitos and flies convey the poison from *rhus.* and this *asclepias* or rather callotropis, as I have found travellers who had not come in contact with either, but who insisted that the mosquitos were of a poisonous kind."

Hahnemann Publishing Society.—We have received a letter from Dr. Neidhard, enclosing a copy of an address of this Society to the homœopathic physicians of the United States, in which they announce that they have appointed Dr. Neidhard, of Philadelphia, and Dr. Preston, of Providence, Honorary Secretaries in this country. The works published by the Society will be furnished at cost price to American physicians, by inclosing their names to either of the Secretaries. The first volume of the Repertory, "The Pathogenetic Cyclopedia," is published, and the first part of a new Materia Medica is in the press. They solicit the support of the profession in this country for their publications.

Birthday of Hahnemann.—A grand dinner was given in Paris on the 10th of April last in honor of the birthday of the Master. The whole Hahnemannian fraternity were present and great harmony pre-

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vailed. *Utinam sic semper!* Speeches were made and toasts were drunk *à l'Anglaise*, among which we find the following:

By Dr. Pétroz: The memory of Hahnemann.

By Dr. Tessier: Our predecessors in Homœopathy; they have worthily opened the way.

By Dr. Léon Simon: The future progress of Homœopathy.

By Dr. Perry: Our new friends, the recent converts to Homœopathy.

Dr. Simon's toast was prefaced by the following remarks: "Gentlemen; in proposing to you as a sentiment the future progress of Homœopathy, I wish simply to express the confidence which we all feel in the destiny of the new medical doctrine. My own confidence is strengthened by the events of the past year. It is but a twelvemonth, since, in this same place and about this very table, the members of *two* societies were gathered aiming at the same end but by different paths, while at their side sat other disciples of the same Master who were traveling alone. This want of union among those whom nature had marked out as fellow-travellers and fellow-workmen was a great source of weakness; but for a year past we have been united and the happy experience of this year has demonstrated that it would be now a more difficult task to break this union again than it was in the beginning to form it. If there be truth in the old saying that "Union is strength," we are now strong and Homœopathy has but to step forward to new victories.

My confidence in the destinies of Homœopathy is further strengthened by the conquests made by the Gallican Society during the past year. I perceive in our midst young physicians in whom the allopathic school were reposing their fondest hopes and who have surrendered all those promises of the future which the system in power lavishes upon its young aspirants, in order to render them faithful to its standard. The commencement of their career is thus marked by a painful sacrifice as honorable as it is rare; they will reap with joy, in the end, the harvest of which they are now in trouble sowing the seed. We see, too, seated among us their friend and their instructor (Tessier). Tedious labors, a just and honorable fame and an upright and determined spirit had conspired to render him the enemy of the errors and illusory pretensions of the allopathic school, but what sacrifices has he not been obliged to make to reach this table? Has he not been required to give up tried friendships of long duration, to abandon hopes legitimately entertained and to witness the destruction of plans well laid and long cherished?

Let us, then, in remembrance of these facts, drink with hope: "The future progress of Homœopathy."

Homœopathic Congress at Paris.—This body is to meet on the 5th of September next. The following questions are proposed for discussion:

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1. Physiology. Hahnemann lays it down that "the material organism without the vital force can neither feel nor act nor do anything for its own preservation; sensation and the carrying on the vital functions are due solely to the immaterial agent which animates the body in health and sickness." What are the consequences to pathology, to materia medica and therapeutics of such a theory?

2. General Pathology. Do reason and fact show that the principle of absolute individualization of diseases is sufficient for practical purposes? And is it as opposed, as it is generally thought to be, to the establishment of a nosology which should rest exclusively on the pathological ideas of the *Organon?*

3. Special Pathology. What is to be thought of the theory of *psora?* Is the itch a virulent affection, capable of producing consecutive diseases? What are the facts and reasonings to sustain the views of Hahnemann? What are those opposed?

4. Is *Sycosis* a disease *sui generis?*

5. Therapeutics. What use can the true physician make of the hydrotherapeutic method?

6. Is bleeding admissible in a well-directed homœopathic treatment on rational grounds?

7. What is certainly known of the different action of the various dilutions used by homœopaths in respect to their power, relative duration of effect and dose? At what point must we stop in our conclusions? What is the relative value of the published facts as tending to show a preference of one dilution over another?

8. Are the *highest* dynamizations (above 100) preferable in the majority of cases of disease?

9. What therapeutic indications can be drawn from the reigning type of disease?

10. May auxiliary means be used in Homœopathy for the purposes of palliation without injury to the remedial treatment? If so, what are they? In what cases may they be employed?

11. What are the relations of surgery to medicine, and particularly to homœopathic medicine?

12. What are the value and appliances of orthopedy?

13. General Question. What are the best means of propagating the principles of Homœopathy among medical men?

We have already (ante p. 144,) given the prize questions on which memoirs will be received.

Hahnemann's Materia Medica.—It would seem to be the most difficult thing in the world to translate this important homœopathic treatise into any foreign language. The French critics find great fault with Jourdan's translation, accusing it of misrenderings and omissions of various kinds, and sometimes of great importance. We see that the Parisian homœopathic publisher declines putting out a new edition, although the old one is nearly exhausted, basing his determi-

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nation on the fact that the original work no longer truly represents our knowledge of the different drugs of which it professes to give an account, the experiments and results having been since greatly increased. A committee of the Parisian homœopaths has waited upon him to ascertain his intentions.

Sardinia.—Homœopathy is making progress in this kingdom with a rapidity which augurs well for the intelligence of the trans-Alpine people. For some time past a journal has been published in Turin under the editorship of Dr. Poeti, called the "*Giornale di medicina omiopatica*;" a society of physicians is in existence and a small hospital is under the charge of Dr. Granetti, in which in nine months 2050 patients had been treated with a mortuary list of only 12.

Homœopathy has attracted so much notice that a Dr. Boffano thought it worth while to publish in the official gazette a challenge to the homœopathic physicians to a trial of the two systems. He proposed to treat jointly chronic diseases only, the treatment to continue for forty-five days; each party to deposit the sum of ten thousand francs; the whole to be awarded to him who should show most cures in the shortest time. The homœopaths responded by making another proposition: they proposed to erect two cliniques of fifteen beds each; that the cases in the one should be treated allopathically, those in the other, homœopathically; that no cases, not even those of hydrophobia, should be excluded and that the sum of the united deposits should be devoted to the permanent establishment of that clinique which should present the greatest amount of cures in the least space of time, and the smallest number of deaths; the award to be made by a committee specially nominated *ad hoc*. This fair and benevolent proposal has met with no response from the allopathic challenger or his brethren.

Inauguration of Hahnemann's Statue.—The session of the Central Homœopathic Union takes place this year at Leipsic, and on the tenth of August the colossal statue of Hahnemann is to be uncovered with suitable ceremonials. We take the following notice of the subject from the British Journal of Homœopathy for April:

Hahnemann's Statue.—At the request of the Homœopathic Congress, held at Cheltenham last September, the Committee for carrying into execution the erection of Hahnemann's Statue, agreed to re-open the question of the proper site for the monument of our Great Master, for which Cœthen had previously been fixed. The pages of the *Allg. Hom. Zeitung* soon began to teem with letters from all parts of Germany and Europe, which all coincided with the petition of the English Congress in deprecating Cœthen as the site of Hahnemann's Statue. Meissen, the birth-place of the Great Medical Reformer, which he had suggested to the committee as a more appropriate place for his monument, was equally objected to, and the majority of those who took an interest in the matter pointed to Leipzig as the best place; and, after mature consideration of the subject, we are bound to confess that Leipzig is the proper spot for Hahnemann's Statue; for

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besides being the great commercial town of Central Germany, with its two world-renowned fairs every year, and besides being the great literary mart of Germany, it is intimately associated with Hahnemann and his medical reformation. Here the Luther of medicine long resided and practised, and hence issued his earliest homœopathic works; here he was exposed to the persecutions of the chemists and of an illiberal faculty, whose craft was endangered by his bold denunciations and his wonderful discoveries; and hence he was expelled at last by the successful intrigues of his colleagues. Leipzig has always retained the character of a focus of homœopathy; it was here the first society of homœopathic physicians was constituted, here the first homœopathic hospital was opened, here the first homœopathic journal was published, here the first homœopathic laboratory was established by those very chemists whose machinations had contributed to expel Hahnemann from his fatherland. For these and other reasons we are very well content that the decision of the committee should have been for Leipzig.

The Statue, which is now completed, is of colossal proportions and has been executed in marble, by Steinhäusser, of Rome. It represents Hahnemann seated in the act of writing, and clad in a simple robe, not unlike his ordinary dressing-gown, somewhat idealized. The site obtained for it is opposite to the National Theatre of Leipzig, where it will appear to great advantage, as the space is open and is a favorite promenade of the worthy Leipzig citizens.

We sent a request to the committee to allow the Statue to be exhibited at the Great Exhibition, but to this they would not consent, as they lay under an obligation to uncover it on the 10th of August next, the anniversary of Hahnemann's reception of the degree of M. D.

The change of site from Cœthen to Leipzig involves considerable additional expense, as certain sums subscribed by the town and Duke of Cœthen, on condition that the Statue should be erected there, will have to be refunded. It is to be hoped that the English practitioners, at whose request the change of locality was made, will not allow the committee to be out of pocket by thus consenting to their wishes, and more especially that those who have not hitherto subscribed towards the monument to our Illustrious Master will gladly avail themselves of the opportunity now offered them of doing so.

Our German friends anticipate the attendance of many of their English colleagues at the ceremony of uncovering the Statue on the 10th of August, and we trust that all parts of the British dominions will be represented on that occasion. Leipzig is now easily reached by the continuous line of rail, and to our taste railway travelling in Germany is much more pleasant and much less fatiguing than it is in England. An opportunity will be offered of meeting on this occasion many of the most celebrated homœopathists of Europe, and much good might be effected and much information gained by the intercourse with some of Hahnemann's most talented disciples.

FOREIGN PUBLICATIONS AND JOURNALS.

L'Homœopathie ou la réforme médicale exposé aux gens du monde. Par *M. G. Touchon.*

Médecine Homœopathique domestique. Par *M. de Parseval.*

De la Fièvre Typhoïde et de son traitement homœopathique. Par *Aug. Rapou,* Docteur en Médecine de la Faculté de Paris. Paris: 1851. pp. 107.

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Die Krankheiten der Respirations- und Circulations-Organe und deren Behandlung nach homöopatischen Grundsätzen. Ein Versuch zur Lösung der von der Société de Médecine homœopathique zu Paris aufgestellten Preisfrage. Von *C. H. Rosenberg.* Wien, 1850.

Die Lustseuche in allen ihren Formen und Stadien und ihre gründliche und schnelle Heilung. Ein theoretisch-praktisches Handbuch für Aerzte und Laien, nach den Grundsätzen der homöopatischen Heilmethode und den Ergebnissen vieljähriger zahlreicher Beobachtungen und Erfahrungen. Von *C. H. Rosenberg.* Wien, 1850.

Die Homöopathie lichtvoll in der Theorie und heilvoll in der Praxis. Zur Belehrung und Beherzigung für Jene, denen das wahre Wesen dieser Heilmethode nicht näher bekannt ist. Mit einem illustrirten Grundriss des homöopatischen Heilsystems. Von *Adolph Haas.* Wien, 1851.

Versuch einer übersichtlichen Eintheilung aller physiologisch geprüften Arzneimittel nach ihrer Wirkung auf die Systeme and Organe des menschlichen Körpers. Zur Erleichterung des Studiums der reinen Arzneimittellehre. Von *W. Reil.* Halle, 1850.

Das rationell-specifische oder idiopatische Heilverfahren als naturgesetzliche Heilkunst. Von *W. Arnold.* Heidelberg, 1851.

Die Homöopathie. Eine Anleitung zum richtigen Verständniss und dem Selbststudium derselben. Von *Bernhard Hirschel.* Dessau, 1851.

Primordien einer Naturgeschichte der Krankheiten. Erster Band. Gehirn- und Rückenmarkskrankheiten enthaltend. Von *J. Attomyr.* Wien, 1851.

JOURNALS.

Journal de la Société Gallicane de Médecine Homœopathique, Paris.
Gazette homœopathique de Paris.
Boletin de la Sociedad Hahnemanniana Matritense. Madrid.
Giornale di medicina omiopatica. Turin.
Allgemeine homöopatische Zeitung. Leipsic.
Homöopathische Vierteljahrschrift. Leipsic.
British Journal of Homœopathy. London.
The Homœopathic Times. London.

BOOKS RECEIVED.

A Pocket Manuel, or Repertory of Homœopathic Medicine, alphabetically and nosologically arranged; which may be used as the Physician's Vade Mecum, the Traveller's Medical Companion, or the Family Physician; containing the principal remedies for the most important diseases, symptoms, sensations, characteristics of diseases, etc., with the principal pathogenetic effects of the medicines on the most important organs and functions of the body; together with diagnosis, explanation of medical terms, directions for the selection and exhibition of remedies, rules of diet, &c., &c. Compiled from the best homœopathic authorities. By Dr. J. Bryant. New-York: Radde, 1851. 18mo. pp. 352.

An examination of the Evidence in regard to Infinitesimal Doses. By Wm. W. Rodman, A. M., M. D. Waterbury, Ct.: W. Patton, 1851. 12mo. pp. 99.

An Address delivered before the Rhode Island Homœopathic Society, at its Annual Meeting, May 7th, 1851. By Charles Neidhard, M. D., Prof. Clin. Medicine, Hom. Med. Col., Penn. Providence: 1851. (Pamphlet,) pp. 28.

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An Address delivered before the Central New-York Homœopathic Society, at Syracuse, N. Y., June 3d, 1851. *By* F. Humphreys. M. D.

Letter to Thos. E. Bond, A. M., M. D., on Homœopathia, occasioned by the publication of his Address to the Graduates at Washington University, March 3d, 1851. *By* J. Schmidt. Baltimore: 1851. (Pamphlet.)

Letter to the members of the Connecticut Medical Society. By W. W. Rodman, M. D. Waterbury: 1851. (Pamphlet,) pp. 8.

Report of a Committee of the Massachusetts Medical Society on Homœopathy. Adopted by the Counsellors, Oct. 2, 1850, and ordered to be printed.

Report of a Committee of the Massachusetts Homœopathic Medical Society, occasioned by a report of a Committee of the Counsellors of the Massachusetts Medical Society. Boston: 1851. (Pamphlet,) pp. 8.

Fourth Annual Announcement of the Homœopathic Medical College of Pennsylvania—Session of 1851-52. Philadelphia: 1851. (Pamphlet,) pp. 16.

The American Journal of Homœopathy. S. R. Kirby, M. D. (Monthly,) June to August.

The Northwestern Journal of Homœopathia. Geo. E. Shipman, M. D. Chicago. (Monthly).

The Homœopathic Advocate and Guide to Health. Keene, N. H. (Monthly).

The Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D. (Weekly.) May to August.

The New-York Dental Recorder. Edited by C. C. Allen, M. D., Dentist. (Monthly.) June to August.

Obituary.—The following obituary is furnished by Dr. Small, of the Philadelphia College:

Died, on the 27th of May last, Caleb Bentley Matthews, M. D., *Prof. of Mat. Med. and Therapeutics*, in the Homœopathic Medical College of Pennsylvania. Dr. Matthews was universally esteemed for the many excellent qualities that adorned his character as a gentleman and physician. He was actively engaged in the profession for nearly thirty years; and was favorably regarded as a gentlemen of distinguished attainments in general and medical science. He was at one time an editor of the *Medical Recorder*, published in Philadelphia, a quarterly Journal of extensive circulation; through which medium he became extensively known as an able writer upon medical subjects. He was held in high estimation by his medical brethren of the Allopathic school, and was formerly one of the consulting physicians of the *Frankford Asylum for the Insane.* In the pursuit of medical science he was led to investigate Homœopathy about fifteen years previous to his death, at which time he became a zealous, faithful and conscientious advocate of the *Hahnemannian doctrine*, which he continued to practise and disseminate until the close of his life. He filled his chair in the Hom. Medical College with distinguished credit and marked ability for the last three years. He was honored and beloved by his colleagues and pupils, who greatly lament his loss. He was universally esteemed in the community where he labored, as an honest and upright man; kind and faithful as a physician, and a sincere Christian. He died of *phthisis pulmonalis*, in full possession of the Christian's hope of a glorious immortality.

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NORTH AMERICAN

HOMŒOPATHIC JOURNAL.

NOVEMBER, 1851.

Original and Translated Papers.

ARTICLE XXIX.—*Jatropha Curcas.* *By* C. HERING, M.D., Philadelphia.

THIS powerful remedy is one of those which the old school has laid aside, "because its effects were too violent"—a fact which is not only not inconvenient to us, but is even a recommendation. Its early history deserves a thorough investigation, as no doubt cases of poisoning would turn up of which we now know nothing.

Its first introduction into our school was by means of a short communication which I sent to Stapf, from Surinam, during the first Cholera Epidemic,* because its then known symptoms seemed to me to correspond more closely to Cholera than those of Veratrum.

Dr. Roth† thinks that I was indebted to a work of Bennet's for the symptoms which I then first communicated. I had not then, nor have I to this day ever seen the work referred to, and notwithstanding Dr. Roth considers it a pardonable offence and exculpates me, I must nevertheless

* This communication was printed in the *Archiv*, *Band.* 3, s. 188.

† *Gazette Homœopathique.*

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observe, that I always desire to be treated with as much severity as I use in treating others. I should severely censure a similar oversight in another; it is by such an "oversight" that our symtomatology of Iodine has got into a sad condition. It is always a matter of great importance to know whether a symptom has been noticed by more than one observer or not; and the transcription of symptoms without mentioning the authority from which they are derived is an apparent confirmation, but when we are uncertain about it, an actual weakening of the whole observation.

I give below the symptoms which I had collected in 1828, in better order than they were then published.

Poisoning by Jatropha Curcas.

1. Headache; anxiety, with burning in the stomach; very easy vomiting of a great quantity of watery, glairy fluid; also, at the same time, watery diarrhœa discharged with force, together with anxiety, coldness of the body, shivering and clammy sweat, with violent, crampy pains in the legs, and cramps in the calves, which are drawn up into a knot. The subject, who had swallowed some seeds, had several attacks of this kind, each lasting several hours; took opium in wine, fell asleep, and the next day experienced no unpleasant symptoms whatever, but rather an unusual feeling of good health. (From the relation of an intelligent young man, who subsequently held high office in Holland.)

2. In poisoning from small quantities of the drug, the first symptom is always headache, then burning in the stomach, then vomiting, then diarrhœa, and lastly, cold and shivering. (Same authority.)

3. I myself took of the second trituration of *Jatropha Curcas*, four doses, each containing as much as would lie on the point of a knife.

At first, headache, externally in the forehead, and in the right zygoma, disappearing after a few hours.

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A stool followed, though the prover had had his accustomed evacuation, and after that another, soft; subsequently another, with nausea and much spitting of saliva, and afterwards still another.

His catarrh and cough, which were quite insignificant, were aggravated; he felt as if his neck was swollen; the next night, hollow cough.

4. *Subsequent effects.*—Soft swellings at the anus; increased itching of the nose when eating; unpleasant events discompose him very easily, which is quite unusual with him; then, nightly attacks of anxiety which constrict his chest, and keep him awake till near morning. During sleep, sweat, with incessant dreaming. He can scarcely rouse himself from his morning's sleep or siesta—must forcibly put himself in motion, and he then feels better.

I shall refer to these observations subsequently by the numbers (1), (2), (3), (4).

The first who paid any regard to my communication was *Jablanczy.** He took three drops of the 24th dilution while the cholera was still raging, a drop every hour, which he obtained from the homœopathic pharmacy at Pesth; it seems that he had previously been himself attacked with cholera, having been one of the first cases in that region; he cured two cases.

Thorer† followed with a cure and several experiments, and also a proving of the 30th. This latter was undertaken apparently for the same end with the provings of the so-called *Brucea*, by some physicians in Philadelphia—*to see if useful indications could possibly be obtained in this way.*

Thorer took five drops of the 30th; four days afterwards, fifteen drops; the day following, twenty drops; after the lapse of more than a week, two grains of the third trituration. "The symptoms obtained, though different in degree, agreed with those of the higher potencies."

* *Archiv*, 18, 142, *et seqq.*

† *Prakt. Beiträge*, 4, 181.

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On the second approach of the cholera, *Dr. James Lembke*, of Riga, proved the *Jatropha*,* an admirable, fruitful proving, the value of which can only be rightly appreciated when it is studied in the subsequent index of symptoms. His symptoms are there indicated as follows: those from the tincture are followed by the letter *L* simply; those from the triturations have in addition the letters *tr.*; those from the hull of the seed, *testa sem.*; the seed without the hull, *sem.*; the hull and seed together, *sem. b.* and *c.* It does not admit of a question but that the germ and the inner envelope of the seed (*embryo* and *nucleanium*, or *tunica interna*,) are the most powerful, if not the only powerful parts in all the seeds of this family. The touch of the skin, and afterwards of the oily husk, are sufficient to make this effective.

Henke† contributed the second notice of its valuable services in cholera. When we learned this in Philadelphia, the cholera being on the way, Dr. Humphreys, of Utica, and Drs. Davis and Zumbrock, of Philadelphia, proved the Leipsic tincture, the only one which could then be obtained.

Dr. Humphrey's proving was as follows: Nov. 22d, one drop of the 1st dilution; Nov. 24th, at 3 P.M., five drops of the 2d; Dec. 11th, 8 A.M., three drops of the 2d. The symptoms following the second dose are indicated by the letter *b.*; those following the third by *c.* He states in his communication that he never has headache, nor is subject to flatulence nor diarrhœa; that he had never previously had an eruption of any sort, and that he had had occasional rheumatic pains in the inferior extremities, never in the upper.

Dr. Davis took three drops of the 2d dilution prepared from the Leipsic tincture.

Dr. Zumbrock took half a drop of the Leipsic tincture at 7 A.M., and observed his symptoms within an hour after.

We have, therefore, included in the following index the few observations from the older books; the symptoms mark-

* *Allg. h. Zeit.*, 34, 278. † *Allg. h. Zeit.*, 35.

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ed *C. Hg.*, from the above cases of poisoning, (1,) (2,) the proving with the second trituration (3), and the subsequent symptoms (4); *Thorer's* proving with the 30th; *Lembke's* with the tincture and the seed; *Humphrey's; Davis's; Zumbrock's; Roth* in the *Gazette Homœopathique*, citing 1. Lembke, L Z 17th *April*, 1848; 2. Thorer, *Laus. Beitr.* 4. 181; 3. Schulz, *Laus. Beitr.* 4; Jablanczy, *Archiv*, 18. 144; 5. Hering, *Archiv*, 13; 6. Henke, 2d *Oct.* 1848.

Detached Notices.

The flowers have a narcotic odor which is very repulsive when near, but at a distance and diluted with air, is to me very agreeable.—*C. Hering.*

The milky, very unpleasant, and, when smelt, almost benumbing juice of the plant, is acrid.—*Kosteletzky.*

The nut itself is harmless; the only virtue is in the envelopes of the seed (and in the germ), *Hugles. Bancroft.–C. Hg.*

The acrid principle may be separated from the oil by means of alcohol.—*Chemical Works.*

Jatrophic acid, as well as Brucin, has been wrongfully named; it should be called Crotonic acid. It is possible that the as yet unanalyzed seeds may be found to contain an acid analogous to that of the *Croton tiglium* and others.—*Chem.*

Jatrophic and Crotonic acids are stated to be identical. It has a piercing odor, exciting vomiting, and violently irritating the eyes and nose; its taste is acrid; it causes inflammation, and is poisonous.—*Chem.*

Whether *Jatropha Curcas* and *Croton tiglium* contain or not the same effective principle, we shall be able to decide when we are in possession of a proving of the latter.—*C. Hg.*

Carenton says that the pure acid is not acrid, and that its acridity is due to another substance. It may be due to more than one, and to different substances in the two seeds.–*C. Hg.*

Oesterlen, whose compilation satisfactorily proves how little he knew, has an article on *Jatropha*, which, in ten

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lines, contains more than as many errors, and states at the end that Tapioca is derived from the root. The Cassava is an entirely different plant, and is known as the *Janipha*. The poisonous juice of the root contains Hydrocyanic acid, of which the Jatropha contains no trace, neither is there starch in its roots, and above all no "*intensum acre*." The association of *Jatropha Curcas* with *Mancinella*, *Euphorbium*, *Rhus* and *Mezereum*, as *intensa acria* is wholly unfounded.—*C. Hg.*

Jatropha Curcas and *multifida* have been confounded, though one would hardly think it possible.—*C. Hg.*

Jatropha Manihot, the juice of the root, causes feeling of coldness through all the limbs, swelling of the abdomen, and paralysis of all the muscles. Capsicum in large doses, and forced running, have saved many who were poisoned by it. —*C. Hg.*

I have received a letter from Cuba which states that several cases of poisoning by the Piñon Botija (*Jatropha Curcas*) have taken place there; the symptoms are the same as those of the cholera; *the effects cease as soon as the hands are placed in cold water.—C. Hg.*

ARRANGEMENT OF THE SYMPTOMS ACCORDING TO THE ORGANS AND FUNCTIONS AFFECTED.

Mental and Moral.

Unpleasant events very easily discompose him; a very unusual circumstance with him (4).—*C. Hg.*

Attacks of nocturnal anxiety, which constrict his chest, and keep him awake till near morning (4).—*C. Hg.*

Anxiety, with burning in the stomach and coldness of the body (1).—*C. Hg.*

Out of humor; taciturn.—*Th.*

5. His troubles disquiet him in his sleep; he wakes on ac-

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count of them, and when he sleeps again dreams about them.—*Th.*

Especial feeling of good health the next day after the poisoning and a dose of opium (1).—*C. Hg.*

Would I could portray the state of felicity in which Jatropha placed me! It was the ecstacy of a poetic painter beholding his Ideal; the ravished state which we occasionally witness in the dying, with bright, upward-looking eyes, and a feeling of delightful warmth and ethereal lightness. During the painless diarrhœa after 24 (compare 27).—*Jablanczy.*

Peaceful state, like ecstacy, taking little note of their cramps and other troubles. In cholera.—*Jabl.*

Vertigo, Dulness, Heaviness.

Head confused, vertiginous, as though he were turning round. *tr. L.*

10. Head embarrassed, vertiginous; continuous. *sem. L.*

Head as it were stupified, almost destitute of thought. *sem. c. L.*

Confused and clogged for two days. *G. H. a.*

Confusion and stupefaction in the head (second day). *G. H. b.*

Confusion and weight in the head (after ½ h.). *Z.*

15. Head stupefied, heavy. *testa sem. L.*

Heaviness in the head, with weariness; *sem. c.*; with pressing in the forehead. *tr. L.*

Continued dull confusion in the head and pressing in the temples. *sem. b. L.*

Stupefaction of the head and heat; yawning; loathing. *sem. c. L.*

Heat in the Head.

Violent heat in the head, with heaviness. *sem. c. L.*

20. Heat in the occiput. *sem. L.*

Heat and stupefaction in the occiput. *sem. b. L.*

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Heat of the head, stupefaction, with yawning, loathing *sem. c. L.*

Heat in the head and some catarrh, at noon. *Th.*

Heat in the head and face; somewhat stupefied; shuddering in the back. *testa sem. L.*

25. Heat in the head, especially in the sinciput, and burning in the ears. *testa sem. L.*

Heat in the occiput and hot burning ears. *sem. b. L.*

Low dilutions, e. g. 4. administered in the cholera, several doses in succession, after quieting the excretions produce danger of violent cerebral congestion. *Henke.*

Headache.

Headache, *at first* (1, 2, 3). *C. Hg.*

Headache with nausea; vomiturition from the morning on, continuing unrelieved at 4 P. M. *sem. c. L.*

30. Pressure in the forehead. *sem. b.* 12½ P. M. *L.*

Pressure in the left frontal and temporal muscles. *sem. c. L.*

Pressing in the forehead and heaviness of the head. *tr. L.*

Fleeting stitches, now in the right, now in the left half of the forehead (after several days). 3*d. Th.*

Pressing in the temples. *sem. b. L.*

35. After a few minutes, headache, constriction in the temples for half an hour. *G. H. b.*

Violent pain in the temples, pressing inwards, increasing to giddiness, disappearing in the open air, and returning on re-entering a room. (2d day, 1 P. M.; 3d day, in the morning.) *G. H. b.*

Pain in the temples, pressing inward and somewhat throbbing (after 1 h.); occasionally increasing to vertigo (after 2, 3 h.). *G. H. c.*

In-pressing pain in the temples for the whole day, while in the room (2d day). *G. H. c.*

Pressure in the occiput. *testa sem. L.*

External Head.

40. Aching in the frontalis muscle. *sem. b. L.*

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Headache externally, in the forehead and right zygoma, lasting several hours (from 2d trit.) (3). *C. Hg.*
Stiffness of the frontal and cervical muscles. *tr. L.*

Eyes and Sight.

Bright and dusky spots before the eyes; continuous. *tr. L.*
Black points before the eyes. *sem. c. L.*
45. The pupils seem smaller than common. *test. sem. L.*
Bright, upward-looking eyes, during the ecstacy. *Jabl.*
Quivering in the left upper lid; (after 2, 3 h.) *tr. L.*
Twitching of the eyelids for several days. *G. H. b.*
Itching and sensation of excoriation in the palpebral margins; better after rubbing (after 1, 2d dil., 1st, 2d, 4th day). *G. H. c.*

Ears.

50. Roaring in the ears. (1st h.) *L.*
* The oil was formerly dropped into the ear for deafness. *Old Phys.*
Aching in the right zygoma. *C. Hg.*
Pain in the left zygoma, gradually stretching towards the right, and ending with aching in the right ear (2d day). *G. H. c.*
Aching in the right ear for a quarter of an hour. *G. H. b.*
55. Slight stitches on several occasions in the left ear (30th, 5 drops; 1st day). *Th.*
Lasting stitches in the depth of the left ear. *testa. sem. L.*
Burning in the ears and heat in the head. *testa sem. L.*
Ears burning hot and heat in the occiput. *sem. b. L.*

Nose.

A continuous painful feeling in the nose, at every inspiration in the room, the air feeling cold, although it is warm (2d hour). *L.*

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60. Increased itching of the nose when eating (4). *C. Hg.*
(*Compare Anus and Worms*, 254, 255 and 256. For *Catarrh* see Symptoms of the *Chest.*)

Face.

Feeling of warmth in the face in the evening, as if from a catarrh (30th, 15 drops, 1st day). *Th.*
Heat in the head and face, shivering in the back. *testa sem. L.*
Pale face, with dusky rings under the eyes (2d day, afternoon). *G. H. b.*
Two ill-looking, hard but not painful pimples on the middle of the right cheek, subsequently slowly disappearing. *G. H. b. c.*

Mouth and Jaws.

65. Compressive pain in the masticatory muscles of the left side. (1st h.) *L.*
Pressing in the masticatory muscles, left side. *tr. L.*
Itching and slight tension around the mouth, ameliorated by rubbing (after 1, 2 h.). *G. H. c.*
Itching and tension in the lips (morning of 2d day). *G. H. c.*
Soreness, excoriation and tension in the right corner of the mouth (morning of 4th day). *G. H. c.*
70. Soreness in the left corner of the mouth. *G. H. b.*
Painful, chapped lips. *sem. c. L.*

Teeth.

Drawing feeling in the front teeth of the left side (30th, 5 drops; 1st day). *Th.*
Slight rheumatic drawing in a hollow tooth (30th, 5 drops; 1st day). *Th.*
Stitches in a hollow tooth (30th, 20 drops; 1st day). *Th.*

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Taste and Tongue.

75. The seeds taste sweet, almost like almonds, but afterwards somewhat burning, acrid. *Kosteletzky.*

The seed tasted sweet at first, then extraordinarily acrid. *Soubeiran.*

Fatty, oily, sweetish, acrid and nauseous taste of the nuts. *C. Hg.*

Taste somewhat acrid. *L.*

Taste of the ½ trituration oily, slightly acrid. *L.*

80. Metallic bloody taste in the mouth, with frequent spitting of saliva the whole morning (30th and 3d, 1st day). *Th.*

Burning, long continuing pains in the tongue. *Buchner, Toxicol.*

Mouth.

The most disagreeable feeling of dryness in the mouth, followed by real dryness of the mouth and tongue, without thirst, through the whole night, between the 2d and 3d day; then, as though the mouth had been scalded, until the 6th day; constantly aggravated at night. *G. H. b.*

Dryness of the mouth, without thirst (after 1, 2 h.); then, with the feeling as though the mouth had been scalded, the whole night and morning of the 3d day. *G. H. c.*

Feeling of soreness of the soft palate. *D.*

Fauces, Throat.

85. Dryness up in the fauces and throat, with some thirst, while he fears to drink on account of the continued nausea; after several hours, vomiting of food and a short, troublesome, obstinate cough (2d trit). *C. Hg.*

Continuing *dryness in the fauces* (2d h.) *L.*

Continuing dryness and scraping in the throat. *sem. L.*

While chewing the seed, scraping especially in the throat,

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subsequently increasing, *sem. b.*; violent scraping when chewing it fine and afterwards, *sem. c.*; during the whole time and next morning, scraping in the throat, and cracked, smarting lips. *sem. c. L.*

Sticking feeling in the throat, especially during the movements of deglutition. *testa sem. L.*

90. Burning pains in the pharynx. *Buchner, Toxicol.*

Burning in the pharynx (after 1 h.). *G. H. c.*

As though the throat were swollen up (3). *C. Hg.*

Having swallowed a seed, he had, half an hour afterwards, an acrid feeling in the pharynx, which spread gradually and with continually increasing severity to the stomach, and finally caused vomiting. *Soubeiran.*

Dull pain that seems to rise from the stomach into the œsophagus (after 1 h.). *L.*

95. Cramp rising from the stomach into the pharynx, with heat in the stomach. *sem. b. L.*

Pressure in the stomach, drawing upward as if to the œsophagus. *tr. L.*

Pain in the stomach, going to the œsophagus in paroxysms (in the morning). *tr. L.*

Appetite, Thirst.

Little appetite for a whole week. *C. Hg.*

Supper (at 8½ P. M.) tasted somewhat better. *sem. c. L.*

100. Considerable thirst (in the evening, 4th day). *G. H. b.*

* Inextinguishable thirst, not satisfied by drinking cold water. *Jabl. Cholera cases.*

He is afraid to drink on account of his nausea. *C. Hg.*

Little desire for wine. *C. Hg.*

Saliva.

Frequent confluence of thin saliva, and continued increased secretion. *tr. L.*

105. Much saliva, with disgust and inflated abdomen. *tr. L.*

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Increased flow of saliva. *sem. b.* and *c. L.*

Flow of saliva with nausea; subsequently with loathing, yawning and heat. *sem. c. L.*

Much spitting of saliva while at stool (3). *C. Hg.*

Frequent discharge of saliva the whole morning (30th and 3d), accompanied by metallic bloody taste. *Th.*

Eructations.

110. Some rumbling and empty eructations (after 1 h.). *L.*

Eructations of air soon after the dose, and very frequently afterwards. *tr. L.*

Eructations of wind. *testa sem. L.*

Frequent empty eructations of wind and evacuation of flatulence. *sem. L.*

Eructations the whole of the first day. *G. H. c.*

115. Continual eructations of wind (lasting 28 h.) after the dose. *G. H. b.*

Nausea.

Peculiar feeling of sinking in the scrobiculus. *sem. b. L.*

Hiccough and vomiting of a quantity of dark green bile; in convalescence from cholera, in two cases. *Jabl.*

Persistent nausea, worse the second day after taking the drug, than the first (2). *C. Hg.*

Somewhat sick (after 1 h.), likewise after *testa sem.*, and nausea. *sem. c. L.*

120. Nausea, alternately appearing and disappearing (quarter before 4, P. M.) *sem. c. L.*

Nausea, inclination to vomit; headache continues undiminished at 4 P. M. *sem. c. L.*

Persistent nausea and flow of saliva. *sem. c. L.*

Nausea and burning in the stomach, lasting some hours (after ½ h.). *G. H. a.*

Nausea and feeling of warmth in the stomach (after ½ h.). *Z.*

125. Nausea while at stool, after 2d trituration (3). *C. Hg.*

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Disgust and flow of saliva, with inflated abdomen at 7½ A. M. *tr. L.*

Violent disgust, almost amounting to inclination to vomit. 1 P. M. *sem. c. L.* (See 148* in pregnant women.)

Much yawning, with disgust, flow of saliva, frequent eructations, with heat and dulness in the head. *sem. c. L.*

After a light breakfast of bread and milk, eaten without hunger, at 9½ A. M., disgust, heaviness and pressure in the forehead; weariness and frequent chills in the region of the lumbar vertebræ (2 P. M.). *sem. c. L.*

Vomiting and Purging.

130. Two or three nuts operate powerfully both upward and downward. *Piso.*

Half a seed vomits and purges. *Burrman Flor. Indic.*, 306.

Three or four kernels operated nearly forty times, both upward and downward. *Puihn Mat. ven. reg. veg.*, 150.

From three to six seeds will purge; more excite vomiting. *Jacquin hort.*, 3, 136.

A man who had chewed and swallowed twenty seeds had violent evacuations both upward and downward, sinking of strength and convulsive symptoms. *Percival, Med. trans.*, 3, 96.

135. The seeds are drastic purgatives and emetic, so that a single one will often cause one to vomit ten times, and to have twice as many stools. *Kosteletzky.*

The expressed oil is inodorous and tasteless, but after a little while gives rise to an increasing acrid sensation, and causes vomiting. *Soubeiran.*

A few grains of the cake, left after expressing the oil, causes violent purging and vomiting. *Christison.*

The nuts, the expressed oil, and, still more, Jatrophic acid, caused burning and long-continued pains in the tongue, pharynx and stomach, violent vomiting and diarrhœa. *Buchner, Toxicol.*, 296.

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It causes immoderate vomiting and purging, and excites inflammation of the stomach, and corrosion of the bowels. *Old Phys.*

Very easy vomiting of a great quantity of watery, glairy fluid, accompanied by watery diarrhœa (1). *C. Hg.*

* Uninterrupted vomiting, in cholera. *Jabl.*

* Fearful vomiting, coming up at once in quantity, of watery or glairy fluid, with crampy, constrictive pains in the gastric region, or burning in the stomach; continued discharge of water per anum; cramps in the calves; general coldness of the body, &c. *Cholera in Riga*, 1848. *Henke.*

* It has approved itself to us (besides *Henke*, *Brutger*, *Lembke* and *Riedel*, in Riga, 1848,) for a long time, as a very powerful and reliable remedy in cholera. *A. h. Z.*, 35, 278.

* It is serviceable and surely efficacious in those cases in which *Veratrum* seems indicated, but does no good. *Henke.*

145. After taking Madeira wine, vomiting of everything eaten in a few hours. *C. Hg.*

It is frequently used in Surinam as a vomit. *C. Hg.*

Vomiting of dark green bile after hiccough, in two cases of convalescence from cholera. *Jabl.*

* *In vomiting of pregnant women*, the other symptoms corresponding, in numerous cases. *Dr. Chase, of Palmyra. C. Hg.*

Stomach.

Warmth in the stomach, some rumbling, emission of flatulence. *tr. L.*

150. Continued sensation of warmth in the stomach; frequent empty eructations. *sem. L.*

Heat in the stomach; at once. *L.*

Heat in the stomach. *sem. c. L. testa sem. L.*

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Feeling of heat in the stomach; *sem. L.*, and cramp rising into the œsophagus. *sem. b. L.*

Succession of warm sensations from the stomach back to the spine. *tr. L.*

155. *Burning in the stomach*, and very easy vomiting of large quantities of fluid (1, 2). *C. Hg.*

Burning pains in the stomach. *Buchner Toxicol.*

* Burning in the stomach. *Henke.*

* Burning in the abdomen; he seeks to cool himself by throwing off the covering and lying on the ground. *Jabl.*

Persistent pain in the stomach (after ½ h.). *L.*

160. The sensibility of the epigastrium continues; increased by pressure (1st day). *L.*

Violent drawing pain in the stomach (after 1 h.). *L.*

Slight aching in the stomach, occasionally recurring; with rumbling; 12 M. *tr. L.*

Persistent dull pressure in the stomach, extending up as if into the œsophagus. *tr. L.*

Pain in the stomach, darting towards the navel, and entering the œsophagus; 7¾ A. M. *tr. L.*

165. Persistent cutting pain in the stomach, in the whole abdomen, increased by pressure; the belly soft; much rumbling (9 o'clock). *tr. L.*

Twitching pains in the epigastric region (1st hour). *L.*

Feeling of cramp in the stomach when bending forward. *tr. L.*

Crampy stitches in the stomach (after ½ h.). *L.*

Feeling of anxiety in the scrobiculus cordis. *sem. L. tr. L.*

170. *Crampy, constrictive pains in epigastrium. *Henke.*

Hypochondria. See 334–337.

Abdomen.

Uneasiness and restlessness in the abdomen; sinking feeling in the stomach, as though from a violent diarrhœa (the whole forenoon of 3d day until noon). *G. H. b.*

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Feeling of sinking and nausea in the præcordia, followed by a soft stool (2d day). *G. H. b.*

In the scrobiculus, sinking and slight nausea; at once. *G. H. c.*

The seeds introduced into the stomach produce inflammation there, and in the intestines. *Christison.* (*Compare Burning in the Abdomen*, 158.)

175. *Pressure increases the gastric pain*, with inflated abdomen (after 2 h.). *L.* Sensitiveness of the epigastrium (1st day). *L.* Cutting in the stomach and whole abdomen. *tr. L.*

The pain in the whole abdomen is increasingly violent from gentle pressure. *sem. L.* The deep region of the navel is painful to gentle pressure. *sem. L.*

Pain in the region of the navel, deep; soon and afterwards (after 1, 2 h.). *L.*

Persistent dull pain in the deep umbilical region. *tr. L.*

Uneasiness about the navel the whole forenoon. *G. H. b.*

180. Violent pains in the umbilical region, drawing to the left hypochondrium and left side of the chest; painful thrusts from the navel into the lumbar region (after 1½ h.). *sem. L.*

The muscular symptoms having gradually ceased after two hours, the violent pain continues in the whole abdomen, especially along the course of the spine, increased by gentle pressure, and accompanied by inflation and urgency to urinate. *sem. L.*

Slight griping in the abdomen (30th, 15 and 20 drops). *Th.*

Pain in the bowels at 11 A. M., and stitches in the rectum. *tr. L.*

Pain in the bowels, with tendency to stool, and anxious feeling in the scrobiculus cordis. *tr. L.*

185. Some uneasiness in the abdomen, and feeling as if from diarrhœa (7 A. M., 2d day). *G. H. b.*

Aching in the inferior part of the abdomen, and inclination to stool for several hours. *G. H. c.*

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Sharp colicky pains in the transverse colon, and rumbling in the belly. *G. H.*

* Abdomen contracted in cholera. *Jabl.* (*Compare sunken abdomen after stool*, 210.)

Inflation.

His abdomen, which was very much sunken before taking the medicine, became much inflated and soft (1st h.). *L.*

190. Abdomen inflated and soft, with pain in the stomach, increased by pressure (2d h.). *L.*

Abdomen very much inflated, distended, tympanitic. tr. L.

The distended abdomen soft and fallen in, without any discharge of wind (8½ o'clock). *tr. L.*

Abdomen powerfully inflated, soft, painful in the deep umbilical region on gentle pressure. *sem. L.*

* Used by quack doctors in dropsy. *Old Phys.*

Rumbling.

195. Continual rumbling, beginning immediately after the dose, all over the abdomen, accompanied by inflation. *L.*

Much rumbling in the abdomen (1st h.) and later (11 A. M.). *L.*

Rumbling in the abdomen and obscure pains through the deep regions (1st h.). *L.*

Rumbling in the abdomen and emission of flatulence. *tr. L.*

Much rumbling in the abdomen and occasionally pressure in the stomach (noon). *tr. L.*

200. Frequent rumbling in the abdomen. *testa sem. L.*

Much rumbling in the abdomen and urgency to stool (after 1 h.) *testa sem. L.*

Much rumbling in the abdomen. *sem. L.*

Much rumbling in the abdomen and pain in the umbilical region. *sem. b. L.*

Rumbling in the abdomen and pain in the transverse colon (after 5–6 h.). *G. H.*

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205. Pain around the navel, with rumbling, emission of flatulence and inclination to stool (2d day, morning). *G. H. c.*

Rumbling and roaring in the abdomen the whole night. *G. H. b.*

Rumbling in the abdomen and sharp colicky pains in the transverse colon; the rumbling lasts all day, ceases when walking in the fresh air, and returns in the warm room; continues all the evening and night (2d day). *G. H. b.*

Emission of flatulence (2d h.). *L.*

Rattling, as of a fluid.

Very frequent rattling, as of a fluid running hither and thither, in the abdomen; resembling the movements of fluid in the intestines. *tr. L.*

210. In the evening, frequent rattling in the bowels, as if full bottles were being emptied; the stool at 10 P. M. was thin, but painless, and *the rattling continued afterwards*, without producing another stool, until the next morning, when the abdomen is soft and sunken. *tr. L.*

Much rattling of fluid in the abdomen, which is soft. *testa sem. L.*

Persistent urging to stool and rattling of fluid in the abdomen, especially on the left side. *testa sem. L.*

Much rattling in the abdomen. *sem. L.*

Continual gurgling of fluid in the deep regions of the abdomen, mixed with rumbling of wind. *sem. L.*

215. Rattling in the deep regions of the abdomen. *sem. b. L.*

Much gurgling of fluid in the bowels (4 P. M.). *sem. c. L.*

* It removed the dreadful gurgling of fluid in the abdomen; the diarrhœa was not ameliorated by it, and the cramps even seemed to be rendered worse (*4th potency*). *Lembke.*

Stool.

Much inclination to stool (after 1, 2 h.). *L.*

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Considerable inclination to stool (after ½ h.). *G. H. a.*

220. Feeling as though stool would follow, which, however, does not come on until the next morning. *Z.*

Early in the morning, violent urging to a more diarrhœic stool (1, 3 day). *Th.*

Chills in the deep lumbar region and inclination to stool at 6½ o'clock, which does not take place till 9 or 9½ (after ½ h.). *L.*

A second stool after a dose of the 2d trituration; subsequently a third, which is soft; then a fourth, with nausea and flow of saliva; and lastly, a fifth (3). *C. Hg.*

Three normal stools—his habit is one a day (30th, 20 drops, 1st day). *Th.*

225. Another soft stool at 5 P. M., preceded by much rumbling and copious urination; throughout more than usual. *testa sem. L.*

Urging to urinate and soft stool at 9 A. M., his usual time, succeeded by rumbling. *testa. sem. L.*

Soft stool at 9½ A. M.; the colic continues and disappears in ½ an hour; copious emission of flatulence and chills, with cold hands and blue nails. *tr. L.*

At 8 o'clock, a stool softer than usual, succeeded by persistent pain in the umbilical region. *tr. L.*

Soft stool at 9 o'clock (after 2 h.). *sem. L.*

230. Constipation, of several days' duration, follows a soft stool, accompanied by slight headache, pressure inwards in the temples (6th day). *G. H. b.*

Stool at night, which had seldom before happened (the medicine having been taken at 3 P. M.) *G. H. b.*

Thin stool at 8 o'clock, preceded and followed by much rumbling, occasionally rattling as though a bottle were emptied (after 1, 2 h.). *L.*

Four seeds operated on a man as a powerful purgative. *Christison.*

Twelve to fifteen drops of the oil operate as freely as an ounce of castor oil, but not as surely. *Christison.*

235. *Watery diarrhœa issuing forcibly* (1). *C. Hg.*

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Painless diarrhœas, and slight, cramplike twitchings in both calves. *Jabl.*

* Cholera: A young woman, 22 years old, suffering during menstruation, which ceased, for 30 hours with uninterrupted vomiting, discharge of scentless, white, gelatinous fluid; cramps in the calves and brachial muscles; body cold as marble and blue, covered with cold, clammy sweat; pulse imperceptible; abdomen contracted; unquenchable thirst; drinks much cold water; burning in the abdomen, which she seeks to relieve by lying on the ground; mind placid, rather ecstatic, taking little notice of her cramps and other affections. Five globules of the 24th; subsequently, the same dissolved in two ounces of water, and a swallow taken from time to time, *the quantity drank being re-supplied.* Next morning, she ate, with evident relish, a sort of jelly, notwithstanding a constant hiccough, which increased in violence, but ceased after evacuating a quantity of dark green bile; the menses returned at the same time, and she recovered without further medication. *Jabl.*, 1840.

* Cholera: Likewise in a man of 40. Hiccough, followed by copious vomiting of bile, and cessation of the menacing symptoms; recovery in 18 hours. *Jabl.*

* Continued discharge of water by stool. *Henke.*

240. * In a case in which the evacuations continued unusually long under the use of *Verat.* and *Ars.*, *Jatropha* was useful in alternation with *Ars.* *Rummel.*

* In Magdeburg, though but little used, it seemed to be more serviceable against the diarrhœa than the vomiting. *Rummel.* (Compare on the other hand, 217.)

The stool which followed at 9 o'clock was natural (after 2 h). *L.*

Stool natural at 9 o'clock; the pain in the bowels remains; urgency to urinate sets in again. *tr. L.*

At 9½ A. M., a stool. *sem. b. L.*

245. Stool later and more consistent than usual (2d day.). *L.*

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The customary stool at 9 or 9½ A. M., was delayed; the next morning, scanty, very hard. *sem. c. L.*

The 9 A. M. stool unusually hard (1 h. after 3d dose; 6th day). *L.*

Anus.

Soft swelling of anal tubercles (4). *C. Hg.*

Soreness in the small of the back and rectum, as if from diarrhœa (after 1 h.). *Z.*

250. Violent burning in the rectum, lasting an hour after stool (1st day). *T h.*

Stitches in the rectum; crawling under the skin of the small of the back towards 1 o'clock (after 4 h.). *L.*

Stitches in the rectum. *testa sem. L. tr. L. sem. c. L.*

Stitches in the anal aperture (2d h.). *L.*

Violent crawling of trichurides in the rectum in the evening (3d atten., 1st day). *T h.*

255. Violent itching at the anus at night, in bed (3d atten., 4th day). *T h.*

* Griping, sticking pains in the abdomen, continuing a long time, accompanied by a sensation as if balls were rolling together in the abdomen; constipation most of the time. The pains occasionally so severe that he shrieked out and writhed in the bed like a worm. After five drops, one every hour, the pains became more violent; a copious evacuation with a quantity of *lumbrici* and *ascarides;* the same with the following evacuations; the pains ceased. *W. A. Schulz, related by Thorer.*

Urine.

Increased urine (after 1, 2 h.). *L.*

Frequent urging to urinate (2d h.). *L.*

Continual pressing to urinate, although he had done so while at stool at 9 o'clock (after 2 h.). *L.*

260. Very frequent urging to urinate (11 o'clock, after 4 h.). *L.*

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Urging to urinate after 1 hour, and again subsequently, and then almost constant; even after urinating, continuance of the urging. *tr. L.*

Much urging to urinate; urine bright yellow, frothy (8 A. M.). *tr. L.*

Much urging to urinate; the urine passed at 9½ A. M. is bright yellow. *tr. L.*

Continued urging to urinate (after ½ and 1½ h.). *testa sem. L.*

265. Urging to urinate (after 1½ h. and later). *sem.* and *sem. b. L.*

Passes more water than usual until 1 P. M. *sem. L.*

More urine than usual. *testa sem. L.*

Copious discharge of perfectly limpid urine, without smell or color. *G. H. b.*

Evident increase of the amount of urine after exertion (evening 2d day). *G. H. b.*

270. Much less urine, very deep brown and clear, the whole day and night following (6th day). *L.*

Urine bright yellow (after 2, 3 h.). *tr. L. testa sem. L.* (Comp. 262–3.)

Urinary Apparatus.

Painful pressing and stitches in the neck of the bladder, frequently repeated; during the more violent attacks of nausea, these cramps in the cervix vesicæ always made their appearance with drawing pain and urging to urinate; each attack begins with a twisting pain in the umbilicus, and extends from there to the neck of the bladder. They gradually disappeared, with the nausea, between 6 and 7, P. M. Before and after, much rattling of fluid in the abdomen, and sour eructations. General state better in the cold air. *sem. c. L.*

Stitches in the urethra. *sem. c. L.*

Frequent urging to urinate, with stitches in the urethra. *sem. c. L.*

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275. Clear mucus presses slowly out of the urethra when walking and sitting (1st day). *L.*

Ceaseless irritation in the *fossa navicularis penis*, like tickling, accompanied by frequent urging to urinate (1st day). *L.*

Groins.

Tension in the inguinal region (after 1, 2 h.). *L.*

Feeling of distension and issuing from the left inguinal ring several times when coughing and blowing, which involuntarily bends the thigh upon the abdomen. *testa sem. L.*

Pressing pain in the left inguinal region. *sem. L.*

280. When blowing the nose, pressing outwards in the left inguinal ring. *sem. c. L.*

Sexual Organs.

Aching of the sexual parts, especially of the right testicle, and diminished discharge of urine (4th day). *G. H. b.*

Aching of the sexual parts, as if after excessive copulation (the whole 6th day). *G. H. b.*

Drawing pain in the sexual parts, along the inner side of the right thigh to the knee (6th day and after). *G. H. b.*

Aching in the left testicle (3d day). *G. H. c.*

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285. * The menses, which had ceased on an attack of the cholera, return after bilious vomiting and convalescence. *Jahl.*

Catarrh; Cough.

After triturating: sudden attack of catarrh, with sneezing, running at the nose, frequent, copious discharge of mucus, which is alternately yellow and white, and continues a long while, with infrequent coughing fits, difficult expectoration; intermediately frequent, easy hawking up

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of large clots of mucus—occasional, fleeting pains here and there in the head. *C. Hg.*

Catarrh and heat in the head, at noon. *Th.*

Hollow cough the next night (3). *C. Hg.*

Short, troublesome, persistent cough (1st day); becomes so severe that he takes *sulph. aurat.* (2d day). *C. Hg.*

Chest.

290. A painful pressure at night on the right side of the larynx, causing him to awake; not increased by touching it (30th, 15 drops: 1st night). *Th.*

Painful pressure in the pectoral muscles, right side, and in the gastric region. *tr. L.*

Aching in the right pectoral muscles. *sem. b. L.*

Sharp, sticking pain, deep in the chest behind the sternum, from above downwards (after 1 h.). *L.*

Pressing deep in the chest behind the sternum. *tr. L.*

295. Tension in the middle piece of the sternum. *D.*

Pain on the left side above the nipple, in the region of the third rib, inwards, for some minutes. *D.*

Frequent stitches behind the cartilages of the sixth and seventh ribs of the left side. *sem. L.*

Sudden violent stitch on the left side, from the ensiform cartilage outwards, behind the costal cartilages, stopping the breath. *testa sem. L.*

Pain, extending from the umbilical region into the left side of the chest. *sem. L.*

Respiration.

300. Pressure on the left side in the pectoral muscles; the respiration seems to require more effort. *sem. L.*

The respiration seems to require more exertion. *testa sem. L.*

Attacks of anxiety, constricting the chest, and preventing sleep at night. *C. Hg.*

Heart.

The beating of the heart becomes suddenly more easily

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perceived by the hand, and is also perceptible in the chest (after ½ h.) *L.*

Stronger beating of the heart for several days. *G. H. b.*

305. Stronger beating of the heart (after 1 h.). *G. H. c.*

When slowly walking through the room, several violent palpitations, which shake the chest. *sem. c. L.*

Palpitation after motion (after 6 h.). *G. H. b.*

Restlessness at night from palpitation and flow of thought. *G. H. a.*

Pulse.

Pulse from 75 to 73 (after 2 h.). *L.*

310. In ½ an hour from 75 to 70; after an hour to 60; morning. *tr. L.*

Pulse normally frequent (75), but irregular. *testa sem. L.*

Pulse unchanged throughout. *sem. L.*

Pulse from 75 to 65. *sem. b. L.*

Pulse 6 to 7 beats slower, soft. *sem. b. L.*

315. Pulse 87, heavy, full, as though jumping. *sem. c. L.*

Pulse 80, strong (after 1 h.). *G. H. c.*

Pulse accelerated for two whole days. *G. H. a.*

Pulse 80, hard and thumping. *G. H. b.*

* Pulse imperceptible (in cholera). *Jabl.*

Neck; Nape; Back.

320. Pain along the external jugular vein of the left side. *D.*

Stiffness in the nape (after 1 h.). *L.*

Stiffness in the cervical muscles. *sem. b. L.*

Stiffness in the cervical and frontal muscles. *tr. L.*

Sore little eruption on the nape (2d day). *G. H. c.*

325. Aching in the muscles of the shoulder and back, in the knees and calves, with feeling of weakness. *testa sem. L.*

Transitory pressing in the muscles of the back and left upper arm. *tr. L.*

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A persistent pain soon comes on in the rhomboideus; a dull pain in the region of the fourth and fifth ribs of the left side; lasts 12 hours. *D.*

Pain in the region of the sixth dorsal vertebræ. *D.*

Sore beaten pain in the dorsal and pectoral muscles. *testa sem. L.*

330. Pain in the muscles, extending over the back. *sem. L.*

The pain in the abdomen extends along the course of the spine. *sem. L.*

Sensation of heat, extending from the stomach to the dorsal vertebræ. *tr. L.*

Chills in the spinal marrow and lumbar vertebræ, and coldness in the deep parts of the spine. (Compare *Fever.*)

Hypochondria; Loins; Small of the back.

Undefined, transitory pains in both hypochondria and various parts of the extremities (after ½ h.). *L.*

335. Twitching pain in the left hypochondrium and through the lumbar muscles. *tr. L.*

Pressing pain on the left side, in the hypochondrium and groin. *sem. L.*

Violent pains, extending from the umbilical region into the left hypochondrium. *sem. L.*

Transitory pains in the lumbar, pectoral and humeral muscles (2d h.). *L.*

Painful pressing in the lumbar, dorsal and pectoral muscles. *tr. L.*

340. Painful shocks from the navel to the lumbar region. *sem. L.*

Painful stiffness in the lumbar muscles. *tr. L.*

Sticking in the lumbar muscles. *sem. L.*

Shock in the muscles of the small of the back, twice, when walking (after 1, 2 h.). *L.*

Sore feeling in the small of the back (after 1 h.). *Z.*

345. Crawling under the skin of the small of the back. *L.*

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Shoulder and Clavicle.

Stiff, and as if beaten in the shoulders. *tr. L.*

Drawing in the axillary muscles of the left side. *tr. L.*

Pain in the right shoulder and arm, extending into the hand; most severe in the course of the ulnar nerve. *G. H. c.*

Rheumatic pain in the right, and then in the left shoulder (3d day). *G. H. c.*

350. Painful lassitude in the shoulder joints. *tr. L.*

Pressure in the left shoulder joint. *sem. b. L.*

Pressing in the shoulder joints. *tr. L.*

Aching in the left clavicle, only lasting a few minutes, but returning after some hours (2d day). *G. H. b.*

Aching, amounting to a throbbing pain, in the left clavicle (morning of 3d day). *G. H. b.*

355. Violent pain in the left clavicle (A. M., 3d day). *G. H. c.*

Arm and Hand.

Aching in the posterior surface of the left upper arm, and in the bend of the left forearm. *testa sem. L.*

Pain, as if bruised in the brachial muscles. *tr. L.*

Pressing in the muscles of the right upper arm. *sem. b. L.*

Inward pressing in the flexor muscles of the left forearm (7 A. M., after ¼ h.). *tr. L.*

360. * Cramps in the brachial muscles (in cholera). *Jabl.*

Pain, with dulness of sensation, from the elbow to the points of the fourth and fifth fingers, with benumbing burning half an hour after taking the drug, lasting half an hour, and returning after four days along the ulnar nerve. *G. H. b.*

Aching along the left ulnar nerve (after 1, 2 h.). *G. H. c.*

Pain along the course of the ulnar nerve, from the left elbow to the points of the fourth and fifth fingers; at once. *G. H. b.*

Drawing on the dorsum of the left hand. *sem. L.*

365. Prickling on the dorsum of the left hand, pressure in

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the upper arms and right calf, alternating, but only when seated (8 A. M.). *tr. L.*

Several small, red pimples appeared on the wrist and back of the right hand (2d day); disappeared in a few days. *G. H. c.*

Fingers.

Aching in the first joint of the right thumb, extending to the wrist (A. M., 2d day). *G. H. c.*

Pain in the metacarpus of the right thumb, extending to the wrist and hand (subsequently as pain in the index) (after 5 h.). *G. H. c.*

Violent pain in the first joint of the right index finger, extending to the point (after 5 h.). *G. H. c.*

370. Violent itching, as though from scabies, between the thumb and index, first increased by rubbing, and then disappearing. *G. H. b.*

Violent itching at the commissure of the first and second fingers, ceasing when rubbed (3d day, 8 A. M.). *G. H. b.*

Itching between the right index and middle finger, and externally on the palm (after 7 h.). *G. H. c.*

Internal itching in the fingers; more violent on the left side. *tr. L.*

Lower Limbs.

Stiff and uncertain in the legs in walking. *tr. L.*

375. Sore painful pimples in the bend of the right thigh (2d day). *G. H. c.*

Knees.

Painful feeling of weakness in the legs, especially in the knees. *tr. L.*

Pain, as if bruised in the knees (1st h.). *L.*

Pain, as if bruised in the knees, when sitting (2d h.). *L.*

Aching in the right knee and left calf, during a slow walk through the room; abdomen tympanitic. *sem. L.*

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380. Pressing in the left calf, in the right knee and carpus. *sem. c. L.*

Painful tearing in the left knee and malleolus (after 7 h.). *G. H. c.*

Pain in both popliteal spaces for several days. *G. H. b.*

Legs.

Peculiar feeling of painful, sore lassitude, drops from the knees, through the legs, and fixes itself in the ankles. *sem. L.*

Scraping sensation on the inner surface of the left tibia. *sem. L.*

385. Painful pressing in the external muscles of the legs, and internal crawling; continuous. *tr. L.*

Persistent compression of the muscles of the left leg, especially in the lower part of the calf. *sem. b. L.*

Calves.

Internal twitching and pressing in the toes and left calf, more towards the inner angle of the tibia, and on its inner surface (9¾ A. M.). *tr. L.*

Persistent sore and painful lassitude in the calves, especially when seated; in the dorsal and pectoral muscles. *testa sem. L.*

Sticking in the calves (after 1 h.). *L.*

390. Sticking and pressing in the left calf and sole. *tr. L.*

Pressing in the left calf. *sem. L.*

Pressing pain in the calves and masticatory muscles of the right side (2d h.). *L.*

Continued pressing, drawing pain on the external side of the right calf. *tr. L.*

Pain in the calves, and inward drawing in the legs also, when walking. *tr. L.*

395. Pressing and stiffness in the left calf, more especially towards the tibia. *testa sem. L.*

Feeling of stiffness and pressing in the left calf and dorsum of left foot. *tr. L.*

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Throbbing in the left calf; continued stiffness of both calves. *tr. L.*

Stiff feeling in the calves during a walk in the room. *sem. L.*

Stiff feeling in the left calf (7½ A. M.). *tr. L.*

400. Violent cramp pains in the legs, and *cramps in the calves*, which are knotted up (1). *C. Hg.*

Slight, cramplike twitchings in both calves, with painless diarrhœa (after 24). *Jabl.*

* Cramps in the calves (in cholera). *Jabl.*

* Cramps in the calves (in cholera). *Henke.*

Feet.

Aching in the right ankle, and in the right pectoral muscle. *sem. b. L.*

405. Pressing pain in the ankle, upper arms, hypochondria and inguinal region, all on the left side. *sem. L.*

Violent rheumatic pain in the left ankle (3d day). *G. H. c.*

Rheumatic pain in the left ankle; worse in the forenoon (3d day). *G. H. c.*

Aching in the dorsum of the right foot, and in the posterior surface of the left upper arm, and in the bend of the left forearm. *testa sem. L.*

Stitches in the left great toe. *testa sem. L.*

410. Pressing and drawing in the great toe, and on the dorsum of the foot on the left side; internal twitching in the toes on the right side. *tr. L.*

Tearing in the toes and dorsum of the foot on the left side, persistent, and rapidly changing its location. *sem. c. L.*

Drawing on the dorsum of the right foot. *sem. b. L.*

Rheumatic drawing in the left sole into the ball of the great toe (30th, 15 drops, 1st day). *Th.*

Slight drawing in the balls of both feet (3d, 1st day). *Th.*

415. Rheumatic pains in the ball of the right foot (A. M. of 4th day). *G. H. c.*

Sticking and twitching in the left sole, almost without interruption, when seated. *tr. L.*

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Heels very sensitive when stepping (10 A. M.) *tr. L.*

Crawling under the skin of both legs and feet. *sem. c. L.*

Crawling in the toes. *sem. b. L.*

420. Persistent crawling in the left great toe. *sem. L.*

Itching between the toes, at night, in bed (from 1st to 2d day). *G. H. c.*

Extremities.

Drawing pains on various spots of the extremities, which seem to disappear under the skin (2d h.). *L.*

Pressing and constrictive pain on various spots of the extremities, especially on the wrists, toes, calves (after 1 h.). *L.*

The symptoms in the muscles of the extremities diminish; the colic increases (8½ A. M. for 1¼ h.). *tr. L.*

425. The painful feeling of lassitude is worst when seated, after a few turns up and down the room. *tr. L.*

The muscular paroxysms are worst when seated. *tr. L.*

The muscular symptoms are always worst when seated. *sem. c. L.*

* The leaves are applied in Surinam for pains in the joints and extremities. *C. Hg.*

Strength.

Painful lassitude in the muscles employed after the slightest exertion, even from writing or standing. *tr. L.*

430. Depression (after ½ h.) *Z.*

Great weariness and heaviness in the head. *sem. c. L.*

Walks as if totteringly; the body involuntarily bends to the left side when walking. *tr. L.*

* The oil is rubbed in, in contracted limbs. *Old Phys.*

Sinking of the strength and convulsive symptoms. *Percival.*

435. Violent cramps and twitchings; "the calves are twisted round towards the shins." *C. Hg.*

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Sleep.

Exceeding fatigue and sleepiness (3d, 1st day). *Th.*

Much yawning, with disgust, flow of saliva and heat of head. *sem. c. L.*

Restless tossing about, sleeplessness and remarkable throbbing of the pulse all night. *G. H. b.*

For several hours after lying down sleeplessness and throbbing of the pulse (from 3d to 4th day). *G. H. b.*

440. Restlessness at night from flow of ideas and palpitation of the heart. *G. H.*

Paroxysms of anguish at night, which prevent sleep until near morning (4). *C. Hg.*

An unpleasant affair troubled him in his sleep; he awoke for a couple of hours, and when he slept again, dreamed about it. *Th.*

Incessant dreaming (4). *C. Hg.*

Dryness of the mouth the whole night. *G. H.*

445. Sweat during sleep (4). *C. Hg.*

Can scarcely arouse himself from sleep, morning and afternoon; he is obliged forcibly to put himself in motion, and then he feels better (4). *C. Hg.*

Shivering, Chills, Coldness.

Cold shivering over the whole body (after 1 h.). *Z.*

Shivering in the back, with heat in the head and face. *testa sem. L.*

Chills in the region of the lumbar vertebræ, with weariness, disgust, and pressure in the forehead. *sem. c. L.*

450. Chills in the deep lumbar region and urging to stool. *L.*

Frequent shivering through the region of the lumbar vertebræ (after 2 h.). *L.*

Chills, extending from the lumbar vertebræ. *sem. L.*

Chills, now and then, in the back. *tr. L.*

Continued chills in the back. *testa sem. L.*

455. Chills in the spinal marrow. *tr. L.*

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Chills running over the back (after 2 h.). *L.*

Chills through the back into the arms; persistent in the warm room (after 1 h.). *L.*

Frequent chills, with cold hands and blue nails (10 A. M.). *tr. L.*

Chills (9 to 10, A. M.), and a feeling of coldness extending through the abdomen; the previously dry palms are moist and cold (after 2, 3 h.). *tr. L.*

460. Frequent chills and cold finger-ends. *sem. c. L.*

Violent chill, running through all the limbs to the scalp, and violent tearing pain in the deep umbilical region, persistent and increased by pressure (early in the morning, after 1, 2 h.). *L.*

Coldness over the back, occasionally. *tr. L.*

Frequent coldness in the back, extending to the anus. *tr. L.*

Severe coldness in the depth of the spine, and weariness of the upper arm (after 1 h.). *L.*

465. The previously warm hands become cold and the nails blue (1st h.). *L.*

The skin of the extremities is cold, and the nails occasionally bluish (after 1, 2 h.). *L.*

Coldness of the body; shivering and clammy sweat, with vomiting and diarrhœa (1). *C. Hg.*

* Body cold as marble and mottled blue (in cholera). *Jabl.*

* General coldness of the body. *Henke.*

Heat.

470. Heat over the back. *tr. L.*

He insists that he has fever, so that he must go to sleep, notwithstanding he neither feels cold nor hot, nor sweats (1st day) (2). *C. Hg.*

Sensation of an agreeable warmth, an ethereal lightness. *Jabl.*

Sweat.

* Cold, clammy sweat on the skin (in cholera). *Jabl.*

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Skin.

(For *Itching*, *Crawling*, *Eruptions*, see the parts affected.)

The pulverized seeds introduced into a wound, cause a violent spreading inflammation of the sub-cutaneous areolar tissue. *Christison.*

475. * The leaves are applied to swellings in Surinam. *C. Hg.*

* The leaves are serviceable for discutient and emollient poultices. *Kostelezky.*

* It has a great reputation for eruptions in Surinam. *C. Hg.*

General Duration of Action.

In large doses, seems to be transitory in its effects. *C. Hg.*

The whole medicinal disease (after 24) disappeared without a trace in six hours. *Jabl.*

Antidotes.

480. Wine produced sleep after poisoning. *C. Hg.*

Wine produced a more powerful effect on him. *C. Hg.*

The effects are removed by copious draughts of chocolate, or sweetened lemonade. *Old Phys.*

In Cuba, it is said that placing the hands in cold water will cause the effects to cease. *C. Hg.*

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ARTICLE XXX.—*On the Different Susceptibilities of the Body, in health and disease.* *By* E. E. MARCY, M.D., New-York.

A PROPER appreciation of the modifications effected in the tissues of the human organism during disease—of the excessive irritability communicated to the inflamed parts, while those unaffected by diseased action remain normal, or, perhaps, lose to a greater or less extent their ordinary impressionability, and finally, of the constant developement of new, distinct, and specific actions in different parts of the diseased body, causing it to respond to the ordinary stimuli presented to it in a manner altogether abnormal—a proper knowledge and appreciation of these circumstances will enable the impartial observer to understand why minute doses of medicine are capable of producing such powerful remedial impressions upon diseased structures.

All morbid and medicinal substances uniformly exercise their true specific actions, when taken in quantities appropriate to the condition of the tissue to be impressed; but as these conditions are almost infinite in variety, it is apparent that a very wide range is requisite in the strengths or attenuations of our drugs, in order to meet these diverse states of the system.

In health, there are certain natural stimuli which are essential to the continued well-being of the individual, like food and drink for the stomach, pure air for the lungs, and light for the eye. Under circumstances of health, these stimuli not only serve the purpose of keeping the functions of the body in operation, but their moderate action is a constant source of pleasure and happiness. So, also, in health, friction and certain stimulants are agreeable to the skin, condiments to the taste, fragrant odors to the smell, music and conversation to the ear. But what occurs in these different structures when they become affected with inflammation? How much food or drink will the stomach tolerate when suffering from gastritis? How much cold air can be

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borne by the lungs when laboring under pneumonia? How much light can be admitted to an inflamed eye with impunity? How exceedingly painful are frictions and stimulating applications to a burnt or otherwise inflamed surface! How intolerable do condiments become to the mouth, or odors to the nostrils, or music and even common conversation to the ear, when the tissues composing these organs are in a state of inflammation!

It is quite true that the excitability of parts affected by inflammatory action varies much in different cases, and it is for this reason, as we have observed, that the homœopath employs so many strengths, or attenuations, in his therapeutical applications. In selecting his doses, therefore, the judicious practitioner takes into consideration, not only the *symptoms* which characterize the malady, but age, sex, temperament, habits of life, the character of the tissue involved, the nature of the exciting causes, peculiarities of constitution, idiosyncracies, and the nature and amount of inflammation present in each case, all of which are included in his record, and from the grand totality he selects the remedy and the appropriate dose.

An individual who has always enjoyed robust health, and whose glandular system is in a sound condition, may swallow repeated doses of calomel without becoming salivated; but if his salivary glands once become irritated from the effects of mercury, or from any other cause, their susceptibility becomes so much increased, that a single minute dose of the drug will cause speedy salivation. The susceptibility of these parts to other specific medicinal impressions, is also increased in the same ratio. This fact is well-known to the gentlemen of the old school, and it not unfrequently happens that they suffer much embarrassment and annoyance from their inability to saturate the bodies of their patients with this poisonous mineral. Thus, kind nature sometimes interposes her protecting shield between the patient and his physician.

In mumps, a mental emotion, or the mere sight and smell

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of food, often excites in the inflamed parotids, acute pains. This never occurs in the normal condition of these glands. The same fact obtains with regard to the action of specific medicines; an exceedingly minute quantity being capable of producing powerful impressions, which, in the healthy condition of parts, would have proved inert.

In inflammation of the brain, a glass of brandy, which operates specifically upon this organ, would produce so powerful an action as to endanger the life of the patient, yet in health, this quantity of the liquor gives rise to no unpleasant effect. In this instance, it is probable that a single teaspoonful is capable of producing as much effect upon the disordered structure as one hundred would produce, if taken by the same individual, in health.

In gastritis, one hundredth part of a grain of tartar emetic, whether taken by the stomach, or injected into a vein, will cause severe nausea and vomiting, while in the ordinary state of the viscus it produces no such effect.

In certain diseased conditions of the organism, the perceptive and sensitive faculties acquire a susceptibility to impressions which is truly extraordinary. The hearing sometimes becomes so morbidly acute that a whispered conversation may be distinctly understood from one apartment to another—a circumstance which never occurs in the healthy condition of the auditory apparatus. Several years since we saw a lady in Springfield, Mass., whose sight was at times so morbidly increased, that she could read and distinguish minute objects when her eyes were completely bandaged by handkerchiefs. In this example, the apparatus of sight was alone unduly excited, for her remaining organs were rather below par in point of irritability. In many maladies the surface of the body becomes so extremely sensitive, that ordinary impressions, whether communicated from without, or arising from the internal operation of common medicines, cannot be tolerated. The slightest movement, the gentlest touch, a draft of cold air, the application of simple water, or the smallest change of

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temperature, are sources of exquisite pain to the morbid tissue.

To illustrate our subject still more clearly, we quote the following truthful observations from Hahnemann:*

"None but the careful observer can have any idea of the height to which the sensitiveness of the body to medicinal irritations is increased in a state of disease. It exceeds all belief when the disease has attained a great intensity. An insensible, prostrated, comatose typhous patient, unroused by any shaking, deaf to all calling, will be rapidly restored to consciousness by the smallest dose of opium, were it a million times smaller than any mortal ever yet prescribed.

"The sensitiveness of the highly diseased body to medicinal irritations, increases in many cases to such a degree, that powers commence to act on and to excite him, whose very existence has been denied, because they manifest no action on healthy robust bodies, nor in many diseases for which they are not suited. As an example of this, I may mention the heroic power of *animalism* (animal magnetism), or that immaterial influence of one living body upon another, produced by certain kinds of touching or approximation, which displays such an energetic action on very sensitive, delicately formed persons of both sexes, who are disposed either to violent mental emotions, or to great irritability of the muscular fibres. This animal power does not manifest itself at all between two robust healthy persons—not because it does not exist, but because, according to the wise purposes of God, it is much too weak to show itself betwixt healthy persons; whereas, the same influence (quite imperceptible when applied by one healthy person to another) often acts with more than excessive violence in those states of morbid sensibility and irritability—just as very small doses of other curative medicines also do in very diseased bodies.

"It is analagous to the medicinal powers of the application of the magnet, in disease, and the contact of a morbid part

* "The Medicine of Experience," published at Berlin in 1805.

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with the other metals, to which the healthy body is quite insensible.

"On the other hand, it is as true as it is wonderful, that even the most robust individuals, when affected by a chronic disease, notwithstanding their corporeal strength, and notwithstanding that they can bear with impunity even noxious irritants in great quantity (excesses in food, and alcoholic liquors, purgatives, etc.)—yet as soon as the medicinal substance positively appropriate to their chronic disease is administered to them, they experience from the smallest possible dose as great an impression as if they were infants at the breast.

"Almost the sole condition necessary for the full and helpful action is, that the appropriate remedy should come in contact with the susceptible living fibre; but it is of little, almost of no importance, how small the dose is, which, for this purpose, is brought to act on the sensitive parts of the living body."

Many distinguished modern writers are fully aware of the great changes which take place in the living fibre during disease, and that the excitability of the affected parts becomes for the most part so morbidly increased, that causes which would remain unappreciated in health, are then observed to act in a most powerful manner.

They concede also that no two distinct diseased actions can exist in the same structure at the same time, but that the more powerful action must supersede the weaker one, and usurp its place. They are perfectly familiar with these important facts, yet their prejudices, their veneration for the antiquated dogmas of the schools, and, in many instances, their lack of moral courage, prevent them from even investigating the subject in its practical bearings. It is owing to this culpable perversity of medical men, that medicine has made such slow advancement; and, were it not for the few bold spirits which now and then spring up, and break through the absurd mists of centuries, scattering venerated errors to the winds, and illuminating their courses by valuable facts,

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the art would ever remain a mere hodge-podge of contradictory and absurd speculations—a stigma upon the intelligence, and a curse to the physical welfare of mankind.

But, notwithstanding the steady advancement of a rational system of medicine within the past fifty years—notwithstanding that large numbers of the most profound and intelligent men of all civilized countries have embraced Homœopathy, and now fully appreciate its vast importance to the well-being and happiness of the human race, still do we see that grim and bloody monster of antiquity, Allopathy, yet daring to raise its foul head in our midst, seeking for more victims. Too cowardly or too cunning to exhibit her foul deeds to the world, she still covers her bloody tracks under the learned garb of a dead language, being well aware if her victims knew what quantities of deadly drugs they were taking, that her occupation would be gone. This rank and disgusting QUACKERY, *of concealing from patients, by bad Latin, the names of the medicines they are taking, and thus, to all intents and purposes, so far as most of the world are concerned, of prescribing* SECRET REMEDIES, obtains almost universally in the old school! And yet the advocates of this system have the insolence to accuse others of quackery! Enshrouded, as this monster is, by empyrical notions and practices of all descriptions—utterly unable to point out any definite or fixed ideas of theory or practice—now adopting the speculations of this man, and then, after a sufficient number of lives have been sacrificed, denouncing him and his doctrines in order to experiment temporarily with some other passing hypothesis—in view of these incontrovertible facts, it is indeed surprising that any, even a moderate number, can be found so weak as to countenance and tolerate so monstrous and so dangerous a system! There are those, however, who still adhere to the delusion, and suppose they are doing God service by reviling their betters of other schools. To all such we would say in the language of our great master: "Harp away—we will not prevent you—harp away on your comfortless path of blind and servile obedience

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in the dark midnight of fanciful systems, seduced hither and thither by the Will-o'-the-wisps of your venerated authorities, who, when you really stand in need of aid, leave you in the lurch—dazzle your sight and disappear.

"And if your unfortunate practice, from which that which you intended, wished and promised, does *not* occur, accumulates within you a store of spiteful bile, which seeks to dissipate itself in calumniating your betters—well then, continue to call the yonder grapes, which party-pride, confusion of intellect, weakness or indolence prevents you from reaching, sour, and leave them to be gathered by more worthy persons.

"Continue, if it so please you, enviously to slander the sublime art, but know that envy gnaws in vain at adamantine truth, and only consumes the marrow of the bones of its possessor."

Let us once more briefly examine our subject. We have seen that inflammation and nervous erethism render the tissues of the organism so impressionable, that imponderable doses of specific agents become capable of producing powerful impressions. We have seen that certain stimuli, which are healthful and agreeable in the ordinary condition of the system, become active sources of disturbance and pain during disease. We have seen that this excessive susceptibility is confined to the parts *actually diseased*, while the remaining structures of the body—those unaffected by inflammatory action, or nervous erethism, either continue as in health, or sink below the normal standard of irritability. This fact clearly explains why very minute doses of *appropriate specific* drugs manifest their influence *only* on certain tissues which have become morbidly impressionable from disease. It also explains to us why homœopathic doses of *inappropriate* and *non-specific* medicines must necessarily prove harmless, even in disease.

The conditions, therefore, for the efficient operation of infinitesimal doses, are as follows:

1. An abnormal condition of the parts to be acted on.

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This condition may be one of inflammation, characterized by unusual heat, redness, swelling and pain, or of simple irritation, or of nervous erethism, unaccompanied by any peculiar signs.

2. The medicine must be *specific* and *appropriate* to the affected structure; for, unless the minute atoms of the drug are brought into *actual contact* with the sensitive, diseased fibre, no action can result. Hence the importance of a proper selection of the remedy.

This fact, as we have seen above, is fully recognised by Hahnemann, when he asserts that "*almost the sole condition necessary for the full and helpful action is, that the appropriate remedy should come* IN CONTACT *with the susceptible living fibre.*" Whatever differences of opinion may exist in regard to the essential nature of the influences or substances which *come in contact* with the disordered fibre—whether these influences are immaterial, spiritual, dynamic, vital properties of matter, which operate dynamically on the disturbed vital properties of the body, or whether they are actually *material atoms* which come in contact with the atoms of the sensitive fibre, and thus communicate to the latter their own peculiar drug action—whichever of these mere opinions the homœopath may adopt, can be of no consequence so far as the great homœopathic law of cure and the application of remedies are concerned.

The vital theory of disease and, what is termed the dynamic power of medicines, are very old doctrines which are at the present time entertained by many profound thinkers of both schools; while there are many others equally intelligent who believe that the most minute molecule is still *material* and subject to ordinary physical laws. It does not follow because the atoms of a drug have been so minutely subdivided that we can no longer see, handle, taste, weigh, or subject them to chemical reactions in the laboratory, that they have *lost* their material properties, and now act in a spiritual manner. The atoms composing electricity and caloric are so infinitesimal, that we cannot appreciate them by our limited facul-

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ties, or by the aid of chemistry or optics, yet the most palpable and powerful physical effects, both chemical and mechanical, are constantly witnessed from the action of these agents.

Before the discovery of the microscope, who could have been made to believe that the clear and apparently pure liquids in daily use as drinks contained innumerable living animals furnished with complicated organs, and endowed with instincts for defence and preservation? Fifty years since, who could have been made to believe that a few imponderable atoms of electricity could be sent in an instant, and in any direction, thousands of miles, conveying upon their subtle wings the thoughts of men? These things are now, however, matters of no surprise since the discoveries of the last few years have made us daily familiar with their singular phenomena. Nor, when future improvements in the sciences shall reveal to us the intimate nature of infinitesimal atoms of morbific and medicinal agents, shall we longer be surprised that molecules may react chemically, or otherwise, upon each other, when in contact.

No one is ignorant of the fact, that when minute atoms of certain substances are brought in contact with the atoms of other substances for which they exercise an affinity, whether chemical, magnetic, or electrical, the atoms of the first class gradually communicate their own peculiar action to those of the second class.

We cite a few examples to illustrate our position. If a minute quantity of the virus of a chancre be placed in contact with an abraded or delicate surface of the body, a morbid action is communicated to the atoms of the healthy part with which it is in opposition, and this morbid action extends from particle to particle, but most rapidly through the glandular structures, until all those tissues over which the poison exercises a specific affinity have become involved in the syphilitic action. This poison exerts its destructive specific action upon many different structures of the organism, and from this cause proceed the severity and danger of the

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malady. An imponderable quantity of the poison of small-pox, or of scarlet-fever, or of plague, or of any other contagious disorder, when introduced into the blood through the lungs, and brought into contact with the appropriate tissues, communicates each an action *sui generis*, and the organism becomes affected with the specific disease.

The sole conditions for the specific action of morbid and medicinal atoms are, in some instances, though not always, a certain predisposition on the part of the organism, and in all instances, the actual contact of the disturbing cause, with the tissues to be impressed.

Nor is this law confined to animal structures, but it applies to vegetable, and even inorganic substances. A vegetable substance in a state of decay, if placed in contact with other sound vegetables of its kind, speedily communicates its peculiar action to the parts with which it is in contact, and in a short time the whole mass becomes involved. Aware of this fact, the dealer in fruits wraps his oranges, lemons, apples, etc., in separate papers, so that they shall not come in actual contact.

In the inorganic kingdom, a beautiful illustration of our argument is found in the usual process of converting pure iron into a carbonate of iron, or steel. If a bar of iron be placed in a brick enclosure, surrounded by powdered charcoal, and submitted to a temperature of 100° Wedgewood, the atoms of carbon, which possess an affinity for the iron, communicate their peculiar action to the metal—first to the atoms upon the circumference—and then gradually extending from particle to particle towards the centre of the bar, they finally pervade the whole mass of iron. If this process be attentively observed, it will be found that the action of the carbon proceeds very slowly from atom to atom, and that it requires about sixteen days for the carbonization to extend through a bar of half an inch in thickness. The same change may be communicated to iron in a molten state, by carbon in a gaseous form. In this instance the action is purely chemical, but the combination has been very slowly effected by the

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action of imponderable atoms of carbon in contact with particles of iron.

But while we earnestly maintain that all morbid and medicinal agents are actually *material*, and governed by physical laws, we freely concede the existence and power of spiritual or dynamic influences, no less potent than the former in their operations upon the living organism.

All *material* substances are composed of minute atoms of matter, drawn into apposition, and formed into definite shapes, by the power of cohesive attraction. These substances may be transformed by the chemist, and by natural processes, into a great variety of forms, both ponderable and imponderable. In one condition we may have a tree, a shrub, or a plant, which conduces to the pleasure, and, perhaps, the nourishment of man; in another form, the atoms of the same shrub or plant become diffused in infinitesimal proportions through the air, conveying disease in all directions; in still another form, these atoms become subtle and potent medicinal agents; but whatever condition they may be made to assume, we must always recognize them as physical agents, subject to physical laws, always retaining their identity, and absolutely incapable of becoming annihilated.

By the term *spiritual*, or *dynamic*, we understand that mysterious immaterial principle with which God has endowed all animated beings. In man it manifests itself in thought, perception, sensation, reason, emotion, desire, and an involuntary instinct throughout the whole organism, for self-preservation. In the lower animals, this spiritual part appears to be limited to the instinct of self-preservation and the perpetuation of the species.

Being immaterial, it cannot be composed of atoms or molecules, and is, therefore, not subservient to any of the ordinary laws of matter. Of its actual nature, its essence, and its particular mode of action, we are ignorant; but of its vast power over the tissues of the organism in modifying its functions, so as to cause, and sometimes to cure diseases, all are fully aware. The following familiar examples may

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be cited :—Intense grief, or fright, have often had the effect of changing black hair to a snowy white color, in the space of a few hours; diarrhœas are often speedily produced by sudden news; jaundice and bilious disorders are common consequences of fits of anger or jealousy; dread and apprehension are the most powerful predisposing causes of cholera and other similar maladies; protracted grief and depression of spirits not unfrequently induce dyspepsia, consumption, and cancerous affections; violent mental emotions frequently occasion apoplexy, delirium, syncope, epilepsy, hysteria, etc.; the sight of a person in distress, or of blood, causes sickness at stomach and faintness.

We also daily witness the most happy effects from the operation of agreeable mental emotions during disease. Hope, confidence, and a light heart, often act as potent auxiliaries in the treatment of disease.

All these influences, which proceed from the operation of the mental faculties of man, and the effects which they produce upon the animal body, may, with propriety, be termed *spiritual* or *dynamic*.

But the effects which result from material agents, however minutely their atomic particles may be subdivided, must always be looked upon as *physical*, and therefore essentially different from spiritual or dynamic effects.

Hahnemann supposes that the "material division of the medicinal substance attains its limit at the third or sixth dilution, and that the subsequent attenuations obtain their medicinal properties by a kind of infection or communication of the medicinal power, after the manner of contagious diseases, to the non-medicinal vehicle." This hypothesis, although very ingenious and plausible, is probably erroneous, since the particles of the sixth trituration of metallic substances may be distinctly seen under the lens of a powerful microscope. Who knows how soon another optical instrument will be discovered, which shall show us particles of the mineral in attenuations of the 12th or 20th degree?

If the great master had asserted that the medicinal atoms

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of high attenuations communicate their peculiar action to the diseased sensitive living fibres, for which they have an affinity, "by a kind of infection, after the manner of contagious diseases," he would have offered a plausible and philosophical explanation of the mode of action of homœopathic attenuations.

3. As the various structures of the body differ materially in their organization, and as there are various degrees of inflammatory action, and of erethic excitement in different maladies, it follows as a consequence that we must have a wide range of attenuations from which to select the appropriate dose. Those tissues which are most delicate, and most abundantly supplied with nerves, must necessarily be more sensitive and more susceptible to impressions of all kinds, than those less vitally endowed. The cerebro-spinal apparatus, when affected by a given amount of inflammation, will respond to attenuations, which would prove inefficient in the same amount of inflammation of the muscular or *cellular structures.*

Much likewise must depend on the specific power of the drug. A remedy possessing a very marked affinity for a particular tissue, thus rendering its specific influence very strong and decided, will operate at a higher attenuation than one whose specific action is less strongly pronounced. That drug which produces not only symptoms most closely resembling those of the malady, but also pathological changes most nearly allied to those induced by the diseased action, will respond more readily than one which gives rise to similar symptoms alone. In proof of this assertion it is only necessary to allude to the fact, that those drugs which have proved most prompt and successful in disease, are those which produce physiological changes, as well as manifest symptoms similar to the malady.

When the action of drugs shall become still more thoroughly understood—when their symptoms shall be better classified with respect to the pathological changes to which they give rise in the healthy organism—when their exact

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specific effects both local and general, physiological and pathological, shall be more clearly and accurately defined, then will the application of the law *similia similibus curantur* become reduced to the certainty of a mathematical demonstration, and all which medicine can accomplish be attained.

It is quite true that a number of our medicines have been submitted to such thorough trials, under different circumstances, that their symptoms are already admirably classified, and their entire specific powers well known; but much, very much, yet remains to be accomplished before our Materia Medica can be deemed perfect, and it is only by incessant industry, self-sacrificing devotion to the art, and an enlightened, liberal, and progressive spirit in carrying out our labors, that perfection can be secured.

ARTICLE XXXI.—*Some Notices of Iris Versicolor, the common Blue-flag. By* JAMES KITCHEN, M. D., Philadelphia.

IN the following lines it is my wish to call the attention of the profession to a remedy, not yet introduced into our Materia Medica, but which, from experiments I have been making with it during the last six months in various diseases, I have some strong reasons to hope will be a valuable addition to it, as, in several formidable affections, I have met with very marked success. I refer to the *Iris versicolor*, the common blue-flag of our gardens, which may be obtained in abundance in every locality. An alcoholic tincture of the root, diluted as required, is what I have made use of. I have generally given the lower dilutions, from the 1st to the 6th, not having had time to use those of a higher grade in those cases to which I have been called and have thought it appropriate. Neither have I had time to test it on the healthy subject, and, of course, have no pathogenetic symptoms to publish, which would be our best guides in the use of it—in default, however, of these, we must, for the present, rely on what I have been able to gather, as mentioned above, *ab usû in*

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morbis, and I trust that my time has not been employed in vain, as will best appear under the different heads of diseases, which I shall now proceed to enumerate.

Vomiting.

Effectual in almost all kinds—simple, sour, bilious, of food, with or without pain.

In every case of vomiting or sick stomach in which I have yet given it, it has been successful, and, in some severe cases, on the administration of a few teaspoonfuls—such has been my experience. I have succeeded in some cases in which the other usual remedies had failed; and in no case in which I have given it, have I been obliged to abandon it and resort to other remedies. Such, I again say, has been my experience thus far, but I would not be understood as saying that this will always be the case in future—no doubt it, like all other remedies, has its appropriate sphere, which it will take time and opportunity to make out and define correctly—I merely state what I have discovered up to the present, with the limited opportunities I have had of testing it in different forms of disease.

I have for some years attended a little girl, now about 9 years of age, who has periodical vomiting spells, coming on once every month or six weeks, sometimes not for three or four months, but certainly several times in the course of the year. I have tried under various attacks all the different remedies usually successful in such cases, but not with much benefit; the attack would last two or three days, and would seem at last to wear itself out. A single teaspoonful of the *Iris* arrests it at once. It comes on with vomiting of the ingesta, then sour fluid, and at last bile, yellow and green, with great heat of head, some general fever, and great prostration; the perspiration is warm, caused by the efforts of straining and vomiting.

Cholera Morbus.

In this affection I have succeeded in every case in which

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I have as yet administered it, even the most violent. A single teaspoonful of a few drops in a half tumbler of water, has in many very severe cases put an immediate stop to the vomiting. I consider it a specific in this form of disease, and I would earnestly request physicians to try it in the first cases of Cholera Asiatica which may fall under their notice, and give the result to the profession. If I am not very much mistaken, it will prove one of our most effectual remedies in that most formidable disease. It arrests the pain which is so violent in many cases at the pit of the stomach, or around the navel, or, in some cases, still lower down in the abdominal region, at or before every fit of vomiting or purging. In fact, it seems, as far as I have as yet been able to judge, the more appropriate the more violent the pain; in some cases acting, as the patients and bystanders express themselves, like a charm.

Diarrhœa.

I have not yet been able to obtain, with any degree of accuracy, the symptoms of those cases in which it proves to be the most appropriate. I think, however, that *burning* in the rectum and anus, after a passage, is one state which it arrests almost immediately. It also seems to be appropriate to cases, in which there are pains and green discharges, relieving the pains very frequently in a short time, and changing the green passages after some doses have been given. There is one very curious feature which I have frequently observed, which is, that when the diarrhœa is not arrested after a few doses, it seems, after the administration of it for 24 or 48 hours, to produce an aggravation; there is an increase of pain, and several free fœtid passages, and then the diarrhœa ceases; this generally has taken place about two or three o'clock in the morning. Whether I have given it in too low dilutions, generally from 2d to 6th, I cannot tell, but such a feature I have frequently observed and have administered it with perfect success in a few cases of periodical night diarrhœa, attended with pain and two or

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three free discharges towards morning, and have also cured *all* my cases of *Cholera Infantum* with it this summer, and many of them in a few days. I look upon it as a very valuable addition to our remedial measures in this complaint. I wish it to be distinctly understood that I am now giving my experience in relation to its effects in these several diseases—others may not be so successful—I wish all, however, to give it a fair and impartial trial; we shall, by such means, bring it to its true level and find out precisely what it is worth. There are several other remedies which I esteem highly in this distressing complaint, and which I should be very sorry to abandon, but as I am not writing a treatise on *it*, of course this is not the place to mention them. I will merely remark, however, that I look upon *Merc. corr.* as nearly a specific in this disease, and I almost think that had I to relinquish one of the two, the Iris would be the one rejected.

Dysentery.

Some mild cases I have cured with it, but it is not the remedy in this disease; the cases which seemed to be benefitted were of the nature of dysenteric diarrhœa, attended with green discharges, or slimy mucus, without blood or much straining. In one case it evidently acted favorably on the secretion of the liver, producing a free flow of healthy bile and an immediate abatement of the unhealthy passages. In those cases in which there was bloody flux I did not rely on it, not knowing sufficient of its curative powers.

Sick Headache.

It is the most prompt and effectual remedy I have ever given in this truly annoying companion. The first dose will arrest the trouble in some patients. I have experienced this effect in several cases. I have made comparative trials with it and other remedies, telling my patients to observe and let me know which number would relieve them the most speedily; they have invariably, on the return of the

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attack, sent for the number attached to Iris. This I conceive conclusive respecting this complaint, so that I need not comment on it further than to recommend it very highly so far as my experience goes—let it be tested by others.

Colic.

Some cases I have relieved; the colic of infants is benefitted by it. There is a peculiar condition of the abdominal region of the adult also, which may come under this head, and which may be termed a grumbling belly ache. It is most prevalent at the changes of the seasons, spring and autumn, and appears to be owing to a vitiated secretion of the liver and mucous membrane of the bowels, and consists in an almost constant uneasiness and grinding in the bowels, a kind of sub-colic; a mushy passage once or twice a day in some cases, but in the generality of cases, a very fœtid discharge of wind of a coppery smell, attended occasionally with an involuntary escape of fluid, soiling the shirt, and sometimes a passage of scybalous matter, together with fluid mucoid fæces, of an offensive, putrid, and coppery odor. It was a case of this kind which first led me to the use of the remedy. I had tried several medicines without the least relief for nearly a week, and administered the *Iris* at random, never having given it in any disease before; to my surprise the patient was shortly relieved and had no return—his bowels soon became healthy and regular, and he praised the good effects of the remedy very highly. This led me to its farther investigation, the results of which my readers have before them in the foregoing pages.

The sphere of action of the *Iris Versicolor* appears to be chiefly the stomach and abdominal contents, as far as I have been able to ascertain in my trials with it on the sick. A student of the Homœopathic College has undertaken to prove it on the healthy, and I hope, by his praiseworthy endeavors, we shall be put in possession of some further and surer guides for its use than those which I have been able to lay before the profession. This is, undoubtedly, the true method,

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which should be our pole star in the selection of remedies for the various diseased symptoms which occur to the physician in his daily rounds among his patients, but still I must at the same time claim the very great utility which may also happen to him when administering remedies to the diseased, which he did not at the time of their administration know to have a homœopathic relation to the peculiar condition of symptoms at the time, because no such relation existed in the Materia Medica Pura. I can call to mind several remedies in diseased conditions, which I have accidentally discovered in this way, and, in respect to this remedy, the *Iris*, I found out a relation to the eyelids in a child to whom I was administering the remedy for summer complaint; after it had taken the medicine four or five days, the mother said to me one morning, "Doctor, you have not only relieved the diarrhœa, but you have cured my child of *inflamed eyelids*, which it has been troubled with for some time." I have since tried it in several cases in that affection, and with success. The cases in which it seemed to be of benefit, were those of simple palpebral inflammation, apparently arising from cold—nothing that I could perceive of a scrofulous taint—they did not glue in the morning, or at least very slightly. May it not be administered beneficially in some cases of *affections of the liver?* it undoubtedly acts on this organ; I have had full evidence of that in several cases, producing a manifest secretion of healthy bile. *Dyspepsia* is another disease in which it should be tried, when those remedies fail which usually relieve this distressing affection; I have relieved and cured that form of it in which the food is vomited an hour or so after meals, in several cases. *Gastrodynia* would probably be benefitted by it; I have had no opportunity of trying it in this form of disease. I was called to a gentleman who had had a violent spell of sick stomach in the month of July; the vomiting was checked by *Ipecac.* before I saw him, but he had violent pains in the epigastric region, coming on at intervals—the *Iris* relieved him at once, and he had no return. This leads

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us to suppose that it would be appropriate to *cramp of the stomach*, but I have not yet tried it, as I have always been so sure of success in that disease with *Nux*, that in the cases I have met with, I did not consider myself justified to experiment with an unknown remedy; should I ever meet, however, with a case, not obedient to *Nux*, I certainly should place great hopes in *Iris*.

Neuralgia.

A lady afflicted at intervals with this most distressing complaint, and who has swallowed the whole Allopathic and Homœopathic Mat. Med., with only partial benefit, has been more relieved by the *Iris* than by any remedy I have yet administered to her. It is usually in the head, temples, eyes, etc., and attended with the most distressing vomitings of a sweetish mucus, and occasionally, when much straining, with a trace of bile. It is the only medicine which has had much control over the stomach, arresting the vomiting in the few trials I have made with it very soon, and allaying, in some degree, the violent pain of the head, so that I have been asked by her whether I had not given her morphine; I have been asked the same question by patients in bowel affections, they frequently going to sleep after its administration; this is easily accounted for by the cessation of pain, which is almost invariably followed by sleep, no matter in what way it may be brought about.

Typhoid Fever.

I had, in the month of July, a boy 12 years of age, with this disease. I had given a number of remedies without effect; he had fever, muttering delirium, yellow watery stinking diarrhœa, involuntary passage of water and fæces, coated tongue, dry, brown, crusty, edges red, sordes on the gums and teeth, and foul breath, all the marked symptoms of this form of disease. I gave the *Iris*, 3d dilution; it certainly produced a very marked change, showing its effect,

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first on his tongue and bowels, and thence extending its beneficial action to other parts.. It was on the tenth day of the disease when I gave it, and in five days he was convalescent, though I had no idea that he could possibly recover from the attack. The tongue became moist, diarrhœa eased off, fever subsided, delirium ceased, and he soon became rational and slept well, became convalescent and recovered rapidly.

An old lady, aged 83. Fever, stupor, black, stinking, involuntary diarrhœa, tongue dry, brown, and fœtid breath. Cured in 48 hours.

A middle aged woman. Fever, intense headache, pain in small of back, black dysenteric passages, nausea, and efforts to vomit. Cured in four days. After she took a few doses, she lost all power over her lower extremities, but regained it during convalescence.

A lady, aged 70, took it for epigastric uneasiness and pain; she could not continue it, as it produced the following effects: increase of pains in epigastrium, pains cutting in liver, swelling of stomach and abdomen, pain in lower extremities and cramps in calves of legs, nausea and some retchings.

A young man, aged 14, with an attack of bilious pneumonia, could not retain even a mouthful of water on his stomach; this state continued three days, in connection with pain of side, high fever, cough, and great restlessness. After trying *Ipec.*, *Verat.*, and other ordinary remedies, indicated by this condition of stomach, I administered the *Iris;* the effect was prompt and surprising; in a few hours he was able to eat a rusk soaked in tea, and retained it, and his stomach continued easy through the subsequent course of the disease.

I might enumerate other cases. I think, however, that sufficient have been related to prove its value; at any rate I hope my professional brethren may be induced to give it a trial; this is all that I ask, when I have no doubt they will find it of value in some cases.

The Iris family is composed of several species, some peculiar to this country, of which the *I. versicolor* and *iverna*

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have been used as emetics and cathartics by the Indian tribes. In Europe, the *Pseudacorus* is common in Ireland, and has been used there also as a purgative, giving relief when the common powerful purgative drugs had failed; it grows in marshy places; the fresh juice of the root possesses strong vomiting and purging properties. The *Germanica*, on the Continent, acts in like manner on the stomach and intestines; it was formerly used by medical men as a drastic in dropsical affections, and is so used, even to this day, by the country people. The *Florentina* is another species, growing in the South of France and Italy, possessing similar properties in the fresh state. They all lose by drying, hence the fresh root should be chosen in the preparation of the tincture.

ARTICLE XXXII.—*A Case of Poisoning by Strychnine. By* EDWARD G. BARTLETT, M. D., New-York.

ABOUT the 1st of May, 1850, I was called to see a patient of Dr. Ball's, laboring under what was termed spasms. I found a young man, 22 years of age, with red hair, blue eyes, fair skin, who had previously suffered from dyspepsia, complaining of a singular indescribable sensation, pervading his whole body, and quickly followed by a tonic spasm of all his muscles.

The force of the spasm seemed to be spent upon the muscles of the extremities, both the extensors and flexors of which being rigidly contracted at the same time, the extremities were held in a convulsive, trembling movement, so that the patient resembled one in a bad ague fit. His countenance was observed at this time to look exceedingly bad, the expression was that of extreme sadness and despondency; this was so apparent to his friends, even previous to any exhibition of spasm, as to occasion remark and enquiry as to what ailed him. We found him rather morose, and wholly uninclined to answer any questions in explanation of his

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symptoms; prescribing *Nux-vom.*, 3d, every half hour, we left him about 6 o'clock, P. M.

Nearly 8 o'clock the same evening, we found the patient upon the floor of his room, on his back, breathing heavily, swallowing with some difficulty, eyes closed, pulse full, about 120, and continued tetanic spasm of the muscles all over the body; we were informed by his friends that he had been growing worse and worse until just before we entered the room; he had experienced a terrible spasm of all his muscles, particularly those of his back and throat, which lasted nearly four minutes, at the expiration of which, "his life seemed almost spent;" this was the first of his very severe spasms. He soon gained strength enough to speak, and requesting all persons but ourselves to retire, he informed us that he had taken three grains of strychnine, about half-past five o'clock. He put this into about a third of a glass of water, and dissolving it, took it at a draught, then re-filling the glass, drank that also.

Upon learning this fact, we immediately put him upon the antidotes, and commenced taking down his symptoms and sensations from his own lips. He is lying upon his back, his legs stretched wide apart, toes bent upon the bottom of the feet, not at all drowsy, rather the opposite, mind active and anxious, intense thirst, dry mouth and tongue, burning heat and great fulness in head, throbbing pain in the head, less pain about the forehead than in any other part of his head; he is starting every fifteen or twenty seconds, as if he had felt an electric shock; the least noise, the slightest touch excites these starts or spasms; they all resemble each other, and only differ in degree of severity and time of continuance, the lightest lasting about ten seconds, and the most severe holding on for five minutes.

A description of one which occurred an hour after we arrived will give an idea of them all. He starts very suddenly, and immediately his legs are drawn asunder as far as possible; his body is curved upwards, so that his head and heels only touch the floor, a foot or more of

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space intervening between it and his back; the muscles of the arms and legs are rigid; those of respiration are frightfully affected, so that it is with great difficulty he breathes at all; his face becomes blue, then almost black; jaws tightly closed, and the stomach, partaking in the general contraction, forces up its contents, which stream in jets through his clenched teeth. At times his hands and arms are free from spasm, and in the more severe paroxysms he used his fingers to force open his teeth and mouth that he might vomit and breathe more freely. He calls upon us in every such spasm to press upon his abdomen, to keep his back down to the floor. The opisthotonos seems partially overcome by this action. His spasm has now held on more than three minutes, during which he has not breathed at all; he has lost all consciousness, and indeed exhibits all the appearance of a suffocated man; his tongue protrudes, his eyes stand out from their sockets, we can perceive no action of his pulse or heart, and yet the paroxysm holds on notwithstanding all we can do to overcome it. At last the muscles relax and the spasm gives way, he does not seem to breathe; presently reviving under some stimulants, he remarks, "I can't stand another like that."

He experienced one more spasm not quite as severe as this, but as I before mentioned, he was not without spasms more or less severe for any longer time than one minute during four hours. He can lie in no position but on his back; whenever he turns to one side, the opisthotonos is terrific, and compels him at once to turn on his back and call for pressure upon his abdomen. He says, "My spine feels stiff as if an iron rod was pushed from one end of it to the other; my neck feels very stiff; I have a very bitter taste in my mouth constantly; I have no burning in my stomach, there has been none; a hard pain all through my legs; no sensation of coldness anywhere, but a general heat all over the body; a great deal of pain up and down the spine." Every spasm seemed to him like an electric shock; the moving of a chair or any other noise, however

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trifling, gave rise to a spasm; he says it seems to him as if the noise itself was material, or that from the noise came something material down his spine; seems as if a stroke of lightning came to him from the place where the noise was produced.

The slightest touch even of a feather upon his toe gave rise to a hard spasm; when no motion or noise occurred in the room or in the house and nothing touched him, he seemed more quiet. He draws up his legs towards his body very slowly, they seem very heavy to him; pulse full, about 100; breathing natural between the spasms, great want of breath after the spasms, with sighing; a very hard steady ache across the instep of both feet; feet cold to the touch; mind harrassed with dread; he is afraid and sheds tears all the while; when asked why, replies, "I dont know." A dead numbness all through the limbs and body; complains of a heavy feeling in the stomach, a pressing down in the bowels.

12 o'clock at night. Feels nausea, a burning heat all over, with a hot sweat. During the more severe spasms, he felt as if dying from intense suffering all over the body, with heat and intense pain in the head; felt as if he "was passing into death;" he now has a dried up feeling all over the surface of his body; feels warmth in the bowels; has eructations of bitter wind before vomiting, bitter taste in the mouth; has copious eructations of tasteless wind. After the third severe paroxysm of convulsions, his spasms constantly grew lighter and less frequent, until 5 o'clock in the morning, when we find him vomiting occasionally spasmodically, attended with no nausea; has now slight twitchings of the muscles and twitchings of the skin in various parts of the body; he has considerable oppression of the chest; constriction when taking a long breath; can now bend his head and spine slowly; mouth still dry and thirsty; feels stiff all over; keeps his eyes always shut; has not slept at all; feels much better than he has felt any time since taking the poison; had no idea of suicide, or that such serious consequences

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would result from so little medicine. We began our treatment with camphor every fifteen minutes, but before the occurrence of the second severe spasm, we resorted to large doses of coffee every ten minutes, giving a tablespoonful at a dose, and continuing this until he obtained considerable relief; his own impressions were that this latter remedy saved his life.

We were fully persuaded that the convulsive force seemed to be augmented by any long continued quiet: he invariably had a harder spasm when from stillness of the room he had remained for a few minutes unaffected by spasm and resting; the force seemed to accumulate. Acting in accordance with this, we excited a spasm every few seconds by touching him, and in this manner wasted the force of the poison in lighter spasms, which were not so hard as to be of much danger to the patient, while we thus prevented the accumulation of force, which we deemed to be the cause of the three severe paroxysms.

ARTICLE XXXIII.—*Fragmentary Contributions to Materia Medica and Therapeutics.*

Nitrate of Potash in Gonorrhœa.

WE have received the following communication on the use of Nitrate of Potash in Gonorrhœa, from Dr. J. S. HENRY, of Montgomery, Ala.:

"Having amply tested this, by practice, as a remedy in the above disease, I deem it my duty to let it be known to my homœopathic brethren through your valuable journal, which I hope will ever be ready to publish truth, from whatever source it comes. As I am a subscriber to your work, I judge it has for its object the enlightenment of homœopathic physicians, on subjects relating to their profession; I therefore take the liberty of presenting for their consideration, Nitrate of Potash, as a specific in Gonorrhœa. Although not able to present any cases of provings on the healthy sys-

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tem, to justify me in bringing forward this as a specific in a disease most troublesome to homœopathic treatment, I hope I may be pardoned by my homœopathic friends for attempting to persuade them to test it in this disease, which we are often taunted by our allopathic foe to cure as speedily as they do. We are justified in judging, from the poisonous effects of nitrate of potash on the healthy system, that it has some homœopathic relation to that disease. It produces a copious secretion of urine, hot and scalding on making water, and it has a tendency to inflame the whole mucous surface of the body. I prescribe one grain three times a day, powdered, with a little *Saccharum lactis*, to make it pleasant to the taste. I sometimes give as high as ten grains, three times a day, and this has never failed to cure it in any stage, no matter how long it had stood, or how it had been treated. It will cure, when taken in the primary stage, in less than a week, and in less than three weeks, no matter how long the standing. More than a hundred cases can be produced in proof of this assertion. Let us not then discard this valuable remedy because we have not the provings of it on the healthy system. We should not by so doing follow in the footsteps of our illustrious teacher, since he was lead to the use of many remedies by their poisonous effects and clinical experience."

We have received from J. W. Crane, M. D., dentist, of this city, the following interesting cases. They serve in an eminent degree to illustrate the absolute necessity, in many instances, of regarding and removing the *causes* of disease, instead of confining our attention to manifest *symptoms* alone. In the cases under consideration, the symptoms were produced and kept up by mechanical causes—by the presence of foreign substances in the living tissues; and as the results proved that the respectable physicians who prescribed for them were at fault in their ideas respecting the true nature and causes of the maladies, it may not be amiss to

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record them for the benefit of the profession at large. It will be observed in several of the following cases, that most of the symptoms were remote from the real seat of the disorder, the latter being apparently unaffected.

"*Odontalgia.*—This disease gives rise to many sympathetic pains which are exceedingly various and important; and the attention of medical men, as well as of dentists, should be directed to their true source. It is no uncommon occurrence that remote parts apparently become the seat of pain, from the exposure of a nerve, or from deep-seated decay in the molares, as, for example, pain in the ear, and in the region of the parietal and temporal bones, under the orbital plate, down the side of the neck, over the shoulder, and along the whole length of the arm.

"The most frequent of these is *pain in the ear*, produced by exposure of the nerve of the inferior dens sapientiæ, although it is sometimes caused by the second molar. These symptoms have often been produced by the dens sapientiæ, when the tooth itself was free from pain, and supposed by the patient to be free from decay. In removing these teeth the most intense pain is sometimes felt in the ear, but generally instant relief is given to all the parts previously affected.

"*Treatment.*—The removal of the offending tooth or roots, and if the neuralgic pains persist after the operation, *Aconite* every two hours until the pains subside."

CASE I.

"Mrs. T., of Bleecker-street, had been in bad health about three years previous to my seeing her. She had consulted physicians of the first class, but all their remedies either failed, or produced only temporary relief. The following were her symptoms when I was consulted: severe cough, mucous expectoration, very offensive breath, spongy and inflamed gums, foul tongue, indigestion, and great general debility. Although her physicians had always given her case careful attention, the condition of the teeth escaped

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their notice. Her troubles continued until several ulcerated roots, which were buried under the diseased gums, were extracted, when she speedily recovered.

"The pathology of this case shows that all deleterious substances, whether in a solid, liquid, or gaseous form, should be entirely excluded from the *primæ viæ*, before we may expect any beneficial results from our remedies. The gas which is generated by diseased teeth is the sulphuretted hydrogen; it possesses the properties of an acid, unites readily with the saliva, and is thus conveyed to the stomach.

"Permit me to ask my brethren of the healing art, what benefit we may expect from remedies united with this gas? Will it not change them into another substance, and render them inert or injurious? Are not our homœopathic brethren deceived in the effects of their remedies by this cause? If there is any truth in the foregoing remarks, let the physician examine the teeth with as great care as he does the pulse and tongue."

CASE II.

"Miss C., of Hartford, Ct., having been under medical treatment for six months, without any benefit, became discouraged and melancholy, there being no reason to expect any permanent relief from further medication. Her symptoms at the time I saw her were, flatulence and distress at the stomach after eating, disgust of life, loss of appetite, cough, occasional pains in her face, little or no rest at night, inflammation of the gums, with fungous flesh covering the dead roots, and very offensive breath.

"After the removal of a number of diseased roots, she rapidly regained her health and spirits."

CASE III.

"Case of neuralgia on the right side of the face and head, cured by extracting a biscupid on the left.

"Oct. 11th. Dr. S., of this city, requested me to examine a superior molar tooth on the right side, which he supposed

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caused the following symptoms: throbbing frontal headache, which, about 12 o'clock on the night of the 10th, changed to a distinct neuralgic affection of the super-orbital nerve, characterized by continual throbbing, shooting pains, affecting the whole of the right side of the head, inflammation and tenderness of the eye to light and touch, also sensitiveness of the right side of the face, and some redness and swelling of the parts affected. Remedies were taken internally, and applied externally, until 5 P. M. of the 11th, without the least abatement of the symptoms.

"At the request of the doctor, I examined the tooth above mentioned, and pronounced it free from all participation in the above symptoms, but immediately called his attention to a bicuspid on the left side, which was nearly destroyed by decay. He assured me that there was no pain or tenderness in this tooth, but requested me to do as I pleased with it. Having seen many cases of a similar character entirely relieved by the removal of a tooth *remote* from the parts affected, I extracted it, and gave entire relief in about three hours.

"The tooth was dead for about one half its length, and the upper end showed the appearance of exostosis. I cannot say that this was the cause of his disease, but the removal of it was the cure."

CASE IV.

"Dr. P., of this city, consulted me after having suffered five days with neuralgic pains in the ear, and over the whole of one side of his head. *He had no pain in his teeth*, and he supposed that they were free from caries. I alluded to the sympathy which existed between the *dens sapientiæ* and the ear, and proposed to examine the tooth, but he assured me that it was sound, free from pain, and therefore could not be the cause of the agony he had suffered. He had existed on opium in different forms, and in large doses, but with only temporary relief.

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"I examined the tooth above-named, and found an external shell filled with internal decay.

"In about twenty minutes after its removal he declared that every pain had left him. I subsequently ascertained that the relief was permanent."

ARTICLE XXXIV.—*Symptomatology of Astacus fluviatilis, the common Crawfish. Prepared for the Journal de la Société Gallicane de Médecine Homœopathique, by* Dr. ROTH. *Translated for the North American Homœopathic Journal.*

ASTACUS FLUVIATILIS. CANCER ASTACUS. COMMON CRAWFISH. FRESH WATER LOBSTER.

A well-known crustacean which abounds in the streams and small rivers of Europe, living in holes in the banks.

Preparation.—The entire animal is reduced to a pulp in a mortar, and macerated in alcohol; the tincture is decanted and preserved for use.

Authorities.

1. Buchner, *Hom. Zeit.*, X, 62.
2. Ménage, *Gaz. Med. de Paris*, April 25, 1840.
3. M. L., *Hygea*, XVII, 7.
4. M. C., do, do, 10.
5. Kammerer, do, XV, 19.
6. Hagedorn, *Ephemer. natur. curios. Ann.*, 3, obs. 35, p. 99.
7. Petrus Rommelius, *Ephem. nat. cur. Ann.*, 4, obs. 25, p. 61.
8. Cloyd, *Lond. Med. Gaz.*, Jan. 7, 1833.

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SYMPTOMS.

The pathogenetic symptoms are printed in the ordinary Character; the toxicological in italics, and the curative are denoted by an asterisk. The figures refer to the authorities.

Headache.

Head very dull, anxiety in the chest and expectoration of abundant mucosity. 4.

Frontal region.

Embarrassment in the frontal region. 3.

The anterior portion of the head feels dull. 4.

Dulness of the sinciput, at noon. 3.

5. Pressure in the frontal region. 4.

Continued pressure in the forehead, frequent yawning and pressure in the stomach. 4.

Temporal region.

Pressure in the temples and sinciput (10 A.M.). 3.

Very violent lancinations in the temples. 1.

Occipital region.

The headache extends towards the occiput, and is especially perceptible in the right temporal region. 4.

Eyes.

10. The ocular conjunctiva injected and reddened. 3.

Pressure in the superior part of the globe of the right eye. 3.

Lachrymation. 1.

Troubled sight. 3.

Ears.

Sensation as though a foreign body were lodged in the meatus auditorius, occasioning slight deafness. 4.

15. Pressure in the ears from within outwards, for five minutes. 3.

Lancinations in the internal ear for six hours, changing into a dull pain. 3.

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Nose.

Rapid discharge of nasal mucus. 4.

Very great susceptibility of smell. 4.

Repeated sneezing, causing a very violent headache and great prostration of strength. 7.

20. *Epistaxis recurring every morning, for eight days.* 1.

Face.

Burning in the face. 3.

Increased heat and redness of the face during the whole afternoon with burning of the right cheek, heat and redness of the pinna, and drawing pain in the left thumb. 3.

Teeth.

Slight drawing in the teeth at noon, soon followed by lancinations in the right ear. 3.

Dull pain in a carious tooth, in the afternoon. 4.

Tongue and Taste.

25. Pressive pain on the tongue. 4.

Transitory, sharpish taste in the mouth, after coughing. 3.

Appetite.

Diminished appetite. 4.

Less appetite than usual. 4.

Pharynx and Œsophagus.

Roughness in the pharynx obliging him to hawk and spit. 3.

30. Scraping in the throat and titillation in the larynx the whole day, causing a cough. 3.

Pressive pain in the œsophagus and epigastric region. 4.

Stomach.

Nausea. 4.

Eructations and increased feeling of general heat. 4.

Sour vomiting after smoking (5 P.M.). 3.

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35. Oppression in the deep epigastric region, extending into the inferior thoracic region. 3.

Burning in the præcordia, accompanied by pressing in the rectum. 4.

Insipid stomach with sensible pressing. 4.

Abdomen.

In general. Abdomen fatigued and a little inflated. 4.

Abdomen painful the whole afternoon. 3.

40. Colic before and after stool. 3.

Sensation in the abdomen as if colic were about to set in, followed by gripings in the left hypogastrium. 3.

Colic in the abdomen, followed by an insufficient stool. 3.

Colic at noon; desire to go to stool, and general weakness during motion; these symptoms diminish when seated, and reappear when walking. 4.

Umbilicus. Colic in the umbilical region for four hours, with inflation of the abdomen which forces him to loosen his pantaloons. 1.

45. Umbilical colic, a quarter of an hour after dinner, forcing him to bend double, followed by a soft stool of a deep brown. 3.

Umbilical colic (10 A.M.). 4.

Hypochondria. Pain in the region of the duodenum on external pressure. 8.

Very violent pain in the region of the duodenum. 8.

The hepatic region is painful to the touch. 3.

50. *Hepatitis followed by jaundice.* 8.

Sensation of uneasiness in the splenic region. 3.

Pressing in the splenic region. 3.

Hypogastrium. Gripings in the left hypogastrium. 3.

Griping in the left hypogastrium, with great general weariness (8 P.M.). 3.

55. Pressure and sensation of weight in the vesical region. 3.

Pricking in the left ilium. 3.

Flatulence and necessity to go to stool. 4.

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Stool.

Two stools the same day. 3.
Pappy stool (5 A. M.). 3.
60. After dinner, stool with a little mucus, followed by scraping in the rectum. 3.
Scanty stool, in small pieces, with much effort. 3.
Stool at first firm, yellowish, afterwards pappy, very fetid, and relieving the colic. 4.
Alvine evacuations of the color of pipe clay. 8.

Urine.

Emission of a great quantity of straw yellow acid urine. 4.
65. Deep yellow urine, depositing a sediment. 4.
Urine containing much albumen. 4.
Clear yellow urine, acid, containing light flocks. 4.
Drawing in the right ureter. 3.

Larynx and Cough.

Tickling in the larynx, provoking a dry cough. 3.
70. Frequent cough in the afternoon, fatiguing the chest, with expectoration of white frothy mucus. 3.
Tickling in the vocal chords and lower down in the larynx, causing cough. 3.
The cough ceases when walking in the open air, but it returns when seated. 3.
Much morning cough without expectoration, especially at 11 o'clock. 3.

Thorax and Respiration.

Pressure on the sternum on awaking. 4.
75. Slight pricking beneath the left nipple. 4.
Difficult respiration. 3.
Respiration more embarrassed. 3.
Oppression of the chest. 3.

Expectoration.

Expectoration of yellowish mucus. 3.

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80. Congestion of the chest with embarrassed respiration and hæmoptysis. 4.

Neck.

Red blotches appear in the region of the neck. 1.
Itching on the nape with heat and redness of the face. 3.
Very violent itching on the nape. 1.

Back.

Twitchings in the renal region, on the right. 3.
85. Sudden tearing in the right renal region when seated. 3

Upper extremities.

Pressure and tension in the scapulo-humeral articulations and deltoid muscles. 4.
Feeling of lightness in the arms with formication and sensation of trembling in the hands. 3.
Sensation of trembling in the arms, in holding oneself up by them. 3.
Shuddering and weakness in the arms. 3.
90. Pressure and weight in the bend of the elbows. 4.
Drawing shocks in the left forearm. 3.
Trembling of the left hand while holding a book. 3.
Transitory tearing and lancination in the middle of the thumb in the morning on waking. 3.

Lower extremities.

Burning in the anterior part of the thigh at 10 A. M., as though produced by an acid caustic; he carries his hand to the place in a fright, to ascertain the cause of the sensation. 3.
95. Slight tension in the legs from the knee to the feet. 4.

Sleep.

Sleep interrupted by dreams. 4.
Agitated, interrupted sleep, full of lascivious dreams, with rise of temperature. 3.

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He wakes at an earlier hour than ordinary. 3.

He wakes in the night bathed in perspiration, with accumulation of mucus in the larynx and trachea, which he cannot detach. 4.

Skin.

100. *Itching and redness of the skin.* 1.

Nettle rash in great blotches all over the body. 1.

Urticarious fever, headache, pressure on the eyes, dilated pupils, heat, redness and swelling of the face, febrile pulse, slight perspiration during the night, and in the morning, epistaxis. 1.

Red, itching urticaria over the whole body. 2.

Nausea, inflation of the chest and head, and eruption of red and serous spots. 6.

105. *Violent access of urticaria.* 8.

Temperature.

Cold over the whole body, but especially under the axillæ. 4.

Shivering of the upper extremities (6 P. M.). 3.

Chill running over the body several times. 3.

General increase of heat, and slight stupor in the evening. 4.

110. *Increased general heat.* 3.

Pulse and Fever.

Pulse 50. 4.

Pulse 80. 4.

Chills, embarrassment of the head, face red and swollen, eyelids swollen, great prostration of strength and slight delirium. 2.

* In all febrile affections in which the predominant symptom is: internal coldness, great susceptibility to the air, increased by being uncovered, *Canc-fluv.*, 18, administered every two to four hours, is more rapid, efficacious, and reliable than *Acon.* (5.)

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General.

115. Pains resembling rheumatism in different parts of the body, sometimes in the right clavicle, at others in the left arm. 3.

REMARKS.

The Crawfish formerly enjoyed a great reputation among the physicians of ancient times. Under the common name of *Cancer*, however, they included many crustacea. The works of *Poterus*, *Faber*, *Quercitanus*, *Rivinus*, etc., furnish a great number of cases in which this remedy was successfully employed. *Ettmuller** has given a summary of the results of the attempts to investigate the curative virtues of the Crawfish before his time, but it is of little value, for in most of the cases, *opium*, *aristolochia*, etc., were administered at the same time. *Rivinus*† recommends the juice of the lobster against melancholy. *Schulzius*‡ against scorbutic affections.

ARTICLE XXXV.—*Cases of Inflammation.* *By* Dr. WILHELM HUBER. *Translated from the Oesterreichische Zeitschrift für Homöopathie.* Band. 4, s. 429.

1. *Tonsilitis.*

Josepha Hubinger, 19 years old, blond, of a sanguineous temperament, slender frame, and menstruating regularly, had in early life a bilious fever. On the 12th of January, 1846, as a consequence of cold caught in church, she had a violent chill for two hours in the evening, followed by general heat, headache, violent thirst and *pain in the throat*, debility and weariness of the whole body, so that she was obliged to go to bed. On the next morning she presented the fol-

* *Schroederi dilucidati Zoologia. Class III. de Pisc. LXXV., Cancer.*
† *Diss. med.*, 142.
‡ *Diss. de viper usu med.*, § 38.

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lowing symptoms: pressive, sticking headache in the forehead, weight and dulness of the whole head, *photophobia*, tongue with a slight white coating, foul, clammy taste, great thirst, anorexia; some disturbance at the stomach, amounting at times to nausea, inclining her to vomit. *Swallowing very painful, with sticking pains in the throat, constant necessity of swallowing saliva, tonsils deep red and much swollen*, especially on the right side, *great feeling of dryness in the throat and hard palate*, abdomen and stool normal, urine scanty, deep red, without sediment; chest normal; skin dry, hot, pulse feverish, accelerated, 100 and hard; great weariness, restless sleep, anxiety.

Treatment.—Bell. 3, a drop in a tablespoonful of water every three hours.

Jan. 13th, evening. Aggravation of the fever and whole state, sleepless night.

14th. Not the slightest trace of the fever, nor of the accompanying ailments. Appetite returned; no further treatment; the slight debility that remained disappeared in two days.

2. *Bronchitis.*

Rosina König, 26 years old, an unmarried girl of a sanguineous temperament, moderately robust, has menstruated regularly, and never been sick. On the 15th Feb., 1846, in consequence of a cold caught while at work, she had coldness for several hours, with succeeding heat, headache, thirst and anorexia; then, shaking *dry cough*, with soreness in the superior sternal region; the cough becomes at times convulsive, so as to excite vomiting; weariness and debility of the whole body, driving her to bed. Several allopathic remedies were administered without avail, and the cough increased up to the 28th Feb., and there were frequent indications of blood in the expectoration.

Feb. 28th. Tearing headache in the forehead; great *turgor* and *redness* of the face, with *burning heat of the head;* dry, obstructed nose; tongue coated yellowish white, great thirst,

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clammy taste, no appetite, abdomen normal, bowels sluggish, *urine fiery-red*, *burning*, scanty; *violent cough*, especially at night, with expectoration of a thin, glairy mucus, containing blackish brown clots of blood. Inspection and percussion of the thorax showed nothing abnormal; auscultation developed *sharp*, *vesicular respiration*, and here and there consonant râles, especially in the right lobe; heart normal; respiration a little oppressed, slight oppression of the chest; *skin very dry*, its *temperature much increased; pulse febrile*, *accelerated*, 80, *full and very hard.* The headache, general heat, and cough are *aggravated towards evening.* Sleeps little and very restlessly; weakness and *anxiety.*

Treatment.—Acon. 3, a drop in a tablespoonful of water every three hours.

March 1st. No change. The fever moderated remarkably from the 2d to the 4th; pulse 70, thirst and heat of the head much diminished, cough less violent, still very dry, but bloodless. The febrile symptoms are aggravated only for a few hours before midnight, but to a much less degree, she asserts, than before. In the evening, from the 4th to the 5th, after a slight exacerbation, a general and copious perspiration set in, during which the patient slept almost all night, and awoke with a remarkable amelioration of her condition.

March 5th, morning. No headache, tongue coated with mucus, some appetite, no thirst, normal stool, copious muddy urine, with lateritious sediment; moderate cough, with slight, mature, mucous expectoration, without blood; loud rattling in the bronchia of the right lung, skin universally moist, perspiring, of a gentle warmth, pulse 65, soft and undulating.

March 6th. *Fever has entirely disappeared.* On account of the *slimy taste*, and the *much increased expectoration*, I substituted *Dulc.* 2, in place of the *Acon.*, to be taken in the same way. At the end of five days, the slimy taste, the mucous râles, the cough and the expectoration were gone, and the patient restored to her usual health.

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3. *Pneumonia.*

Karl Reittinger, 17 years old, unmarried, moderately robust, of a sanguineous temperament, had been well from his youth, except an eruption on his head. On the 1st March, 1846, without apparent cause, he had headache, vertigo, nausea and vomiting of what he had eaten; then a violent chill, lasting two hours, with subsequent heat, thirst, difficulty of breathing, weakness and general lassitude. After a sleepless night, he had on the following day, continual heat of the body, *cough, with bloody expectoration*, vomiting several times, of a bitter bilious fluid, without relief.

March 3d. Vertigo; *heat, redness and bloating of the face;* tongue coated white, bitter taste, *great thirst*, no appetite, painful sensibility of the scrobiculus to pressure, abdomen normal, no stool since yesterday; *urine red*, scanty; *frequent cough, with some expectoration* of a tough, transparent, greenish mucus, interspersed *with bloody and rusty spots; feeling of weight in the chest, with short, anxious breathing.* Dulness behind, under the left shoulder blade. Loud broncophony in this situation, and bronchial respiration with mucous râle. Heart-sounds normal; *skin dry, hot, burning; pulse accelerated*, 95, *hard;* sleep restless; great debility; *anxiety.* The aggravations of the fever take place in the morning and evening, but are not considerable.

Treatment.—Acon. 1, a drop in water every three hours. No change in the afternoon; in the evening, no aggravation of the fever, but more quiet sleep and profuse general sweat.

March 4th, morning. Great amendment; head free, eruption of *Hydroa febrilis* on the upper lip, no thirst, skin moist, temperature moderately elevated, no longer burning; pulse soft, 65, respiration easier; cough, expectoration, and physical signs the same. After a slight transitory aggravation of the fever in the evening, quiet sleep and perspiration all night.

March 5th, morning. Fever gone, head easy, no more heat, tongue cleansing, taste better, no more thirst, some

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appetite, sensitiveness in scrobiculus entirely gone, bowels regular, urine cloudy and in considerable quantity, with light, pinkish deposit; no more oppression of the chest; frequent, not straining cough, with expectoration of copious mucus, drawing out into long threads; loud rhoncus in the left chest; temperature of skin and pulse perfectly normal. No further treatment. From the 5th to the 7th of March, the lungs freed themselves entirely by the expectoration from the collected matters; the cough and physical signs gradually diminished, so that on the 8th of March, pure vesicular respiration was heard over the whole chest. His strength was so little exhausted, that on the 9th he resumed his ordinary business without injury.

4. *Pleuritis.*

Maria Hager, 20 years old, single, of sanguineous temperament and moderately robust, has menstruated regularly. When 16 years old she was chlorotic; since then has been healthy. Her present illness began on the 2d Jan., 1846, with a diarrhœa which has continued ever since. On the 10th, she was seized with a violent chill followed by heat, thirst, headache and sticking in the left side of the chest, oppressed respiration, great depression and debility. The disease was only aggravated by a six days' allopathic treatment of bleedings, sinapisms and mixtures, and on the 17th, she presented the following symptoms: pressive headache with vertigo, red, turgescent face, eyes bright with feeling of heat in them; the albuginea yellowish, tongue moist with a yellow fur, bitter taste, no appetite, very pressing thirst, occasionally loathing and vomiting of a bilious fluid; the abdomen tympanitic, painless, the spleen evidently enlarged; five diarrhœic discharges of a green serous fluid since yesterday, unaccompanied by pain. Urine scanty, burning, *fiery red.* Cough with expectoration of a *tough, slimy mass, with numerous rusty blood streaks; dreadful weight on the chest* as from a heavy load; respiration highly oppressed, short and anxious; she can only lie on her back. *Distress-*

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ing sticking in the left side of the chest, especially on moving. On inspection, the left lower half of the chest is found largely dilated, the intercostal spaces being strongly protruded; percussion is perfectly dull on the lateral and posterior portions of the inferior half of the left chest, and auscultation develops absence of the respiratory murmur in that region, bronchial respiration, rattling and broncophony a little higher up. The heart normal, except that it is pushed over to the median line. *The skin is burning hot and dry, the pulse febrile and accelerated*, 90, *full and hard.* Sleep in the highest degree restless, great debility, *anxiety.* For three days she has had her menses which ceased to day.

Treatment.—Acon. 1, a drop in water every three hours.

Jan. 17th, 18th. Brought no change in her condition, except a nightly exacerbation. On the morning of the 19th the violence of the fever was broken and a remarkable amelioration followed; no further vertigo nor headache; tongue somewhat cleaner, bitter taste, a little thirst, no appetite; inflation of the abdomen not increased; diarrhœa continues (four evacuations since yesterday); no change in urine; cough less frequent, expectoration easier and more copious, without a trace of blood, less oppression of the breathing, the sticking less violent but reaches towards the middle of the sternum. The effusion seems rather increased than diminished; physical signs the same; skin moist and in a general perspiration, no longer burning. Pulse 70. In the afternoon, continuance of the amendment, and gentle sleep at night with profuse perspiration.

Jan. 20th. Same as yesterday. Stop the *Acon.* and give *Bry.* 2, a drop in water every three hours. From the 21st to the 23d, the fever continued to moderate, the thirst disappeared, the diarrhœa appeared only once a day, copious opaque urine depositing a whitish sediment; cough not violent, with copious, plastic expectoration, and only occasional indications of blood. The *oppression of the chest, difficulty of respiration, and stitches in the side no longer present even on moving.* The skin continues in a perspiration, of a pleasant

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temperature; pulse soft, 65; sleep quiet, mind peaceful; the feeling of weakness continues. Auscultatory signs the same, except that the mucous rattle is considerably increased, the effusion seems to have diminished. This state of things continued from the 24th to the 26th. She had gained some appetite, the bitter taste and the diarrhœa had disappeared; sputa copious, without blood; urine clearer and more copious; the heart is returning to its proper position; weak, bronchial respiration, and much rattling. The amendment continued to progress from the 27th to the 29th, and she was entirely free from fever. Her strength is daily increasing; the sputa diminish; the rattling is gone; the breathing is no longer bronchial, but clear and vesicular with fine crepitation; the resonance is only a little dull on the back, at the lowest part of the chest.

Feb. 1st. Cough and expectoration gone; heart in its normal site; none but normal physical signs; intercostal spaces not prominent; appetite and sleep excellent, and strength so far restored that no further treatment was necessary.

5. *Carditis.*

Franz Rad, 19 years old, a weaver, of sanguineous temperament, not robust in body, has been always well since his youth. Three weeks ago, without obvious cause, he was attacked with coldness, followed by heat, violent sticking in the right side of the chest, and strong palpitation with difficulty of breathing. He thinks his illness must be ascribed to overworking. In the succeeding weeks the stitches in the side somewhat diminished, but the difficulty in the respiration and the palpitation increased to such a degree, that he was wholly unable to pursue his occupation; he had besides frequent cough with expectoration, which, however, disappeared a few days since. On the 21st Feb., 1846, he presented the following case:

Head unaffected, yesterday evening nose bled from the right nostril, tongue clean, great thirst, taste and appetite normal, scrobiculus and hepatic region somewhat sensitive

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to pressure, stool and urine normal, no cough, pressive weight on the chest, oppressed respiration, sticking pains in the right side of the chest only when lying on that side, *continual palpitation with anxiety, weight in the cardiac region* compelling him to sigh frequently. The lungs present no abnormal physical signs; the dull resonance of the heart extends on one side to the middle of the sternum and on the other over the greater part of the left side, as the normal position of the heart requires. *The impulse of the heart is exceedingly strong*, communicating itself to the ear; over the left heart the normal sounds are replaced by a *blowing, sawing murmur*, both during the contraction and expansion. This is particularly intense during the diastole, over the aortic valves, whence it extends, though with diminishing intensity, to the arch. The second sound of the pulmonary artery strongly pronounced; *skin dry, hot, pulse very fast*, 100, *full, strong*, whirring under the finger. Sleep restless, with frequent crying out; *exceedingly anxious and fearful mood.*

Treatment.—Acon. 1, a drop in water every two hours.

During the night of 21st of February, he slept quietly for the first time for a long while On the morning of the 22d, the impulse of the heart is remarkably diminished; its motion is no longer communicated to the ear. In the afternoon, epistaxis; physical signs the same, slept quietly at night. 23d, The same, with quiet sleep at night and profuse general perspiration. 24th, The palpitation is much reduced; the respiration very much easier; quiet state of mind; the heart beats with the pulse; he slept well and sweated profusely. 26th, The same. 27th, The patient complains of nothing; the oppression, palpitation, and pulse are tranquil. The aortic murmur is gone; there is still a blowing sound during the systole, over the bicuspid valve in the left heart, but much less intense than before; skin normal; functions natural. Same treatment.

March 2d. The heart continues quiet; the blowing sound in the bicuspid valve has entirely disappeared; both sounds

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of the heart clearly distinguishable in the left ventricle; the valves apparently close accurately; the patient is hungry: same treatment. 3d, Percussion normal; no further medicine. From the 4th to the 7th, the patient so far recovered his strength as to resume his occupation.

6. *Peritonitis.*

Susannah Mayer, 30 years old, single, of sanguineous temperament, not robust in build, regularly menstruating, had chlorosis when 23, but has been well ever since. Her present illness began on the 12th March, 1846, without any known cause, with coldness, succeeded by heat, thirst, headache, anexoria, vomiturition, diarrhœa, and slight colic. Thinking it was, perhaps, owing to some indigestible substance in her stomach, she bought of an apothecary a "*wind and bile powder*" (!) and took it (Jalap and Crem. Tart.). The colics now began to increase in severity and duration, and the abdomen became so sensitive that she could not bear the slightest pressure on it; she had several discharges, with horrible pains, succeeded by obstinate constipation and frequent vomiting. Various allopathic remedies were employed to no purpose, the malady steadily progressing. On the 20th March, her condition was as follows: Pale countenance, indicating dread and anxiety, sticking headache in the forehead, with heat; tongue moist, coated whitish yellow, bitter taste, immoderate thirst, no appetite, frequent eructations and inclination to vomit, with vomiting of a greenish fluid, especially after eating or drinking; abdomen tympanitic, and *unspeakably tender to the slightest touch over its whole surface; sticking, cutting pains in the bowels, without interruption, most violent at night;* obstinate constipation for several days, *urine scanty, very hot and red.* Respiratory apparatus and heart normal. Skin perspiring, *very hot;* feet cold, *pulse accelerated*, 100, small, compressed and hard. Great general debility and sleeplessness.

Treatment.—Acon. 1, a drop in water every two hours.

During the night from the 20th to 21st, severe aggravation

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of the pains in the abdomen; she shrieked (as she had done the preceding nights) almost all night long, and vomited a great quantity of green very bitter bile. The pains were most unbearable in the umbilical region, and extended from there over the whole abdomen to the back and sacral region. No evacuation, in spite of the administration of an enema of water with oil. Warm poultices increased the pains, and cold ones produced a very trifling amelioration.

21st. The vomiting and anxiety have diminished, and the pains seem to be lighter; otherwise as before. Aggravation at night, but slighter, and without vomiting.

22d. The patient is somewhat better; the abdominal pains are moderated, increased by touching her, the meteorism less; she has had an evacuation of a little dark green fæces, in hard lumps; urine scanty and fiery, skin dry, but little elevated in temperature; pulse 90. This condition continued until 6 P. M.; from that time the pains gradually lessened, and the patient fell into a gentle, refreshing sleep, with a general, breathing perspiration, which lasted all night.

23d. She awoke this morning free from pain; forehead still somewhat sensitive, eye bright, tongue with a yellow fur, no appetite nor thirst, bitter taste, no inclination to vomit; abdomen soft and entirely destitute of pain; no evacuation; urine scanty and muddy; skin in a profuse sweat, of a pleasant, moderately elevated temperature, pulse 70, full, soft, undulating; mind clear; slept quietly, and free from pain all night.

24th. The feverish acceleration of the pulse is entirely gone; it is normal; she has some appetite; otherwise as yesterday.

25th. The only remains of the disease are, *bitter taste, empty eructations and costiveness.* At 8 P. M., she had *a pretty severe attack of colic;* a cutting pain in *the small intestines, becoming periodically very violent,* so that she was obliged to writhe about like a worm; accompanied by thirst, bitter taste and vomiturition.

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26th. *Treatment.—Coloc.* 4, a drop in water every three hours. In the afternoon, *frequent slight paroxysms and colic;* in the evening and during the whole night, aggravation of the colicky paroxysms, though they were now alternated with *drawing tearing pains in the right hip and thigh, with paralytic stiffness and weakness of the thigh.* The pains were *ameliorated by warm applications.*

27th. The abdominal pains have entirely ceased, except in the posterior iliac region, where they continue to recur periodically, and pretty severe. The first circumstance induced me to continue the colocynth, though other features of the case would have seemed rather to indicate an allied remedy. This choice, however, seems justified by the result, for up to the 1st of April, she had no return either of colic or pains in the hip. On that day she was seized with *inexpressible abdominal anguish.* The pains were *periodical*, violently *cutting*, forcing her to double up; they extended from the scrobiculus to below the navel, and *were occasionally so violent that she thought she could not endure them;* she sat up in bed, then lay down again and threw herself from side to side; *the pains were lessened by warm applications.* She had bitter taste, empty eructations and vomiturition; *pressure in the stomach, as if from a heavy stone*, impeding respiration; the abdomen inflated with flatulence, constipation, urine clear, wine-yellow, skin perspiring, temperature normal, pulse tense, not febrile; fretfulness from anticipating a return of the disease, and from the inefficacy of the treatment. I substituted *Cham.* 2, a drop in water every hour. The pains disappeared *wholly* in five hours; she fell into a tranquil sleep, from which she awoke on the 2d of April, bright and free from pain. *The pains returned no more*, all the other troubles disappeared, the bowels acted regularly every day, the bitter taste was lost, and she had a good appetite and sleep. On the 11th she was dismissed, cured.

7. *Psoitis.*

Anna Schwandtner, 43 years old, single, bilious tempera-

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ment, spare habit of body, regularly menstruating since she was sixteen, and always well. On the 4th of Jan., 1846, in consequence of standing in a draught of air when perspiring after exertion, she suddenly experienced *violent sticking pains in the deep lumbar region of the right side*, extending into the groin and thigh of that side, *and preventing free motion.* On the following day she had also coldness of an hour's duration, followed by *heat, thirst, and general debility.* On the 9th, her condition was as follows: pressive headache and dulness as if after too long sleep, clammy taste, tongue coated white, violent thirst, *frequent empty eructations*, little appetite, *stool rather hard;* urine reddened, with lateritious sediment; slight, dry cough; thoracic viscera normal. On pressing and moving the body, *violent sticking pains darting* like lightning *from the left lumbar region*, and extending to the inguinal region and anterior crural surface of the same side; *voluntary lifting or rotating the thigh outwards was impossible, by reason of the excruciating pain;* skin moist, elevated in temperature, *pulse accelerated*, 90; sleep restless on *account of the evening and nocturnal exacerbation of the fever and quarrelsome dreams.*

Treatment.—Bry. 3, a drop in water every three hours.

On the afternoon of the 9th, no change; during the nocturnal aggravation of the fever, she had in addition, drawing tearing pains, sometimes in the limbs, at others in the right shoulder.

On the morning of the 10th, *the fever and crural pains were entirely gone;* she could move the affected limb freely without the least inconvenience; she still, however, perceived a slight pain on strong pressure in the right meso-colic and inguinal region; there was no other morbid symptom. Sleep tranquil.

11th. The pain on pressure has disappeared; she has a good appetite, regular stools, and has left her bed. She had no more medicine, and when I saw her last, on the 24th of Jan., had had no relapse, and enjoyed most excellent health.

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8. *Coxalgia.*

Maria Toninger, 8 years old, of scrophulous constitution, with an old-looking, thin visage, had had scaldhead when young, and afterwards smallpox and croup; she has had epidemic hooping-cough for three weeks past. A few days since she caught cold, and experienced a *violent pain in the left hip-joint;* afterwards, *coldness, heat, thirst, headache, depression and general debility* which sent her to bed.

On the 14th March, 1846, she presented the following state: *pressive headache, great heat in the head, redness and turgescence of the face,* photophobia, tongue clean, no appetite, *great thirst,* abdomen normal, bowels sluggish, *urine scanty, fiery;* cough periodical, exceedingly violent, convulsive, depriving her of breath, with lachrymation, blue face, and ending with vomiting of tough mucus. Percussion indicated nothing abnormal; auscultation showed hard, vesicular respiration all over the chest, and whistling in the left lobe; heart normal. *The whole circumference of the left hip as far as the inguinal region very much swollen, hot and exceedingly sensitive to the touch;* active motion is impossible, and passive, only at the expense of the most violent pains; the painful leg is separated from the other, and they seem of an unequal length in consequence of the forced position of the pelvis. *Skin dry, burning hot, pulse extraordinarily accelerated,* 130; great debility; sleeplessness.

Treatment.—Acon 2, a drop in water every three hours.

14th. No change in the afternoon; the night sleepless.

15th. In the morning, *a remarkable diminution of the fever,* pulse 90; head free, no thirst, copious and muddy urine; no alteration in the hooping-cough; skin covered with a general perspiration, its temperature but little elevated, *the pain in the hip very much ameliorated,* but the swelling, position and difficulty in moving, as before. Afternoon: the fever continues, but is very much moderated; tranquil sleep, and general perspiration during the night.

16th. *The fever is entirely gone; no more pain in the hip-*

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joint; the swelling of the soft parts reduced more than half; she can stand up, and motion is no longer painful; the cough remains as before; she has an appetite; her sleep was disturbed by frequent fits of coughing.

17th. *There are no traces of fever, swelling or pain;* the fits of hooping-cough remain unaltered, and come on ten or twelve times a day, and as often at night.

I discontinued the *Acon.* and gave *Bell.* 6, a drop in water every three hours. Under the use of the Belladonna, the hooping-cough diminished from this time until the 26th, so that on the 23d, nothing remained but a slight, loose cough with expectoration of a thick mucus, which, on laying aside the *belladonna* and substituting its relative, *dulcamara* (2, a drop every three hours), was entirely removed in five days.

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Collectanea.

MATERIA MEDICA.

1. *Agave Americana or Maguey.*—[Dr. Perin, U. S. A., stationed at Fort McIntosh, in Texas, having many cases of scurvy to treat, and finding the usual allopathic routine ineffectual, was led to make inquiry as to the domestic remedies in use among the natives. Among others, his attention was called to the *Agave Americana* or *American Aloe*, and he reports to the Surgeon General the following cases in which it was the drug relied on. We extract from the *N. Y. Jour. Med.*:]

Private Turby, of Company "G," 1st U. S. Infantry, was admitted into hospital March 25th, in the following state: Countenance pale and dejected; gums swollen, and bleeding; left leg, from ankle joint to groin, covered with dark purple blotches; leg swollen, painful, and of stony hardness; pulse small, feeble; appetite poor; bowels constipated.

He was placed upon lime juice, diluted and sweetened, so as to make an agreeable drink, in as large quantities as his stomach would bear; diet generous as could be procured, consisting of fresh meat, milk, eggs, &c.; vegetables could not be procured.

April 11th. His condition was but slightly improved; he was then placed upon the expressed juice of the maguey, in doses of f. ʒij. three times daily; same diet continued.

April 17th. Countenance no longer dejected, but bright and cheerful; purple spots almost entirely disappeared; arose from his bed and walked across the hospital unassisted; medicine continued.

May 4th. So much improved as to be able to return to his company quarters, where he is accordingly sent; medicine continued.

May 7th. Almost entirely well; continue medicine.

Private Hood, "G" Company, 1st U. S. Infantry, was admitted into hospital April 10th. His general condition did not differ much from Private Turby's. He had been on the sick report for eight days; had been taking citric acid drinks, but grew gradually worse up to the time of his admission, when he was placed upon lime-juice until the 13th, at which time no perceptible change had taken place. On that date he commenced the use of the expressed juice of the maguey; same diet as the case above described.

April 21st. General state so much improved, that he was sent to his company quarters.

May 22d. Well; returned to duty.

Eleven cases, all milder in form than the two just related, were continued upon the lime-juice; diet the same. On the 21st April they exhibited evidences of improvement, but it was nothing when compared with the cases under the use of the maguey.

Seven cases were under treatment during the same time, making use of citric acid. On the 21st April, no one had improved, and three were growing worse.

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At this time so convinced was I of the great superiority of the maguey over either of the other remedies employed, that I determined to place all the patients upon that medicine. The result has proved exceedingly gratifying; every case has improved rapidly from that date. The countenance, so universally dejected and despairing in the patients affected with scurvy, is brightened up by contentment and hope in two days from the time of its introduction; the most marked evidences of improvement were observable at every successive visit. From observing the effects of the maguey in the cases which have occurred in this command, I am compelled to place it far above that remedy which, till now, has stood above every other—the lime-juice.

This no doubt will appear strong language, but further experience will verify it.

The juice of the maguey contains a large amount of vegetable and saccharine matter, and of itself is sufficiently nutritious to sustain a patient for days.

This succulent plant grows indigenous in most parts of the State, and, if I am correctly informed, in New Mexico and California. In Mexico it is well known as the plant from which they manufacture their favorite drink, the "Pulque," and grows in great abundance. As it delights in a dry sandy soil, it can be cultivated where nothing but the cactus will grow; for this reason, it will be found invaluable to the army at many of the western posts, where vegetables cannot be procured.

The manner in which it is used is as follows, viz.:—The leaves are cut off close to the root, they are placed in hot ashes until thoroughly cooked, when they are removed, and the juice expressed from them. The expressed juice is then strained, and may be used thus, or may be sweetened. It may be given in doses of f. ʒij. to f. ʒiij. three times daily.

It is not disagreeable to take, and in every instance it has proved to agree well with the stomach and bowels.

After the leaves have been cooked, the cortical portion near the root may be removed, and the white internal portion may be eaten; it appears to be a wholesome and nutritious food. I have seen muleteers use it in this way, and they seem to be very fond of it. I have been informed, upon good authority, that several tribes of Indians in New Mexico make use of it in the same manner. The use of the leaf in this way, I believe, will ward off most effectually incipient scorbutus.

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2. *Digitaline.*—Messrs. Rayer, Soubeiran, and Bouillaud, of the French Academy, have lately made a report upon the experiments of MM. Homolle and Quevenne, undertaken for the purpose of investigating the properties of the active principle of the *Digitalis*. We present such of their results as are interesting in a homœopathic point of view:

Chemical Properties.—The crude digitaline is obtained from the alcoholic extract by a tedious process, principally by the agency of tannic acid. The leaves are said to yield about one per cent. of crude digitaline.

To purify crude digitaline, our authors treat it by ether slightly alcholised (density .780), which separates the digitaline. But this liquor dissolves also the *digitalose*, and leaves the *digitalatine*. To separate the former from digitaline, the solution is submitted to evaporation, and the residue treated by alcohol at 60 degrees, which dissolves digitaline, and eliminates digitalose. Evaporated by a mild heat, this solution in weak alcohol finally gives digitaline *pure*, or at least retaining but very little of the two substances just

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mentioned, which cannot be completely isolated, so great, say MM. Homolle and Quevenne, is the *obstinacy* with which digitaline retains the last traces of these principles. These able experimenters have in vain made numerous attempts to crystallise digitaline thus obtained in a purer state than that described anteriorly by one of them.

This purification produced, digitaline appears under the form of scaly striæ or masses (according to the quantity of this substance) of a straw yellow, or resinoid aspect, more or less transparent, broken up with ease, and forming then a pale yellowish powder. Once isolated, digitaline is unalterable in the air, it gives out a slight aromatic odor *sui generis*, and has a very marked bitter taste.

Digitaline is dissolved in small quantity in the serum of the blood, without producing in it any apparent change. The proportion dissolved appears to be the same as in water. It is also dissolved in the filtered gastric juice. (If an attempt is made to dissolve digitalis in the crude gastric broth or chyme, it is absorbed by the alimentary matters, and its bitter taste disappears, as is the case when animal carbon is thrown into its aqueous solution.)

Digitaline exerts no action upon either of the test papers. It is dissolved in a small quantity of water, and, so to speak, in all proportions in feeble or concentrated alcohol.

The characteristic and distinctive property of digitaline is that of producing an emerald green color with concentrated hydrochloric acid, and forming a muddy solution.

Digitaline belongs, as has been said above, to the class of immediate neutral principles. It combines neither with acids (tannin excepted) nor with alkalies.

Pathogenetic Properties.—Let no one say that the announcement by Hahnemann of the true method of ascertaining the curative virtue of drugs has been fruitless, even to those who pretend to be most deaf to it, for we rejoice to find that MM. Homolle and Quevenne have availed themselves, however rudely, of this mode in the present instance, and the habit is growing upon our opponents with a happy vigor. If they will continue in this path, we shall still have hopes of them.

One of the authors made a trial of digitalis upon himself, with a truly exemplary precision (for an allopath), and repeated it seven times, leaving sufficient intervals between the trials.

From the analysis of the six first experiments made in the course of the years from 1842 to 1850, the result is, that the mean of the diminution of the pulsations of the heart and arteries was about four pulsations during, and five after, the administration of the medicine (sometimes digitalis, sometimes digitaline).

But we should note here the symptoms of intoxication which were manifested during the fifth experiment, under the influence of two grammes and one decigramme of the powder of digitalis, of a superior quality, taken in the course of nine days, and the very notable diminution of the pulse which supervened at the same time. (From 72 it fell to 53, during the continuance of the symptoms, and to 55 after their disappearance; thus giving the differences, 19 and 17, that is to say, a mean difference which represents exactly one-fourth of the normal pulsations.)

We think it necessary to report, with some details, the seventh and last experiment, made in the month of November last (1850), with the syrup of digitaline, 20 grammes of which contain a milligramme of this substance.

The experimenter administered, in eight days, 33 milligrammes of di-

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gitaline in syrup (4 milligrames during four days, 2 one day, 5 one day, 6 one day).

Mean of the pulse during six days, counted at different hours of the day, before the experiment . . .	67·47
Maximum	73·00
Minimum	63·00
Mean of the pulse during the eight days of administration .	64·64
Mean during the ten days after administration . .	59·88
Minimum during the administration	54·00
Maximum	74·00
Minimum after the administration	50·00
Maximum	72·00

Comparing the mean of the normal pulse (67·47) with the minimum of the same pulse after the administration of the medicine (50), we find a difference of 17·47, a difference equal to one-fourth of the pulsations in the normal state, the same as in the case of intoxication which we have noted above.

The patient suffered rather a sense of weakness than of pain in the stomach, and he observed that his appetite did not increase, as often happened to him after the use of the granules; slight disturbance of vision; nothing appreciable on the part of the kidneys. The experimenter remarked that the pulse returned suddenly to the normal state, or nearly so, under the influence of a long walk made the tenth day after the cessation of the exhibition of the syrup.

From the whole of the experiments, the result is, that the action of digitaline is nearly the same, whether we administer it in the state of syrup, that is to say, in previous solution, or in the state of granules, in which case it is dissolved gradually, but with sufficient promptness in the gastric juice. If any differences exist, they are slight, and do not appear to declare in favor of the syrup, which gives rise to nausea and more marked cerebral symptoms.

Let us pass now to the experiments made upon two dogs, with the same precision as those, the results of which we have just made known.

The first dog took interruptedly, but at six not very distant intervals (from the 10th of May to the 3d of Sept., 1849), 552 granules or milligrammes of digitaline, in a daily dose of from two to ten milligrammes.

The mean of the pulse, before the experiment, was 59·94. This mean, after the six successive administrations, was 51·22, being a diminution of 8·72.

The second dog took in the same manner (from the 13th June to the 8th of Sept., 1849), 398 granules of digitaline in the same daily dose.

The mean of the pulse, before the experiment, was 87·30. This mean, after the administration of four approximate intervals, was 69·93. Consequently the diminution was 17·37. Add to this, that during the experiment, there were momentary diminutions amounting to 23 and even 31 pulsations, the latter being nearly double that just mentioned.

According to the experiments above analyzed, the *minimum* of the depression of the pulsations never corresponds, so to speak, with the period of administration of the digitalis or digitaline, but rather to that of repose after the cessation of the use of the medicine.

This curious result proves that the medicine continues its action some time after the cessation of its exhibition, and, without doubt, until no trace of it longer remains in the economy; whether its diminution is produced

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by any one of the numerous emunctories, or whether by a reaction yet unknown, it is transformed into some new compound completely deprived of the property which pure digitaline possesses.

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3. *Tobacco.*—[The following long article by Mr. SHIPMAN, from the Boston Medical and Surgical Journal, will furnish the homœopathic physician with some admirable indications for this too much neglected drug:]

In the year 1837, my attention was called to two cases of disease in the same family. The symptoms and phenomena attending them were so similar, that it struck me at once that they had a common origin. The first was that of a young gentleman, D. W., a student at law, of a nervo-sanguine temperament. He had been a martyr to dyspepsia for two or three years. He had spent a year in the Western States, and had attended the law lectures at Cincinnati. While at the West he had acute ophthalmia, which was treated by active depletion with little benefit, as his eyes, when I first saw him, were highly injected; cornea vascular and semi-opaque, and the lids granular. He applied to me for the treatment of his eyes, but what most afflicted him constitutionally was low spirits, want of resolution, and general hypochondriasis. His stomach would receive food with a good relish, but the moment he had finished his meal a train of nervous symptoms came on, which harassed him for two hours, until the stomach was empty. Acidity, cardialgia, gastrodynia, palpitation of the heart, giddiness, vertigo, and fulness of the head, with the most profound gloom; keenly alive to every feeling, he was in constant fear of death, yet tempted to commit suicide, to escape from a life more intolerable than death itself. These symptoms harassed him for months, with varying degrees of intensity, when a new symptom arose, which terrified him more than all the rest. His sleep had been broken by the most horrid imagery, in the shape of frightful dreams, for more than a year; but now, when the first hour of sleep came over him, he was suddenly awoke by a shock in the epigastrium, which started him in great alarm from his sleep. These shocks and startings were repeated several times in the course of the night, and as often as he fell into a slumber. They were at first confined to the epigastrium, but, after a few weeks, the sensation was transmitted to the head, which he described as more unendurable than when confined to the epigastrium. It was followed by a sensation as if a rush of blood took place to the head, and a firm conviction in his mind that he should die with apoplexy. This impression preyed upon his mind incessantly.

I was often summoned in the night in great haste, and found him agitated, with cold sweats, palpitation and terrible apprehensions of immediate death. A little soothing encouragement, a dose of morphine and carbonate of ammonia, would dispel his fears and quiet his agitation, and enable him to rest the remainder of the night with tolerable composure. This state of things lasted several months, during which time he was not in a condition to pursue any kind of business, and finding that medicines only gave him temporary relief, I suggested to him that tobacco might have some agency in his complaints (as he used it freely, by smoking, chewing and snuffing), and advised him to abandon the habit. In this I was successful, so far as chewing and snuffing were concerned; but he was so much attached to his cigar, that it was a long time before he could be induced to leave that. I will here add, that from the time he left the habit of chewing and snuffing, his health in some measure improved, particularly the shocks and epigastric

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sinking. He now became satisfied that this partial abandonment of the habit had been productive of good, and renounced the habit entirely; and the nocturnal shocks and epigastric sinking, with the whole train of nervous affections, vanished as if by magic. His digestive powers gradually improved; the chronic inflammation of his eyes yielded readily to appropriate treatment; the gloom and despondency which had oppressed him as an incubus, cleared away; the nervous palpitations and rushings of blood to the head subsided, and he was able to prosecute his studies with energy, was admitted to the practice of the law, and is now an able and talented member of the bar, in the possession of good health, spirits, and prosperity. The foregoing history I copy from my notes taken at the time. There were many other symptoms which are common in dyspeptic cases, and many of those described are found in every-day practice in nervous dyspeptics and hysterical habits. The sudden and complete cure of all the symptoms, on leaving off the use of tobacco, was too obvious to escape the observation either of patient or physician.

I will now briefly allude to the case of a sister of the gentleman whose case I have been describing, although not occurring in the order of my notes. She was married, and the mother of two children; her age, 39; dyspeptic for the last ten years; of a nervo-sanguine temperament; her youngest child ten years of age. Suffered since her last accouchement from leucorrhœa, partial prolapsus uteri, and hypochondriasis. Has smoked and snuffed tobacco for the last fifteen years; eight years ago began to have shocks at the epigastrium, with a sinking sensation at the pit of the stomach, cardialgia, acid eructations, a sense of rushing of blood to the head, palpitations, sleeplessness, and startings when first falling into slumber. These kept increasing upon her, when there came on tenderness of the spine along its whole length, but more especially in the cervical and lumbar regions, rigidity of the limbs, costiveness, derangement of the catamenia, &c. She had been under treatment for a long time, with little or no benefit. To soothe her feelings, she had taken more freely of snuff, and had smoked more often, as she fancied that it gave her temporary relief. Seeing the good effect from abandoning the use of tobacco in her brother, she made the same experiment in part herself, and with the same marked relief from many of the symptoms. The shocks at the epigastrium left her, sleep became quiet, her mind more cheerful, and the epigastric sinking, cardialgia, acidity, and eructations, were greatly relieved. The spine, however, required cupping and counter-irritation, and, with the use of anodynes and tonics, she recovered a comfortable state of health. This patient has frequently ventured upon a moderate use of tobacco since, but after using it awhile, she experiences, though in a slight degree, her old feelings, and then quickly abandons it. She is perfectly satisfied of its pernicious influence upon her constitution, and therefore, is in little danger of carrying its use again to excess.

S. E., æt. 40, was in possession of good health until 1838, when he began to emaciate and grow pallid; his food did not digest well; with acidity, heartburn, gastralgia, palpitation of the heart, sinking at the pit of the stomach, and a host of nervous symptoms; gloom, hypochondria, and apprehensions of sudden death. But what most amazed him, and which filled his cup of misery full, was shocks at the epigastrium, which attacked him when first falling asleep every night. These followed him two years, and increased to such a degree that his sleep was a succession of starts, which nearly wore him out. At the end of two years they came upon him during the day. He described them as like shocks of electricity, and confined to

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the epigastrium. He was incapacitated from business of any kind, was weak, irresolute, and desponding; had consulted many physicians, and taken a great variety of medicines, with only temporary relief. On his giving me a history of his case, I was struck with its similarity to that of D. W., and inquired if he was not in the habit of using tobacco. He stated that he was, and had sometimes imagined that it might have some agency in producing some of his bad feelings, but had never had any physician advise him to leave it off, and, in reality, was too much a slave to its use to lightly make the sacrifice. Upon my assuring him that the symptoms and disease depended upon the habit, and that nothing but a complete and total abstinence from it would restore him, I extorted a promise that he would lay it aside a month at least. As he was costive, I prescribed the compound syrup of rhubarb, and directed him to call again in a month. At the end of that time I was agreeably surprised to witness the improvement in the appearance of my patient. His countenance, which had previously exhibited a sallow, pallid aspect, was now ruddy with health and strength; he had gained fifteen pounds of flesh in the time, and his strength had increased daily from the time I last saw him. But what to him was more than all the rest, the annoying shocks, with the general nervous agitation attending, had entirely left him from the third day of his abstinence from tobacco. The dyspeptic affection, the palpitation, the gloom and depression of spirits, the apprehensions of death, had vanished as if by enchantment. He had resumed his business (that of a farmer), he could now sleep quietly through the night, and get up in the morning refreshed and buoyant in spirits, and is so convinced that tobacco was the root of all his previous complaints, that it requires no advice to induce him to for ever refrain from its use. This man has now the most perfect health, and has taken no medicine since the first month.

C. P., æt. 43; nervo-bilious temperament; farmer; temperate; has been a tobacco chewer for twenty years; has been dyspeptic the same period more or less, attended with nervous palpitation and acidity, hypochondriasis and epigastric sinking. First began to have shocks at the epigastrium in 1839, in the night, on first getting asleep, which started him up in great agitation and alarm; was frequently obliged to get up and sit, for fear of the shocks. On his consulting me, I advised him to discontinue the use of tobacco, and prescribed no medicine. He left it off and the shocks immediately subsided. He did not resume the use of tobacco again for eighteen months, and was healthy during the time. Being of an irresolute disposition, he resumed its use again, and in two months the shocks began with great severity. They were now felt in the chest and region of the heart, at first always in the night, but after awhile in the day-time, with a rushing of blood to the head, which would momentarily deprive him of consciousness. The shocks now took place in the head. This so terrified him that he earnestly besought me to prescribe something for him, and agreed to abide by my advice. My opinion was, that no medicine would be of the least service without a complete abandonment of tobacco. This he solemnly pronounced he would do. I prescribed the compound syrup of rhubarb, with the ammoniated tincture of valerian. The shocks at once left him, his sleep became quiet, his dyspeptic symptoms disappeared, his mind became calm, spirits elastic, and he was capable of working his farm. Two or three times since he has cautiously ventured on the use of tobacco, but, after a certain length of time, his old feelings begin to appear; so that it is reduced to a demonstration that tobacco was the sole cause of his former troubles. This man has increased fifteen pounds in flesh, and his color, from being sallow and pale, is of a ruddy hue.

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S. C., æt. 63, farmer; robust and healthy, until four years ago, when he began to complain of epigastric sinking, sleeplessness, palpitation, irritability, and nervous tremors. Shocks at the epigastrium came on at the first hour of slumber, which were repeated several times in the course of the night, and often in the morning before breakfast. Has been a tobacco chewer thirty years, and a portion of the time, to great excess. On his consulting me, I suggested that tobacco was the agent in all the trouble which he experienced. He said he had often suspected it, but had never had fortitude and resolution to forego its use, but agreed to make trial. The shocks immediately left him, together with all the train of nervous affections; his sleep became calm, his strength and flesh returned, his spirits improved, and he has gained twenty pounds of flesh in three months. He has not resumed the use of tobacco. This man was temperate in all things except tobacco, neither using tea nor coffee. He was sensible for years that something was wrong, but could not believe that an article in such universal use as tobacco, and one which he had used for a long series of years, could possibly cause his troubles. This, I am persuaded, is the case with hundreds who are similarly situated.

S. J., æt. 54; nervous temperament; farmer by occupation; has been in the habit of using tobacco for ten years. It frequently has salivated him. He spits much, is emaciated, nervous, and hypochondrical. The shocks commenced about two years ago, in his bowels. They came on in the night, when first getting into a drowse; at length they came on in the day-time, with epigastric sinking, costiveness, and dyspepsia. I put him on the use of the compound syrup of rhubarb and ammoniated tincture of valerian, and, at the same time, he left off the use of tobacco. The shocks immediately left him, and he improved gradually, so that at the present time he is in comfortable health.

A. C., æt. 27; is of a sanguine temperament, and robust habit; a farmer by occupation. Has chewed tobacco for four years to excess; was taken, in the summer of 1841, suddenly, with sinking at pit of stomach, and faintness, which obliged him to lie down in the field. Shocks at the epigastrium came on about the same time. These were first at night, on getting asleep, but after awhile in the day-time; at these times he would suddenly break out into a profuse perspiration. His digestion was tolerably good, and his health otherwise little impaired. He says that, previous to these symptoms, he had used large quantities of tobacco, but never imagined that it could hurt him. I advised him to immediately discontinue its use, which he did, and the shocks and faintings left him at once, and have never returned. This man took no medicine.

Rev. Mr. H., æt. 30; of a nervo-sanguine temperament; addicted to the use of tobacco fifteen years. For many years he was troubled with epigastric sinking, and lately with shocks in the same region. He is in tolerable health in other respects, and, but for the annoyance which they occasion him when first getting asleep, would not think of asking medical advice. I recommended him to quit his tobacco, which he did, and a perfect cure was the result.

J. S., æt. 40; of a nervo-bilious temperament; followed the sea many years; commenced smoking for spitting up his food; soon commenced chewing, and carried it to excess, often using a pound a week. Five years ago, began to feel a sinking sensation at the pit of the stomach; then starting from his early slumbers, with a shock through the epigastrium, and sometimes chest; a rising sensation, like an aura, to his head, oppression at the chest great, and sudden difficulty of breathing, palpitation, choking,

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sudden faintings, unquiet sleep, frightful dreams, dyspepsia, and hypochondriasis. From being strong, robust, and resolute, he became weak, nervous, and timid. In this condition he applied to me for advice. It was with great difficulty that I could persuade him to quit his tobacco, and when he attempted it, was often a backslider. But soon he perceived the good effects, and was at length induced to lay it entirely aside, and with it went all his former bad symptoms. I have since ascertained that he was somewhat addicted to the use of ardent spirits, which may have contributed in a measure to some of the complaints.

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4. *Conium maculatum.*—The children of one Duncan Gow, a tailor, of Edinburgh, found what they took for parsley, growing under Sir Walter Scott's monument, and took it home to their father, who, having fasted the whole day, greedily ate the vegetables, with a piece of bread. The quantity consumed could not be ascertained, but it probably amounted to several ounces. The history of this case, from the time of the fatal meal, is carefully compiled from the evidence of the several parties who subsequently saw Duncan Gow. The first effect was loss of power in the inferior extremities, unattended by pain. This showed itself soon after the meal. "His gait, which at that time was faltering, afterwards became vacillating—he staggered as one drunk; at length, his limbs refused to support him, and he fell. On being raised, his legs dragged after him; and lastly, when the arms were lifted, they fell like inert masses, and remained immovable. Perfect paralysis of the inferior extremities was ascertained to exist one hour and a half after the poison was taken, and that of the arms half an hour later." The complete paralysis of the legs was accompanied by amaurosis; the excito-motory functions were also inferred to be paralysed, by the fact that tickling the armpits failed to produce any movement of the upper extremities. He lost the power of deglutition, and made ineffectual efforts to vomit. "There were no convulsions, only slight occasional movements of the left leg; and, lastly, both inferior extremities were slowly drawn upwards when placed over the iron of the stretcher. Three hours after taking the poison, the respiratory movements had ceased; the pupils were fixed. At this time the heart's action was very feeble, and ceased altogether ten minutes afterwards. The intelligence remained perfect nearly to the last; two hours after taking the poison he still retained the use of his speech, and a quarter of an hour after that still appeared sensible, though he could not articulate. The post-mortem appearances were, an unusual quantity of fluid blood in the vessels of the scalp, and the sinuses of the brain; slight serous effusion beneath the arachnoid membrane, and into the ventricles; and numerous bloody points in the substance of the brain. The lungs were "throughout intensely engorged with dark-red fluid blood. There were a few small clots of blood in the heart. The blood, throughout the body, was of a dark color and fluid, even in the heart and large vessels. The stomach contained a pultaceous mass, formed of some raw green vegetable resembling parsley. Its contents weighed eleven ounces, and had an acid and slightly spirituous odor. The mucous coat was much congested, especially at its cardiac extremity. Here there were numerous extravasions of dark-red blood, below the epithelium, over a space about the size of the hand." The intestines and other viscera were healthy, but partially congested. On examining the contents of the stomach more minutely, it was found to consist chiefly of fragments of green leaves and leaf-

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stalks, and on a specimen being submitted to Dr. Christison, he recognized the *laciniæ* of the *conium maculatum*, or common hemlock. On bruising some of the leaves in a mortar, with a solution of potash, the peculiar mousy odor of conia was at once evident. The conium maculatum was also found growing on the spot from which the leaves had been gathered. Dr. John Hughes Bennet, the reporter of this case, accompanies it by some judicious comments, and shows the striking analogy of the symptoms to those recorded as having followed the drinking of the Κωνειον by Socrates; and justly observes, that that analogy is strongly in favor of the opinion of the identity of the poison swallowed by Socrates and the conium maculatum.—*Ranking's Abstract.*

Dr. Earle has performed a series of experiments on himself, with the view of determining the physiological effects of this plant, and its preparations. He took the extract three times a day, beginning with grain doses, and increasing each dose by a grain daily, so that on the tenth day he took ten grains three times a day. The doses were afterwards increased in a more rapid ratio. On taking 25 grains three times a day, he experienced, during breakfast, a disagreeable sensation, like the "fulness of the head" occasioned by a ligature round the neck. This was accompanied by a very slight vertigo. These effects were not perceived after either of the subsequent doses. On the following day (Jan. 16th), "Morning: took 30 grains; effects not so great as yesterday morning; 10 o'clock A. M., took 40 grains upon an empty stomach; it was followed by a greater tendency to vertigo than before, with a sensation as if the eyes were swollen and unnaturally protuberant. Evening: took 40 grains two hours after supper. Similar effects, but in a slight degree, and less than on the morning of the 15th, with 25 grains taken fasting. Slept seven hours and a half.

"17th. Morning: fifteen minutes before breakfast took 45 grains. While at the table the sensations of fulness of the head, and tumefaction or enlargement of the eyes, were uncomfortable and oppressive. The eyesight, slightly dim, became more so upon rising from the table, and tendency to vertigo was at the same time increased. There was a feeling of mingled weariness and weakness in the knees, and the gait was not so firm as usual. Pupils of the eyes apparently somewhat dilated. One o'clock P. M., took 45 grains soon after eating an apple; in fifteen minutes there was a sensation of heat in the gastric region, followed by symptoms similar to those just described, though not of nearly so great severity. Evening: took 45 grains; effects much the same as at 10 o'clock. Slept seven hours and three quarters.

"18th. Morning: took 50 grains; vertigo commenced in twenty minutes, and in thirty minutes the dimness of vision, and peculiar sensation in the knees already noticed. I now felt, for the first time, the sensation last noticed, in the lower part of the *biceps brachialis* muscle. I particularly studied this feeling, and can give no idea of it except by comparing it to a mixture of weariness and feebleness or debility. It was not unpleasant, and there was a constant disposition to flex and extend the forearm. Pupils apparently dilated. Ten o'clock A. M., took 60 grains; ten minutes afterwards the warmth in the gastric region was perceived, and in fifteen minutes cerebral symptoms commenced. In thirty-five minutes the action of the medicine seemed to have reached its maximum, which it maintained about fifteen minutes, with the sensations in the head, elbows, and knees already described, and to a greater degree than after any dose previously taken. In one hour and a half from the time of taking it its apparent effects had

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entirely disappeared. Half-past nine o'clock P. M., took 60 grains after eating apples. The action was less powerful than in the middle of the day. Slept six hours and a half."

Altogether seven succeeding doses of 60 grains each were taken. In addition to the above symptoms, double vision was observed on the two following days. No unpleasant effects followed the sudden suspension of the medicine. In a second series of experiments the dose was increased to 100 grains: the symptoms were nearly identical with those already described. The pulse was perfectly regular during the period of greatest influence, and perhaps a few beats slower than usual; it was also fuller and stronger. There was no perceptible augmentation or diminution of the urine during the course of these experiments; but on two occasions (after taking the largest dose in each experiment) there was a sensation of acute lancinating and transient pain in the region of the neck of the bladder. As a soporific it seems perfectly inert.—*Amer. Jour. Med. Sciences.*

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5. *Colocynth applied endermically.*—[The following cases illustrate the peculiar action of colocynth upon the bowels, even when applied through the skin. They are reported by M. Salques in the Révue Médicale:]

A little girl, æt. 7, was attacked by acute meningitis. Constipation had existed for fifteen days, and the stomach rejected all medicine. Enemata could not be exhibited on accqunt of the extreme aversion which the child showed to their administration. Two blisters had been applied to the thighs when M. Salques was called in, which he ordered to be sprinkled with powdered colocynth. Three hours afterwards the bowels were copiously relieved, and the cerebral symptoms vanished.

M. M., æt. 76, was the subject of an apoplectic seizure. Seventeen days elapsed without relief, and the stomach rejected all medicine. Colocynth was, therefore, sprinkled on a blister behind the neck, and with the speedy effect of overcoming the constipation.

M. D., æt. 82, had a slight apoplectic attack in January, 1844. Constipation became habitual, and, after an accident caused by a fall, resisted calomel, and even croton oil. Hiccup and distention of the abdomen had supervened, when a blistered surface was sprinkled with colocynth. In five hours a prodigious quantity of fæces was passed.

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6. *Belladonna.*—[We take the following cases by Dr. H. M. Gray, from the N. Y. Journal of Medicine:]

Case I.—The subject of the first case was a child between two and three years of age, who had been suddenly seized with alarming symptoms. Suspecting the patient to be laboring under the effects of poison, an inquiry was instituted to ascertain the fact. The mother found in the possession of the child a box from which she had been eating, as shown by the stains upon her lips and fingers. It proved to be the extract of atropa belladonna, which had been used a short time previously by one of the family, in a neuralgic affection. The amount swallowed, as near as could be ascertained at the time, was from eight to twelve grains. The following symptoms presented themselves upon seeing the case some thirty or fifty minutes after the drug had been taken into the stomach.

The expression of the countenance was that of a person in *terror—pupils*

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widely dilated and *immovable*—the *tunica conjunctiva highly injected*, and the *whole eye prominent and preternaturally brilliant.* The face, upper extremities, and trunk of the body exhibited a diffuse scarlet efflorescence studded with innumerable papillæ, very closely resembling the rash of scarlatina; the eruption terminated abruptly at the wrists and flexure of the thighs, the rest of the body retaining the natural color. Skin hot and dry, and pulse much increased in force and frequency.

The patient's manner was apoplectic, respiration anxious, and attended with the brazen, stridulous sound of croup. A constant but unsuccessful effort at deglutition was observable, and at every renewal of the attempt the muscles of the throat and pharynx would be thrown into violent spasmodic action. Severe engorgement of the venous trunks was also present. This state of partial coma was alternated by paroxysms of uncontrollable tendency to motion and rapid automatic movement, attended with convulsive laughter. No well marked convulsions made their appearance, although during the brief periods of sleep into which the patient would fall, a slight subsultus of the muscles of the face and extremities was noticed.

The treatment was that ordinarily pursued in similar cases. The lower extremities were immersed in a mustard bath, while water and pounded ice were applied to the head. An active emetic was immediately administered, whose operation was induced by the application of local stimulants to the epigastric region, and the free use of warm diluents. The matter vomited contained several portions of the drug in a partially dissolved state. As soon as free emesis had been procured, a strong decoction of coffee was ordered, to combat the soporific effect of the poison, alternated with diluted aqua ammonia for the purpose of decomposing any of the belladonna that might still remain in the stomach. The diuretic effect of the atropa now began to be experienced, the patient evacuating an enormous quantity of limpid urine. The alarming symptoms passed off in about three hours after the commencement of the treatment, and the child soon recovered with the exception of a moderate diarrhœa, and a slight enlargement of the pupil. The eruption had entirely faded.

Case II.—I will relate another case, concerning which I can speak somewhat experimentally, it having occurred in my own person. It is of interest only inasmuch as I was able to note accurately my own sensations during the action of the narcotic. This is an interesting point in the investigation of cases of poisoning, and one about which little can be known, as patients are generally too much occupied with their fears or actual sufferings, to be able to impart much knowledge of their sensations. Although pretty thoroughly narcotized, I watched with some curiosity and care the phenomena induced by belladonna. I had taken an unwarrantably large dose of the article in question, to quiet the pain of a severe neuralgic toothache; not finding any relief, I repeated it in the course of ten or fifteen minutes, swallowing in all some eight or ten grains. About an hour after the last dose had been taken, the medicine began to induce its specific symptoms in the following order. First, vertigo, increasing to such an extent as to render it impossible to walk without staggering. The dizziness, which was at first transient, soon became continued, and very severe. Now came on the affection of the eyesight, every object growing dim, as though a cloud were between the eye and it. Sometimes objects appeared double, and with an undulating motion passed before the eye. I observed that by a strong effort of the will, a concentration of the nervous power, this paralysis of the retina might for a moment be combated; but only to return with greater severity when the mental effort had been succeeded by its corres-

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ponding relaxation. The appearances of the eye were much the same as those mentioned in the former case, viz.: pupil *immovably dilated;* eye *prominent, dry,* and *exceedingly brilliant.* The conjunctival vessels were fully injected. There was *total absence of lachrymation,* and *motion* was *attended with a sense of dryness and stiffness.* The face was *red* and *turgid,* and the *temperature* and *color* of the surface *considerably augmented.* Pulse *full,* and about 120 to 30. The feeling in the head was that of *violent congestion, a full, tense, throbbing state* of the *cerebral vessels,* identically the same sensation as would be produced by a ligature thrown about the neck, and impeding the return of the venous circulation. The peculiar state of the throat next excited attention. The *tongue, mouth* and *fauces were devoid of moisture, as if they had been composed of burnt shoe leather.* The *secretions* of the *glands* of the *mouth, and the saliva, were entirely suspended.* A draught of water, instead of giving relief, seemed only to increase the unctuous, clammy state of the mucous membrane. About the bag of the pharynx this sensation was most distressing. It induced a *constant attempt at deglutition,* and finally excited *suffocation, spasms of the fauces and glottis,* renewed at every effort to swallow. A *little saliva, white,* and *round* like a *ball of cotton,* would now and then be evacuated.

The slight delirium that followed the action of the narcotic, was of a strange, yet not unpleasant kind. I wished to be in constant motion, and it certainly afforded me an infinite deal of satisfaction to be able to walk up and down. The intellectual operations at times were very vivid. Thoughts came and went, and ludicrous and fantastic spectacles were always uppermost in my mind. I was conscious that my language and gesticulations were extravagant, yet I had neither power nor will to do otherwise than I did; and notwithstanding my bodily malaise, the mind was in a state of delightful exhilaration.

The treatment was very simple; cold douche to the head, and an emetic, soon destroyed the dominion of the poison.

In this case as in the other, I found some difficulty in provoking the operation of an emetic, owing to the insensible condition of the stomach. After vomiting, the disposition to sleep became very urgent. Strong coffee, however, counteracted this tendency.

One other fact with reference to the effects produced by Belladonna is worthy of note, viz.; its *tremendous diuretic power.* I have observed that it does not seem to reach the kidneys, until it has been some time in the stomach, and has exerted its specific influence upon the brain. But its power over the secretion of urine seems to be very great. I am confident I passed in the course of an hour three pints of urine, accompanied with a slight strangury at the neck of the bladder.

The nature, properties and effects of atropa belladonna are so well known, that I need not enlarge this paper by alluding to this subject. As there appears to be no positive antidote to its poisonous effects, the treatment must be based upon general principles.

Reasoning from the effects it produces upon a healthy body, its indications in disease become evident. From its property of dilating the pupil it becomes indispensable in the treatment of iritis, and incipient cataract. In many other affections of the eye, it is a remedy of essential importance. Its effects in painful ulcerations—in pertussis—in neuralgia, and in a host of nervous maladies, are universally recognized.

From its effects as observed in my own case, I am induced to believe that it may become an important remedy in diseases, in the treatment of which, at present, it is but little used.

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We have seen the entire suppression of the lachrymal and salivary discharge which it induces. Now in stomatitis, either aphthous, or mercurial, attended with profuse discharge of saliva, and in epiphora of the lachrymal sac, I cannot see why it is not the very remedy indicated. In irritability of the eye, more particularly of the retina, its quieting effect would be of immense service. In the cachectic dropsies, attended with great irritability of system, it might also be of use. In anæmia of the brain its congestive powers might be used with evident advantage. The catalogue might be extended, but it is sufficient for purposes of illustration. At all events whether we adopt the principle, "similia similibus curantur"—or "contraria contrariis curantur," *the only effective mode of discovering the indications of disease, and the proper application of therapeutic agents to meet or combat these indications, is by experiments upon the healthy, as well as the diseased body, carefully watching the effects produced in each.*

[We have italicised the last sentence of Dr. Gray's paper, for the purpose of again calling attention to the fact that the *pathogenetic* mode of ascertaining the curative virtues of drugs, is one that is daily recommending itself more and more strongly to every reasoning mind in the allopathic school. This method once established, *similia similibus curantur* is an unavoidable sequence.]

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7. *Chlorinated Hydrocloric Ether.*—M. Flourens has transmitted a note to the *Académie des Sciences* on the anæsthetic effects of this agent. The experiments were made upon dogs by inhalation, and the animals were uniformly rendered insensible to pain in from three to five minutes, and without a fatal result in any instance. The sciatic nerve being exposed was found entirely destitute of sensibility, but possessed of its motor power. A singular difference was found to take place when the ether was injected into an artery, instead of being inhaled by the lungs. The injection into the right crural artery in the direction of the circulation of from two to two and a half grammes of the ether, was followed by pain and cries succeeded by sudden paralysis of the hind quarters, with tetanic rigidity of the two legs. The sciatic nerve preserved its sensibility, but had entirely lost its motor power. Chlorinated chlorohydric ether has thus, both when inhaled and injected, the same effects as chloroform. Essence of turpentine, mint, rosemary and fennel produce similar results, while the ordinary ethers, alcohol, sulphuric acid, ammonia, camphor, etc., produce muscular paralysis with relaxation. From these experiments, M. Flourens concludes: 1. That of different substances injected into the arteries, some will isolate the sensitive from the motor power in the nerves, while others will separate the force which makes rigid from that which relaxes in the muscle. 2. That the same substances will separate the muscular from the nervous action; for on the one hand, the tetanic rigidity takes place when the motor power of the nerve is destroyed, and on the other the relaxation of the muscle is manifested while the motor power remains. 3. That the actions of the nerve and of the muscle are plainly independent. (*See Comptes Rendus*, 24, 482; 29, 37; 28, 532; 24, 907.)

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8. *Acetate of Morphia.*—An apothecary's assistant, 24 years of age, swallowed, at noon, fifty-five grains of acetate of morphia, in two ounces of gum water. He then forwarded a letter to his master, informing him of

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what he had done. The master arrived in half an hour, and gave him, with some difficulty, and without effect, two grains of tartar emetic in an ounce of water, followed by two tablespoonfuls of olive oil. Up to this time the only symptom present was slight giddiness, which soon disappeared, and the lad went for a walk with one of his companions, entered a café, and drank half a bottle of beer. At the end of an hour and a half the lad complained of slight giddiness, a sensation of weight in the limbs, and a slight tendency to sleep. After two hours he was taken to the hospital, put to bed, and made to swallow three grains of tartar emetic, and twenty-four grains of ipecacuanha, in two doses, at an interval of half an hour. Though the operation of the emetics was assisted by tickling the throat, vomiting did not occur, and an œsophagus tube was introduced without effect. At the end of two hours and a half the face, which was previously pale, assumed a violent hue; the eyes were injected, and turned upwards and outwards; a viscid perspiration broke out on the skin; the hands and legs grew cold and livid; the lad answered questions only by monosyllables; fell by degrees into a profound sleep; the head fell forward on the chest; the eyelids closed; and the body, when left to itself, fell on the side; the legs bent under him;—in a word, he was in the condition of a drunken man. The breathing in the mean time was natural. A pound of blood being taken from the arm, the patient rallied slightly, and complained of not being able to swallow. The pulse, which up to this time was soft and somewhat frequent, became full, hard, and slow, and there was a troublesome itching of the forehead, nose, and lips. This symptom, which began at the end of an hour, was at its height at two hours, and after four hours existed only at long intervals. The treatment now consisted of ammoniacal frictions to the belly and extremities, moxas to the legs, and repeated shaking of the body; but all in vain. The face was distorted; the eyes dull and sunken, and drawn upwards and outwards; and the entire surface of the body was icy cold. [The patient, after a heroic treatment, from which it is astonishing that he ever rallied, finally recovered.]—*Ranking's Abstract.*

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9. *Poppy-heads.*—The "Gazette des Hôpitaux" (April 15, 1845) quotes from the "Echo de la Frontière," published at Valenciennes, the following cases. Three children of one of the faubourgs of Cambrai sucked some unripe poppy-heads, and soon after, on going home, fell asleep. In the middle of the night the mother was roused from sleep by the unusual sound of their respiration, which consisted of a short, laborious râle. At the same time, the eyes were found wide open, the countenance pale and haggard, and the body convulsed. A medical man was immediately sent for, who succeeded in saving two of the children. Fruitless efforts were made to introduce an emetic into the stomach of the youngest; deglutition was arrested, the infant foamed at the mouth, and expired four hours after.

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PATHOLOGY AND THERAPEUTICS.

10. *Action of the poison of "Grease" upon man.*—We take the following interesting case from the Lancet for October:

We consider the case which we have this day to publish, one of a very important kind, for it settles a question which has not attracted, as far as we are aware, sufficient attention; especially as so large a proportion of individuals are, in this country, engaged upon the care and management of horses.

As regards one fearful disease which but too often attacks these beautiful and trusty animals—viz., glanders or farcy, there is no doubt, among veterinary surgeons and pathologists generally, that it is actually transmissible to man. Very shocking instances of this fact have come to the knowledge of the profession; among the latest we may mention one alluded to in this journal, of a recent date, where a French veterinarian unfortunately fell a victim to the disease.

But it will become clear by the subjoined case, and by those which Mr. Cock has previously treated, that the sanious and foul discharge which in *confirmed grease* issues from the ulcers and cracks situated just above the hoof of the diseased horse, is of a highly contagious nature, not only to the same species, but also to man.

"Grease" is described in the following manner in "Rydge's Vade Mecum:"—"This very frequent disease is a discharge from the skin of the part immediately above the hoof, sometimes attended with cracks and swellings extending higher up. It is caused by weakness of the parts, occasioned by long standing in a stable, or by cold from repeated washings of the legs without rubbing them dry, or from moisture constantly under the feet. . . . Confirmed grease will often follow; and this is when the cracks become ulcers and discharge a foul and peculiarly fœtid fluid; horny or thick knobs will also form, called by the farriers grapes."

This morbid poison, like the poison of syphilis, small-pox, vaccine or glanders, acts only by inoculation; the great point in the prophylaxis seems therefore to be, to use the utmost caution as to scratches, cuts, or solutions of continuity whatsoever, which may give entrance to the morbid matter. It is well known that the nasal secretion in glanders has been thrown up the nostrils of a sound horse without any bad results; the morbid matter from grease acts probably in the same manner, and requires, like the secretion of glanders, actual inoculation to contaminate the blood. The facts of the case are as follows; they were carefully noted by Mr. J. W. Howard.

Henry C——, 30 years of age, an ostler, residing at Hampstead, was admitted into Guy's Hospital, under the care of Mr. Cock, April 16, 1851, having been ill five days.

The patient is a man of middle stature, of temperate habits, and (with the exception of suffering from an omental scrotal hernia) was in the enjoyment of excellent health up to the period of his admission into the hospital. His nose and each cheek are very much swollen and inflamed, of a rather bright color, and brawny feel. The nostrils are thickened, and pouring out a yellow purulent discharge. The patient complains of a tingling pain about the nose, and severe headache.

From the history of the case, it appears that, while at his ordinary work,

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five days before admission, being engaged in washing out the "greasy" heel of a horse, he inadvertently rubbed his nose with the hand he was using, and on which was some of the animal poison. On returning home in the evening the patient felt some heat, and an itching sensation about his nose. Supposing he had caught cold, he thought no more about it that night, but on rising from bed the next morning, the previous unpleasant sensations were much aggravated.

He now observed his nose and cheeks to be considerably swollen, and a thick yellow discharge trickling from the nostrils. His wife having persuaded him that these symptoms were merely the result of a violent cold, applied a mustard poultice to each cheek. No benefit resulted from these applications, and finding the pain and annoyance to continue unabated, the man applied for advice to a surgeon. This practitioner ordered two leeches to be applied to the affected nose, and gave the patient some castor-oil, and two pills to be taken at bed-time. As he obtained no relief from this treatment, and was still continuing to become worse, he presented himself for admittance into the hospital on the 16th of April. Mr. Cock had him placed in a room by himself in Billet ward.

On admission the patient presented the symptoms and appearance mentioned above. His nose was swollen, and of a deep-red color, with a thick copious yellow discharge from the nostrils; the cheeks were tumid and blotched, and on each side of the jaw was an elevated swelling, hard, tender, and painful, having much the character of a periosteal node. The poor man was suffering most severely, both locally and constitutionally. Mr. Cock ordered three grains of quinine to be taken thrice a day in a glass of wine; likewise a lotion of one ounce of distilled water to half a drachm of nitrate of silver, the lotion to be well and frequently applied to the interior of the nostrils, with a sponge or lint dipped in it, and pushed up each nostril so as thoroughly to destroy the surface of the secreting membrane. Full diet, with ten ounces of port wine, and two pints of porter daily.

On the next day, the patient was found to have passed a very restless night; the discharge, although not increased in quantity, still continues, but the swelling and inflammation are much worse, extending over his face and eyelids to such a degree that he can hardly see; the glands about the neck are also enlarged. Mr. Cock punctured the nose very freely, and the flow of blood gave the patient much relief for some time. The same medicines were continued, and ten grains of Dover's powder with one of calomel given at night. The application of the lotion is still frequently continued.

On the third day, the patient had passed another restless night: he complained of dizziness and pain in the head; the nose and face are intensely painful, and the tumefaction so much extended and increased, that the eyelids are now completely closed. Two hard lumps of pus came away from the nostrils. Mr. Cock again punctured the nose, and ordered a bread-and-water poultice to be applied to it. The bowels have been well relieved. The quinine was continued, but the powder omitted.

On the fourth day, a great change for the better had taken place: the patient passed a good night, slept well, and was comparatively free from pain; the tumefaction about the nose, face, and eyelids is much reduced in size, and the pain much less severe; the discharge continues from the nostrils.

From this time, the man continued to improve; and seven days after admission, the nose had regained its natural size; the discharge was much reduced in quantity and consistence; and on the 26th of April, he was presented for dismissal, cured, having been in the hospital only ten days.

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Mr. Cock remarked that this was the third case he could call to mind where the evidences of poisonous inoculation were clearly traced to contact with the greasy heel of a horse. In both the other cases the poison appeared to have been imbibed from wounds or cracks on the men's fingers, and the most severe absorbent inflammation was produced, accompanied by intensely acute constitutional disturbance.

In the one instance the patient recovered after much suffering and tedious illness; in the other he died at the end of several weeks, worn out by successive abscesses, which formed in different parts of his body. There seemed therefore no doubt that the greasy heel of the horse was capable of grafting a specific poison upon the human subject.

As in this case the fact of poison seemed to be clearly indicated and proved, and as the inoculation had been recent, Mr. Cock considered it expedient to endeavor to destroy the contaminated surface as speedily as possible, and to excite a healthy suppurative action on the mucous membrane of the nostrils.

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11. *Glanders.*—[The communicability of this disorder to the human subject being no longer a matter of doubt, these cases of involuntary provings by the inoculation of the virus become of great interest to the homœopathist. The following is from the *Journal de Médecine et Chirur.*:]

M. De Bavent, aged 43, was the owner of several horses which became glandered; not believing in the contagious nature of the disease, he attended to them himself, frequently cleansing the nostrils with his pocket-handkerchief. Some time after he became the subject of indurated axillary glands, with a pustular eruption on the hands. This subsided, but he still remained out of health, when he happened to wound his finger with the sharp part of a harness buckle. The hand had become much swollen, when M. Pavard was summoned, and recommended cataplasms and a free division of the wound: this was on the 24th of October. On the 27th, the patient was in much the same condition, the finger being more painful. On the 26th, nausea and vomiting supervened, and erysipelas showed itself on the dorsum of the hand. The wounded finger exhibited a large bulla filled with sanguineous fluid. Nov. 2d. The knees became red and tumefied, and pustules arose on the cheeks, the rupture of which gave issue to a yellowish sanies. There was considerable fever with thirst and delirium; the root of the nose now began to swell, and the face was puffy and of a dull red color. The nostrils discharged a reddish fluid which quickly concreted upon the upper lip, and at the same time the forehead became covered with bullæ of the size of a pea, which contained a yellow fluid. On the 5th, the local symptoms about the face had increased in intensity, and in addition, livid patches appeared on the extremities, resembling the ecchymosis from contusion. In the progress of the case fresh phlyctenæ arose in different parts of the body, and he died on the evening of the 6th, completely exhausted.

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12. *Bite of a Viper.*—Samuel S——, aged 31, a vermin hunter, was brought to the General Hospital, Birmingham, on Sunday, June 16th, 1850, at twelve o'clock at noon, having been bitten on the cheek by an adder. It seemed that on the Thursday preceding, whilst engaged at a farm-house on Coleshill-heath, destroying rats, his dog found the reptile on a bank. He

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picked it up, placed it in a small bag he had with him, and carried it home. He handled it freely on several occasions, and it never attempted to bite him. On Sunday morning at about 10 A. M., having taken the creature out of a box, in which he had kept it, he proceeded to carry it in his hand to a neighbor. On the road he was asked to show it, and raising his hand in order the better to display it, the reptile darted suddenly and fastened on his left cheek, about half-an-inch above the angle of the mouth, thence dropping on the ground. He immediately picked it up again, replaced it in his handkerchief, and on arriving at his neighbor's the adder was killed. He described the bite as being instantly followed by acute pain, and by a burning sensation of heat and tumefaction. He experienced also nausea and faintness in his walk to the hospital.

Upon his admission the entire face presented a swollen appearance, and the parts immediately adjacent to the bite were discolored, of a livid hue. The pulse was imperceptible, the respiration difficult, the surface cold and clammy. He complained of intense pain about the umbilicus, greatly augmented on pressure, and there was constant vomiting of bilious matter; he appeared wandering as if drunk, and answered questions in a mumbling incoherent manner. The bowels acted frequently and involuntarily, and both blood and mucus were mingled with the motions. He also complained of pain in the throat, and there was some difficulty in deglutition. On examination, a copious secretion of viscid mucus was seen to be adherent to the pharynx. With the approval of Dr. Evans, who happened to be present in the hospital at the time of his admission, a glass of brandy was immediately given him; the bitten parts were then excised by Mr. Blake, who was acting as house-surgeon in my absence, and freely cauterized by a strong solution of ammonia. Dry cupping was afterwards resorted to, and the parts were well smeared with olive-oil. The pain and swelling of the parts still continuing, he was ordered the following mixture: Sesquicarbonate of ammonia one drachm and a half, decoction of cinchona eight ounces. One ounce to be taken every half hour. Three glasses of brandy directly, a tablespoonful to be given every ten minutes. A mustard cataplasm was applied to the abdomen, and kept there for half-an-hour, followed by fomentations of camomile and poppies.—Half-past one, P. M.: The pulse is still imperceptible, and the pain unrelieved. He appears to be sinking, and sickness and diarrhœa continue, together with great thirst.—Three P. M.: The pulse may now be felt, and the pain about the umbilicus is considerably mitigated. Ten leeches to be applied immediately to the part painful.—Eight P. M.: Pulse 84, soft and compressible; the sickness has ceased; the pain after the application of the leeches is much relieved; two glasses of brandy this night; an ounce of the ammonia mixture every second hour. The patient, after a ten days' treatment, was discharged cured.—*Lancet.*

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13. *Inflammation of the Larynx from Small Doses.*—The three following examples of inflammation of the larynx, brought on by accidental contact with irritating substances, may not prove uninteresting:—On the 20th Sept., 1849, I visited a lady laboring under premonitory symptoms of cholera, and prescribed the acetate of lead and opium pills in my usual form: they were quite effective in stopping the further progress of the disease, but one went the wrong way—or, in other words, in the attempt to swallow it, passed into the larynx, and thus gave rise to fits of coughing, frequently repeated, until at last it was expectorated. These pills, being soft, were

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easily dissolved, and consequently, though the foreign substance remained in the air-passages but a short time, yet that time was sufficient for the contact to give rise to an inflammatory affection of the mucous membrane of the larynx, and a consequent hoarseness, which lasted for nearly a week. In this case the irritative substance was the acetate of lead undiluted.

In the case I am about to mention next, irritation was caused by the vapour of nitric acid, and the occurrence took place in the following unexpected manner:—I was requested, at the desire of Dr. Mahood, of Kingstown, to see an old lady laboring under chronic bronchitis. Among other remedies, I advised the application of St. John Long's liniment to the chest: it was sedulously applied night and morning. The room in which the patient lay was small; and a child, about two years old, slept in the bed next to her, and was exposed to the inhalation of the air tainted with the vapour of the liniment: laryngeal cough was the consequence; it lasted for a few days, but was immediately diminished by the child being removed to another room.

In the third case more serious consequences had nearly followed a somewhat similar accident. I was attending, with Mr. Hans Irvine, a gentleman who had a chronic enlargement of the liver, and we advised the application of a nitro-muriatic acid lotion. His mother procured a bottle from a neighboring apothecary, who marked it "concentrated nitro-muriatic acid." She proceeded to mix some of this with water, for the purpose of making the lotion, when the fumes arising from the bottle caught her breath, and produced inflammation of the larynx, and of the bronchial tubes, which had nearly proved fatal. I blame myself for not having taken the precaution to order diluted acid to be used in making the lotion.—*Dr. Graves, in London Quarterly Journal.*

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14. *Hydrophobia.*—[The following cases, from the *Gazette des Hôpitaux*, are not unworthy of record, in the hope that they may lead to further experiments. The Euphorbia is undoubtedly worthy of an extended proving.]

In the month of May, 1843, six men and two bullocks were bitten by a rabid wolf. The men came shortly after to the hospital for assistance, each exhibiting wounds of considerable severity. The surgeon in attendance after cleansing the parts, and touching them with concentrated muriatic acid, ordered them to be bathed in a decoction of the euphorbia. At the same time he caused the patients to take fasting a small wineglassful of a decoction of the roots of the plant, of the strength of 30 grammes to 500 grammes of water. This was continued three or four days, till the medicine ceased to produce either vomiting or purging.

At the end of three weeks from the accident, the bullocks all died with symptoms of rabies, but, with the exception of one individual, none of the men were attacked, although they all complained of pain in the cicatrix of the wounds.

Four peasants and an infant were bitten by a rabid cat. The child died soon after with all the symptoms of hydrophobia. One of the peasants was likewise attacked, but was saved, as were the other three, by taking a decoction of the roots of the euphorbia palustris upon the recommendation of their parish priest. M. Krebel likewise relates the following case: He was summoned to a woman said to be dying, and whom he found in the last stage of hydrophobia. He made her drink 450 grammes (nearly a pint) of the tisane of euphorbia at one draught; the patient then fell asleep, and after having been severely purged, completely recovered.

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SURGERY.

15. *Reduction of Dislocation of the Hip-joint.*—[The practitioner in the country can scarcely be called to a more formidable accident than dislocation of the femur upon the *dorsum ilii.* And no homœopathic physician whose mind has become in any degree accustomed to the mild and gentle appliances of the new system, but looks with horror upon the means used to effect the reduction of this displacement. The formidable array of pulleys and ropes, the extension and counter-extension, the straining of the assistants, the screams of the patient, and the anxious labor of the operator, form the elements of a picture too fearful to be one either natural or necessary. It has been the mission of Homœopathy to take from the medical art whatever was noxious, painful, or disagreeable; it has superseded many of the operations of surgery, formerly deemed indispensable; it remains for it so to modify those which cannot be dispensed with, as that they shall be performed on the principles of true science and in conformity with the dictates of an enlightened humanity.

With this view we call attention to a neglected process for the reduction of dislocation of the hip-joint, the merit of reviving which is due to Dr. Reid, of Rochester. His communication was read before the Monroe Co. Medical Society in May last, and subsequently published in the Buffalo Medical Journal. It may also be found in the Boston Med. and Surg. Journal for August 13th, 1851. We extract so much as to make the *rationale* and *modus operandi* clear, referring our readers to the entire paper as one worthy of a perusal, and recommending them to test the method in practice at the first opportunity.]

On the 18th of December, Dr. Moore had a subject in process of dissection by his students, when he proposed to me that we dissect up the muscles of the hip-joints, leaving them *in situ;* dislocate the bones, and then operate on them by traction in the usual way, and also by flexion after my method, in order that we might observe the condition and action of the muscles before and during both modes of operation. We found it impossible by the power of our hands alone to force the head of the bone through the capsular ligament, till we made a slight incision into it. The head then shot through it, tearing it sufficiently to permit its passage, but then the ligament seemed to fit close around the neck of the bone. As the head passed out backward and upward, it caught the tendon of the pyriformis, *tearing it off as it passed underneath and above it,* which, if it had remained entire, would have brought its tendon, like a cord across the neck close to the head, lashing it firmly down to the dorsum of the ilium. We were at the time inclined to attribute its rupture rather to the decayed state of the subject, than to excessive distension by the dislocation. But precisely the same thing occurred in dislocating the other hip. It is true this muscle was also in the same *stale* state; and the accident may, perhaps, have happened in both instances from the like cause.

When dislocated, the head of the bone rested on the *gluteus minimus* muscle! The *gluteus medius* and *maximus* were shortened and relaxed —so, also, were the *iliacus internus, psoas magnus, adductor triceps* and *pectineus.* Till now I had supposed that this last-named muscle would have been among those that were put upon the stretch. Posteriorly the *obturator internus, gemelli* and *quadratus* were greatly strained; and it was apparent, that the *pyriformis,* if it had not been torn off, would have been even more so. Anteriorly, the *obturator externus* was stretched, seemingly,

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to its utmost, *adducting* the bone powerfully. It is this powerful muscle which so firmly fixes the limb, turns the toe and knee inward, prevents rotation and abduction, and gives such excruciating pain to the patient when any such attempts are made.

Here, then, are two sets of muscles, acting in direct antagonism to each other, and both strained to their utmost tension. One set drawing the bone backward and rotating it *outward*. The other, *adducting* and rotating it *inward*. Some might be inclined to puzzle themselves to know how these two sets of muscles, one situated before and the other behind, could both be in a state of tension, when the bone is thrown backward toward and in the direction of the latter. The explanation is very easy. Although the head of the bone is thrown backward, yet the great *trochanter* and shaft of the bone is thrown forward and rotated inward. So that the *pyriformis*, *obturator internus*, &c., which are inserted at the root of the *trochanter*, are necessarily elongated, while the anterior *obturator externus* runs backward behind and around the bone, to be inserted at the root of the trochanter, in order to rotate the limb outward, it must also be strained just in proportion as the limb is rolled inward, and the trochanter is carried upward. The *quadratus* is stretched for the same reason, viz., its point of insertion is carried upward and inward.

After having carefully noted the relative position of the bone and muscles, we made traction on the femur, downward and inward, over the sound limb, as we are directed by the most approved authors, but the moment the attempt was made, the muscles already named as being in a state of tension, became more tense, and bound the head of the bone more firmly down on the *dorsum;* and although all the muscles about the joint were separated from each other—were loose, without vitality and almost in a state of decomposition—yet it was with very great difficulty that we could bring the head of the bone down; and when we did so, we carried away part of the capsular ligament, and if the *pyriformis* had not been already torn, it is very probable it would have been torn now. But when we *adducted, flexed, and carried the limb up over the pelvis*, as has been stated, the reduction was effected with the utmost ease. We varied and repeated our experiments on both joints, as often as the subject would admit, and always with the same results. I was here enabled to correct one error which I had committed in operating. If we carried the knee above the *umbilicus*, and pressed the thigh down close to the body, on a line with the side, the knee pointing towards the axilla, as I had always done, we brought the great tendon of the *gluteus maximus* into strong tension, which would compress the great trochanter so hard, that it prevented the head from mounting over the edge of the acetabulum. The reduction was effected much easier by carrying the knee and thigh about as high as the umbilicus, then abducting and rotating the thigh. * * *

The conviction was so strong in my mind that this method was certain and practicable, that I no more doubted it then than I do now, after having demonstrated it in three several instances, two of which were within the last year. And so impatient was I to put my theory to the test, that I believe I almost wished every day (wickedly, perhaps) that some one would dislocate his hip, and give me an opportunity to reduce it. * *

Case I.—In the spring of 1844 (I give this case from recollection, the notes which I made of it having been mislaid) I was called to see a strong, robust Irish woman, of whom they gave me the following history:—Four days previous, while out at washing, about three quarters of a mile from her own residence, she slipped and fell down a flight of steps—could not

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rise—and when helped up could not stand. She made a great out-cry, but as no blood was visible, she was thought to make a great "fuss for nothing." Her husband, who was an intemperate carman, was sent for. He put her on his cart, drove her home three quarters of a mile; when he arrived there, not being able to lift her, he dumped her down at the gate as he would a load of dirt. The neighboring women helped him carry her in, and place her in bed. For four days they assiduously fomented her hip, of which she complained greatly; but it swelled considerably and became "black and blue." They now began to think the woman was "*hurted.*" In this condition I found her. A single glance at the position of the knee and toe, created a strong suspicion of dislocation, but an attempt to *abduct* and rotate the limb gave great pain and determined the nature of the accident. Although the patient was suffering considerably, I was in ecstacies, and felt really obliged to her, not so much, I hope, for dislocating her hip, as for the opportunity she afforded me to reduce it. I called in Drs. M. Strong and the elder Bradley, and Mr., now Dr. Hammond, to assist me. I stated to them my determination to reduce it, if possible, without the use of pulleys, and explained my method. Nevertheless, I had provided myself with compound pulleys, to be used in case of a failure. As the accident was of four days' standing, the hip considerably swollen and inflamed, and the patient quite muscular, I took the precaution to bleed her freely, and give her tart-antimony till nausea was produced. She was in the mean time placed on a lounge, on which a wide board was laid and covered with a folded quilt. This made a firm table about fourteen inches high, and about twenty inches wide, which gave me the opportunity of throwing the whole weight of my body on the flexed limb, if I wished, while it gave me perfect command and control over it in every way. The patient was placed on her back, and a sheet folded lengthwise thrown across the upper edges of the pelvic bones, and each end given to an assistant, for the purpose of fixing the pelvis. Placing myself on the right and injured side, I seized the knee with my left hand, and the ankle with my right; I then flexed the leg upon the thigh; at the same time, slowly carried the knee and dislocated femur, over the sound one, pressing it firmly down upon it—and upward over the pelvis, constantly pressing it close to the body, moving it upward with a circular sweep over the abdomen, till the thigh was in a right line with the right side of the body and the knee, pointing towards the right axilla. While the thigh was being carried up to this position, the bone or axis of the femur was performing a kind of rotation on itself, whereby the toe was coming more outward and the heel more inward. In other words, as the knee went upward, the *obturator externus, quadratus,* &c., drew the head of the bone downward, and inward towards its socket. When the knee and thigh were in the position above indicated, the heel was strongly rotated inward, the knee drawn outward, and the foot carried across the thigh of the sound side, when the head slipped into its place, and the limb glided gently down into its natural position. In doing all this, comparatively very little force was employed, and very little pain produced, for the obvious reason, that, by this evolution, the muscles that were in a state of extreme tension and irritation by the displaced bone, were gradually relieved and relaxed, as the head of the bone descended and approximated its proper place, which it did by the action of these same extended muscles.

It will be perceived, that by this mode of operating, we make a *lever* of the shaft or bone of the femur, and a fulcrum of the edge of the pelvis—and by this means lift or dislodge the head of the bone—while the abductor muscles draw it downward and inward, making it, as it were, *back into* its

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place, through the rent of the capsular ligament. Whereas, if it were drawn by direct force, as by the pulley, the head and neck of the bone would act as a kind of hook, and would tear away the capsular ligament, if it were only slit, and as I believe it often, if not always, does tear off the tendon of the *pyriformis*, as I shall endeavor to show presently; for the *abductor* muscles are so strained, and hold the head of the bone so firmly to the dorsum, behind the ridge of the *acetabulum*, that it is next to impossible for it to mount over this ridge and into the socket, and must therefore descend behind it, tearing everything before it—ligaments, muscles and all—and hence the immense power required to reduce it by these means, and hence, too, the failures, the fractures of the neck, and the cripples, that have been made for life, by this barbarous and unscientific mode of reduction.

Case II.—On the 31st of July, 1849, Mrs. Cornelius Christie, aged about 38 years, was thrown from the top of a load of household furniture, with a small child in her arms. Mother-like, she held fast to the child, which received no harm; but falling among and upon the furniture, she had the perineum and vulva considerably lacerated, and her right hip dislocated. I saw her within one hour after the accident. Drs. Bowen, Brown and Nolton, were in attendance when I arrived in company with Dr. E. P. Langworthy. The patient was placed at once in the position as already described in case No. I., when I proceeded, in like manner, to operate; but the wound in the perineum and vulva occasioning great pain, on the attempt to flex the thigh, I desisted and gave a full dose of morphine—not having any chloroform on hand. We waited three fourths of an hour for the effect of the morphine. I then, as already described, seized the knee with one hand—the ankle with the other—flexed the leg on the thigh—the thigh on the pelvis, carrying it *inward and over the sound limb*—then upward over the abdomen, till the thigh was nearly parallel with the right side—then rotated the heel inward, carried the foot over the sound thigh, and the knee outward, when by a gentle oscillation and rotation of the thigh, the head slipped into the socket. The whole time required in this operation did not exceed *two minutes*. The force employed, and the pain suffered, were too trifling to be named.

Case III.—On the 2d of December, 1849, early in the morning, I met Dr. E. M. Moore, Professor of Surgery in the Woodstock and Berkshire schools of medicine. He informed me he had been called up in the night to attend a case of dislocated hip. I jestingly said, "I wish you would let me show you how to reduce it." He replied as jocosely, "I understand you have got some new-fangled notions about dislocations, and I should like to see you try your skill." He desired me to explain my method. I did so, illustrating it by manipulations on the skeleton in his office. He agreed that I should make the attempt; but, that the full merit of my mode of operating should be brought out, he proposed that I should have no aid from any of the usual adjuvants, such as the warm bath, nauseating doses of antimony, bleeding, opium nor chloroform. To all this I consented.

The patient, William Fagan, was a strong muscular Irishman, 52 years of age. He was placed on a lounge, on a board covered with a folded blanket, as already described—two assistants, one on each side, steadied the pelvis. I proceeded in all respects as above stated in the two preceding cases, and in about *two or three minutes* reduced the dislocation. Drs. Moore and Cruttenden, Mr. D. Bly, and other students of Dr. M. were present.

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Miscellanea.

Medical Schools and Medical Societies.—The course which has been pursued within the past few years by medical societies, and still more recently by medical colleges, in relation to Homœopathy and its advocates, will excite no surprise in the minds of those who are familiar with the progress of events in the medical world during the present century. The medical reform which was commenced by Hahnemann fifty years ago, bears a striking resemblance in many respects to the course of every reform in matters vital to humanity with which the world has ever been blessed. When the great Protestant reformer commenced his career, the religious opinions and practice of nearly the whole civilized world were held in absolute subjection to the Romish Church. Martin Luther then stood forth single-handed, and with impassioned eloquence boldly exposed what he considered to be the errors of the prevailing church; he was first met by sneers and ridicule, then by fierce denunciations, and finally by all the oppressions which could be inflicted by legislative enactments. But the sentiments he then uttered, gradually extended throughout the civilized world, until many of all nations and people have adopted them as true.

Hahnemann, with equal genius, equal benevolence, and superior acquired knowledge, has accomplished in medicine a revolution as great as that which Luther effected in religion. Like the latter, he has encountered successively, ridicule, sarcasm, sneers, denunciations, calumnies, and a variety of legal oppressions; but his doctrines, like those of the religious reformer, have already extended throughout the civilized world, and now reign triumphantly among the intellectual and thinking portion of mankind.

In view of these facts, is it strange that medical societies and medical colleges are so much alarmed, and with impotent anger, and silly assumptions of talent and knowledge, pass revengeful and illegal by-laws for the purpose of depriving homœopathists of their just rights, and of dictating to them what they shall believe and what they shall not believe? The gentlemen of the old school have evidently become desperate, if we may judge from the bitter anger, the falsehoods and misrepresentations, and the petty oppressions in which they are constantly indulging towards the advocates of our school.

With respect to the inquisitorial and proscribing policy which is at present being pursued by a number of allopathic colleges in Europe, we can afford to treat it with the contempt which it merits. We have in this country two excellent medical institutions of our own, where students can get as thorough a knowledge of medicine, surgery, etc., as at any other college in America; and the first symptom of any op-

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pression on the part of colleges in this country similar to that lately attempted in Europe, would be the signal to start a score of others in operation which would prove formidable rivals in the business of affording instruction to the medical mind of "*Young America.*" Our people are not to be put off with the cast-off opinions of the last two thousand years. Young America demands Young Physic, and she *will* be supplied, though allopathic dragons were as plenty as "the tiles on the house-tops of Worms."

The "Homœopathic Medical College of Pennsylvania," and the "Western College of Homœopathic Medicine" at Cleveland, both afford facilities for instruction in all the branches pertaining to our art, which are equal to those of any allopathic institution. Why then should the believer in *similia*, any longer seek an allopathic college? Why need he longer subject himself to the insults and blackguardism of disappointed Hippocratic professors, when he can listen to their absurd dogmas, and learn their pernicious tendencies, at an equally respectable homœopathic college?

We trust, hereafter, that every disciple of Hahnemann will exercise his entire influence in favor of a homœopathic institution, instead of lending aid to the vindictive and corrupt schools of our opponents.—E. E. M.

Homœopathy at the West.—The accounts we receive of the progress of Homœopathy in the *Great West* are almost beyond belief. There seems to be a magic in it which converts whole townships at a stroke; scarce a town through the whole Ohio and Mississippi vallies, but has its one or more homœopathic practitioners with the attendant crowd of intelligent and zealous lay partizans. A monthly journal for lay readers is published at Buffalo; one has just been established in St Louis, Mo.; one has been for some time issued in Cincinnati, Ohio, and so rapidly and thoroughly has the Queen City been converted to Homœopathy, that we perceive that another is just commenced by Drs. Pulte and Gatchell. This multiplication of journals *for the laity* is a striking sign of the novel times upon which we are fallen, of the attention which Homœopathy is exciting among the people, and of the passing away of old things, and that all are becoming new. A monthly journal is published in New Hampshire; one has been some six years in operation in New-York, where we hear of the probability of the speedy appearance of another, and there is some talk of the establishment of a similar one in Philadelphia. We should be glad to see a weekly journal established in New-York—the times will easily bear it.

Our allopathic friends throughout the country have been unwontedly silent for some time past; perhaps they are awaiting the result of the struggle across the water—perhaps they are becoming wiser and yielding to the tempest which they cannot restrain—in any event we wish them health and a rapid conversion to the blessed and only true *Art of Healing.*

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Homœopathic Convention in Ohio.—A convention of homœopathic physicians met at Columbus on the 23d ult., and seems to have been respectably attended, as it was obliged to adjourn from smaller quarters to the Methodist church. We have not seen a full report of its proceedings, but learn that it resulted in the organization of an "*Ohio College of Homœopathic Physicians*," which adjourned to meet next year at Dayton. We rejoice much in the evidences of the steady and rapid progress of Homœopathy in this country, which is afforded by the frequency of these conventions. They are exceedingly serviceable not only by making the members of the profession personally known to each other, but also by giving the lie to that oft repeated allopathic story that "Homœopathy is going down." We should like to see a convention and state organization in every member of the Union. There is no state which does not number practitioners enough to make such a course practicable, and even necessary. Massachusetts, New-York, Michigan, Illinois and Ohio have set the example; who will be next to follow?

Professional liberality in the middle of the nineteenth century.—Hahnemann published an article upon this subject at the "*commencement* of the nineteenth century," which is so pertinent to some of the physicians of the present day, that we shall quote a few remarks with the hope that certain individuals of the profession may profit by them, and in future restrain their aberrations from right and truth.

"I do not here refer," says he, "to that low, envious, trading spirit, for which the pressure of want is often the cause, that can be best pleaded in excuse; I wish to say a few words about the professional jealousy of medical men among themselves, which is the prevalent custom in Germany, a *bellum omnium contra omnes*, which has had a most injurious influence on the prosperity of one of the noblest arts, and the one which stands most in need of improvement—Medicine. For no sooner has a colleague made a suggestion that must be for the general good, put forward a perhaps useful proposition, discovered something profitable, than instantly the professional jealousy of his colleagues (with very few exceptions) falls foul of him, in order to bury in oblivion, or, if possible, to destroy the novelty by spoken or written depreciations, insinuations, sophistries, or even injurious aspersions, and all because—*it did not originate with themselves.*"

Let the small men of the profession (for none but the *insignificant* and *morally base* ever descend to jealousy, false insinuations, and personal abuse), let all such ponder upon these remarks of our great master, and endeavor in future to profit by them. Combat principles freely, and meet all novel ideas fairly and honestly, but for the sake of our noble science, let no one entertain the vile sentiments so forcibly denounced by Hahnemann, or give countenance to any one who disgraces his calling by circulating falsehoods and calumny against his brethren who differ from him in opinion. But above all, how detestable is the

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hypocrite who clothes himself in the garb of *piety*—who profanely *exhorts* and *prays* publicly in order to secure business, but whose heart is steeped in envy, malice, and rancor against his neighbors. Eschew especially the contaminating influence of these sacrilegious wretches, and spurn them beneath your feet as foul and slimy reptiles, whose breath is poison, and whose touch is pollution.

We regret to say there are some physicians to whom these remarks will apply with full force—men who have been publicly branded as falsifiers and slanderers—who *know* that they have been guilty of injuring their neighbor, and yet, with characteristic meanness and knavery, decline to retract their falsehoods. Such are perhaps more worthy of pity than of blame, but every right minded man will find their society irksome, and will leave them to seek a congenial atmosphere among fellows of their own stamp. E. E. M.

British Congress of Homœopathists.—The Second Annual Congress of Homœopathists for Great Britain was held at London on the 23d and 24th of July last, and was attended by more than sixty practitioners. Dr. Russel delivered the annual address, which is to be published in the British Journal. Resolutions were adopted expressing the confidence of those present in the homœopathic law, and their resolution to abide by it notwithstanding all opposition. Most of the papers which had been prepared for the meeting were withdrawn, in order to afford sufficient time for the congress to consider the exceedingly threatening attitude assumed by Allopathy towards Homœopathy in the British Isles at the present time.

Our brethren in this country can form but little idea of the different atmospheres in which Homœopathy has had to struggle for an existence in England and here. In a great majority of the States in the Union, every obstacle to the free practice of medicine has been removed by legislative enactment, and the doors of the profession are open to every comer, and even in those where this has not yet been done, a diploma from a medical college is generally a sufficient license to practise. But in England the case is far otherwise; the power of conferring the license to practise is in the hands of a few monster corporations, without whose permission no one can exercise the office of a physician within their limits, and these corporations are controlled by the most vehement opponents of progress. Our readers have doubtless seen that the war has at last, after various threatenings, broken out, and the Universities have virtually announced that they will confer a diploma upon no one who manifests any tincture of homœopathic principles. We rejoice greatly at this open stand; it is so at variance with true liberty—it is so contrary to the interests of science—it is so evident a relic of the Inquisition and of the dark ages—it is so opposed to every sentiment of right and every principle of humanity—that it only needs to be looked at openly by the British public to bring down sure de-

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struction upon the heads of our monopolizing adversaries. They are busy in signing their own death-warrant—let us not disturb, but rather assist them as far as possible.

Suppose for a moment that a number of British subjects in Kent had somehow contracted the idea that the growing of hops was very beneficial to the atmosphere, and that it was expedient for them to cultivate each man a small field of them for the sake of his own health, and that of his family. What would a *free* people say to an attempt on the part of a band of speculating hop-growers in another county to deprive them of this privilege, because *they* thought that the opinion was a mistake, and that such a course really interfered with their health? Would not the true motive of selfishness appear transparently through the flimsy veil of pretended philanthropy, and would not its discovery cover its possessors with confusion and defeat? And yet here are a million of people in the British Islands firmly convinced that the true treatment of disease is that which is founded on homœopathic principles, and that the prevailing system of medicine is one which entails upon those who employ it, needless suffering and frequent death; and this million of free human beings is to be deprived of all choice in a matter concerning their very lives, and the lives of all they hold dear, to gratify the pecuniary speculations of a favored class! This cannot be—we shall soon see such a manifestation of public opinion on this subject as will cause these inquisitorial conspirators to hide their diminished heads. Meanwhile, we bid our transatlantic colleagues bide their time; they are nobly struggling for the right of *protesting;* let them remember that the *principle* for which they contend is one which always has carried, and always will carry, within itself the elements of final success.

Progress of Homœopathy.—[We take the following from the Homœopathic Times:]

"Among the instances," says the Monthly Journal of Homœopathy, "that have presented themselves during the past month, the following stand prominent:

"A homœopathic chemist in the city has supplied a shipper, by order, with eight complete boxes of homœopathic medicines, for the coast of Africa, and three for China; and a gentleman lately come from Berbice, states that the missionaries are homœopathists so far as they are able; that, in Barbadoes, there are three homœopathic physicians in practice. Add to these facts an additional fact, that there are in Rome, the city of infallibility, five homœopathic physicians.

"In relation to Great Britain, in a principal town in Suffolk, the leading physician is engaged in studying Homœopathy.

"Add to all these facts, the fact that, in the Leader, some masterly essays have appeared on the subject of Homœopathy, written by one who evidently understands and appreciates the value of the discovery of Hahnemann.

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"Add to these facts, the facts that the editor of the Economist is an advocate of Homœopathy; that the editor of the Nonconformist enrols himself under the banner *similia similibus curantur;* that one of the editors of the Eclectic Review is friendly to Homœopathy; that the editor of the British Banner is an advocate of Homœopathy; that the editor of the Spectator is friendly to the great truth; that the most profound thinker of the age, Archbishop Whately, has recognized as a truth the homœopathic law; and the homœopathist may be quite content to find that some of the allopathic medical journals occupy their pages by abuse of homœopathists and Homœopathy. It is well known that the writers are incapable of forming an opinion on the subject, since their practice of medicine must be very limited; it being a well-known truth that a man who is capable of thinking and of writing, and who has practised medicine extensively under the old system, always has his faith in medicines diminished daily, and learns therefrom a modesty in the utterance of his opinions, which is never to be found in the mere writer on medicine, whose knowledge is book knowledge, whose atmosphere is the contentious arena of medical societies, and whose visits to the bedside are few and far between."

Homœopathy in Yorkshire, England.—"*The rural districts,*" it is evident, are as wide awake in England to the merits of Homœopathy, as the great metropolis. We learn from a late number of the Homœopathic Times, that a meeting of homœopathic practitioners was held at York the past summer, at which it was resolved to establish a provincial homœopathic association, to be called "*The Lancashire and Yorkshire Homœopathic Association,*" for mutual co-operation and protection, and to promote by frequent meetings, friendly intercourse among the members. What *is* the Lancet about? The treason is not only spreading, but even flourishing, notwithstanding the fulminations of that wrathy old lady.

English Homœopathic Association.—In keeping our readers informed, to the best of our ability, of the movements of the great reform in various quarters of the world, we should omit a very important agent in the good work if we did not refer to this association. At the Annual Meeting held in London on the 12th of August last, the yearly report was read, from which we extract as follows:

"The English Homœopathic Association, the first homœopathic association established in this country, was founded in consequence of an attack on Dr. Curie by the coroner for Middlesex.

"The Associa ion originated in the determination to protect the interests of the public, by preserving intact the rights of homœopathic practitioners and students, the ministers to the medical wants of the public.

"The English Homœopathic Association has issued several publica-

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tions: 'Homœopathy, its Principle, Theory, and Practice,' by Mr. M. B. Sampson; the edition issued by the Association is exhausted. 'The Progress of Homœopathy;' this edition is exhausted. 'Homœopathy and its Principles Explained;' by John Epps, M. D.

"Besides these large works, it has issued other publications; one on 'The Prevention and Treatment of Asiatic Cholera,' was forwarded to all the members when the cholera was raging.

"The English Homœopathic Association was founded for several objects.

"The defence of homœopathy against attacks, conceived in an unfair spirit, and carried out by unrighteous means, was one object.

"In relation to this, the Association felt it to be their duty to publish a statement of the case of Mr. C. T. Pearce, their honorary secretary. A copy of this statement was transmitted to each member of the Houses of Commons and of Lords, subsequently a petition in relation to the same case was presented to the Commons by the respected president, Lord Robert Grosvenor, and to the Lords by the noble lord's brother, the Earl of Wilton.

"The discussion on the petition, when presented to the Commons, had the effect of bringing the case prominently before the House and the country.

"Another object of the Association is to publish works explanatory of homœopathy. They refer with pleasure to the work last issued, written by one of the members, namely, 'Homœopathy and its Principles Explained,' by John Epps, M. D.; a work, for the publication of which the public press has congratulated the Association.

"Each member of the Association for 1849 was supplied with a copy of the work, and members for the year 1850, renewing their subscription this year, will be supplied, if not already supplied, with a copy of the work referred to. The committee have further resolved that any new member shall be supplied on the payment of one shilling in addition to his registration fee."

Inauguration of the Colossal Statue of Hahnemann at Leipzig.—The 10th of August, at Leipzig, was one of the most brilliant and cloudless days of the year, and being a holiday, the good Leipzigers had donned their best attire, and were assembled in great crowds to witness the ceremony of unveiling the statue of that great man who, thirty years before, had been ignominiously expelled their city.

A large number of homœopathic practitioners had assembled from every part of Germany, and from many distant countries, from Italy, Spain, Denmark, England, Scotland, to assist in this work of respect for the memory of their master, and these being joined by a large number of the lay friends of the Cause, at twelve o'clock, marched in procession through the eager crowd, from the Hôtel de Pologne to the place where the veiled statue stood. A large space had been railed off round the statue, and tastefully decorated with garlands of flowers.

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The procession, having arrived on the ground, formed a circle round the statue, and a chorus sung an anthem. After this, Dr. Melicher, the president of the Congress, delivered an oration in honor of the Founder of Homœopathy, and at a signal from him, the canvas that shrouded it fell and revealed the statue, amid the plaudits of the assembled multitude and a flourish of trumpets. The chorus then sung an ode composed for the occasion, after which Dr. Melicher, addressing the chief magistrate and town council, who were present on the ground, solemnly delivered over the statue to them. The chief magistrate made a suitable reply, and commended the statue to the care of the citizens of Leipzig. Dr. Stapf now advanced, and laid a laurel and wreath at the foot of the statue of his late Friend and Master, and the procession then re-formed, and marched back to the hotel, where an excellent dinner awaited them, to which upwards of 160 ladies and gentlemen sat down. Appropriate toasts and songs enlivened the entertainment, which was effectively presided over by Dr. Melicher. The festivities terminated by a ball in the evening, which was kept up with great spirit by the young folk.—*Hom. Times, Aug.* 30.

New Eudiometric Process.—M. Liebig has communicated to the *Académie des Sciences* a new process for determining the amount of oxygen in the atmosphere, which seems to present advantages of manipulation not possessed by prior methods. It is often a matter of interesting inquiry to the physician to ascertain the vital state of the air, and a means of doing so with tolerable accuracy, and without resort to delicate operations only successful in the hands of a practised chemist, has hitherto been wanting. M. Liebig's process is as follows: The air to be examined is passed into a graduated tube over mercury, until the tube is about two thirds full; the amount is noted, and a small quantity ($\frac{1}{3}$ to $\frac{1}{4}$) of a solution of caustic potash, (one part of potash to two of water) is passed up by a pipette, and agitated in contact with the air. The diminution in bulk gives the measure of the carbonic acid, with a slight correction for the moisture present, if the air were not perfectly dry. The volume being again noted, a solution of pyrogallic acid, (one part acid to five or six water) is introduced in a similar manner, the quantity being about half that of the potash solution, and the mixture is again agitated to bring it thoroughly in contact with the air. The solution becomes black, the oxygen is absorbed, and what remains is nitrogen. Gallic or tannic acid may be used in place of the pyrogallic acid, but the operation will then require an hour and a half or two hours before the whole of the oxygen will have been absorbed, while with the pyrogallic acid, the experiment is concluded in a few minutes. This acid is prepared according to the method of Stenhouse, (Annal-der Chim. u. Ph., 45, s. 1,) by subliming it from the dried watery extract of gall-nuts, in a similar apparatus to that used for the manufacture of benzoic acid; the product being ten per cent. of

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the extract used. It is, however, already an article of commerce, in consequence of its use in the photographic art. (*Comptes Rendus*, 13 *Jan.*, 1851.)

Homœopathic Latin.—Some of our readers may not be displeased to see some Latin stanzas, (a form which German enthusiasm and classical zeal are apt to take on a slight suggestion,) in which the praises of Homœopathy are embalmed in middle-age rhyme. We copy from the *Allg. h. Zeit.* of Sept. 8th:

Gaudeamus igitur
Dum conjuncti sumus
Hahnemanni hospites!
Bibere ut veteres
Ecce! Nostrum munus.

Ubi sunt qui itidem
Fortunati erunt?
Abeas ad humiles
Ipsi certo principes
Nobis invidebunt!

Vita brevis, longa ars!
Cöus senex docet
Procul sit hæc regula
Regnent hodie pocula
Vinum nunquam nocet.

Vivat artis conditor
Et defunctus vivat!
Cujus stat memoria
Immortalis gloria,
In æternum vivat!

Vivant ei similes
Simili curantes!
Vivant artis vindices!
Vivant almi principes
Artem honorantes!

Vivant et contrariis
Contrario curantes!
Facultates medicæ
Omnes scholæ clinicæ!
Deus providebit!

Apage compositum!
Adjuvans in basi,
Corrigens, Excipiens,
Medicinæ dirigens,
Requiescant pace!

Floreant specifica
Sulphur et Sabina,
Aconitum, Phosphorus.
Floreat in omnibus
Homœpathia!

FOREIGN PUBLICATIONS.

The Lesser Writings of Samuel Hahnemann. Collected and Translated by *R. E. Dudgeon*, M. D. London.

Spinal Curvature, its Theory, its Cure. Illustrated by cases and colored plates. By *George N. Epps*, Surgeon, &c. London.

Flora Homœopathica. By *Edward Hamilton*, M. D., F. L. S. Nos. 1 2 and 3. London.

Homœopathy and its Principles Explained. Published by the English Association. London.

Reasons for Embracing Homœopathy. By *Charles Ransford*, M. D., (pamphlet.) London.

Homœopathy as Applied to the Diseases of Females and Early Childhood, &c. By *Thomas R. Leadam*, M. R. C. S., Surgeon Accoucheur, &c. 8vo. London.

We understand that this work is soon to make its appearance among us from the hands of an American publisher, under the editorial supervision of, and with additions by, John C. Peters, M. D., of this city.

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The New Test-act. A Recent Conspiracy against the Medical Practitioners of Homœopathy and the Public, by the College of Physicians and the Faculty of Medicine; Considered in a Letter to the Patrons of the University of Edinburgh (pamphlet).

Letter to the Patrons of the University of Edinburgh on the Late Resolutions of the Medical Faculty. By *Wm. Henderson*, M. D., Professor, &c.

Allgemeiner Hausarzt für Stadt und Land. Ein helfender Rathgeber in gesunden und kranken Tagen. Von *Dr. V. Meyer.* Leipzig.

Die gefährlichsten Kinderkrankheiten und ihre homöopatische Heilung. In drei Abthl. darg. von *J. M. Hellmund.* Gotha.

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Lehrbuch der physiologischen Pharmakodynamik. Eine klinische Arzneimittellehre für homöopatische Aerzte, als Grundlage am Krankenbette und Leitfaden zu akademischen Vorlesungen. Von *Dr. Altschul.* Prag 1851.

Die Arnika-Tinktur. Eine Anweisung zu ihrer Bereitung und Anwendung bei einer Menge Krankheiten der Menschen und Thiere. Zweit Aufl. Von *Dr. Kl. Müller.* Broch. Leipzig, 1851.

Die homöopatische Heilkunst und ihr Verhältniss zum Staate. Von *Dr. G. W. Gross.* Broch. Leipzig, 1851.

Allgemeines homöopatisches Thierarzneibuch. Ein Hülfsbuch für jeden Viehbesitzer, etc. Von *Dr. F. W. Turzel.* Jüterbog, 1846.

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Specielles Repertorium der Symptome bei den Zahnkrankheiten, mit Angabe der homöopatischen Heilmittel. Herausgegeben von *Carl Mohr.*

Beiträge zur homöopatischen Arzneimittellehre. Von *Dr. J. Attomyr.*

Charakteristik der homöopatischen Arzneien in ihren Erst- und Heilwirkungen, nebst einem alphabetischen Repertorium der für jeden einzelnen Fall passenden Mittel. Von *Dr. A. Possart.*

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The Lesser Writings of Samuel Hahnemann. Collected and Translated by R. E. Dudgeon, M. D. *With Additions by an American Physician.* New-York: Radde, 1852. 8vo. pp. 784.

Woman and her Needs. By Mrs. E. Oakes Smith. New-York: Fowlers and Wells, 1851. 12mo. paper, pp. 120.

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The North Western Journal of Homœopathia. Chicago (monthly).

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